



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**

**REPORT ON: MENTAL HEALTH AND WELLBEING STRATEGIC UPDATE**

**REPORT BY: CHIEF OFFICER**

**REPORT NO: DIJB23-2020**

## **1.0 PURPOSE OF REPORT**

1.1 To brief the Integration Joint Board on progress to date in relation to the implementation of Dundee Mental Health and Wellbeing Strategic Plan 2019-2024.

## **2.0 RECOMMENDATIONS**

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

2.1 Notes the current position in relation to the draft response to the Independent Inquiry report "Trust and Respect" and recommendations as outlined at 4.4.1- 4.4.3 of this report.

2.2 Notes that Tayside Mental Health Alliance is no longer in operation and that Tayside Mental Health and Wellbeing Strategic Board is now in place as outlined at 4.5.1- 4.5.4 of this report.

2.3 Notes the efforts of teams across a range of services and functions who have continued to support people facing mental health challenges and colleagues during the Covid-19 pandemic and the examples provided at 4.6.1- 4.6.11 of this report.

2.4 Notes the progress being made in relation to the implementation of the Dundee Mental Health and Wellbeing Strategic Plan as outlined within 4.7 of this report.

2.5 Notes the good practice and service development examples provided at 4.8.2- 4.8.7 of this report.

## **3.0 FINANCIAL IMPLICATIONS**

3.1 Dundee Mental Health and Wellbeing Strategic Plan continues to be implemented within the available financial resources of Dundee Health and Social Care Partnership.

## **4.0 MAIN TEXT**

4.1 Dundee Mental Health and Wellbeing Strategic Plan 2019-2024 (the Strategic Plan) was approved by the IJB at its meeting of the 27 August 2019 (Article VI of the minute refers)

4.2 This report provides an update as to progress to date against the priorities set out within the Strategic Plan and accompanying Commissioning Framework.

4.3 Since the Strategic Plan was approved there have been a number of important contextual developments to note; the final report of the Independent Inquiry into Mental Health Services 'Trust and Respect' has been published, Tayside Mental Health Alliance has been superseded by the introduction of a Mental Health and Wellbeing Strategic Board and the Covid-19 pandemic has had an impact on service delivery and strategic developments.

#### **4.4 TRUST AND RESPECT**

- 4.4.1 The final report of the Independent Inquiry into Mental Health Services in Tayside “Trust and Respect”, David Strang, was published on 6 February 2020. A report was submitted to the IJB on 25 February 2020 to advise members of the contents and of the requirement for there to be a comprehensive action plan produced in response to the 51 recommendations.
- 4.4.2 A draft response to the recommendations within the Inquiry Report has been produced by NHS Tayside and was submitted to Scottish Government on 1 June 2020. The draft response “Listen. Learn. Change” accompanies this report (Appendix 1).
- 4.4.3 A period of consultation is being undertaken with key stakeholders in order that a more detailed, whole system action plan can be produced by the end of June. The timescale for this is tight ie comments require to be submitted by 23 June, however this activity has been prioritised by members of Dundee Mental Health and Wellbeing Strategic and Commissioning Group (MHWSCG) and a broader range of cross sector partners within Dundee.

#### **4.5 GOVERNANCE ARRANGEMENTS**

- 4.5.1 The Strategic Plan and accompanying Commissioning Plan outlines governance arrangements for each priority action. A number of actions require a Tayside wide response, and members will recall that the governance of these actions were to sit with Tayside Mental Health Alliance.
- 4.5.2 A decision was taken earlier in 2020 to cease Tayside Mental Health Alliance and establish Tayside Mental Health and Wellbeing Strategic Board. As priority workstreams are established within the Strategic Board, it will be important to ensure that the areas which have been agreed as priorities locally are integral to any programme of work.
- 4.5.3 The membership of the Strategic Board includes the Chair of MHWSCG, Dundee Clinical Lead for Mental Health, voluntary sector, health inequalities and mental health improvement representatives. Discussions continue as to how best to ensure that the voice of people with lived experience influences how priority actions are determined and therefore how better outcomes can be achieved.
- 4.5.4 The Strategic Board will be responsible for the development of a Tayside Mental Health and Wellbeing Strategy during 2020.

#### **4.6 COVID-19 RESPONSE**

- 4.6.1 There has been an effective whole-system response to the COVID-19 pandemic.
- 4.6.2 Mental Health services have continued to accept referrals and the care and treatment of those people who had already commenced treatment has largely not been interrupted.
- 4.6.3 Where services and functions have had to discontinue (group treatments and services where people congregate together eg day services), people who have been affected and their families have been offered individual, home based or virtual support through use of technology.
- 4.6.4 Due to the level of disadvantage/deprivation experienced by some people in receipt of services, a small number have been unable to receive technology based supports eg. Near Me. The scaling up of available equipment has been slower than potential demand.
- 4.6.5 A clinical risk-based approach has been taken to define which people and services needed to continue to receive face-to-face contact, although the presumption has been towards the use of telephone appointments and the use of Near Me video system. This appears to have resulted in an improvement in attendance rates.
- 4.6.6 The same risk-based approach will be adopted within re-mobilisation planning. Guidelines have been issued and reviewed regularly to help ensure that staff are working safely and to the latest iteration of Government advice. Overall, services have experienced a decrease in referrals (around 40%).
- 4.6.7 Social Care providers both internally and across the voluntary sector have worked flexibly to ensure that the availability of support to people within their own homes could be maintained.

- 4.6.8 The usual programme of health-related activities provided by the Community Health team within Community Learning and Development stopped on lockdown and the team shifted to providing support to participants via phone, social media and other digital platforms. The team was responsible for developing an on-line directory reflecting a range of services during the pandemic including support available for emotional and mental health issues. More recently the team was instrumental in developing a web based system for provision of telephone support from CLD staff related to practical and emotional concerns being experienced by local people during lockdown, which linked to local Community Support Centres and the central Dundee City Council Helpline. Community workers are currently helping staff these phone lines as well as supporting the distribution of food and medication for people without adequate resources or support networks.
- 4.6.9 Psychological Therapies staff have been heavily involved in supporting the well-being of colleagues in the acute sector, providing both resilience training to staff and through the establishment of direct clinical pathways to psychological treatment for people who require it. It is expected that similar supports will be made available to Council and Care Home staff where mental health issues relate directly to the provision of care during the COVID pandemic.
- 4.6.10 Rest, Recharge and Recuperate rooms which have been encouraged in acute settings are currently being established for community based teams across a variety of functions.
- 4.6.11 The Making Recovery Real Network and Dundee Healthy Minds Network have maintained excellent contact with people through the pandemic, creating positive means of contact and ongoing engagement.

#### **4.7 COMMISSIONING PLAN**

- 4.7.1 The Commissioning Plan that accompanies the Strategic Plan outlines 10 priority areas for action. This section of the report provides an update as to progress in each area.
- 4.7.2 **Primary Care Model Supporting Mental Health and Wellbeing**  
Primary care supports for mental health and wellbeing are provided through three co-ordinated strands: Do You Need to Talk?, Sources of Support (SoS); and the Patient Assessment, Liaison and Management Service (PALMS). Whilst these services have moved almost exclusively to telephone support during the pandemic, the planned spread of support has continued with SoS now covering all GP practices and PALMS moving into a second GP cluster. The evaluation of the 6 month pilot study of PALMS is provided in Appendix 2. There are a number of factors affecting the SoS link worker service in GP practices including a reduction in referrals from Primary Care staff due to the focus on COVID- 19, the changing nature of service provision more broadly because of the pandemic and the lack of opportunities in communities for social support. The service is exploring alternative short term referral routes. A surge in referrals is expected over the longer term as the social and economic impacts of the pandemic become more apparent.
- 4.7.3 **Locality based Early Intervention / Preventative Mental Health and Wellbeing Support**  
Public Health colleagues have taken a lead in establishing a partnership working group pulling together a range of data at a neighbourhood level to inform priority areas of work for the MHWSCG. The plan is to test new approaches in one disadvantaged neighbourhood (Strathmartine) through a process of engagement and asset mapping to inform local developments to improve mental health and wellbeing.
- 4.7.4 **Clinical Care Pathways**  
The early focus has been on beginning to operationalise the Clinical Pathway for Emotionally Unstable Personality Disorder. Whilst COVID-19 has led to a hiatus on this work people with EUPD continue to receive appropriate care and treatment. There will be significant training requirements for community based staff as the pathway becomes established. Engagement with Healthcare Improvement Scotland with regard to developing Early Interventions in Psychosis pathways has been positive, however progress has been delayed due to COVID-19. It currently remains unclear which further cross-Tayside clinical pathways will be considered priority going forward and, as stated earlier in this report, these will require to be agreed through collaboration with colleagues across Tayside.

#### 4.7.5 **Unscheduled Care Pathways**

This work is ongoing, with Tayside staff having examined provision in other areas. Within Dundee, two service user engagement events were hosted by Dundee Volunteer and Voluntary Action (DVVA) with regard to the developments around Crisis Resolution and Intensive Home Treatment Pathways. In addition, a collaborative forum has convened whereby in patient and community senior mental health nurses meet regularly to scope out improvements for those experiencing mental health crises. This aims to improve communication, pathways and most importantly outcomes for people.

#### 4.7.6 **Accommodation with Support**

It had been anticipated during the course of early 2020 that we would have 18 units (houses) of accommodation completed in order to support people who experience mental health challenges in the community. Whilst it is not unusual to experience some slippage in projected handover dates, the completion of these developments has been greatly impacted by the current COVID-19 pandemic. Any return on site by the developers will be informed by the Scottish Construction Six Stage Plan and the Scottish Government's four phased Route Map. If all goes well, i.e. no resurgence of cases tantamount to a second wave, then a completion of 11 units by late 2020 is anticipated, with the further 7 units possibly slipping into early 2021. At this stage it is not known how the COVID-19 pandemic will impact on the development of the further 7 units identified for completion during 2021 but it is reasonable to expect that this is likely to be significantly delayed.

#### 4.7.7 **Child to Adult Transition Pathways**

This is an area where less progress has been made than anticipated. There have been some early discussions with Child and Adolescent Mental Health Service colleagues (CAMHS) to ensure smooth transitions as CAMHS move to extend support to young people up to age 18.

#### 4.7.8 **Integrated Pathway – Mental Health / Substance Misuse**

4.7.8.1 There has been a delay due to COVID-19 in the planned Whole System of Care work which is to be supported by Healthcare Improvement Scotland. This is one of the actions being taken forward following the findings of Dundee Drugs Commission in 2019. Colleagues have recently re-established contact with Healthcare Improvement Scotland and it has been decided that remote approaches are to be used to avoid any further delays.

4.7.8.2 There is a consensus across mental health and integrated substance misuse services that when people are actively in treatment with both services, this appears to work well. The main issue appears to occur at the point of request for mental health input, particularly where people continue to use substances. The Clinical Leads for each service have met to begin to work on a protocol for joint working, which includes a clear escalation process. This will ensure that decisions about accessing mental health services are governed by clinical need and that people who use substances have appropriate access to assessment, care and treatment based on their current presentation.

#### 4.7.9 **Support for People Experiencing Distress**

4.7.9.1 During 2020 a representative from the Scottish Ambulance Service has joined the Mental Health and Wellbeing Strategic Commissioning Group and has become involved in development work aimed at strengthening triage arrangements. The Clinical Lead, Nurse Manager and representative from the Scottish Ambulance Service are looking at various potential models of distress framework. An educational session has been devised for paramedics regarding working with people in distress.

4.7.9.2 There has been a delay in the completion of properties due to COVID-19, therefore there will be slippage in terms of having 2 houses with support in place for people requiring short term support.

4.7.9.3 Voluntary and statutory sector partners continue to consider a broad range of potential whole system support for people experiencing distress. This includes drop in approaches, a distress brief intervention model being introduced and approaches which acknowledge key times/places where support may be more likely to be required.

#### **4.7.10 Workforce Planning**

- 4.7.10.1 A shortage of permanent Consultant Psychiatrists continues to prove challenging although some stability has now been achieved with more permanent Locums. The operational management of Locums has moved across to the Clinical Lead & Locality Manager which allows better engagement with staff. This is also reflected in the Job Descriptions for posts advancing to advert for Dundee based Psychiatrists.
- 4.7.10.2 Specialist final module placement for Advanced Nurse Practitioners in training has been agreed and offer has been made of funding (Band 7) to support the training of a small number of ANPs.
- 4.7.10.3 Remobilisation plans are being developed across the social care sector. A consistent theme is the level of support that will be required as a direct result of COVID-19 and there are concerns about the longer term impact of this.
- 4.7.10.4 Three voluntary sector organisations have employed Peer Workers, funded through Action 15 monies. A co-ordinated approach has taken place which included a recruitment event which was hugely successful. A framework is being developed to provide an overview of Peer Support Work in Dundee, and this will be led by DVVA and co-produced. More recently, the Peer Workers have introduced a 'helpline' to facilitate support during COVID-19.

#### **4.7.11 Suicide Prevention**

- 4.7.11.1 The risk of suicide is higher in the period following discharge from in-patient care than at any other point in a person's life. The Dundee Mental Health Discharge Hub has been established to provide additional wrap-around care for a two week period for all people leaving an episode of in-patient or Crisis Resolution and Intensive Home Treatment Team care. The Discharge Hub seeks to ensure that people are fully engaged in their community based care and treatment and/or fully engaged with third sector supports. The Discharge Hub is currently operational 6 days each week and is running for a pilot period of 12 weeks before review. If successful, the model will be subject to management of change processes, including an examination of the need for 7 day working.
- 4.7.11.2 Strategic planning for suicide prevention has been aligned with the Locality Manager and Clinical Lead for mental health services. The Clinical Lead is a member of both the Tayside Suicide Review Group and Drug Death Review Group with timely information sharing now established between the three groups.

### **4.8 ADDITIONAL DEVELOPMENTS**

- 4.8.1 A range of additional developments and good practice examples are provided in this section of the report.
- 4.8.2 The Community Health Team is working alongside the Community Learning and Development service, engaging with communities to identify needs as the pandemic continues. Social action research groups are being formed which will build on the relationships and connections between local people and the MHWSCG in terms of expressed mental health and wellbeing issues.
- 4.8.3 Work is underway to move mental health, suicide prevention and inequalities sensitive practice training to online platforms to ensure that availability is maintained.
- 4.8.4 Improvement work with regard to models of care, referral management and the establishment of clinical pathways within community mental health services will be subject to co-production in the coming months. A mental health discharge hub has already been established during the pandemic and its longer term future will be determined as part of this co-production.
- 4.8.5 Two Navigators joined the team within the Emergency Department at Ninewells Hospital, an official launch was held in January 2020. Navigators are able to establish a supportive role with people who present at the Emergency Department with a range of challenges eg addiction, mental health problems and all forms of violence, including domestic abuse. The Navigators can enable a connection with a range of community supports that can help to

address the impact of disadvantage, whether through health inequalities, poverty, unemployment, homelessness.

- 4.8.6 The ASPEN Project (Assessing and Supporting the Psychological and Emotional Needs) with Dundee Women’s Aid has now been operational for over a year. A Consultant Clinical Psychologist (established through Scottish Government Women’s Fund for Scotland monies) works with women who have experienced trauma and have a complex range of needs as a result, including homelessness, mental health difficulties, maladaptive or risky coping strategies (such as substance misuse, deliberate self-harm and offending behaviour) and risk of exploitation. During the first year, over thirty women were referred for individual assessment and treatment and 27 women commenced the group treatment “Survive and Thrive,” a trauma specific intervention. There were also 50 formal case consultations provided to Women’s Aid and Violence Against Women partner organisations and training provided to a broad range of staff with regard to trauma and understanding domestic violence.
- 4.8.7 Local Adverse Event Reviews (LAERs) are now subject to Standard Operating Procedures and undertaken by individuals who have received suitable training and support. Recommendations from LAERs are shaping service change, an example being the development of Dundee Mental Health Discharge Hub. Across Tayside, Shared Learning Events have been established to ensure that outcomes from LAERs are shared across Tayside and across specialities. Events have included Dundee based cases and presentations from the Suicide Review Group and the Drug Death review Group.
- 4.8.8 In summary, progress is being made in the implementation of Dundee’s Mental Health and Wellbeing Strategic Plan. The COVID-19 pandemic has undoubtedly had an impact in terms of causing some delays in progress, however there have been many examples of good practice/ new and creative approaches that will likely remain post COVID. The priorities within the Strategic Plan that would have come under the governance arrangements of the Tayside Mental Health Alliance will require to be discussed as part of a review of workstreams that will now be led by the recently established Tayside Mental Health and Wellbeing Strategic Board. The voice of people with lived experience will continue to drive local developments and all efforts will be made to ensure that the same voices have the opportunity to influence both the response to “Trust and Respect” and the development of a Tayside Mental Health and Wellbeing Strategy.

## 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

- 6.1 This is a mandatory field and an explanation must be provided which covers the fields below. Please fill in and copy this table for each individual risk identified.

<b>Risk 1 Description</b>	That the Strategic Plan is not fully implemented and therefore does not achieve the desired outcomes.
<b>Risk Category</b>	Operational
<b>Inherent Risk Level</b>	Likelihood (3) x Impact (4) = Risk Scoring (12) – High Risk
<b>Mitigating Actions</b> (including timescales and resources )	Progress continues to be made in respect of the priority areas set out within this Strategic Plan. Dundee MHWSCG and the Tayside Mental Health and Wellbeing Strategic Board own the local and pan Tayside improvement, commissioning and governance arrangements associated with this Strategic Plan respectively.
<b>Residual Risk Level</b>	Likelihood (2) x Impact (3) = Risk Scoring (6) - Moderate
<b>Planned Risk Level</b>	Likelihood (2) x Impact (3) = Risk Scoring (6) - Moderate
<b>Approval recommendation</b>	That the risk should be accepted due to the mitigating actions introduced..

**7.0 CONSULTATIONS**

7.1 The Chief Finance Officer 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.

Vicky Irons  
Chief Officer

DATE: 15 JUNE 2020

Arlene Mitchell  
Locality Manager





## DUNDEE IJB SIGNING DOCUMENT

In view of the timescales involved this Report/Agenda Note was approved by the Chief Officer in consultation with the Chief Finance Officer, Clerk and Standards Officer, Chairperson, Vice Chairperson and all other voting members on the Integration Joint Board.

<i>Vicky Irons</i> ..... Chief Officer	22nd July 2020 ..... Date
<i>Dave Berry</i> ..... Chief Finance Officer	22nd July 2020 ..... Date
<i>Roger Mennie</i> ..... Clerk and Standards Officer	22nd July 2020 ..... Date
<i>Trudy McLeay</i> ..... Trudy McLeay, Chairperson	4th August 2020 ..... Date
<i>Ken Lynn</i> ..... Councillor Ken Lynn, Vice Chairperson	4th August 2020 ..... Date
<i>Helen Wright</i> ..... Baillie Helen Wright	4th August 2020 ..... Date
<i>Roisín Smith</i> ..... Councillor Roisín Smith	11th August 2020 ..... Date
<i>Jenny Alexander</i> ..... Jenny Alexander	11th August 2020 ..... Date
<i>Donald McPherson</i> ..... Donald McPherson	4th August 2020 ..... Date



**Listen.  
Learn.  
Change.**

A draft action plan for mental health in Tayside 2020 in response to 'Trust and Respect' Independent Inquiry Report



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# The views of people with lived experience and staff as acceptance criteria



The Health and Social Care Alliance Scotland (The ALLIANCE) alongside the Stakeholder Participation Group reviewed the report written in December 2018 **Hearing the voices of people with lived experience** and identified the following 11 key points as key areas to measure improvement by.

**Building a long term recovery approach to services that focuses on holistic care** as opposed to a medical model by facilitating the breaking down of barriers, not just across health and social care services but across all services that support people – including housing, education and social security.

**Provide carers with support** to best carry out their role effectively for those with mental ill health by sharing information on support groups and local resources and how to talk to someone in crisis and mitigate extreme experiences of mental ill health.

**Ensuring learning from adverse incidents** to inform future practice and staff training.

**Creating a system of services that work together in an integrated way** – in particular mental health, substance abuse and suicide prevention.

**Formally evaluate the Third Sector's contribution to mental health services in Tayside** and the role they can play in sustainable delivery of joined up services to ensure these services are maximising impact.

**Better access to early intervention services** focused on achieving improved personal outcomes.

**Stronger investment in preventative, community assets** which build and support a person's wellbeing as well as avoiding mental ill health escalating into a crisis.

**Mental health awareness training** should be required for those employed by statutory agencies, schools and training as teachers in order to best support young people with their mental wellbeing.

**Promoting a therapeutic environment** within and around services to assist people in thriving with the support of mental health services.

**Person-centred assessments driven by personal situation and needs** rather than process and service capacity. While respecting confidentiality, the role of family carers should be seen as a valued part of the assessment process with the promotion of advance statements and other tools to assist with anticipatory care planning.

**Enabling culture change and empowering staff to support a therapeutic environment** through the provision of staff training. Services should provide staff training on person-centred care and compassionate leadership principles and enable participation in values-based reflective practice and the Scottish Government 'What Matters to You' initiative.

# Employee Participation Group themes

## Mental Health Employee Participation Group feedback

62% of respondents stated that there were insufficient staffing levels on wards or in departments.

*"Bank staff not appropriately trained or at appropriate grade"*

*"Due to savings targets vacancies are not filled but we are expected to deliver same levels of service, despite growing demands of service"*

35% of respondents had either witnessed or experienced bullying. Respondents described a range of consistent concerns for colleagues, or from their own experiences, as a result of bullying.

*"Bullied staff ignored by management and the people who are bullying seem to be allowed to continue"*

*"You don't feel you have a voice"*

Staff  
communication  
and  
engagement

Open and  
honest  
dialogue

Inclusive  
of  
Everyone

Collaboration  
built on trust  
and respect

## The action we will take

Staff will work in a mentally healthy environment and feel their wellbeing is a priority for their employers

Staff engagement in the co-creation and development the service strategy

All staff offered exit interview

Develop 'Leadership, Accountability, Culture, Engagement and Communications' project

Embed a value-based culture change

Clear line management organisational charts and personal development reviews (PDRs) for all staff



# 1. Introduction

This draft Action Plan sets out the Tayside approach to delivering the 51 Recommendations of the Independent Inquiry into Mental Health services in Tayside: Trust and Respect published on 5 February 2020.

