



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
21 APRIL 2021

REPORT ON: MENTAL HEALTH CRISIS SUPPORT IN DUNDEE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB22-2021

1.0 PURPOSE OF REPORT

1.1 To brief members on plans to improve support for people experiencing distress in Dundee and, following the outcome of the Tayside wide review of Crisis and Urgent Care, on plans to improve support for people experiencing acute mental health crisis.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Note the content of this report
- 2.2 Remit to the Chief Officer to present a progress report to the IJB in October 2021.

3.0 FINANCIAL IMPLICATIONS

3.1 The costs associated with the developments outlined in this report will be funded through a combination of a reconfiguration of existing budgets held by the IJB and other partners and through accessing additional funding where appropriate. Further details of these will be provided to the IJB as service developments are brought forward for approval.

4.0 MAIN TEXT

4.1 Over the last year a Tayside wide project group has been reviewing current Crisis and Urgent Care pathways for people experiencing a mental health crisis, and on 4th March a stakeholder engagement session was held to consider potential options for the future. A key purpose of this project group was to begin to disaggregate people experiencing a mental health crisis (that is, with an acute exacerbation of a mental health condition likely to respond to specialist care and treatment) and people experiencing emotional distress (where this emotional distress may be arising from a wide array of more social and interpersonal factors likely to be helped by a more holistic problem solving approach). Both responses are equally necessary and have equal value.

4.2 The Group made a single, clear recommendation for a model where Community Wellbeing Hubs (CWHs) will be established in Dundee, Perth & Kinross and Angus which are "always open," operating 24/7 and led by voluntary sector partners. These will be a single point of entry – including a single phone number – both for people experiencing a mental health crisis and people experiencing emotional distress. NHS24, Police Scotland, Scottish Ambulance Service and a range of agencies will be able to refer into the CWH in addition to service users and carers self-referring.

4.3 The CWHs will host immediately available support and facilitate access to a wide range of city wide resources.

- 4.4 One key development, scheduled for implementation by summer 2021 will be Distress Brief Interventions (DBI), DBIs are an innovative way of supporting people experiencing emotional distress which emerged from the Scottish Government's work on suicide prevention. This model advocates providing an immediate, compassionate response to people at the point of greatest need with this being followed by a time-limited period of support to assist people to problem solve the issues they are facing and become more anchored in community-based wellbeing resources and supports. Within existing DBI services this support is triggered by referral by front line emergency service providers such as Police Scotland and Scottish Ambulance Service but as a commissioned service, referrals pathways will be determined by the service specification.
- 4.5 The development of DBI will meet Recommendation 20 of Trust and Respect, Listen Learn Change Action Plan, Tayside's response to the Independent Inquiry into Tayside's Mental Health Services (published February, 2020) which states 'Consider the development of a comprehensive Distress Brief Intervention training programme for all mental health staff and other key partners to improve pathways of care for individuals in acute distress.' It is important to note, however, that key elements of a DBI model (fast access with time-limited follow-up) are already established through a number of services. For example, General Practitioner colleagues and other members of practice multi-disciplinary teams have access to Social Prescribing Link Workers and Emergency Department colleagues to Peer Navigators.
- 4.6 The always open CWHs will also have direct access to specialist mental health resources for those people presenting with acute mental health crisis. During the day, the links will be with our Community Mental Health Teams and during the night the links will be with a cross-Tayside specialist mental health team in the community, available to clinically assess all those who need it. In this new model, people will not be required to go to an acute hospital to be assessed and the specialist mental health team will be community based. This will ensure that everyone requiring specialist mental health support has easy and immediate access to it. It is envisaged that the CWHs will be able to support people whilst the clinical assessment process is ongoing and, importantly, if specialist mental health care and treatment is not required, people will already be in the correct place to access the supports available for people experiencing distress. It is hoped that this seamless transition across pathways will ensure that people are directed to the right support and the right time and emphasise parity between people experiencing distress and those experiencing an acute mental health crisis. Following the agreement on the models to be pursued, work will begin to identify suitable premises to support the delivery of an always open CWH.
- 4.7 The always open CWHs will also have access to short-term accommodation with support. Provision is made for people experiencing longer term needs arising from mental health challenges within Dundee's Strategic Housing Investment Plan (SHIP). Short term accommodation with support for people experiencing distress will be encompassed within these developments and support will be provided by voluntary sector partners. The location of these will be influenced, where possible, by intelligence from the Tayside Multi-agency Suicide Review Group in order to achieve the correct balance between providing support where it is geographically close to the people with greatest need whilst avoiding locations of greatest risk for suicide.
- 4.8 This model is in keeping with the priorities already set out within the commissioning plan that accompanies the Dundee Mental Health and Well-being Strategy.
- 4.9 A test of change is planned over the next 2 years to develop an integrated response for people experiencing both mental health and substance use challenges. An important element of the test of change will be to enhance the existing community hubs model to support integrated and local responses, and to ensure that the development of a 24/7 CWH is resourced to support the needs of a range of people in crisis/ experiencing distress.

4.10 The success of the above model will be underpinned by the provision of community based supports which are informed by what people in Dundee want and need. For example, recent surveys to investigate the impact of the pandemic on people revealed that there were significant mental health impacts from the pandemic. The supports that people needed included those that could help address social isolation and tackle the root socio-economic causes of their situation.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a level of interdependency between the two pathways (acute mental health crisis and people experiencing emotional distress) described above. Should either not be implemented as envisaged with closely aligned time-scales, there is a danger that we may not be able to deliver safe and effective person centred care to people in crisis
Risk Category	Operational
Inherent Risk Level	Likelihood (4) x Impact (4) = Risk Scoring (16)
Mitigating Actions (including timescales and resources)	Urgent/Crisis pathway work has already arrived at a single recommendation; DBI scheduled to be implemented by summer 2021; accommodation with support scheduled for Autumn 2021. The Dundee Mental Health and Wellbeing Strategic and Commissioning Group has appointed a subgroup to drive forward developments and ensure coordination and 'best-fit' across wider community resources
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Planned Risk Level	Likelihood (1) x Impact (2) = Risk Scoring (2)
Approval recommendation	The risk should be accepted.

Risk 2 Description	Evidence demonstrates that the ability to predict completed suicide, even where assessment is undertaken by skilled professionals, is limited. There is a risk that the development of an "always open" CWH does not result in a demonstrable reduction in the number of people engaging in serious or fatal self-harm
Risk Category	Operational
Inherent Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Mitigating Actions (including timescales and resources)	Models of best practice from elsewhere have been considered in developing the model of care; levels of care can be stepped up where necessary; the provision of brief interventions (or equivalent) should assist people in addressing some of the core psycho-social factors fueling their distress
Residual Risk Level	Likelihood (3) x Impact (1) = Risk Scoring (3)
Planned Risk Level	Likelihood (3) x Impact (1) = Risk Scoring (3)
Approval recommendation	The risk should be accepted.

7.0 CONSULTATIONS

7.1 The Chief (Finance) Officer, Chief Executive (Dundee City Council), Chief Executive (NHS Tayside) and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None

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DATE: 12 April 2021

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