The Board of NHS Tayside fully accepted the recommendations of Trust and Respect at its meeting on 27 February, 2020. Despite the limitations presented by COVID-19 since early March 2020, mental health has remained a priority for NHS Tayside and the Tayside

Executive Partners, and engagement with all key stakeholders has continued in virtual and digital ways.

The mental health strategic programme continues with engagement of all partners and support from Scottish Government. The action plan is the first key milestone in the journey to improve mental health services in Tayside and is also the first pillar of the co-creation of the Tayside Mental Health and Wellbeing Strategy which will be published in early 2021.

# 2. Context and background

In May 2018, the Board of NHS Tayside commissioned the Independent Inquiry into Mental Health Services in Tayside, recognising that an in-depth examination of mental health services would offer anyone who wanted to contribute the opportunity to provide their views and experiences of receiving or delivering care and treatment across Tayside.

This Listen. Learn. Change. draft Action Plan is a partnership response to Trust and Respect.

It is an ambitious programme of work to achieve the co-creation of modern, evidence-based mental health services establishing Tayside as a centre of excellence.

### 3. Partnership working and leadership

In order to address the recommendations in the Independent Inquiry, a statement of intent was released by the Tayside Executive Partners, who are:

*Chief Executive, NHS Tayside*

*Chief Executive, Angus Council*

*Chief Executive, Dundee City Council*

*Chief Executive, Perth & Kinross Council*

*Chief Superintendent, Police Scotland, Tayside Division*

The Statement of Intent sets out a strategic commitment to making all necessary improvements so that people from all communities across Tayside receive the best possible mental health and wellbeing care and treatment.

This includes a joint aim to ensure that those people with mental ill health are supported to recover without fear of discrimination or stigma. The Scottish Government announced a support package for mental health services in Tayside in January 2020 including:

- *Multi-disciplinary clinical and practice support, bringing specialists from across a range of mental health specialities and backgrounds to provide peer support and challenge*
- *Communications and engagement expertise*
- *Organisational development expertise to support culture change*
- *Royal College of Psychiatrists' UK College Centre for Quality Improvement (CCQI) to assess the quality of clinical services and areas for improvement*
- *Engagement with the Royal College of Psychiatrists to provide peer support, senior mentorship support and guidance in conjunction with other key clinicians in Scotland*
- *Programme management support to enable delivery of NHS Tayside's improvement plans*
- *Healthcare Improvement Scotland support to address the quality of adult community health services*

To establish a true, system-wide collaborative, the Tayside Executive Partners, in the form of their governance group the Strategic Leadership Group (SLG), will invite national organisations to contribute to the programme. This will include Healthcare Improvement Scotland, Scottish Ambulance Service, NHS24 and See ME Scotland, with the aim of establishing a common understanding and strategic support for the scope of work to achieve the shared vision of sustainable, safe, effective and person-centred improvements.

The commitment to joint working by all partners has resulted in the draft Action Plan setting out a programme which puts people at the heart of services. This joint working will place people receiving mental health supports and services, their families, friends and carers at the centre of all future clinical and service models and any future changes to service re-configuration.

The co-creation and co-production approach, led by the collective leadership principles, is an inclusive and system-wide approach to the mental health needs of our population with

strong and honest two way engagement and feedback with all stakeholders that will treat all previous experiences as opportunities for system learning.

The Tayside Executive Partners will ensure the programme of work detailed in the Action Plan will deliver a Tayside Mental Health and Wellbeing Strategy.

The mental health and wellbeing of the population is key to success and therefore mentally healthy staff and the mental health and wellbeing of staff will also feature in our work alongside the need to consider culture, leadership, kindness and compassion to develop and deliver the local strategy.

The national Mental Health Strategy (2017-2027) also commits to working with employers on how they can act to protect and improve mental health and support employees experiencing poor mental health, and we will involve large local employers in our projects to ensure this work is embedded locally.

## 4. Our planned and collaborative response to the Independent Inquiry

NHS Tayside's Chief Executive has stated that "no matter how many actions we put into a plan, we must focus on those with lived experience first and foremost". To do this our efforts will go towards engaging with and listening to the people of Tayside and taking on board what they have shared with us already.

The first major milestone in Trust and Respect is the delivery of a detailed programme plan by 1 June 2020 which will set out immediate actions, investments in staff training and development and

a comprehensive programme of work to be undertaken to ensure all 51 recommendations are addressed in full.

The 51 recommendations cover five cross-cutting themes:

1. *Strategic service design*
2. *Clarity of governance and leadership responsibility*
3. *Engaging with people*
4. *Learning culture*
5. *Communication*

A key and critical element of this work will be to work together with people living with mental health conditions and ill health, their families and carers, and health and social care staff. We will immediately work on addressing the issues raised in the Independent Inquiry report to build good quality mental health services that meet people's needs and build a working environment that supports our staff.

In 2019 we commenced our approach to build on quality improvement work to develop the organisational culture, leadership and clinical governance along with our staff. Our leaders will create and maintain positive, inclusive and compassionate working cultures.

The ambitions for the Tayside population (world class, person centred, effective, and safe services) are only possible if staff at all levels are working in environments where they are supported to perform at their best.

The new future and ways of working will be inclusive, structured, and disciplined, with frequent two-way communication and feedback mechanisms in place allowing all stakeholders to understand and get involved in the processes to design and develop the Tayside Mental Health and Wellbeing Strategy. We will engage widely, providing a range of ways people can get involved and influence the future mental health supports and services in Tayside. Choices will be accessible for people with mental illness, their families and carers.

Our person-centred approach will focus on actively listening to people to enable recovery and better outcomes, challenging and lifting the stigma and discrimination often surrounding mental health, and putting mental health on an equal par with physical health, whilst developing services that are robust and appropriate for our times, incorporating the best of supportive digital technology throughout.

## 5. Our plans

Mental health and wellbeing of the population is a top priority for Tayside. This includes a drive to involve all organisations who provide support and services to and with the people who live here. In Tayside, we are commencing an important journey, after listening to those who have lived experience of mental illness, the experiences of their carers and families.

In response to 'Trust and Respect', we are beginning a fundamental redesign of mental health services and our aim is to listen, learn and change, ensuring the promotion of mental health and wellbeing underpins all aspects of our services. We want to be proud of our service and the support we

give, we want to make a difference but most importantly we are willing to listen, to learn from the past and change the future.

The main emphasis of our strategic change programme is to develop the detail, gain agreement on the response and merge the draft action plan with the Tayside Mental Health and Wellbeing Strategy 2020-2030.

The 10-year strategy for all age groups will be informed by a range of work including the Scottish Government's Mental Health Strategy 2017-2027.

The local plan will reflect the needs of people living in Tayside and importantly the

experience of people using our services. The contents of the strategy will be consistent with the Integration Joint Boards' vision for improvements in mental health provision.

We have taken on board the recommendations in Trust and Respect and embraced the opportunity to deliver mental health in a way that no other area in Scotland does – ensuring all those accountable hear the voices of the public and, in particular, people with lived experience, their families and carers.

Going forward the key stakeholders measuring the success of this work will be the

people of Tayside who will be equal partners in the process to:

- *Influence the scope of our work and participate in the design, development and final production of the Tayside Mental Health and Wellbeing Strategy*
- *Co-create, design, develop and generate as well as comment on any papers related to the strategy development*
- *Be an equal stakeholder in engagement activity that is digitally generated by Tayside in the interim period*

## 6. Conclusion

In conclusion, 'Listen. Learn. Change.' sets the framework for an ambitious programme of change over the coming years as a means for ensuring delivery of the actions, commitments and a shared accountability for implementation.

In developing the programme of work in response to the Independent Inquiry, all partners in our local authorities and health and social care organisations across Tayside have come together to present this draft action plan for improvement.

The lead for ensuring delivery of this draft action plan will be Kate Bell, NHS Tayside's Interim Director of Mental Health. It is therefore proposed that oversight, leadership, co-ordination and management of the actions noted here will be merged with the programme of work to develop the single Mental Health and Wellbeing Strategy as one strategic planning initiative under the auspices of Tayside Mental Health and Wellbeing Strategy Board, chaired by Kate

Bell, with membership from across a wide range of stakeholders. The Independent Inquiry response, Mental Health and Wellbeing programme (strategy and change programme) work will have a dedicated and specialist programme management team.

We agreed on five strategic themes linking each recommendation to tasks and activities required to achieve change that will result in sustainable improvement in mental health service provision.

1. *Single Tayside Mental Health and Wellbeing Strategy*
2. *Whole-system Change Redesign Programme*
3. *Quality Improvement, Learning and Care Governance*
4. *Governance, Leadership and Accountability*
5. *Culture, Engagement and Communications*

## 7. Draft Action Plan template

1. Single Tayside Mental Health and Wellbeing Strategy (Recommendations 3, 13, 27, 33, 39)					
Recommendation 3	Engage with all relevant stakeholders in planning services, including strong clinical leadership, patients, staff, community and third sector organisations and the voice of those with lived experience of Mental Health			Outcome: System wide Tayside Mental Health and Wellbeing Strategy	RAG – Green Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Kate Bell Interim Director of Mental Health, NHS Tayside	NHS Tayside will lead and be accountable for the co-creation and production of the Strategy	NHS Tayside and key partners to approve and endorse draft strategy	Oct 20	<ol style="list-style-type: none"> <li>1. <b>Establish the Strategic Leadership Group</b> (This group will consist of the members of the Executive Partners Group and be the Governance Board for the Strategy and Change Programme 2020)</li> <li>2. <b>Set out the decision making committees/ dates for supporting /endorsing /approving the Programme Definition and Governance paper and Draft Action to be submitted to SG 01 June 2020.</b></li> <li>3. <b>Establish and set up the Mental Health and Wellbeing Strategy Board</b> (This group is the strategic lead group, directing the stakeholder management and engagement at all levels within Tayside – building on the work of the Tayside Mental Health Alliance.)</li> <li>4. <b>Undertake review of current services "As is"</b></li> <li>5. <b>Develop Programme Definition Document (PDD)</b></li> <li>6. <b>Develop Programme Plan</b></li> <li>7. <b>Develop Comms and engagement strategy detailing how we will virtually connect with all stakeholders</b></li> <li>8. <b>Develop our infrastructure for programme development (Strategy and Change Programme)</b></li> <li>9. <b>Establish Strategy writing process and timeline</b></li> <li>10. <b>Assemble a draft Tayside Mental Health and Wellbeing Strategy</b></li> <li>11. <b>Develop an action plan to engage and invest with medical staff</b></li> </ol>	
<b>Team Involved</b> ( <i>more team members will be added as we develop these plans</i> ) – All members of the SLG supported by Kate Bell, Lesley Roberts					
Recommendation 13	Ensure that there is urgent priority given to strategic and operational planning of community mental health services in Tayside. All service development must be in conjunction with partner organisations and set in the context of the community they are serving. <u>Interdependent with Recommendation 5</u>			Outcome: Strategic Governance in place to oversee Independent Inquiry and Mental Health and Wellbeing Strategy	RAG – Amber Date – Mar 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	

	(SLG)			
<b>Team Involved</b> (more team members will be added as we develop these plans) – Grant Archibald				
<b>Recommendation 27</b>	<b>Provide adequate staffing levels to allow time for one-to-one engagement with patients.</b>	<b>Outcome:</b> Develop model of Multi-Disciplinary Team based working as an enabler for Shifting the Balance of Care (SBC) to deliver a model of Right person, right place, right time, aligning the resources in line with demand and capacity		<b>RAG – Amber Date – Oct 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>
Kate Bell Interim Director of Mental Health, NHS Tayside	Tayside Integrated Leadership Group (ILG) will lead and be accountable for the delivery of this action.	Short term Review of Caseloads	July 2020	<p>Our in-patient areas are working towards accreditation with the RCPsych: There has been a review of the staff members and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the ward/unit.</p> <p><b>WORKFORCE PROJECT</b></p> <ol style="list-style-type: none"> <li><b>Review existing working practices</b></li> <li><b>Implement Health and Care (Staffing) (Scotland) 2019 and the Nursing Workforce Tools that are mandated for use.</b></li> <li><b>Develop tool</b></li> <li><b>Repeat workforce tool to clarify resources available and needed.</b></li> <li><b>Develop model within strategy to balance out the need of general and specialist support.</b></li> <li><b>CAMHS, Children and Young People project factored into the scope of the strategy (which will be a person-centred MDT approach of Right Person, Right Place, Right Time, aligning the resources re demand and capacity.)</b></li> <li><b>Implement job planning for Medical staff to deliver sustainable care</b></li> <li><b>Develop a medical workforce strategy</b></li> </ol>
		New model that balances out the need for generalist and specialist - shifting the balance of care.	Sept 2020	
<b>Team Involved</b> (more team members will be added as we develop these plans) – Mike Winter, Karen Anderson, Director of AHPs, Charlie Sinclair, Exec for HR/Workforce, Keith Russell, Social Work Leads, Lesley Roberts				
<b>Recommendation 33</b>	<b>Focus on developing strategies for prevention, social support and early intervention for young people experiencing mental ill-health in the community, co-produced with third sector agencies.</b>	<b>Outcome:</b> Chapter of strategy will include mental health and wellbeing of CYP, universal services through to specialist interventions required and include transition model.		<b>RAG – Green Date - Oct 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>
Chair of the Children's Collaborative	All 3 Local Authorities	Reporting to the Mental Health	June 20	The strategy will include in its scope work with children and young people and plan from mental health and wellbeing of CYP, universal services through to specialist interventions required and include work on transition to ensure the new CAMHS specification is scoped into the work also.



		and Wellbeing Strategy Board.	Aug 20 Oct 20	<ol style="list-style-type: none"> <li>1. Develop project focusing on Children and young people's mental health.</li> <li>2. From this develop writing team for this chapter</li> <li>3. Agree transition model</li> <li>4. Develop and agree strategy chapter.</li> <li>5. Develop stronger links between physical and mental health services</li> </ol>
<b>Team Involved</b> (more team members will be added as we develop these plans) - Chair of the Children's Collaborative				
<b>Recommendation 39</b>	Consider the formation of a service for young people aged 18 – 24, in recognition of the difficulties transitioning to adult services and also recognising the common mental health difficulties associated with life events experienced during this age range. This may reduce the necessity for these patients to be admitted to the adult in-patient services.			<b>Outcome: Service for young people aged 18 – 24</b>  <b>RAG – Green</b> <b>Date - Oct 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>
Lorna Wiggin Director of Acute Services, NHS Tayside	NHS Tayside will lead and be accountable for the delivery of this action supported by Integrated Children and Young People's Service Planning group.	Draft model of service for young people aged 18 – 24	Aug 20	<p>The MHWS will include in its scope work with children and young people and plan from mental health and wellbeing of CYP, a staged model of universal services through to specialist interventions is required and will include work on transitions to ensure the new CAMHS specification is scoped into the work.</p> <ol style="list-style-type: none"> <li>1. Consider the overlap and pathways for Children and Adult</li> <li>2. To ensure strategy has a Children and Young People chapter</li> <li>3. Co-create and design a Transitions project to ensure a robust and seamless transition process is developed and in place through to age 24.</li> </ol> <p><b>NOTE</b> - Already rolled out transition of children and Adolescents in Angus (16-18 year olds) for those who were already in CAMHS (existing and new referrals)? Now keeping all adolescents and at 17 years and 4 months, an individual transition plan is triggered. This has been occurring for 10 months and has not been interrupted by COVID.</p> <p>A staged approach for transition for Dundee and Perth/Kinross is in its early stages, but COVID had impacted on bringing together adult and CAMHS teams with the client, so this needs to be re-focused when recovery occurs.</p>
<b>Team Involved</b> (more team members will be added as we develop these plans) - Dr Peter Fowlie AMD Women and Children's Services, Lorna Wiggin, Dr Joy Oliver, Dr Chris Pell, Arlene Wood (Transition)				



## 2. Whole System Mental Health Change Programme Recommendations 2, 14, 16, 20, 24, 26, 35, 41

<b>Recommendation 2</b>	<b>Conduct an urgent whole-system review of mental health and well-being provision across Tayside to enable a fundamental redesign of mental health and wellbeing services for Tayside.</b>			<b>Outcome: New Clinical and service models with proportionate service configuration – a completed whole system review with recommendations for new model of care</b>	<b>RAG – Amber Date – Nov 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
Kate Bell Interim Director of Mental Health, NHS Tayside	NHS Tayside	Develop programme of work for delivery of future models of care	May 20 Sept 20	Design and develop the 2021-2030 Tayside Mental Health and Wellbeing Strategy and Service Change delivery Programme 2020-2023. <ol style="list-style-type: none"> <li><b>To review work completed to date.</b></li> <li><b>Full review of mental health supports and services</b></li> <li><b>Co-create, design and develop Strategy as in strategic theme 1, recommendation 3 with accompanying detailed plans.</b></li> <li><b>Recognised that Clinical engagement of all staff key to delivery</b></li> </ol> Programme Director, Lesley Roberts will lead and be responsible for the delivery of this action.	
<b>Team Involved</b> ( <i>more team members will be added as we develop these plans</i> ) – Lesley Roberts, Programme Director MHWS, Programme Team and all relevant Stakeholders					
<b>Recommendation 14</b>	<b>Consider developing a model of integrated substance use and mental health services.</b>			<b>Outcome: New model of integrated substance use and mental health services</b>	<b>RAG – Amber Date – Sept 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
Dr Drew Walker, Director of Public Health	TBC by SLG	Develop draft model	Sept 20	Set up and develop a model of integrated substance use and mental health services <ol style="list-style-type: none"> <li><b>Consider workforce requirements</b></li> <li><b>Consider models of integrated care</b></li> <li><b>Develop model and service configuration</b></li> <li><b>Incorporate this integrated substance use model into the strategy</b></li> </ol> Alcohol and Drug Partnerships (ADPs) within localities will lead and be accountable for the delivery of this action (reporting to ILG)	
<b>Team Involved</b> ( <i>more team members will be added as we develop these plans</i> ) - Dr Jane Bray, Dr Emma Fletcher, Substance misuse Leads - Dr Fiona Cowden and Dr Tim Elworthy					
<b>Recommendation 16</b>	<b>Prioritise the re-instatement of a 7 day crisis resolution home treatment team service across Angus.</b>			<b>Outcome - 7 day crisis resolution home treatment team service across Angus.</b>	<b>RAG – Green Date – Aug 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
Gail Smith Chief Officer,	HSCP Angus on behalf of Tayside	7 day crisis resolution home treatment team	Aug 20	Assumption for the requirement is that 24/7 translates as 7 days a week. This is currently a service priority for Angus there are already pre-existing plans to deliver a 7-day home treatment model that	

Angus Health and Social Care Partnership		service across Angus.		<p>have been approved and funded.</p> <ol style="list-style-type: none"> <li><b>Reinstate Community Mental Health Services / Crisis Resolution &amp; Home Treatment Team and Hospital Interface project</b></li> <li><b>Develop specification</b></li> <li><b>Propose 7 day service model and set out in the Strategy and Programme Delivery Plans</b></li> <li><b>Explore the views of clinicians and other stakeholders: How was previous service viewed</b></li> </ol> <p>Community Mental Health Services / Crisis Resolution &amp; Home Treatment Team and Hospital Interface project</p> <p><b>Note:</b> Angus has very strong third sector involvement. (We will assess level of need for this within Angus as we may look to 2 or 3 site delivery to aid sustainability.</p>	
<b>Team Involved</b> (more team members will be added as we develop these plans) – Bill Troup					
<b>Recommendation 20</b>	<b>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.</b>			<b>Outcome</b> - Distress Brief Intervention training programme developed and implemented	<b>RAG – Green</b> <b>Date – Aug 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
Bill Troup Head of Mental Health Services, Angus HSCP	HSCP Angus on behalf of Tayside	Distress Brief Intervention training programme proposed and approved by MHWS Board	Aug 20	<ol style="list-style-type: none"> <li><b>Set out the business case for DBI in Tayside</b></li> <li><b>Reinstate Community Mental Health Services / Crisis Resolution &amp; Home Treatment Team and Hospital Interface project</b></li> <li><b>Develop training and process for implementation.</b></li> <li><b>To ensure DBI is within the strategy</b></li> </ol> <p>Community Mental Health Services / Crisis Resolution &amp; Home Treatment Team and Hospital Interface project</p>	
<b>Team Involved</b> (more team members will be added as we develop these plans) – Bill Troup					
<b>Recommendation 22</b>	<b>Develop clear pathways of referral to and from university (Dundee, Dundee College, St Andrews, Abertay, University Of Highlands and Islands) mental health services and the crisis resolution home treatment team.</b>			<b>Outcome – Student referral pathway</b>	<b>RAG – Amber</b> <b>Date – Aug 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
Keith Russell, Associate Nurse Director, Mental Health and Learning Disabilities	NHS Tayside	Pathway drafted Pathway complete	July 20 Aug 20	<ol style="list-style-type: none"> <li><b>Collaborate with Universities</b> (Update - There has been 2 meetings with the University of Dundee and University of Aberdeen regarding this action and the existing pathway is being reviewed.)</li> <li><b>Establish what they currently provide and see what is required to achieve recommendation.</b></li> </ol>	

<b>Team Involved</b> (more team members will be added as we develop these plans) - Keith Russell, Sara Vaughn					
<b>Recommendation 24</b>	<b>Involve families and carers in end-to-end care planning when possible.</b>			<b>Outcome – Clear policy for family and carer engagement</b>	<b>RAG – Green</b> <b>Date – Aug 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
Claire Pearce NHS Tayside Nurse Director	Care Planning Collaborative HIS, NHS Tayside	Build into NHS Tayside Care Planning Processes  Learn from Adverse Events	July 20  Sept 20	<ol style="list-style-type: none"> <li>1. Establishment of a care planning collaborative to include families and carers</li> <li>2. Review of Triangle of Care Implementation</li> <li>3. Review of the Mental Health Person Centred Care Planning Standards</li> <li>4. Review of Standing Operating Procedures for Anticipatory Care Planning</li> <li>5. Carry out training with staff on person centred care and the benefits to patient outcomes when family and carers can be involved in Care Planning</li> <li>6. The audit tool will be used monthly and compliance reported to the relevant quality improvement or Governance groups. Themes for learning have been identified from the audit cycles and have been incorporated into the learning sessions within the Continuous Professional Development Programme.</li> <li>7. Next steps include developing an Assessment and Documentation Pathway Collaborative to support the development of clear documentation pathways to ensure consistency.</li> <li>8. Develop and undertake training to learn from adverse events</li> <li>9. Focus has been on in-patients – we plan to extend to integrated CMHT</li> </ol>	
<p><b>PLEASE NOTE:</b> A Care Planning Collaborative was set up in September 2018 across General Adult Mental Health In patient wards to support the development and implementation of the Standards. The Standards are comprised of 11 standard statements with associated guidance and an audit tool that collects qualitative data. The scope of these Standards is to include the care plans of all Mental Health and Learning Disability Nurses across the range of Mental Health and Learning Disability services in Tayside.</p> <p>In January 2019 the Standards underwent a consultation process across NHS Tayside Mental Health Services and were endorsed by the Nurse Director in May 2019. Following the launch of the Standards these have been presented to all clinical teams and referenced by the MWC in their recently published Person Centred Care Plans, A Good Practice Guide.</p> <p>The NHS Tayside Mental Health Nursing Standards for Person Centred Care Planning have been recognised nationally by receiving a Highly Commended award in the Inpatient Category at the Mental Health Nursing Forum, Scotland, and Awards Ceremony in November 2019.</p> <p>See <i>Tayside Mental Health Nursing - Standards for Person-Centred Care Planning</i><sup>1</sup></p>					
<b>Team Involved</b> (more team members will be added as we develop these plans) - Donna Robertson Johnathan MacLennan, Tracey Williams - Improvement Fellows, Tom Imms, Design approach Rodney Mountain Systems Thinking, Stakeholder Participation Group members (recent lived experience), Bill Troup, Arlene Mitchell, Evelyn Devine					
<b>Recommendation 26</b>	<b>Make appropriate independent carer and advocacy services available to all patients and carers.</b>			<b>Outcome - single referral point for advocacy</b>	<b>RAG – Amber</b> <b>Date – Sept 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	

Arlene Wood Associate Director of Mental Health	All HSCPs	Independent advocacy services exist in each of the 3 areas (HSCP's).	Sept 20	<b>1. To ensure achievement of a single referral point for advocacy in the strategy</b>	
<b>Team Involved</b> (more team members will be added as we develop these plans) – Arlene Wood, HSCP Advocacy Services Leads, Third Sector Organisations					
<b>Recommendation 35</b>	Ensure the creation of the Neurodevelopmental Hub includes a clear care pathway for treatment, with the co-working of staff from across the various disciplines not obfuscating the patient journey. The interdisciplinary of the hub may give rise to confused reporting lines or line management structures/ governance issues. A whole system approach must be clarified from the outset.			Outcome - Clear care pathway for treatment within Neurodevelopmental Hub	
				RAG – Amber Date – Sept 2020	
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
Lorna Wiggin Director of Acute Services, NHS Tayside	NHS Tayside Acute Services	Creation of the Neurodevelopmenta l Hub, Clear pathway	Sept 20	<b>1. Identify the Clinical Leadership (Post advertised)</b> NOTE - Clinical Leadership post not filled but interim measures in place to progress leadership for Neurodevelopment HUB. Two senior psychologists lead this and have dedicated hours for improvement and the progression of the pathway <b>2. Creation of the Neurodevelopmental Hub</b> NOTE - Continued shared pathway work is being undertaken with paediatrics to continue the development of the Neurodevelopment HUB <b>3. Clear pathway</b> NOTE - Neurodevelopment pathway being developed and test of changes occurring within this; <b>4. Move this into paediatrics in recognition of prescribing needs and specialist clinics</b> Capacity still being built into support a move to paediatrics, in recognition of prescribing needs and specialist clinics; <b>5. External contractor (Healios) Trial agreed to commence in 3 weeks (Mid June), to test neurodevelopment pathways for 3 streams of clinical need.</b> <b>6. System improvements for internal Neurodevelopment pathway to be created from Healios trial.</b>	
<b>Team Involved</b> (more team members will be added as we develop these plans) - Dr Pete Fowlie, Lorna Wiggin					
<b>Recommendation 41</b>	Consider offering a robust supportive independent advocacy service for parents and carers of young people who are engaged with Child and Adolescent Mental Health Services. This may include carer support groups.			Outcome - Independent advocacy service for parents and carers of young people who are engaged with Child and Adolescent Mental Health Services.	
				RAG – Amber Date – Sept 2020	
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	

Lorna Wiggin Director of Acute Services, NHS Tayside	NHS Tayside	Independent advocacy service	Oct 20	<p><b>There is a recognition of the need for the child's views to be held paramount, work is well progressed to achieve this.</b></p> <p><b>1. Establish a single referral point for advocacy (to include parent and carers of young people advocacy) in the strategy</b></p> <p>NOTE – CAMHS website being redesigned and developed to create uniformity of advocacy information that matches information included in standard referral letters, which include signposting for local support services / tools.</p> <p>1st June 2020 locality sign posting being included in all letters to clients / families until website can be finalised.</p> <p><b>Advocacy Services - we plan to work with these partners to achieve this<sup>2</sup></b></p>
<b>Team Involved</b> (more team members will be added as we develop these plans) - Lorna Wiggin, Diane Caldwell				

3. Quality Improvement, Learning and Care Governance Recommendations 4, 8, 11, 15, 18, 19, 23, 25, 28, 31, 34, 36, 37, 38, 40, 51					
<b>Recommendation 4</b>	<b>Establish local stakeholder groups as a mechanism for scrutiny and improvement design to engage third sector, patients' representatives and staff representation.</b>		<b>Outcome - Establish local stakeholder groups</b>		<b>RAG – Green</b> Date – Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Jane Duncan Director of Communication and Engagement	NHS Tayside	Mental Health and Wellbeing Strategy Board – Inclusive Membership, Communication and Engagement Group	June 20	<ol style="list-style-type: none"> <li><b>1. Establish Organisational Lead for Public and Patient Involvement (Mental Health)</b></li> <li><b>2. Mental Health and Wellbeing Strategy Board - to ensure achievement of strategy.</b></li> <li><b>3. Develop a sustainability model for participation and scrutiny.</b></li> <li><b>4. Stakeholder Participation and Engagement sub-group to have accountability for quality assurance and ongoing scrutiny and review.</b></li> <li><b>5. Communication and Engagement sub-group to develop plan. (Work to include sample groups and sharing information through web platforms, develop Community Engagement plans Scotland/HIS.)</b></li> <li><b>6. Review should be done on what is currently in place and decide if there is any strengthening to be done.</b></li> </ol>	
<b>Team Involved</b> (more team members will be added as we develop these plans) - Lesley Roberts, Arlene Mitchell, Bill Troup, Chris Wright, Margaret Dunning					
<b>Recommendation 8</b>	<b>Deliver timely, accurate and transparent public reporting of performance, to rebuild public trust in the delivery of mental health and wellbeing</b>		<b>Outcome - External reporting plan</b>		<b>RAG – Amber</b>

services.				Date – Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Hazel Scott Director of Planning & Performance/Assist Chief Executive	NHS Tayside	NHS Tayside Annual Operating Plan  Care Governance Committee (public forum)	July 20	<b>NHS Tayside website, provides updates and Tayside Annual Operating Plan will fulfil this function.</b> <ol style="list-style-type: none"> <li>1. Requires a piece of work to review what is currently being provided</li> <li>2. Determine future reporting.</li> <li>3. Implement a reporting process.</li> <li>4. SLG will agree this.</li> <li>5. Ensure that existing clinical governance and risk structures are consistent in mental health services</li> </ol>
<b>Team Involved</b> (more team members will be added as we develop these plans) – Bill Nicol, Arlene Wood, Sarah Lowry, Diane Campbell AD Clinical gov. And risk Elaine Henry AMD Clin. Governance				
<b>Recommendation 11</b>	<b>Ensure that the policy for conducting reviews of adverse events is understood and adhered to. Provide training for those involved where necessary. Ensure that learning is incorporated back into the organisation and leads to improved practice.</b>		<b>Outcome - Clarity on policy and supporting training programme with process to incorporate learning back into organisations</b>	<b>RAG – Green Date – Sept 2020</b>
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Claire Pearce NHS Tayside Nurse Director	NHS Tayside and HSCP Clinical Quality Leads	Policy Compliance  Training  System Wide Learning's from Adverse Events	Sept 2020	<b>1. Agreed that actions should be addressed individually into</b> <ol style="list-style-type: none"> <li>a. (Policy Compliance) Ensure that Quality Performance reviews in mental health provide timely scrutiny of adverse events. Strengthen the reporting framework to board level</li> <li>b. (Training) Use learning from adverse events to prevent future occurrence</li> <li>c. (System Wide Learning's from Adverse Events)</li> </ol> <b>2. Work already underway needs collated and reported to ensure consistent approach to policy compliance</b> <b>Update - System Wide Adverse Event Learning Forum in place - first 2 meetings had approximately 100 professionals from across Tayside in attendance. Third session interrupted by Covid19 but plans for reinstatement being discussed</b>
<b>Team Involved</b> (more team members will be added as we develop these plans) - Care Governance - Clare Pearce, Diane Campbell, Elaine Henry				
<b>Recommendation 15</b>	<b>Develop comprehensive and pertinent data-capture and analysis programmes, to enable better understanding of community need and service requirement in the community mental health teams.</b>		<b>Outcome - Report on metrics of the need and service requirement in the community mental health teams.</b>	<b>RAG – Amber Date – Oct 2020</b>
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
	Business unit	Develop data and data-	July	<b>1. Agree data – Dr Christmas will lead this – he is very experienced/knowledgeable in data use and systems</b>

Dr Drew Walker Director of Public Health	All agencies to work collaboratively	capture process  Develop analysis  Collate into Strategic Needs Assessment of MH	20  Aug 20  Oct 20	<p><i>NOTE - Previously we have found that there is a lot of data presented at QPR but often not accepted. Therefore we plan that the data will be cross-checked by clinicians and that the clinicians understand this and it feels relevant and accurate to them. A process will be set up to do this.</i></p> <ol style="list-style-type: none"> <li><b>2. Review data capture process</b></li> <li><b>3. Review metrics and outcome measure across the scope of the programme</b></li> <li><b>4. Ensure Strategic Needs Assessment feeds into metrics and outcomes (clinical and patient reported outcomes) are clear</b></li> </ol> <p>Clinical leads supported by Business Intelligence Unit/ISD/LIST analysts/Public Health/Programme Team/ and HSCP information teams</p>
<b>Team Involved</b> (more team members will be added as we develop these plans) - Dr David Christmas, (Dr Jane Bray, Dr Emma Fletcher Public Health Consultants, Sarah Lowry)				
<b>Recommendation 17</b>	<b>Review all complex cases on the community mental health teams' caseloads.</b> <b>Ensure that all care plans are updated regularly and there are anticipatory care plans in place for individuals with complex/ challenging presentations.</b>		<b>Outcome - Establish process and frequency for updating care plans</b>	<b>RAG – Amber</b> <b>Date – Oct 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>
Keith Russell NHS Tayside Associate Nurse Director	NHS Tayside/  Health and Social Care Partnerships (particularly social work leadership)	Robust audit tool.  Process for review  Schedule for reviews  Report on lessons learned	July 20  Aug 20  Sept 20  Oct 20	<ol style="list-style-type: none"> <li><b>1. Ensure that there are robust audit tools in place to review complex cases</b></li> <li><b>2. Process for review</b></li> <li><b>3. Schedule for regular audit of this cohort</b></li> <li><b>4. Report on lessons learned.</b></li> </ol>
<b>Team Involved</b> (more team members will be added as we develop these plans) - Keith Russell, Bill Troup, Chris Lamont, Arlene Mitchell				
<b>Recommendation 18</b>	<b>Plan the workforce in community mental health teams in the context of</b>		<b>Outcome - To develop new model for General Adult</b>	<b>RAG – Green</b>



continuous care provision across all community services.				
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Elaine Henry Associate Medical Director for Medical Workforce	NHS Tayside	Workforce plan (draft)	Sept 20	<ol style="list-style-type: none"> <li>1. Develop a workforce Plan for Mental Health. ( Draft in development)</li> <li>2. First Priority - Reconfiguration of General Adult Psychiatry (<i>Workforce project to ensure that we cover all areas of service.</i>)</li> <li>3. Reduce locum dependency by 50% to next summer</li> </ol>
<b>Team Involved</b> ( <i>more team members will be added as we develop these plans</i> ) - Arlene Wood, Elaine Hendry, Mike Winters, Keith Russell				
<b>Recommendation 19</b>	<b>Prioritise the development of safe and effective workflow management systems to reduce referral-to-assessment and treatment waiting times. This should also include maximum waiting times for referrals.</b>		<b>Outcome - To develop Workflow Management System with Mental Health Services.</b>	
<b>RAG – Green</b> Date – Oct 2020				
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Jane Bruce AMD Primary care Arlene Wood Associate Director of Mental Health and Learning Disabilities	Tayside Mental Health Integrated Leadership Group	Draft workflow management system	Oct 20	<ol style="list-style-type: none"> <li>1. Undertake root cause analysis of why they are viewed to be blocks and review current model</li> <li>2. Within the Workforce Plan for Mental Health, develop Current Workflow Management System with Mental Health Services.</li> <li>3. Medical staff engagement across primary and secondary care interface</li> </ol> <p><i>Note - Currently working at inpatient level with leadership colleagues /CRHTT to develop capacity and flow model based on Readiness for Discharge tool already developed.</i></p>
<b>Team Involved</b> ( <i>more team members will be added as we develop these plans</i> ) - Mike Winter, Keith Russell, Johnathan MacLennan and Leads of Community Mental Health Teams				
<b>Recommendation 23</b>	<b>Develop a cultural shift within inpatient services to focus on de-escalation, ensuring all staff are trained for their roles and responsibilities.</b>		<b>Outcome - New observation protocol</b>	
<b>RAG – Green</b> Date – Oct 2020				
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Keith Russell Associate Nurse Director of Mental Health and Learning Disabilities	Least Restrictive Care Collaborative	Revised and rewritten Observation Protocol for all inpatient mental health and learning disability inpatient services in NHS	Oct 20	<ol style="list-style-type: none"> <li>1. Observation Protocol Implementation</li> <li>2. This falls under the current remit of the IOP (Improving Observation Practice) group, as well as LRC (Least Restrictive Caring) group (meeting since 2018). [<i>The early recognition and response of a deteriorating patient sits within both groups; the practical side in LRC for training and development, and the preventative side (a stage earlier in the process) within IOP.</i>]</li> </ol> <p><b>Proposal to develop a revised restrictive intervention reduction team for all NHS Tayside with a specific lead for mental health has been developed and discussed at Exec level – attached. See Restrictive Intervention reduction plan<sup>3</sup> and Draft Mental Health and Learning Disabilities Observation Protocol<sup>4</sup></b></p>



		Tayside		<b><u>NHS Tayside are the first board in Scotland to do this - and as a result we have other boards wanting to do it with us.</u></b>	
<b>Team Involved</b> (more team members will be added as we develop these plans) - Johnathan MacLennan, Donna Robertson, Diane Campbell (Role in nursing education and clinical risk)					
<b>Recommendation 25</b>	<b>Provide clear information to patients, families and carers on admission to the ward, in ways which can be understood and remembered.</b>			<b>Outcome</b> - Clear comms plan for patients, families and carers on admission to the ward	<b>RAG – Green</b> <b>Date – Oct 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
Arlene Wood Associate Director of Mental Health and Learning Disabilities	NHS Tayside	Easy read comms for patients, families and carers on admission to the ward	Oct 20	<ol style="list-style-type: none"> <li>1. Review all patient information leaflets (PiLs)</li> <li>2. Engage service users and representatives to consider what could be done to improve the type and format of PiLs</li> <li>3. Update leaflets, consider web based information, apps and other digital forms of information ( This work also links to recommendation 24)</li> </ol>	
<b>Team Involved</b> (more team members will be added as we develop these plans) - Johnathan MacLennan, Danielle Gorrie, Advocacy Lead (Name TBC), Arlene Wood					
<b>Recommendation 28</b>	<b>Ensure appropriate psychological and other therapies are available for inpatients.</b>			<b>Outcome</b> - Appropriate psychological and other therapies are available for inpatients	<b>RAG – Green</b> <b>Date – Oct 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
Kevin Power Director of Psychology	Perth & Kinross on behalf of Tayside Exec Partners	95% of inpatient staff who will have trauma-informed training commensurate to their role	Dec 20	<ol style="list-style-type: none"> <li>1. IOP Steering group to develop an implementation plan for the protocol.</li> <li>2. Position statement for inpatient psychology for the next three years.</li> <li>3. Development of a programme that starts with a reflective practice session around the NES 'Opening Doors' animation followed by LearnPro, then Survive and Thrive and Safety and Stabilisation, through to expert/train-the-trainer level appropriate to role. QI and Practice development leads have taken part in the Scottish Trauma Informed Leaders raining and link closely with NES around developments in Tayside to ensure a contemporary approach.</li> <li>4. Appoint an 8b 0.4 WTE Clinical Psychologist to support the development and roll out of training and they will also play in instrumental role in ensuring revised restrictive intervention reduction programme is both trauma informed and psychologically safe.</li> </ol>	
<b>Team Involved</b> (more team members will be added as we develop these plans) - Professor Kevin Power, Psychology Services					
<b>Recommendation 29</b>	<b>Reduce the levels of ward locking in line with Mental Welfare Commission for Scotland guidelines.</b>			<b>Outcome</b> – The guidance on ward locking is updated, approved and shared with all staff.	<b>RAG – Green</b> <b>Date – Aug 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	

Kate Bell NHS Tayside Interim Director of Mental Health	NHS Tayside	Establish and implement revised guidance on ward locking	Aug 20	<ol style="list-style-type: none"> <li>1. <b>Embed MWC Right in Mind Pathway across all In Patient Services</b></li> <li>2. <b>Work with the MWC - We are working with Ian Cairns at the MWC regarding this action and the MWC have plans to review Rights, Risks and Limits to Freedom which is the MWC publication that primarily sets out their position on door locking)</b></li> <li>3. <b>Review design and technology innovations to management of ward door locking.</b></li> </ol>	
<b>Team Involved</b> (more team members will be added as we develop these plans) – Keith Russell					
<b>Recommendation 30</b>	<b>Ensure all inpatient facilities meet best practice guidelines for patient safety.</b>			<b>Outcome - Ensure all inpatient facilities meet best practice guidelines for patient safety</b>	<b>RAG – Green Date – Aug 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
Keith Russell NHS Lanarkshire Associate Nurse Director	NHS Tayside	Approved Standards reached	Aug 20	<ol style="list-style-type: none"> <li>1. <b>Build on work achieved to date around health &amp; safety, Royal College of Psychiatry accreditation.</b></li> <li>2. <b>Establish the best practice for all Mental Health Inpatient facilities and set out a plan to deliver</b></li> <li>3. <b>Engage and involve patients and local mental health representatives in this process and ensure a person centred approach is taken where possible.</b></li> <li>4. <b>Roll out structured patient safety programme reflecting of National SPSP safety principles</b> <ol style="list-style-type: none"> <li>i. <b>Least Restrictive Practice</b></li> <li>ii. <b>Physical Health</b></li> <li>iii. <b>Leadership and Culture</b></li> <li>iv. <b>Communication</b></li> </ol> </li> <li>5. <b>Devise a programme for the roll out of Royal College Psychiatrists Quality Network Accreditation to include:</b> <ol style="list-style-type: none"> <li>i. <b>Standards for inpatient mental health service (1 ward started)</b></li> <li>ii. <b>Standards for inpatient learning disability service</b></li> <li>iii. <b>Standards for rehabilitation</b></li> <li>iv. <b>Standards for crisis response</b></li> <li>v. <b>Standards for Intensive Psychiatric Care Units (started)</b></li> </ol> </li> </ol>	
<b>Team Involved</b> (more team members will be added as we develop these plans) - Johnathan McLennan, Dr Chris Pell, Arlene Wood, Clinical risk and governance teams					
<b>Recommendation 31</b>	<b>Ensure swift (timeous) and comprehensive learning from reviews following adverse events on wards.</b>			<b>Outcome - Adverse Events training provided by Healthcare Improvement Scotland</b>	<b>RAG – Amber Date – Oct 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
Dr Stuart Doig Consultant	NHS Tayside Quality Improvement Team	Training package	July 20	<ol style="list-style-type: none"> <li>1. <b>Review of all outstanding adverse events and ensure learning is shared</b></li> </ol>	

Forensic Psychiatrist		Implementation Plan	Aug 20	<i>Note: Dr Doig has very good experience and has attended team based quality review workshops, he will provide this training – supported by others.</i>	
<b>Team Involved</b> (more team members will be added as we develop these plans) - Dr Stuart Doig, Keith Russell, Tracey Passway					
<b>Recommendation 34</b>	<b>Ensure that rejected referrals to Child and Adolescent Mental Health Services are communicated to the referrer with a clear indication as to why the referral has been rejected, and what options the referrer now has in supporting the patient.</b>			<b>Outcome - To ensure strong referral plan to CAMHS is within the strategy, including communication process</b>	
	<b>RAG – Green</b>		<b>Date – Oct 2020</b>		
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
Lorna Wiggin Director of Acute Services, NHS Tayside	NHS Tayside Quality	Discrete Referral Codes	Oct 20	<ol style="list-style-type: none"> <li><b>Audit rejected referrals.</b> NOTE - Audit completed and identified duplication of referrals and coding issues, which has impacted on accuracy of information and data</li> <li><b>Review referral management to CAMHS</b> NOTE - Successful small test of change completed with GPs to improve referral</li> <li><b>Review communication process and content</b> NOTE - New acknowledgements letters for all referrals being sent out which also includes information on support services / tools available in their local area.</li> </ol>	
<b>Team Involved</b> (more team members will be added as we develop these plans) - Lorna Wiggin, Diane Caldwell, Peter Fowlie/ Mike Winter, Dr Pascal Scanlan					
<b>Recommendation 36</b>	<b>Clarify clinical governance accountability for Child and Adolescent Mental Health Services.</b>			<b>Outcome - Ensure clear clinical governance structure for CAMHS is within the strategy</b>	
	<b>RAG – Green</b>		<b>Date – Oct 2020</b>		
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
Lorna Wiggin Director of Acute Services, NHS Tayside	NHS Tayside with Local Authorities for CYP known to SW	Clinical Governance Forums	Oct 20	<ol style="list-style-type: none"> <li><b>Ensure clear clinical governance structure for CAMHS is within the strategy</b> NOTE - Women, Children and Families Clinical Governance Structure been in place for 2 months; Accountability to CAMHS oversight group &amp; local Clinical Governance Committee framework continues to operate.</li> </ol>	
<b>Team Involved</b> (more team members will be added as we develop these plans) - Lorna Wiggin, Diane Caldwell					
<b>Recommendation 37</b>	<b>Support junior doctors who are working on-call and dealing with young people's mental health issues.</b>			<b>Outcome - Develop strong support process for junior doctors within workforce plan</b>	
	<b>RAG – Amber</b>		<b>Date – Oct 2020</b>		
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
Mike Winter NHS Tayside Associate Medial Director	NHS Tayside	Develop programme of work for future model as part of	Aug 20	<ol style="list-style-type: none"> <li><b>Workforce planning to agree a mechanism, process and develop the system for sharing and applying.</b></li> <li><b>Consider the role of out of hours social work, Mental Health Officers, Mental Health liaison</b></li> </ol>	

		future rotation		roles 3. Ensure that there is a Consultant on call and available to support decision making. ( This is part of workforce strategy to retain and support trainees)
<b>Team Involved</b> (more team members will be added as we develop these plans) - Mike Winter, Peter Fowlie, George Doherty				
<b>Recommendation 38</b>	Ensure statutory confidentiality protocols for children and young people are clearly communicated to all staff. The protocols should also be shared with patients and families at the outset of their treatment programme, so that parents and carers know what to expect during the course of their child's treatment.			<b>Outcome - To develop confidentiality protocols and share with parents and carers</b>  <b>RAG – Amber</b> <b>Date – Oct 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>
Lorna Wiggin Director of Acute Services, NHS Tayside	NHS Tayside	CAMHS updated website	TBC	<ol style="list-style-type: none"> <li><b>Exploration of the exact protocols referred to.</b> NOTE- Staff undertake annual education around confidentiality (LearnPro)</li> <li><b>Develop if they do not exist and share as required to ensure an inclusive and best practice approach is applied when working with children, young people and their families.</b></li> <li><b>Review process and make materials available to staff and families.</b> NOTE - CAMHS Referrer acknowledgement letters are sent out to patients and families to explain service programming and information signposting that may be useful. The CAMHS website is under development to better support and help communicate the journey of the child through the service, inclusive of signposting to other helpful resources.</li> </ol>
<b>Team Involved</b> (more team members will be added as we develop these plans) - Lorna Wiggin, Diane Caldwell				
<b>Recommendation 40</b>	Ensure comprehensive data capture and analysis systems are developed to appropriately manage waiting lists and service users' expectations. Work should be undertaken to look at what data is available and what could be useful to inform decision making on service development/monitoring of services. This should be aligned to national reporting requirements.			<b>Outcome - To develop metrics and outcomes around waiting times (including service users expectations) ensuring these take account of national reporting requirements</b>  <b>RAG – Amber</b> <b>Date – Oct 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>
Lorna Wiggin Director of Acute Services, NHS Tayside	NHS Tayside and HSCP for community based all waiting time targets	CAMHS Data Dash Board	June 20	<ol style="list-style-type: none"> <li><b>Ensure comprehensive data capture and analysis systems are developed to appropriately manage waiting lists and service users' expectations.</b> NOTE - Data Dash Board completed and in use.</li> <li><b>Work should be undertaken to look at what data is available and what could be useful to inform decision making on service development/monitoring of services.</b></li> <li><b>This should be aligned to national reporting requirements.</b> NOTE- Aligned Data Dash Board.</li> </ol>
<b>Team Involved</b> (more team members will be added as we develop these plans) - Lorna Wiggin, Diane Caldwell, Sarah Lowry, Hazel Scott				

<b>Recommendation 51</b>	<b>Ensure that all external review processes are embraced wholeheartedly and viewed as an opportunity to learn and develop. Managers should ensure that all staff receive details of the recommendations from reviews and are included in the analysis and implementation.</b>			<b>Outcome - Culture of embracing external review to be embedded.</b>	<b>RAG – Green Date – Aug 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
Scott Dunn NHS Tayside Head of Organisational Development	NHS Tayside	TBC	TBC	<ol style="list-style-type: none"> <li>1. Ensure that all external review processes are embraced wholeheartedly and viewed as an opportunity to learn and develop, e.g. SLG to review the Independent Inquiry Report and share back as a Leadership Team on ‘what this report means to me’.</li> <li>2. Staff review of the Independent Inquiry Report on reflection of the report to understand if there were any aspects that weren’t picked up.</li> <li>3. Ensure that all reviews and action plans being created in response to the Independent Inquiry are fully engaged and visible to staff throughout the process</li> <li>4. Managers to ensure that all staff receive details of the recommendations from reviews and are included in the analysis and implementation.</li> <li>5. Clinical governance and risk management team to ensure that all reviews sit within existing reporting and scrutiny framework</li> </ol>	
<b>Team Involved</b> ( <i>more team members will be added as we develop these plans</i> ) - Keith Russell, Scott Dunn, Organisational Development					
<b>4. Governance, Leadership and Accountability Recommendations 5, 6, 7, 9, 10</b>					
<b>Recommendation 5</b>	<b>Review the delegated responsibilities for the delivery of mental health and wellbeing services across Tayside, to ensure clarity of understanding and commitment between NHS Tayside and the three Integration Joint Boards. This should include the decision to host General Adult Psychiatry inpatient services in Perth &amp; Kinross Integration Joint Board.</b>			<b>Outcome - Detail of assignment of delegated responsibility for Mental Health Functions. <u>See interdependency recommendation 13 above</u></b>	<b>RAG – Amber Date – Sept 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
Kate Bell Interim Director of Mental Health	NHS Tayside	Draft Integration Schemes	Aug 20	<p>This requires a Tayside wide approach to developing the review process detailing a common service specification with common metrics and outcomes to ensure all services are adequately described, quantified and resourced accordingly.</p> <p>The Mental Health and Wellbeing Strategy Board will deliver on this.</p> <ol style="list-style-type: none"> <li>1. Establish the process and set up a group with representative of relevant stakeholders i.e. Integration Joint Boards (IJBs), Chief Officers (Scottish Government and Integration Unit as required)</li> <li>2. Work up all relevant intelligence required – Strategic Needs Assessment</li> </ol>	

				<b>Plans</b> <b>4. Review current Dundee, Angus, Perth &amp; Kinross Integration Schemes with a view to reassigning Mental Health Functions across Health and Social Care Partnerships based on population need</b>
<b>Team Involved</b> ( <i>more team members will be added as we develop these plans</i> ) - Bill Nicoll, Chief Officers				
<b>Recommendation 6</b>	<b>Ensure that Board members (NHS and Integration Joint Boards) are clear about their responsibilities, confident and empowered to challenge and make sound decisions. Review their selection, induction and training processes in preparation for their important role.</b>			<b>Outcome - Established roles and responsibilities of NHS Tayside Board.</b>
				<b>RAG – Green Date – June 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>
Grant Archibald NHS Tayside Chief Executive	NHS Tayside	Roles and responsibilities of Tayside MHWB SLG Board  Selection, induction and training processes	July 20  Aug 20	<ol style="list-style-type: none"> <li><b>Detail of roles and responsibilities of Tayside MHWB SLG Board</b></li> <li><b>Ensure that Board members (NHS and Integration Joint Boards) are clear about their responsibilities, confident and empowered to challenge and make sound decisions.</b></li> <li><b>Review their selection, induction and training processes in preparation for their important role.</b></li> <li><b>Use Clinical governance team to provide scrutiny and challenge to data</b></li> </ol>
<b>Team Involved</b> ( <i>more team members will be added as we develop these plans</i> ) - Margaret Dunning (Board Secretary)				
<b>Recommendation 7</b>	<b>Provide sufficient information to enable NHS board members to monitor the implementation of board decisions.</b>			<b>Outcome - Provide sufficient information to enable board members to monitor the implementation of board decisions.</b>
				<b>RAG – Green Date – June 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>
Margaret Dunning NHS Tayside Board Secretary	NHS Tayside	Programme Governance developed with regular reporting plan	June 20	<ol style="list-style-type: none"> <li><b>Develop regular reporting which will identify current standards/new standards to inform those within the NHS Board Governance Committees and Mental Health Strategic Leadership Group (SLG) (Develop Highlight reports)</b></li> <li><b>Link with Business unit and governance team to provide information and context.</b></li> </ol>
<b>Team Involved</b> ( <i>more team members will be added as we develop these plans</i> ) - Margaret Dunning (Board Secretary), Sarah Lowry, Diane Campbell				

<b>Recommendation 9</b>	<b>Clarify responsibility for the management of risks within NHS Tayside and the Integration Joint Boards, at both a strategic and operational level.</b>			<b>Outcome - Risk Strategy (including risk register)</b>	<b>RAG – Green Date – June 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
Grant Archibald Chief Executive, NHS Tayside	NHS Tayside	NHS Tayside Risk Management Strategy  Corporate and IJB Risk Registers	TBC	<ol style="list-style-type: none"> <li><b>1. Establish a Risk Management Strategy on behalf of the Executive Partners to oversee the programme - including Risk Register for Mental Health</b></li> <li><b>2. Discussion on the full breadth of Mental Health Services in Tayside and how that works under the four organisations, including clear responsibility for decisions.</b></li> <li><b>3. Regular review of Risk Management at Mental Health Integrated Leadership Group</b></li> </ol> <p><i>NOTE - Work underway with the NHS Tayside Resilience Unit- Hilary Walker, this is linked to the QPR outputs. We plan to link Clinical Governance and resilience: Not sure of overlap at present. We are working on workforce risk currently.</i></p>	
<b>Team Involved</b> (more team members will be added as we develop these plans) – Grant Archibald					
<b>Recommendation 10</b>	<b>Ensure that there is clarity of line management for all staff and that all appraisals are conducted effectively. (Medical, Nursing, Management Leads)</b>			<b>Outcome - clear line management organisational charts and Personal development reviews (PDR's) for all clinical staff</b>	<b>RAG – Amber Date – Aug 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
George Doherty NHS Tayside Director of Workforce	NHS Tayside	Clear line management schematic for all clinical staff & social care staff employed by councils but working with an integrated model of care.	Aug 20	<ol style="list-style-type: none"> <li><b>1. Review organisational charts, line management arrangements</b></li> <li><b>2. Detail in the Level 2 Action Plan - outlines the steps with TURAS and the progress made against it</b></li> <li><b>3. Job planning for all Doctors in Mental health: Support from AMDs in other directorates to deliver this</b></li> </ol>	
<b>Team Involved</b> (more team members will be added as we develop these plans) – Dr Stephen Cole AMD for Appraisal, Mike Winter , Arlene Wood, Mike Winter, Keith Russell, HSP Lead officers/Diane Caldwell					

### 5. Culture , Engagement and Communications Recommendations 1, 21, 42, 44, 45, 47, 48, 49, 50

<b>Recommendation 1</b>	<b>Develop a new culture of working in Tayside built on collaboration, trust and respect</b>	<b>Outcome – Staff are working in a Mentally Healthy environment and feel their Wellbeing is a priority</b>	<b>RAG – Amber</b>
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				<b>for their employers.</b> Incorporate communication plans and workforce plan for continuous improvement approach to becoming a learning organisation ( including development and learning opportunities)	
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Grant Archibald NHS Tayside Chief Executive	NHS Tayside  Corporate Wellbeing Group	Communication plans  Organisational Development Plan	July 20  Aug 20	<ol style="list-style-type: none"> <li><b>The programme will develop communication plans that include processes of how we ensure key messages are communicated to all staff describing the response to the inquiry and the steps we will be taking to ensure a continuous improvement approach to becoming a learning organisation.</b></li> <li><b>This will include development and learning opportunities for all mental health staff at all levels to ensure a consistent application of values and behaviours is practiced by all.</b></li> </ol>	
<b>Team Involved</b> ( <i>more team members will be added as we develop these plans</i> ) – Peter Stonebridge, Medical Director, Claire Pearce, Nurse Director Kate Bell, Director of Mental Health, George Doherty, Director of Workforce					
<b>Recommendation 21</b>	<b>Foster closer and more collegiate working relationships between the crisis resolution home treatment team and community mental health teams and other partner services, based on an ethos of trust and respect.</b>			<b>Outcome - To develop and embed multi-disciplinary and team based approach to joint working.</b>	<b>RAG – Green</b> Date – Aug 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Kate Bell Interim Director of Mental Health	NHS Tayside	Workforce plan  Mental Health and Wellbeing Strategy	Sept 20  Oct 20	<ol style="list-style-type: none"> <li><b>Develop into the Organisational Development Plan</b></li> <li><b>Ensure regular professional supervision is planned for all staff with a line manager/or professional lead</b></li> <li><b>This work will include Management and Leadership development with all areas including Community Mental Health Services / Crisis Resolution &amp; Home Treatment Team and Hospital Interface Work Stream</b></li> <li><b>Priority area for Consultant recruitment.</b></li> </ol> <p>Mike Winter, Keith Russell, HSP Lead officers</p>	
<b>Team Involved</b> ( <i>more team members will be added as we develop these plans</i> ) - Johnathan MacLennan, Bill Troup – on behalf of HSCP, Scott Dunn, Arlene Wood					
<b>Recommendation 42</b>	<b>Ensure all staff working across mental health services are given opportunity to contribute to service development and decision making about future service direction.</b> <b>Managers of service should facilitate this engagement.</b>			<b>Outcome – Demonstration of Staff engagement co-creation and development the service strategy.</b>	<b>RAG – Green</b> Date – June 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Kate Bell Interim	NHS Tayside Organisational	Tayside Mental Health and	June - Oct	<b>To be rolled up into the actions that are being created against Recommendation 3. This will include further developing and embedding Partnership working with trade unions as the standard</b>	



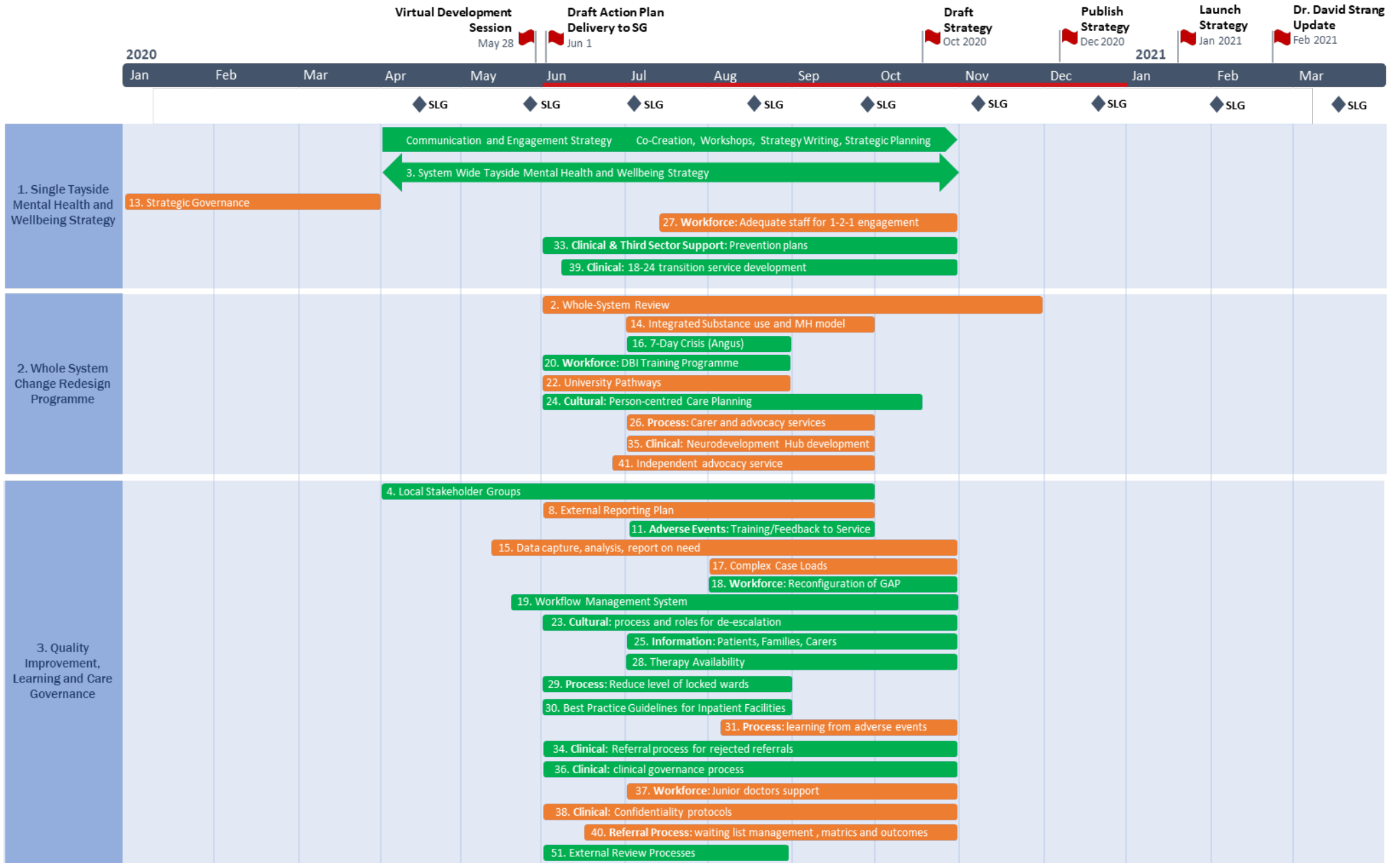
Director of Mental Health  Christopher Smith	Development, HR	Wellbeing Strategy	20	<b>employee relations model at all levels of decision making.</b>  <b>Within this the next step would be to actively agree what and where staff would be best to contribute and how getting their input would work</b>	
<b>Team Involved</b> (more team members will be added as we develop these plans) – Christopher Smith can lead – Kate Bell, Jackie Bayne, Arlene Woods, Organisational Development, Business as usual functions, Scott Dunn, Mike Winter, Keith Russell, Arlene Wood, HSP Lead officers, Diane Caldwell					
<b>Recommendation 43</b>	<b>Prioritise concerns raised by staff by arranging face-to-face meetings where staff feel listened to and valued.</b>			<b>Outcome - Staff to be actively listened to and valued - engage in co-producing the strategy</b>	<b>RAG – Green</b> <b>Date - Immediate and Ongoing</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
George Doherty Director of Workforce	NHS Tayside, all 3 HSCPs	Process developed and agreed	June 20	<ol style="list-style-type: none"> <li><b>Establish process and implement, spread and sustain</b></li> <li><b>Communicate process to staff and ensure staff feel valued and engaged and explore the issues with trust and identify areas for development. It was noted that this would initially be discussed at the Mental Health Strategy Board and then progressed forward by the local Partnership Forums</b></li> </ol>	
<b>Team Involved</b> (more team members will be added as we develop these plans) - Scott Dunn, Diane Campbell, Mike Winter, Elaine Henry, John Davidson DME for trainees					
<b>Recommendation 44</b>	<b>Arrange that all staff are offered the opportunity to have a meaningful exit interview as they leave the service. This applies to staff moving elsewhere as well as those retiring.</b>			<b>Outcome - All staff offered exit interview</b>	<b>RAG – Amber</b> <b>Date – June 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
George Doherty Director of Workforce	NHS Tayside	Exit interview policy updated	June 20	<ol style="list-style-type: none"> <li><b>Change current policy to ensure all staff leaving/exiting/retiring from Mental Health Services are offered an exit interview</b></li> <li><b>Exit interviews themes to be reported back to ILG and SLG for follow-up action</b></li> </ol>	
<b>Team Involved</b> (more team members will be added as we develop these plans) - George Doherty, HR Director					
<b>Recommendation 45</b>	<b>Prioritise recruitment to ensure the Associate Medical Director post is a permanent whole-time equivalent, for at least the next 2 years whilst significant strategic changes are made to services.</b>			<b>Outcome - Appointment of the right medical staff and combination of medical staff to deliver the role of Associate Medical Director</b>	<b>RAG – Amber</b> <b>Date – June 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
Peter Stonebridge, Medical Director, NHS Tayside	NHS Tayside	Full time compliment of Associate	June 20	<ol style="list-style-type: none"> <li><b>Develop job description and advertise and appoint to this post.</b></li> <li><b>Promote local interest and recruit retain current medical staff to take up this opportunity</b></li> <li><b>Contribute to Mental Health Recruitment and Retention Plan (Drafting at present)</b></li> </ol>	

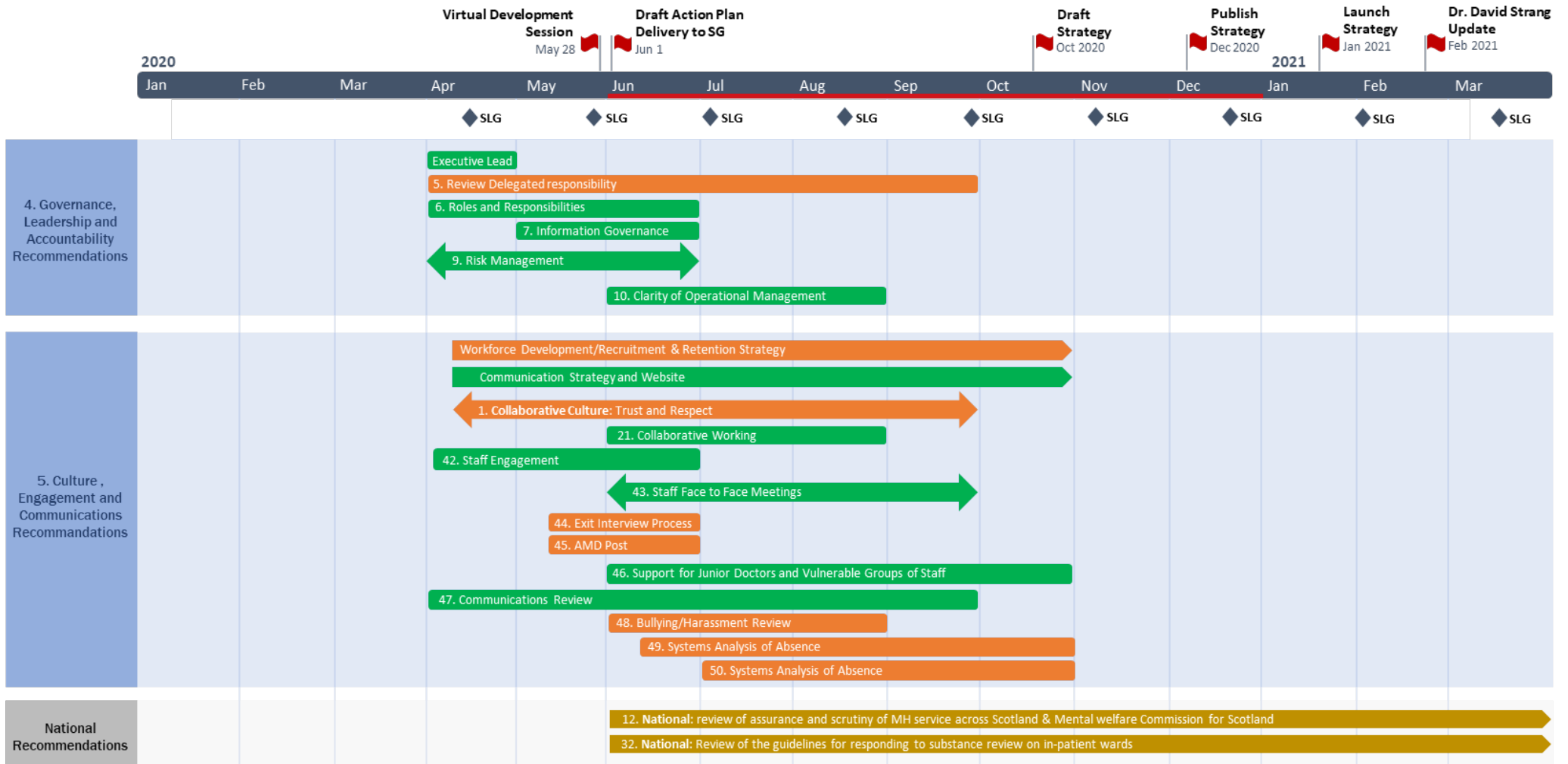
		Medical Director in post			
<b>Team Involved</b> ( <i>more team members will be added as we develop these plans</i> ) – Peter Stonebridge					
<b>Recommendation 46</b>	<b>Encourage, nurture and support junior doctors and other newly qualified practitioners, who are vulnerable groups of staff on whom the service currently depends.</b>			<b>Outcome - To set up Current Issues RCA focus group</b>	<b>RAG – Green Oct 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
Mike Winter Associate Medical Director	NHS Tayside	Current Issues RCA focus group	Oct 20	<p>All NQPs in MH and LD join action learning sets for their first 12 months in post - this work has been nationally recognised and won the Innovations in Education Award at the 2019 Scottish Mental Health Nurse Forum Awards. This work is highly evaluated by participants each year.</p> <ol style="list-style-type: none"> <li><b>A very detailed action plan is submitted quarterly as part of the JDC remit</b></li> <li><b>Nursing - Practice Development Team will set-up and review focus groups to determine root cause analysis to identify the scale of all current issues for newly qualified practitioners.</b></li> <li><b>To set up Current issues RCA focus group - regular report to ILG with report of themes to SLG</b></li> <li><b>Use Workforce board ( early progress PS and CP) to develop a culture of shared learning and support and respect across all of NHS T</b></li> <li><b>Work with Directorate of Medical education to embed the recommendation from GMC visits and deliver a supportive training environment that makes Tayside a positive lifelong career choice</b></li> </ol>	
<b>Team Involved</b> ( <i>more team members will be added as we develop these plans</i> ) - Donna Robertson, Mike Winter, Keith Russell, Peter Fowley					
<b>Recommendation 47</b>	<b>Develop robust communication systems both informally and formally for staff working in mental health services. Uses of technology are critical to the immediacy and currency of communications.</b>			<b>Outcome - Visible Interactive, inclusive and accessible, web based Mental Health Communications and Engagement Plan</b>	<b>RAG – Green Sept 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
Jane Duncan, Director of Communications and Engagement, NHS Tayside	NHS Tayside	Implement dedicated web based technological approaches to communication with staff	April 20	<ol style="list-style-type: none"> <li><b>Build on the excellent work achieved during COVID19 to communicate with the public and people with Lived Experience</b></li> <li><b>Continue to develop relevant materials to ensure people are informed across all Mental Health Services in Tayside in order to continuously improve the effectiveness of the communication platforms we currently use are.</b></li> <li><b>Create a micro-site for Mental Health and create Recruitment and Retention materials for all job families in Mental Health</b></li> </ol>	

		groups			
<b>Team Involved</b> (more team members will be added as we develop these plans) – Jane Duncan					
<b>Recommendation 48</b>	<b>Ensure that bullying and harassment is not tolerated anywhere in mental health services in Tayside. Ensure that staff have confidence that any issues or concerns they raise, will be taken seriously and addressed appropriately.</b>			<b>Outcome - Training Development Plan agreed, Value Based Cultural changes embedded</b>	<b>RAG – Amber Date – Aug 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
George Doherty Director of Workforce	Tayside Mental Health Integrated Leadership Group	Employee Participation Group engagement validation and sign off the Action Plan	May 20	<ol style="list-style-type: none"> <li><b>Mental Health Integrated Leadership Group to review the themes within the Employee Participation Group survey commissioned by David Strang for the independent Inquiry Report as a measure of success.</b></li> <li><b>Understand and review what discussion around bullying and harassment within all Tayside Mental Health Services are occurring at both Local Partnership Forums and within the wider context of the service.</b></li> </ol> <p>Note - George Docherty – Employee Director.</p>	
<b>Team Involved</b> (more team members will be added as we develop these plans) – Arlene Wood					
<b>Recommendation 49</b>	<b>Ensure there are systems analysis of staff absences due to work related stress. These should trigger concerns at management level with supportive conversations, taking place with the staff member concerned.</b>			<b>Outcome - Cultural change embedded</b>	<b>RAG – Amber Date – Oct 2020</b>
<b>Named Lead</b>	<b>Lead Organisation</b>	<b>Milestones</b>	<b>Date</b>	<b>Implementation Plan</b>	
George Doherty Director of Workforce	NHS Tayside	Promoting, Staff MH and Wellbeing Plan agreed and approved by NHS Board and all 3 councils	Oct 20	<ol style="list-style-type: none"> <li><b>Promote Attendance and Managing absence systems embedded.</b></li> <li><b>Creation of workforce plan to raise the profile to promote recruitment and retention.</b></li> <li><b>Develop ‘Leadership, Accountability, Culture, Engagement and Communications’ project.</b></li> <li><b>Reduce work related stress- Ensure job roles and expectations are clear and detailed in the service specification supported by strategy, and local objective setting and job plans.</b></li> <li><b>To implement more robust Promotion of Attendance and Managing absence systems.</b></li> <li><b>Communication aspects within workforce plan to include recruitment and retention chapter - raising the profile of Tayside.</b></li> </ol> <p>Note - that although current SSTS system is good from reporting standpoint, it can be hard to utilise in regards to stress as it doesn’t differentiate the reason behind stress and therefore makes it harder to understand and manage work related stress.</p>	
<b>Team Involved</b> (more team members will be added as we develop these plans) – Christopher Smith, Arlene Wood, Employee Director (Staff Mental Health & Wellbeing work will be led by Director of Workforce & Employee Director)					
<b>Recommendation</b>	<b>Ensure there are mediation or conflict resolution services available within</b>			<b>Outcome - Develop ‘Leadership. Accountabilitv.</b>	<b>RAG – Amber</b>

<b>50</b>	<b>mental health services in Tayside.</b> These services should exist to support and empower staff in the rebuilding of relationships between colleagues, between managers and their staff, and between the services and the patients, during or after a period of disharmony or adverse event. This includes NHS Tayside's mental health services' relationship with the local press.			<b>Culture, Engagement and Communications' project.</b>	<b>Date – Oct 2020</b>
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Jane Duncan, Director of Communications and Engagement, NHS Tayside	NHS Tayside	Proposed Mental Health OD Plan to be quantified and approved by the Director of Mental Health	TBC	<ol style="list-style-type: none"> <li>1. <b>Develop 'Governance - Leadership and Culture' Workstream of MHWS.</b></li> <li>2. <b>Set what will be achieved by when relating to the Mental Health Organisational Development Plan</b></li> <li>3. <b>Human Resources and the Local Partnership Forums to understand how mediation and conflict resolution services are accessed locally, what improvements can we make with the services, how do we more effectively promote the services with management and staff and how to make them more accessible to management and staff</b></li> <li>4. <b>Work with medical staff to build a culture of respect and trust.</b></li> <li>5. <b>Ensure staff are confident that they can challenge harmful behaviours.</b></li> </ol>	
<b>Team Involved</b> ( <i>more team members will be added as we develop these plans</i> ) - George Docherty/Whistle blowing champion Non-exec, Employee Director, Diane Campbell / Mike Winter / Elaine Henry for medical staff engagement					

National Recommendations 12, 32					
<b>Recommendation 12</b>	<b>Conduct a national review of the assurance and scrutiny of mental health services across Scotland, including the powers of Healthcare Improvement Scotland and the Mental Welfare Commission for Scotland.</b>			<b>Outcome</b> - Liaise with Scottish Government to support Tayside input to the national plans	<b>Date</b> - TBC
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Donna Bell Director of Mental Health	SG Mental Health Directorate	TBC	TBC	<ol style="list-style-type: none"> <li>1. The Quality and Safety Board to consider the lessons learned from National and local Mental Health Strategies on the need for dedicated Strategic Change capability to spread improvements</li> <li>2. To consider the need for a Director of Mental Health at Board level to deliver change that results in sustainable improvement in outcomes</li> <li>3. Agreement that any actions against this recommendation should be addressed by the Scottish Government. <i>(Health and Safety Quality Review from the Scottish Government)</i></li> </ol>	
<b>Team Involved</b> <i>(more team members will be added as we develop these plans)</i> – Donna Bell					
<b>Recommendation 32</b>	<b>A national review of the guidelines for responding to substance misuse on inpatient wards is required</b>			<b>Outcome</b> - Liaise with Scottish Government to support Tayside input to the national plans	<b>Date</b> - TBC
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Donna Bell Director of Mental Health	SG Mental Health Directorate	Draft Framework to be established	Aug 20	<ol style="list-style-type: none"> <li>1. Scottish Government to consider the relationship between Mental Health, Alcohol and Substance misuse in relation to combined approaches and services</li> </ol>	
<b>Team Involved</b> <i>(more team members will be added as we develop these plans)</i> – Donna Bell					





<sup>1</sup>[Tayside Mental Health Nursing - Standards for Person-Centred Care Planning](#)

<sup>2</sup>Advocacy services

[Partners in Advocacy in Dundee](#) has a specific remit relating to Advocacy and Mental Health for children and young people 21 and under

[Angus Independent Advocacy Project](#) supports children under 16 who have been impacted by the Mental Health (Care and Treatment) (Scotland) Act 2003.

[Independent Adovocacy Perth & Kinross](#) offers support similar to the Angus Independent Advocacy Project as above.

[Who Cares Scotland for LAC \(Care experienced\) Children](#) also work with Kinship care and LAC at home kids.

[The Clan Law Society](#) has an excellent reputation for Child Rights and offer legal support, in some areas offering a legal representative.

[The Children and Young People's Commissioner Scotland](#), particularly Bruce Adamson, who has an incredible reputation. They can be approached by individuals in respect of learning their rights and can get support from the Commissioner to challenge.

<sup>3</sup>[NHS Tayside Prevention and Management of Violence and Aggression – Restrictive Intervention Reduction Core Function Establishment Proposal](#)

<sup>4</sup>[Draft Mental Health and Learning Disabilities Observation Protocol](#)

For further information contact Kate Bell on [kate.bell6@nhs.net](mailto:kate.bell6@nhs.net)

1 June, 2020 (date submitted)





**Patient Assessment and Liaison Mental Health Service (PALMS)**

**Mental Health Specialist (MHS) role**

**(Abridged) Report on the 6 month pilot project  
conducted at Hawkhill Medical Centre & Muirhead Medical Centre**

**Lucie Bartoskova / Hannah Watkins / Linda Graham**

**30<sup>th</sup> January 2020 (Abridged version June 2020)**

## Purpose of the report

This report captures the progress made during a 6 month pilot of the Patient Assessment & Liaison Mental Health Service (PALMS) which launched in February 2019 in Dundee. The pilot was initially funded by Primary Care Improvement Fund money (with Action 15 money allocated for the wider implementation of the service). The purpose of the project was to enable ‘without barriers’ access to a within-GP practice Mental Health Specialist (MHS) with the hypothesised outcome being that assessments carried out by MHSs should allow patients to access to the most appropriate mental health support through referral/more tailored signposting, whilst also helping to reduce GP workload. The report captures data collected between 27<sup>th</sup> February 2019 and 29<sup>th</sup> August 2019 from two GP practices – Hawkhill Medical Centre and Muirhead Medical Centre.

## Rationale behind the project

There is an increasing demand on primary care services providing support for people experiencing mental health difficulties. Research indicates that approximately one third of consultations with GPs include a mental health component (Mental Health Strategy: 2017-2027) and that these take more time, which GPs still view as being insufficient to deal with the difficulties that present (Verhaak, Kerssens & Bensing, 2005). A recent Week of Care audit, conducted November-December 2018 in Cluster 4 GP Practices across Dundee, indicated that between 12% and 28% of patient presentations to GPs were for mental health reasons which, for the larger/more urban-based practices, more closely reflects findings in the available literature.

Research supports the importance of strategic planning along with the benefits of early intervention and prevention to improve patients’ care through rapid accessible, appropriate and timely mental health and wellbeing input from a range of possible providers (e.g. Leahy at al., 2015; NHS Clinical Commissioners, 2016).

This has further been supported by the role out of the new GP contracts across NHS Scotland. The Primary Care in Scotland report (Burgess, 2019) highlights that for most people primary care is their first point of contact with the National Health Service. In May 2017, a number of professional organisations drew up an agreement capturing the future of primary care in Scotland aiming to move towards multidisciplinary working (MDT work):

“Primary care is provided by generalist health professionals, working together in multidisciplinary and multiagency networks across sectors, with access to the expertise of specialist colleagues. All primary care professionals work flexibly using local knowledge, clinical expertise and a continuously supportive and enabling relationship with the person to make shared decisions about their care and help them to manage their own health and wellbeing.”

Thus, the vision for primary care in Scotland consists of 21 principles that all GPs will now be signing up to as part of the new contracts. This highlights the move towards establishing multidisciplinary teams within medical/health centres to allow for patients easy access to specialist advice/services. Under the 2018 GP contract, GPs are expected to become “less involved in more routine tasks, with

these tasks being delivered by other health professions in the wider primary care multi-disciplinary team” (MDT) (Scottish Government, 2017).

In line with the changes that are being made to the medical/health centres and GP contracts, along with support of the current literature around early interventions for mental health, this project was designed in agreement with the Dundee Primary Care Improvement Group as part of the wider development of the Dundee Health & Social Care Partnership.

### Aim of the project

Funding of the project allowed embedding of two Band 8a 0.5wte clinical/counselling psychologists into two Dundee-based GP practices, Hawkhill Medical Centre and Muirhead Medical Centre. Hawkhill is a large, urban practice with a practice population of 12,062 (as of 1<sup>st</sup> January 2019). The medical centre is close to both universities in Dundee, which may have some impact on age distribution within the practice (15-24 year olds: 31.5%, 25-44: 31.7%, as of 1<sup>st</sup> January 2019). Muirhead Medical Centre, is a smaller, more rural practice on the outskirts of Dundee with a practice population of 7562 (as of 1<sup>st</sup> January 2019). Their population distribution indicates they have an older patient group when compared to Hawkhill (e.g. patients 65 years old and above constitute 21.4% of total practice population, versus 10.8% at Hawkhill). Muirhead also reported a lower percentage of mental health presentations than Hawkhill, during a Week of Care audit conducted between November-December 2018 (12% versus 28% respectively).

Each of the clinicians held regular 5 sessions a week within the respective practices to deliver on the two main aims of the project.

Primary outcomes:

- Have patients been seen within 5 working days (target) of making an appointment? How this was assessed: Mental Health Specialist (MHS) will compare date appointment was made with date they were actually seen by MHS.
- Are numbers of patients being seen by GPs for mental health difficulties reducing with the introduction of the MHS role? MHSs to conduct statistical analyses to assess whether MH presentations 4 months after PALMS assessment had reduced significantly reduced compared to number of presentation in the 4 months pre-assessment. Have number of referrals to mental health services (DAPTS and CMHT) by GPs/MHSs in the 2 GP practices piloting the role reduced/increased compared to same time year before (control for year-on-year increase)? Comparisons would be made by MHSs to assess differences year to year.
- What kind of signposting has been conducted by MHSs (e.g. NHS Services, Listening Service, Penumbra)? MHS to keep data on where they signpost patients to.
- How many times do patients re-present to GPs with mental health difficulties that were previously assessed by PALMS? MHS to access Vision system to gain this information.
  - Agreed to assess number of presentations to the GP for mental health (no medication), or mental health (for medication) four months prior to appointment with a MHS and four months after.
- How have patients found the PALMS assessment process? MHS will hand out Patient Satisfaction Surveys.

- Have GPs found the assessment service helpful? Surveys were handed out and 3 and 6 month point of the pilot.

#### Secondary Outcome:

To assess level of psychology qualification/mental health qualification and experience needed to undertake Mental Health Specialist role. After 6 months of pilot, examine data to assess types of presentation predominantly seen by Mental Health Specialists in GP Practices to consider whether role needs to be undertaken by a qualified Clinical/Counselling Psychologist or whether another mental health professional could take on this role (e.g. Clinical Associate in Applied Psychology, Mental Health Nurse).

### Appointment booking process

The pilot has been designed to encourage self-referral to the Service. As part of this advertisement material has been designed, such as a poster for the waiting area, leaflets and business cards both of which are available in the waiting area, reception and have been handed out by medical practice staff during consultations. Additionally, the two practices advertised the service on their website and on their pre-recorded message on the telephone. Initially appointments were available for booking up to 4 weeks in advance. With increasing demand for the service, particularly at Hawkhill Medical Centre, this has been increased to 12 weeks in advance to avoid patients being asked to call back once further appointments were released.

Reception staff, GPs and other clinical staff (e.g. practice nurses, midwives) were provided with flowcharts to guide them on identifying suitable patients for the PALMS service.

#### Inclusion Criteria

- Patients 16-64 years old who are registered with the GP practice (if 16/17 years old patients will only be included if they are not currently enrolled in school).

#### Exclusion Criteria

- Patients under 16 years old.
- Patients 16/17 years old who are currently enrolled in school.
- Patients aged 65 and older.
- Patients with a diagnosis of dementia or a diagnosis of dementia has been queried
- Patients who are **currently** engaged with an NHS Mental health services unless they are currently a waiting list, in which case they could still be assessed.

## Appointments and clinics schedule

The pilot began at both Hawkhill Medical Centre and Muirhead Medical Centre on 27<sup>th</sup> February 2019. Each MHS Specialist provided 5 sessions (one session is 0.5 of a working day) a week over 2.5 days. There was no cover for annual leave, sick leave or other work related commitments.

Table 1. Data captured between 27<sup>th</sup> February and 29<sup>th</sup> August 2019 (inclusive of dates)

<b>Practice</b>	<b>Appts offered</b>	<b>Novel People Seen</b>	<b>Missed appts</b>	<b>Sessions worked</b>
Muirhead	306	215	51	110.5
Hawkhill	357	250	75	109.5
<b>TOTALS</b>	<b>663</b>	<b>465</b>	<b>126</b>	<b>220</b>

*\*Please note the numbers in the table include all bookings and novel patients. Statistics below exclude inappropriate bookings(e.g. patients over the age of 64 years, follow up appointments booked by MHS and also patients where data collection was not possible due to missing information).*

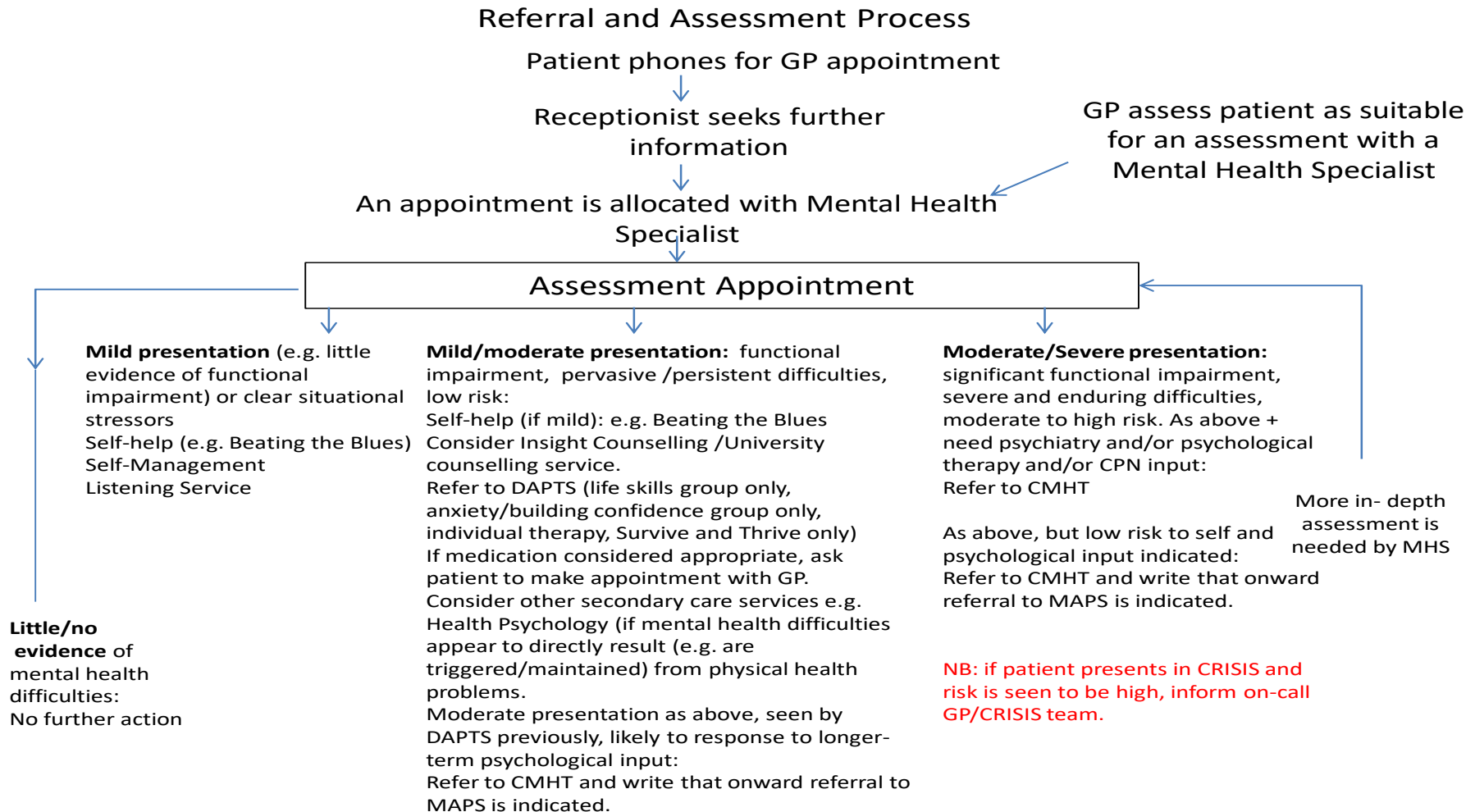
Each assessment appointment was to last for 30-60 minutes, depending on severity of presentation, and took place in one of the medical centre consultation rooms. Through assessment the MHS would be able to better understand these difficulties, to consider whether accessing MH/support services would be appropriate and by what method this would be best achieved. Direction of referral/signposting was made in collaboration with the patient and is based on factors such as nature of difficulties, severity, and level of impairment.

The MHS role also extends to providing information on mental health coping strategies and self-help material, signposting to local community support services and, if appropriate, as well as making referrals to specialist NHS services for further treatment.

The mental health assessments were documented on GP Vision system with a read code denoting 'Mental Health Assessment'. Onward referrals to mental health statutory services were made with use of SCI-Gateway, or via letter. For other third sector services respective referrals forms were used. Where appropriate, patients are actively encouraged to self refer to services.

Referral pathways have been established with a number of NHS Services, such as Dundee Adult Psychological Therapies Service (Primary Care Psychology), Community Mental Health Team West (Secondary Care), Clinical Health Psychology, Neuropsychology, Tayside Substance Misuse Service (TSMS) and Tayside Adult Autism Consultancy Team (TAACT). Additional links were made with statutory and voluntary services, such as University Counselling Services (Dundee & Abertay University), Penumbra, Wellbeing Works, Social Prescribing and the Listening Service aka Do we need to talk?. In addition to the Mental Health Assessment Appointments, the role of MHS has also consisted of providing consultation to the medical staff within the practice, taking part in regular staff meetings, and providing support to the practice staff. A steering group was established, made up of 3 Clinical/Counselling Psychologists (Linda Graham – Chair, Hannah Watkins, & Lucie Bartoskova), Sources of Support (Sheila Allan & Theresa Henry) and the Listening Service (Lorraine Dawson) to organise, monitor and manage the roll-out of PALMS alongside other services within Dundee Health & Social Care Partnership.

Fig. 1 Signposting Post Ass



## Source of referrals to PALMS

The project had been designed to encourage patients to self-refer to (one aim of pilot was to move initial assessment away from GPs to MHSs). The pilot highlighted that despite advertisement, it may take time to change patients' view of accessing other services without seeking advice from their GP first. This was reflected in the largest number of referrals having come from GPs, with patients having attended an initial appointment with them first.

Table 2. Muirhead sources of referral to PALMS

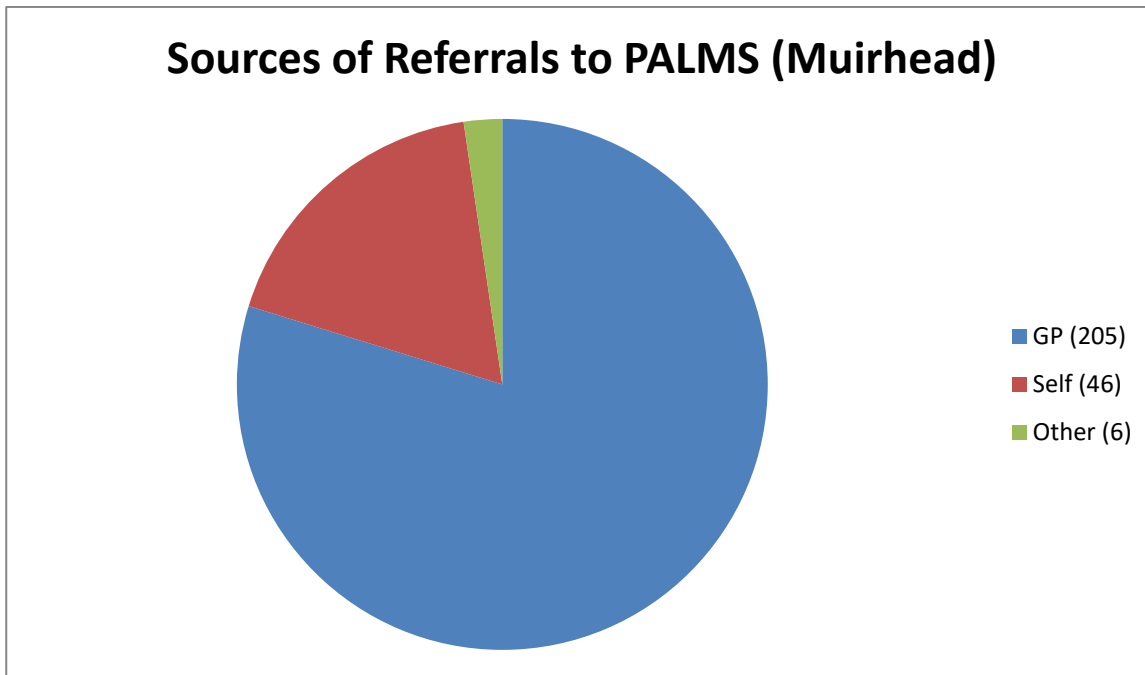
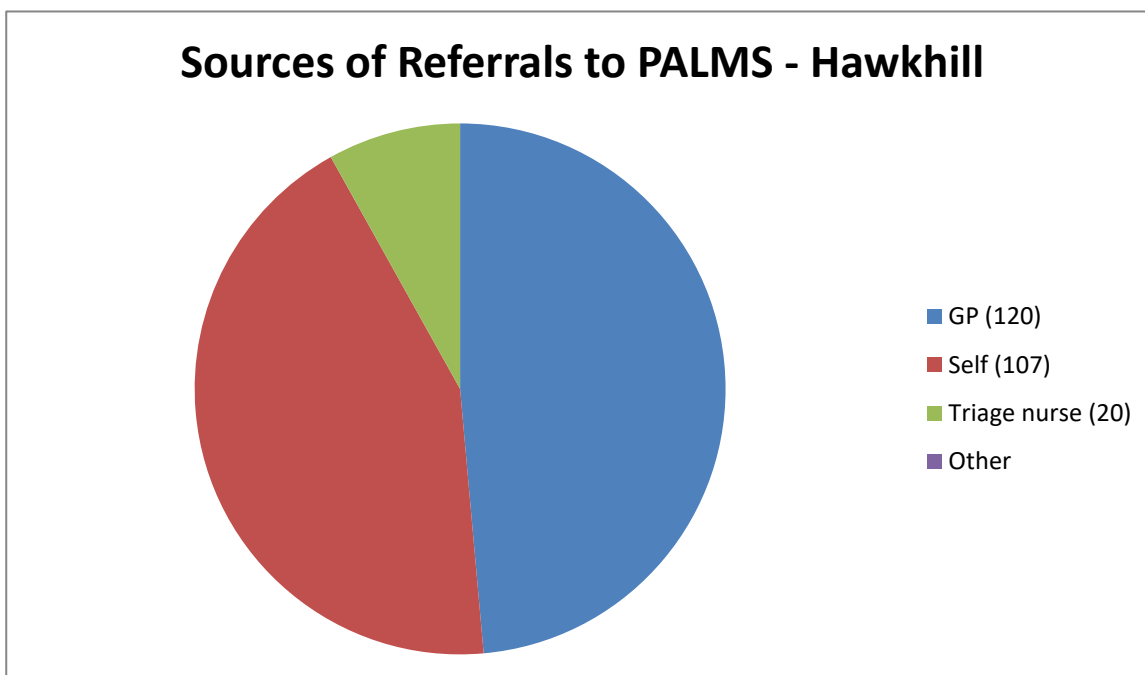


Table 3. Hawkhill sources of referral to PALMS



## Range of presentations to the service

To capture the variety of patients accessing the Service across the both practices see tables below.

Table 4. Gender of patients seen for assessment at PALMS (Muirhead and Hawkhill combined).

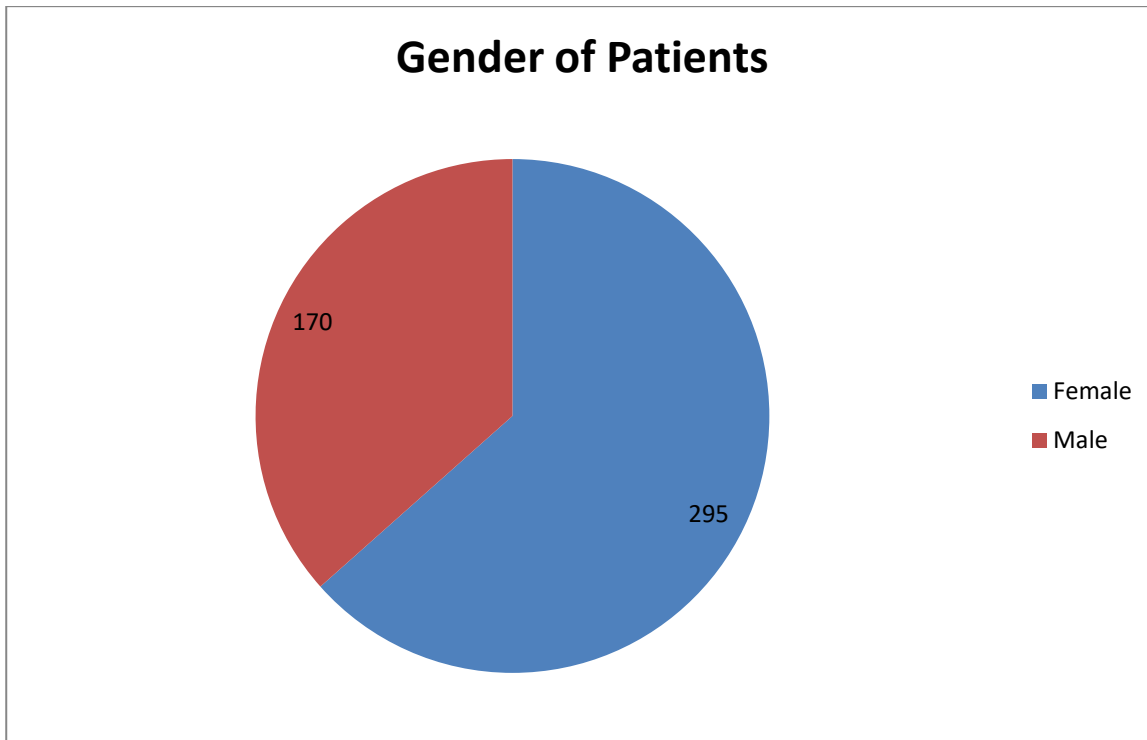


Table 5. Age range of patients seen for assessment at PALMS (Muirhead and Hawkhill combined totals).

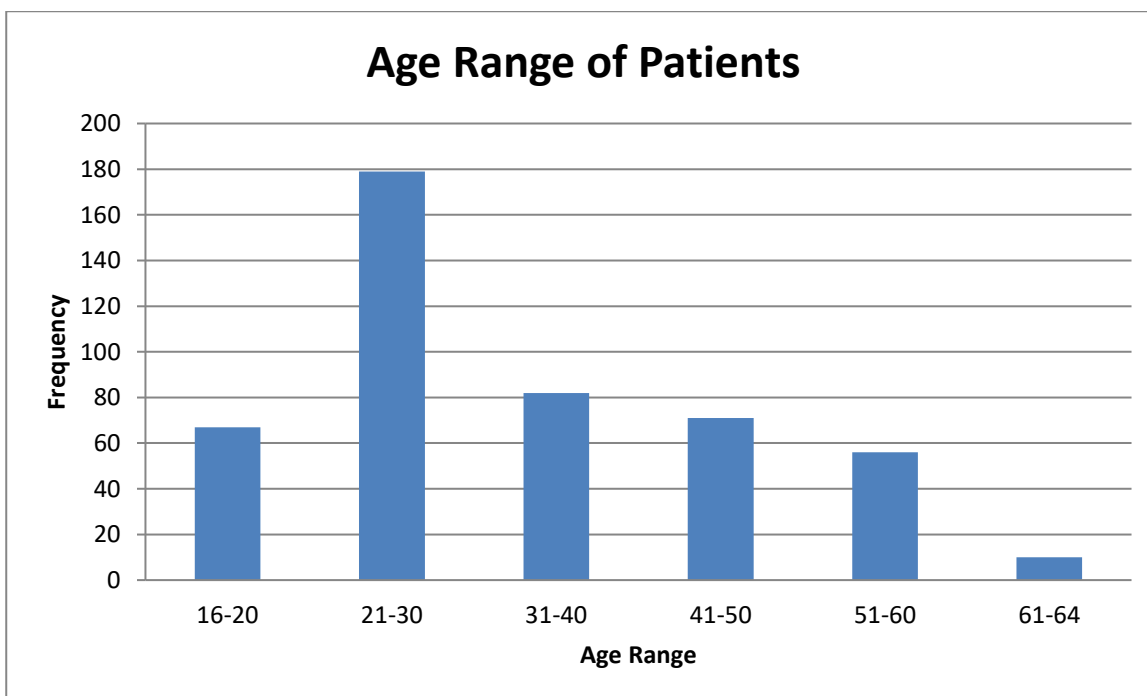




Table 6. Ethnicity of patients assessed at PALMS (Muirhead and Hawkhill combined).

Ethnicity	Number of people
Asian	13
Other/mixed ethnicity	10
White Other	92
White Scottish	147
Unknown / prefer not to say	201

Table 7. Muirhead availability of appointments within 5 days of requesting one.

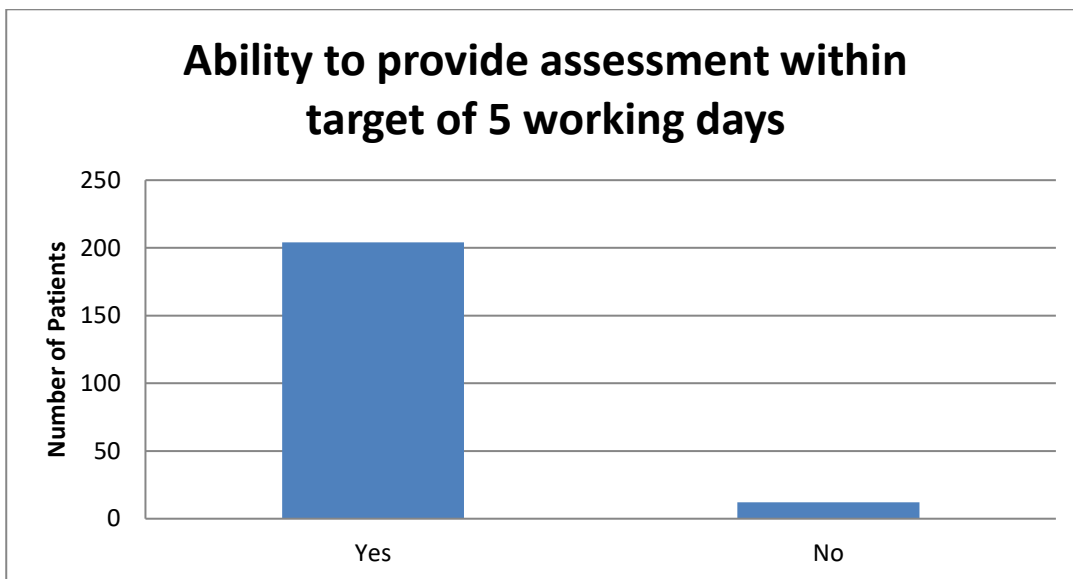


Table 8. Hawkhill availability of appointments within 5 days of requesting one.

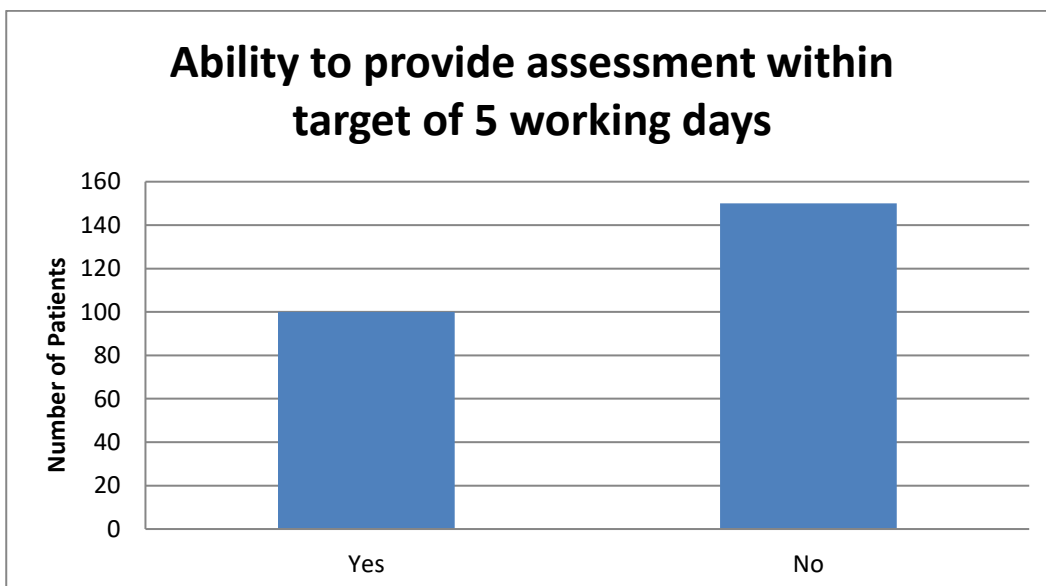


Table 9. Attendance for PALMS assessment (Muirhead and Hawkhill combined).

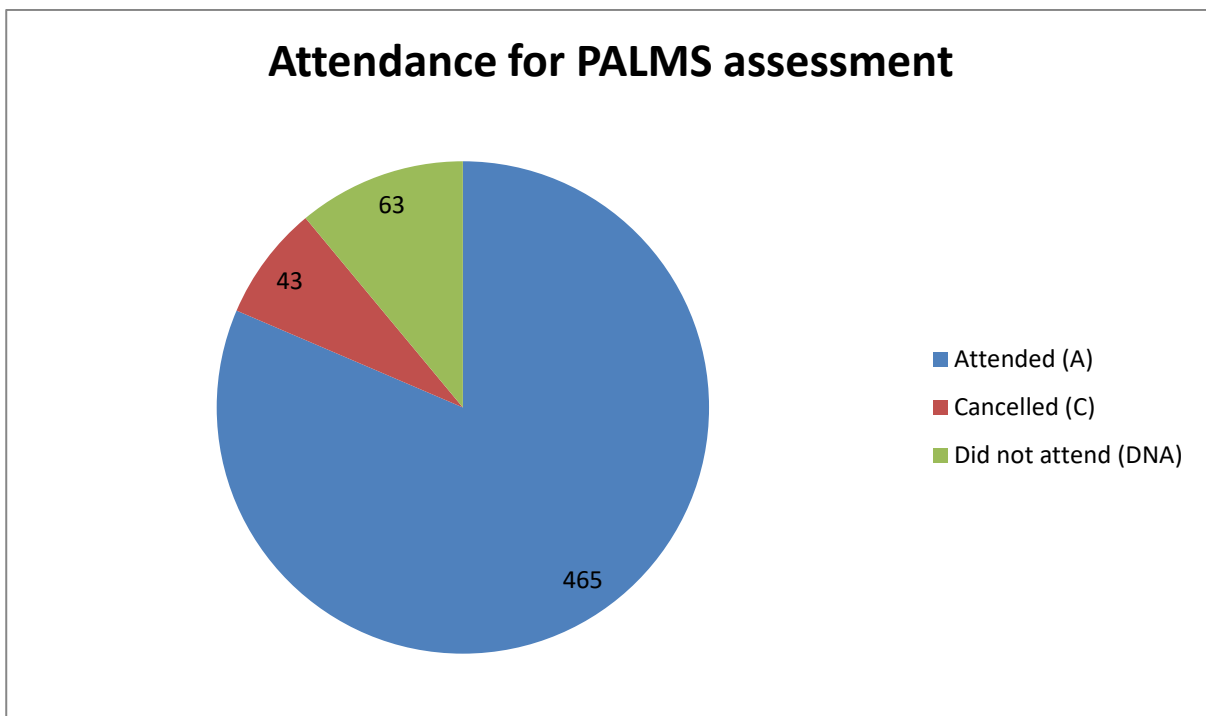


Table 10. Range of presenting problems seen at PALMS assessment (Muirhead and Hawkhill combined) where the number of total presentations was over 10 people

Presenting Issue		Presenting Issue	
Low mood	81	Neurodevelopmental issue	13
Stress	55	Trauma / PTSD	30
Mixed anxiety/low mood	31	Bereavement	19
Relationship difficulties	19	Emotional unstable personality traits	11
Generalised anxiety disorder	18		
Obsessive compulsive symptoms	13	Other (where low volume reported)	52

Table 11. Muirhead severity range of presenting problems to PALMS (numbers <5 kept in as this is a clinician rating and person would be unaware that this rating had been given).

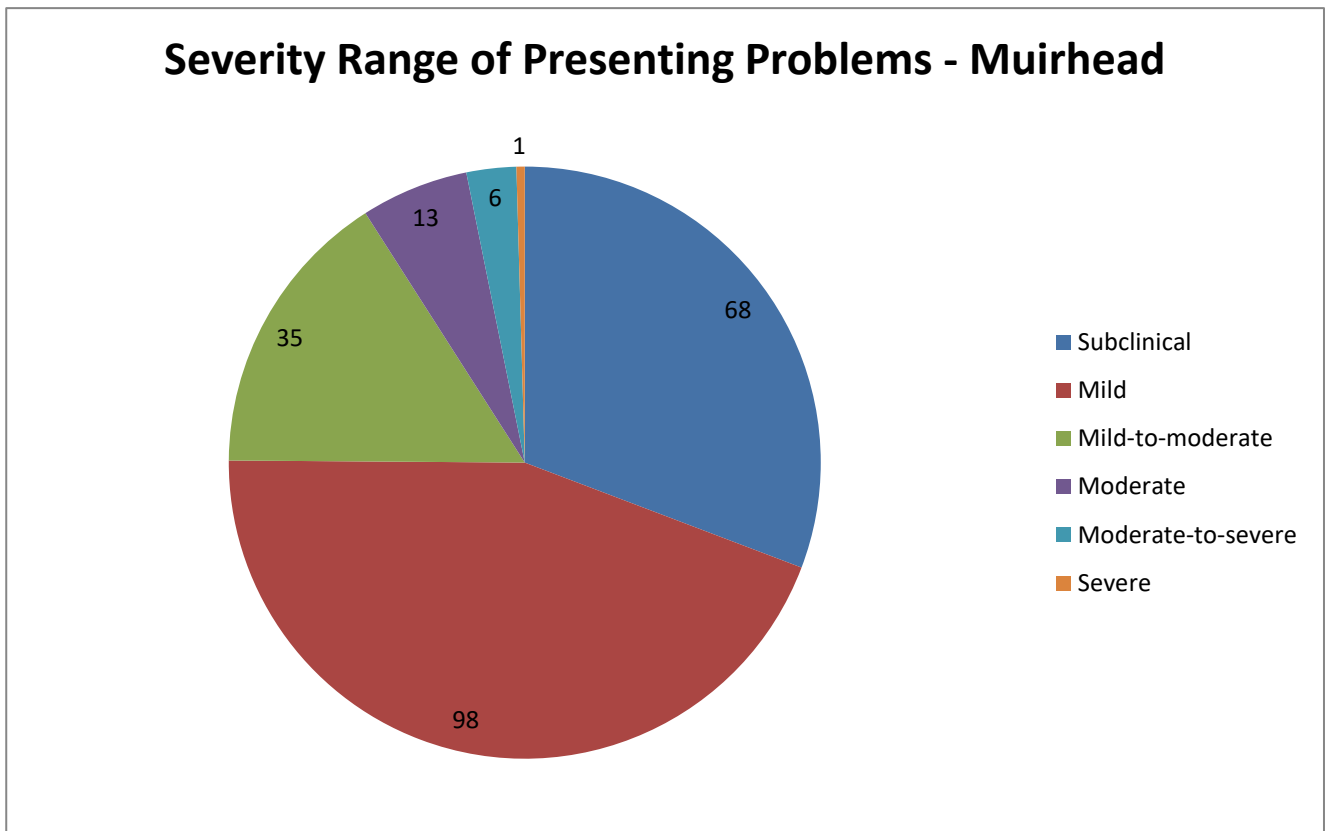
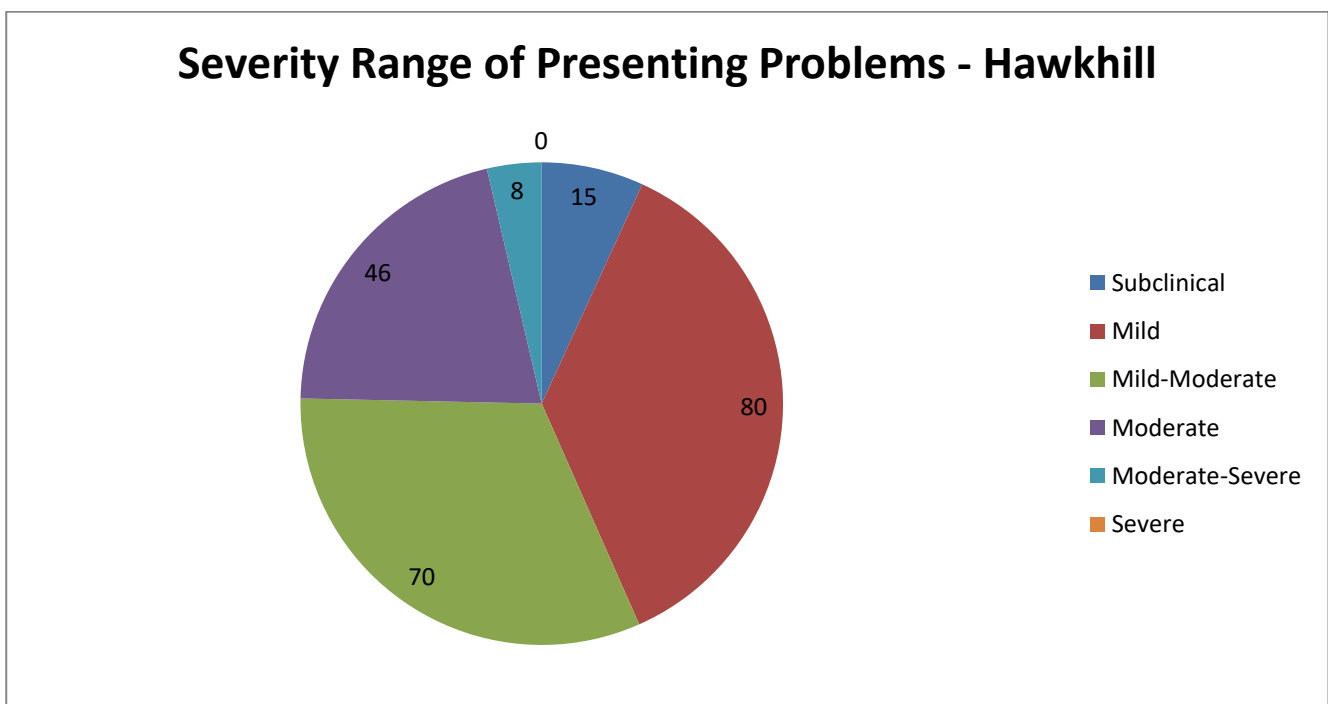


Table 12. Hawkhill severity range of presenting problems to PALMS.



## Appointment outcomes

The tables below provide an insight to the range of PALMS appointment outcomes.

Table 13. Outcomes post assessment (Muirhead and Hawkhill combined).

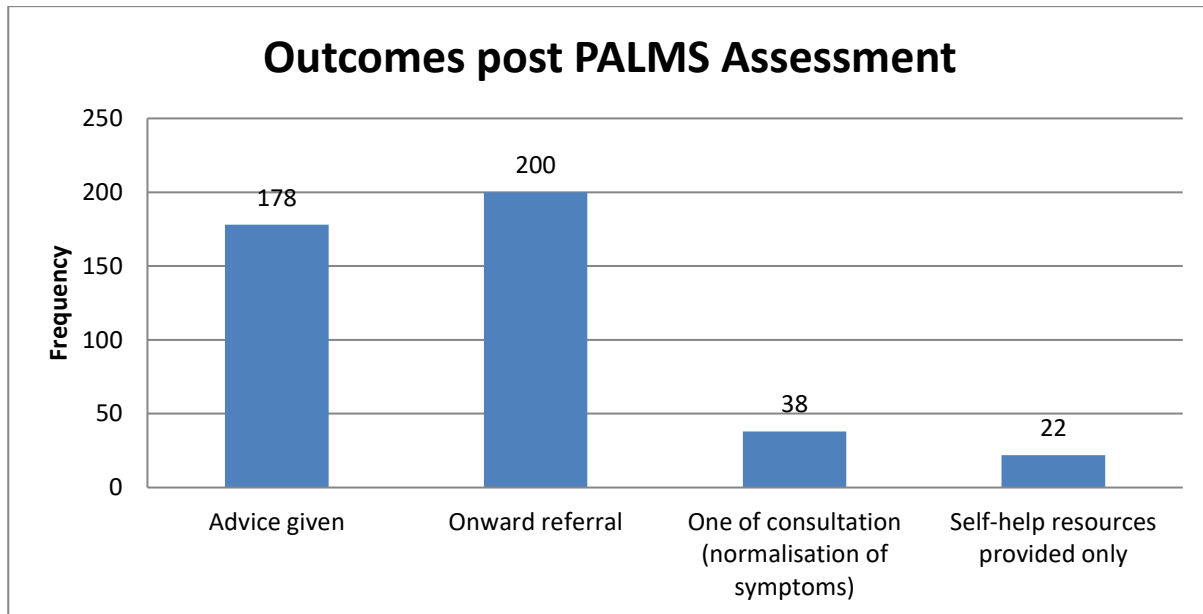


Table 14. Range of services referrals were made to by MHS post PALMS assessment (Muirhead and Hawkhill combined).

Service referred to	Number of people referred
Adult Psychological Therapies Service	66
Beating the Blues (Computerised CBT)	23
CMHT	16
Building confidence Group at Adult Psychological Therapies Service	17
Insight Counselling	34
Listening Service	8
Others (where referral numbers less than 10)	38

Table 15. Range of services patients were most frequently signposted to (Muirhead and Hawkhill combined).

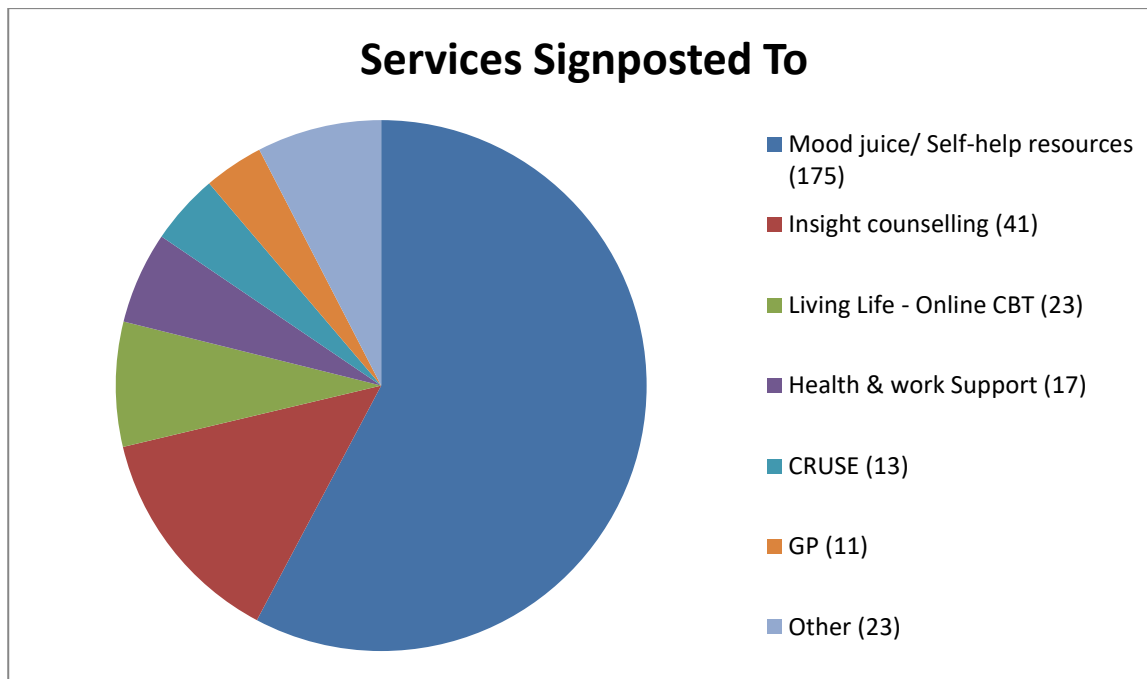


Table 16. List of all Services/Resources that were Signposted to during pilot (Muirhead and Hawkhill combined).

Addaction/ISMS	Counselling Opportunities through Employment
GP	MacMillan Cancer
Citizens Advice & Welfare Office	Maggies
Insight Counselling	Home start
MoodJuice/self-help resources	Relationship Scotland
Living Life - Telephone CBT	Autism Scotland
Health & Work Support Dundee	Scottish Women's Autism Network (SWAN)
Listening Service	Andy's Man Club
CRUSE Bereavement Counselling	Penumbra
The Corner	Remploy
Parent to Parent	Pain Association
Victim support	Glasgow University Counselling Service
Private Psychology/Counselling	Steps for Stress

## PALMS vs. GP referrals to NHS Services during the pilot stage

The pilot also captured that MHSs were responsible for more primary care psychology referrals, indicating a shift in workload from GP to PALMS clinicians. Referrals to secondary care (Community Mental Health team) were still predominantly made by GPs in both practices.

The detailed information from this section of the report has been removed because of the low numbers in certain categories.

Table 17. Hawkhill and Muirhead combined referrals to NHS Services before pilot (referrals sent by GPs 27<sup>th</sup> February-29<sup>th</sup> August 2018) versus total referrals sent to NHS mental health services (MHS and GPs) during pilot based on TrakCare information.

	27/02/18-29/08/18	27/02/19-29/08/19
Primary Care Psychology	87	125
Secondary Care Community Mental Health Team	53	57
Beating the Blues	50	40
Adult Weight Management	15	<5
Clinical Health Psychology	0	<5
Tayside Eating Disorders Service	<5	<5
Neuropsychology	0	<5

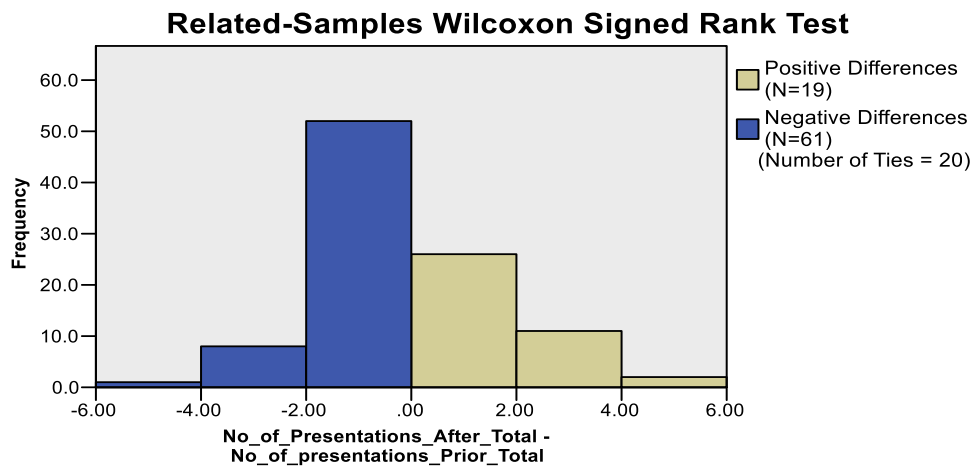
## Patient contact with GPs pre- and post- PALMS appointment

One of the pilot's outcomes was to assess whether there was a reduction in re-presentation to GPs post-PALMS assessment compared to pre-assessment presentations for MH difficulties. A randomised sample of 100 patients (50 from each practice) was selected from the 465 patients seen and patient records were accessed to calculate how many times patients were seen, and for what reason, 4 months prior to assessment and 4 months post.

### Results showed that:

The total number of occasions patient presented to GPs post-assessment were significantly reduced compared to pre- PALMS assessment ( $z=-3.54$ ,  $p<0.001$ ). When this was explored further, it was found that there was no significant difference identified for medication consultations ( $z=1.85$ ,  $p=0.064$ ) but for MH consultations (where medication was not discussed), there was a significant reduction in number of re-presentations post-assessment ( $z=-5.35$ ,  $p<0.001$ ).

Fig 5. Wilcoxon Signed-Rank Test Comparing Presentations/Representations to GP 4 months pre and post PALMS assessment.

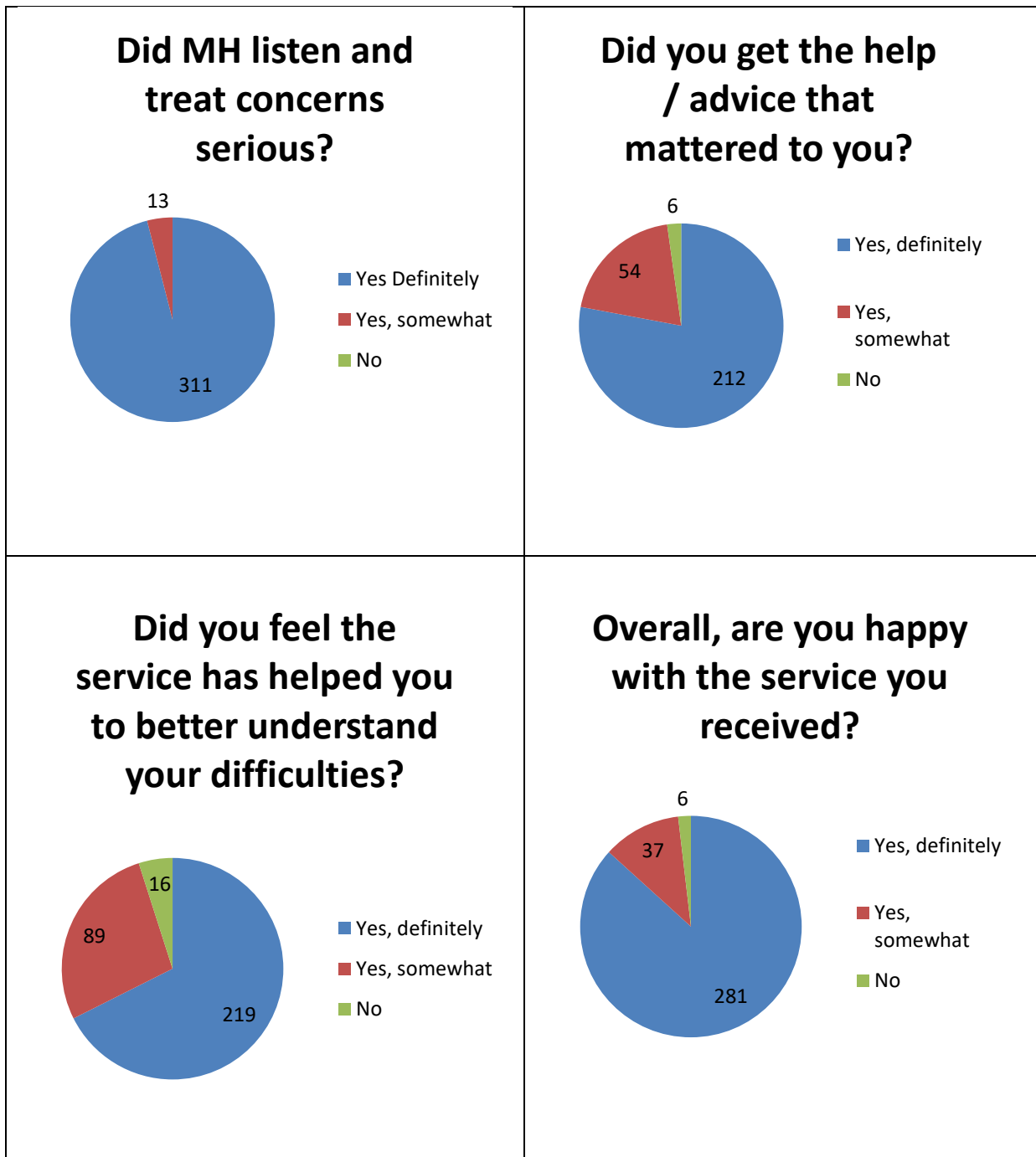


<b>Total N</b>	100
<b>Test Statistic</b>	895.500
<b>Standard Error</b>	204.691
<b>Standardized Test Statistic</b>	-3.539
<b>Asymptotic Sig. (2-sided test)</b>	.000

## Patient Feedback

At the end of PALMS consultations each patient was asked to complete a brief one page satisfaction survey consisting of five questions and space to offer any additional qualitative feedback. Out of the 465 novel patients seen across both practices, 324 provided feedback. See tables below for additional information.

Table 22. Hawkhill and Muirhead Medical Centre overall satisfaction of PALMS.



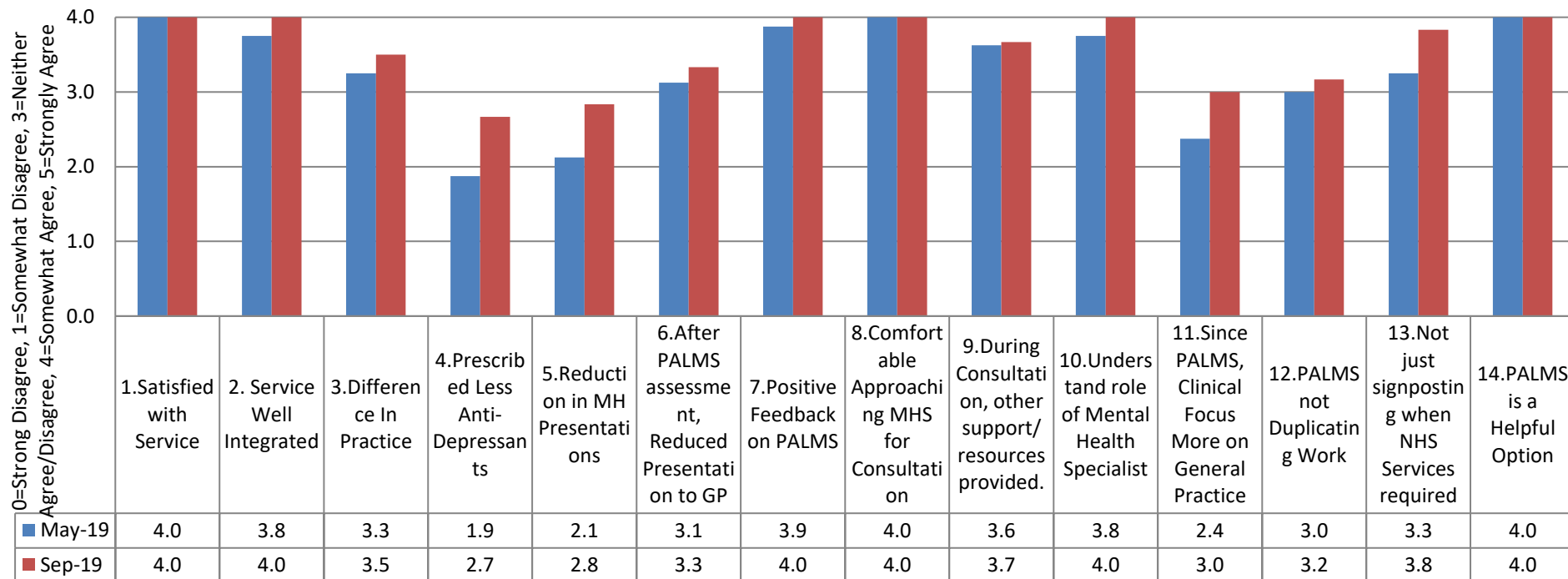


### **Some quotes from Patient Satisfaction Survey from 27<sup>th</sup> February up to 29<sup>th</sup> August 2019:**

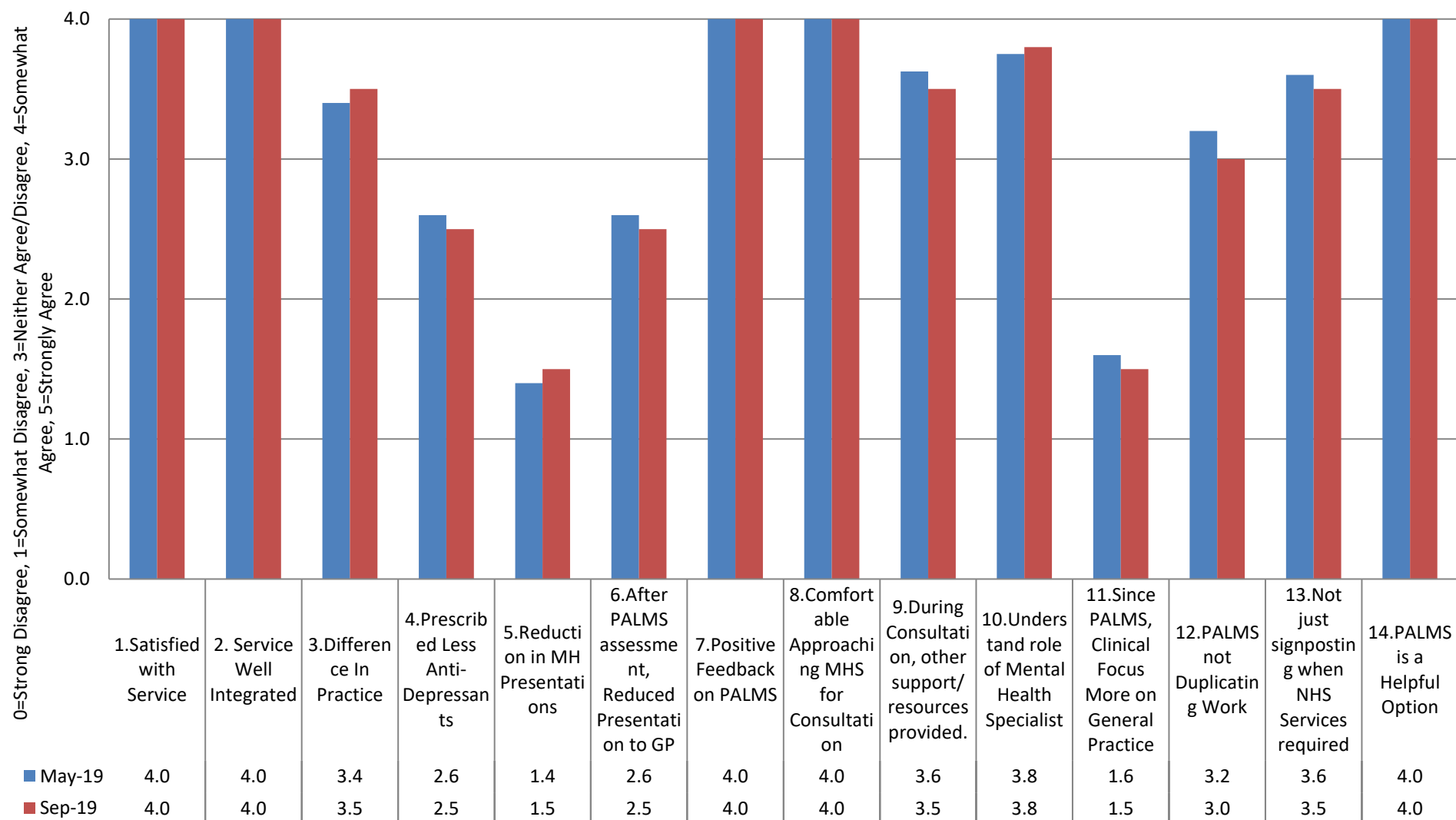
- “I think this is a valuable service and was reassuring to talk to a specialist and within a short time frame. I was reassured I was managing my anxiety and was given further help and suggestions. Thank you.”
- “This is a great service – gave me the ‘push’ to take control & seek help / support & give me a plan of what I’m going to do to help me. Thank you.”
- “The mental health specialist was very supportive and I really felt like she took time to try and understand what I felt, and appreciate how that impairs me. The GP I saw was helpful but it was nice to have more time to explain how I was feeling.”
- “Just one session but I felt it was very useful and recovering. Steered in the right direction to the help and assistance which would ultimately help me the best and realistic timescales set for that.”
- “I am leaving the surgery feeling a lot lighter than when I arrived. I feel like I have been listened to and that my thoughts about my illness are valid and accurate. I have been given information about various services which will assist me with current issues I’m facing. Thank you kindly.”
- “Valuable input and advice from appointment. Non-judgemental and reassuring sign posted to easily accessible self-help. Very worthwhile appointment with very professional and empathic health professional.”
- “The mental health specialist is great. I feel like she really listens and takes my concerns seriously. She also remembers what I’ve said before and about my life which is really comforting – feel like a real person and not just another patient. I also like that this is held here at the GP, it’s less intimidating.”
- “It felt like a great and very helpful appointment for me as I was concerned about leaving the surgery without any real solutions – however I have been given many solutions & feeling like I have someone I can come back and speak to if I continue to struggle.”
- “I feel there is hope now. Thank you!”
- “Delighted that somebody was able to guide me in the right direction and also the time spent during the appointment. No rushed conversations was a great help.”
- “I have google at home.....no advice was helpful (sic) – print out to try for 3 month – this is why I came for help – I’ve(sic) been doing this already for month”.
- “I felt I was just diverted to a website to find a councillor (sic) myself, I was under the impression this is who I was seeing today so didn’t come away feeling any better or with any real feeling of help”.
- Think it needs to be clearer this is just a signposting service and not a mental health service. Think the advertisement of “mental health specialist is misleading.....I do think this service should stay and has the potential to be very helpful. Maybe needs to be better explained prior to appointment”.
- “I don’t feel any options I was not fully aware of was offered and my concern over this was not understood”.

Practice staff feedback 3 vs 6 months – as staff aware that information was for use in pilot project for evaluation, numbers <5 maintained

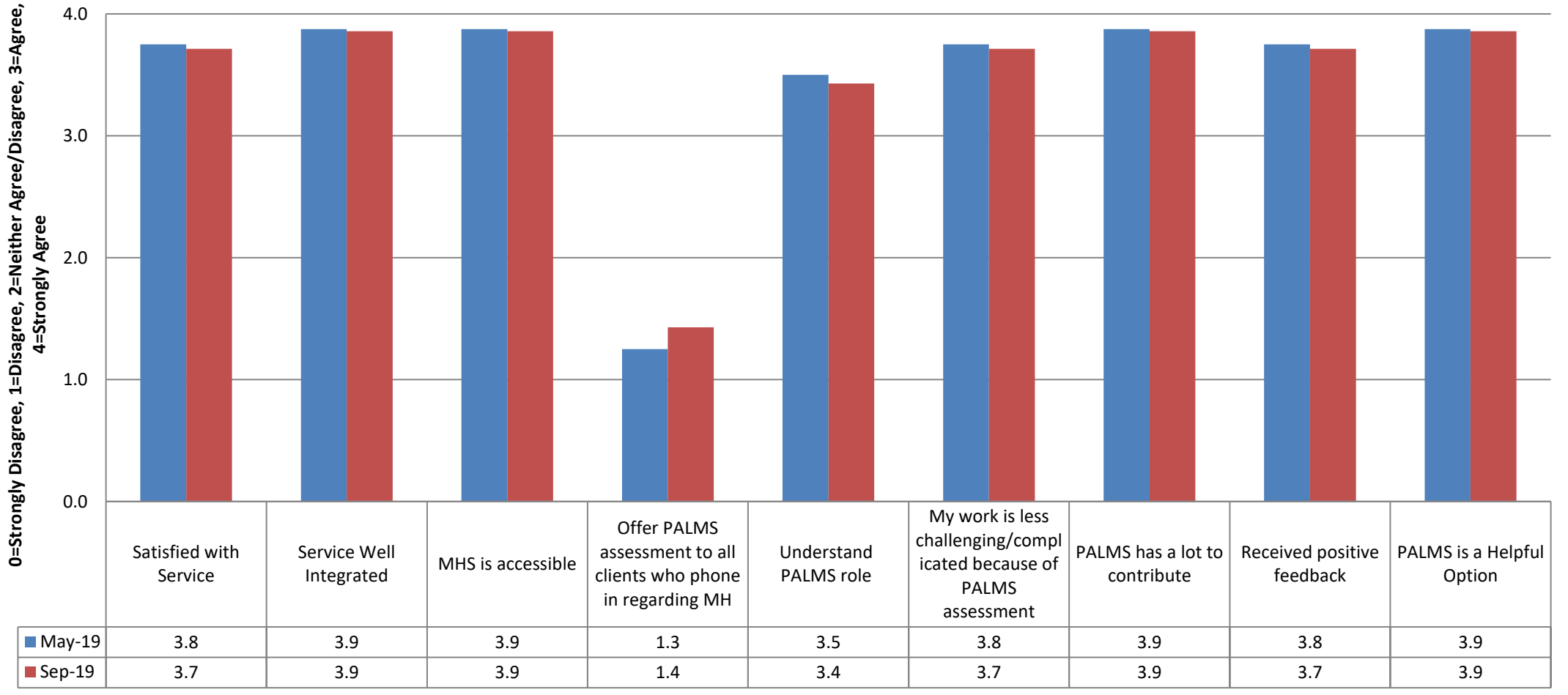
### GP Feedback - 3 and 6 months after start of Pilot - May and September 2019 - Hawkhill



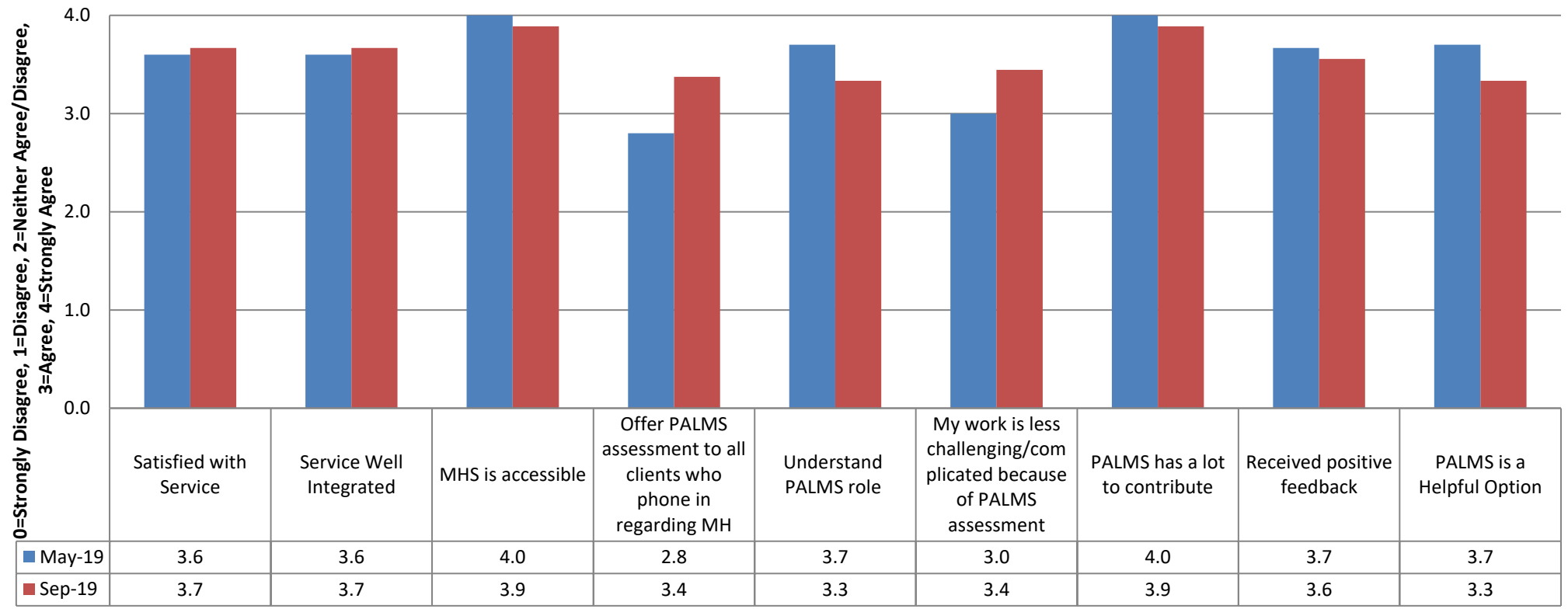
## GP Feedback - 3 and 6 months after start of Pilot - May and September 2019 - Muirhead



## Non Clinical Staff Feedback - 3 and 6 months after start of pilot - May and September 2019 - Muirhead



## Non Clinical Staff Feedback - 3 and 6 months after start of pilot - May and September 2019 - Hawkhill



## Qualitative staff feedback

### **GP feedback:**

#### Common themes (PALMS):

- Easily accessible service – however need to monitor increasing wait time for appointments
- Need for additional resources for certain practices (demand vs. capacity) - Hawkhill
- Positive feedback from patients
- Good addition to the practice services – in support of the new GP contracts
- Reduction in initiation on antidepressants/SSRI
- Reduction in consultation time – rather than number of consultations itself
- Difficulty identifying right patients

#### Common themes (MHS):

- Good co-operation
- Insightful consultations and helpful

### **Other clinical staff feedback:**

#### Common themes (PALMS):

- Increase the age to over 64's
- An excellent service
- Easily available appointments for Muirhead
- Demand greater than capacity at Hawkhill
- Good resource for patients

#### Common themes (MHS):

- No opportunities to speak to MHS (due to type of work)

### **Non-clinical staff feedback:**

#### Common themes (PALMS):

- Prompt access to appointments (Muirhead)
- Long waiting list for Hawkhill – greater demand
- Easily accessible service
- Good patient feedback
- Benefited from additional training offered by PALMS - Active Listening / Signposting

#### Common themes (MHS):

- Easily accessible
- Positive interactions
- Happy to advise
- Good co-operation
- Integrated part of the team

## Summary of the PALMS Pilot

### Review of pilot objectives:

- Patient feedback indicates Mental Health Specialist (MHS) role was viewed as a valuable addition in the two GP Practices it was trialled in and that patients thought they received the advice that mattered to them.
- GP feedback was also highly positive and indicated that consultancy with MHS was valued as well as signposting/triage.
- For reception staff involved in triaging telephone calls and making PALMS assessment appointments where appropriate, the perception seemed to be that this did not cause their roles to become more challenging.
- The PALMS pilot appeared to provide support towards increased multidisciplinary team (MDT) as per new GP contracts.
- Statistically significant reduction in re-presentations for mental health consultations four months after PALMS assessment indicating workload for GPs may have decreased in this regard.
- Non-referral routes (providing advice, normalisation of symptoms and providing self-help resources together) were the most common post-assessment outcomes for patients, followed by referrals to other NHS/non-NHS services.
- Primary care psychology (NHS) was the largest recipient of referrals that were made. This would fit with severity of presentation, the majority of which were within mild-moderate category.
- MHSs signposted to a variety of other resources including other NHS services (e.g. Living Life – Telephone CBT) and partly NHS-funded services (e.g. Health and Work Support). The pilot indicated high demand for the PALMS service, particularly in one practice where meeting the 5 day target from requesting to providing an appointment, could not be met the majority of the time.
- Table 13 and 14, highlighting severity of presentation, indicate MHS roles could be undertaken by Band 6/7 clinicians with support from more senior colleagues managing whole clusters (e.g. Band 8As). Based on the MHSs feedback self referrals might have occasionally contributing to patients booking unnecessary additional appointments.
- Feedback from practice managers showed support for delivering Active Signposting (triage training) for reception staff to ensure appropriate patients are booked into PALMS clinics. This also offered additional support and contributed to professional development experience for the reception staff.

## **Implications of PALMS for other services and areas to attend to as part of the roll out across Dundee:**

- The Dundee Health and Social Care Partnership has signed up to a “whole systems approach” with regard to mental health and learning disabilities. Put simply, when change is considered for one part of the system, there must be consideration as to how this impacts on other parts of the system. However, it also means there must be a flexible approach to finance across all services, even where it may appear that one part is temporarily ‘disadvantaged’ in testing service developments.
- From the involved practices, there has been a small increase in referral number to NHS mental health services during the pilot. In the equivalent period prior to PALMS, this was 209 and during PALMS 230. However, there are a number of factors that need to be considered within this:
  - The number of patients registered at Hawkhill Medical Centre (the largest referrer of the two practices to NHS MH Services) increased: average February – August 2018: 11,643 patients versus average February – August 2019: 12,163 patients.
  - Whilst there was an increase in referral to the Adult Psychological Therapies Service in the PALMS practices, there was no actual increase across the whole of Dundee (Dundee based practices: 1422 and 1424 for 2018 and 2019 respectively). Assessing whether the referrals are more appropriate, and whether patients are accessing the most appropriate service, will need to happen retrospectively at a later date, possibly by looking at patient engagement in services, where this can be measured.
- Rolling out reception staff training on Active Signposting within GP practices may be beneficial (at this time only 1 day of training was completed with 22 staff members, from 16 GP practices across Dundee).



## Recommendations

Given the between-practice differences reported between Hawkhill and Muirhead Medical Centre, it is important to note that results/progress reported cannot be completely generalised out to the wider GP community, but it does provide key indicators regarding how this project could benefit other practices, how to roll this out, and the skills-mix needed.

The pilot enabled the identification of the required number of sessions per 1,000 patient population. The data are indicative of requiring 1 session per 2,000 patient population, which has informed the requirement for the roll out for other cluster 4 practices for 2019/2020. It also highlighted the need to move towards cluster based working with the view of each practice not having physical space to accommodate the PALMS service. This will also allow for annual/sick leave cover which this pilot did not accommodate for, contributing to the inability to offer appointments within 5 days of requesting one. Access to Vision Anywhere will be required as part of this.

Results of this pilot indicate, funding for the project needs to be reviewed with the possibility of moving towards a mixed skills set. The pilot indicated best way of moving forward is having a Band 8A responsible for each of the clusters with a number of Band 7 Clinical Associates in Applied Psychology/Psychotherapists and Band 6 Mental Health Nurses in post. Benefit of having a Band 8B in post was also identified to coordinate the roll out and for management of the service.

Reviewing progress systematically post 6 month pilot may offer different insights into the progress of the project. For example one mental health service (Dundee University Mental Health Service) had not accepted any referrals until towards the end of the pilot. So referrals shown above will not be a true reflection of referrals that would have been made and impact this may have had on other services where there may have been overlap (e.g. NHS primary care).

Streamlining the process over time will be important. Anecdotally, for example, MHSs reported patients who had been offered and seen for assessment and follow-up appointments, were occasionally then making self-referrals to PALMS which allowed them additional appointments. This highlights that additional training for reception staff would be beneficial in order to manage situations such as these when they arise.

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