



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
20 APRIL 2022

REPORT ON: MENTAL HEALTH AND WELLBEING STRATEGIC UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB28-2022

1.0 PURPOSE OF REPORT

To brief the Integration Joint Board about the local and Tayside Mental Health and Wellbeing developments.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report.
- 2.2 Remits to the Chief officer to submit a report about future plans for Veterans First Point Tayside to a future meeting.
- 2.3 Remits to the Chief Officer to submit a report outlining progress in relation to the recommendations arising from Trust and Respect, the Independent Inquiry into Mental Health Services in Tayside to a future meeting.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The costs associated with the developments outlined in this report will be funded through a combination of a reconfiguration of existing budgets held by the IJB and other partners and through accessing additional funding where appropriate. The Finance teams across NHS Tayside and IJBs are working with Mental Health operational leads to develop high level strategic financial plans for MH services. These plans will be expected to provide a high level description of current financial resources in the system, describe current commitments and to map out further potential investment priorities identified to deliver the Mental Health Strategy. The plans would be expected to describe any shift of resources within the system. They will also note financial deficits in the system and highlight the need to address as part of the strategy.

4.0 MAIN TEXT

- 4.1.1 Work continues to progress with the development of a Community Wellbeing Centre (CWC) in the city. Hillcrest and Space Solutions attended two stakeholder events during February and March to provide a briefing on the project work and consult with people regarding design elements of the CWC. A visit with key members of the Stakeholder Group took place following this, offering people the opportunity to view the building and contribute further to the design detail. The detailed layout drawings have now been agreed and signed off with Hillcrest Homes and Space Solutions and a further cost check analysis is currently being undertaken. It is anticipated that drawings and the application for the required Building Warrant and Planning Application will be submitted during April 22.
- 4.1.2 The Stakeholder Group met on March 10 to discuss the outcome of a range of engagement activity undertaken during January and February and aimed at ensuring the views of experts by

experience continue to drive the more detailed stage of planning required between March-August. Four workstreams were agreed by the stakeholder group as follows; Building and Aesthetics, Pathways and Connections (including IT), Procurement and Communication/Engagement and since then Leads/ Co-Leads/ members have been identified for each workstream.

- 4.1.3 In relation to procurement a Prior Information Notice (PIN) has been issued. This PIN is intended to make providers aware of Dundee City Council's intention to invite tender submissions from Accredited Service Providers for the co-ordination and front line support within the CWC. The outputs from the engagement activity will form the basis of the invitation to organisations to tender and it is anticipated that this will be distributed during April.
- 4.2 "Independent Inquiry into Mental Health Services in Tayside, Progress Report, July 2021" was submitted to the IJB in October 2021. The report outlined the finding of the Independent Inquiry into Mental Health Services Review. Following the publication of David Strang's Progress report "an Independent Oversight and Assurance Group on Tayside's Mental Health Services was established. The initial phase of the Oversight Group's focus has been to drive towards a common understanding about progress that has been made to date in Tayside and areas that still require attention or are progressing more slowly in relation to the recommendations from the initial Inquiry report, "Trust and Respect". The Oversight Group have now moved to the next phase of its work programme with Tayside Partners, which will focus in more detail on four themed areas; Integration, Patient Safety, Workforce, Engagement and Culture. A series of planned discussions are underway to facilitate discussion about a range of recommendations and associated actions/ evidence to support. It is envisaged that the Oversight Group will continue its programme of work through to autumn 2022 and a more detailed report will be submitted to a future IJB during 2022.
- 4.3.1 The Mental Health and Wellbeing Strategic and Commissioning Group (MHWSCG) supported a refresh of the local Health and Wellbeing Networks (HWBN) at its meeting in July 2021. The remit of the networks is to:
- o support locally-led actions that contribute to strategic priorities,
 - o share information, enhance partnership working and avoid duplication of effort,
 - o facilitate efficient use of local staff and other resources,
 - o ensure effective linkages to local interventions with a specific focus,
 - o support LCPPs to monitor and implement health and wellbeing priorities, and
 - o enable reciprocal communication between strategic groups and local communities.
- 4.3.2 The three local HWBNs covering Lochee/ Strathmartine, Coldside/ Maryfield and North East/ East End wards have since met twice. A wide range of partners and a small number of community representatives discussed how strategic priorities are or could be implemented at a local level and heard about significant mental health and wellbeing developments such as the forthcoming Community Wellbeing Centre.
- 4.3.3 At its meeting in September 2021, the MHWSCG agreed the formation of a new Communities and Inequalities workstream with the following remit:
- o strengthen the focus on mental health inequalities, determinants, and early intervention/prevention within the MHWSCG Strategic Plan,
 - o identify gaps relevant to the findings of local surveys,
 - o link to local developments and structures such as health and wellbeing networks, LCPPS, and new Local Community Plans,
 - o strengthen and build on local relationships and infrastructure,
 - o develop proposals for appropriate targeted actions in conjunction
 - o ensure effective mapping to other strategic areas that impact on mental health, and
 - o consider workforce development to support achievement of the above aims.
- 4.3.4 The Communities and Inequalities workstream has met three times with a developing agenda around the local Fairness Initiatives, locality health profiles, Public Mental Health training, the Health Inequalities action plan, development of the new local community plans, and access to information.
- 4.3.5 Two associated working groups have developed as a result of discussions at the Communities and Inequalities workstream; one focusing on use of the Public Health Scotland Locality Profiles and the other around improving access to information for professionals and the general public.

- 4.3.6 The Public Health Scotland profiles working group has met once and agreed further sub analyses that will help target local activity and programmes and influence the health and wellbeing actions of the new local community plans. Further sessions to explore the data have been scheduled with Communities Officer responsible for developing the local plans.
- 4.3.7 In addition to discussion held as part of the Communities and Inequalities workstream, access to information has been raised as a priority within a range of other development/ improvement work including Working Better Together developments in the ADP structure and Primary Care. The Access to Information working group has met once to explore existing mechanisms and platforms, the scope to enhance these in a collaborative and co-ordinated manner, and how best to identify resource implications in taking this work forward. There is an action to produce an SBAR (Situation, Background, Assessment, Recommendation) report for discussion at a range of strategic groups.
- 4.3.8 The Community Learning and Development Plan (CLD Plan) for the city is a statutory requirement under section 2 of the Education (Scotland) Act 1980. It must be developed and delivered in consultation with stakeholders with a particular emphasis on people who are marginalised.
- 4.3.9 An important component of the CLD Plan is the section on addressing health inequalities, which reflects the four DHSCP strategic priorities and has the overarching aim of creating more positive and equitable health and wellbeing in Dundee's communities. Completion of the Health Inequalities section will demonstrate contributions from a wide range of partners to addressing the enduring health inequalities that affect Dundee's more vulnerable citizens. The Health Inequalities section of CLD Plan has been signed up to by Dundee HSCP as a key partner. Annual reporting will be provided to the Strategic Planning Group with a report scheduled for their meeting in August 2022.
- 4.3.10 The Clinical Care and Professional Governance Group discussed the health inequalities plan at its meeting in March 2022 under the standing agenda item of Equity and Social Justice. The group agreed to circulate the plan to Primary Governance Groups to ensure the work of a wide range of health and social care service is reflected.
- 4.4 The Tayside wide review of Crisis and Urgent Care continues to progress. There are five sub-workstreams at present: the transfer of urgent assessments from the Crisis Resolution & Home Treatment Team (CRHTT) to Dundee CMHTs; the transfer of Intensive Home Treatment from CRHTT to Angus and Dundee CMHTs (already delivered in P&K); the emergency assessment of people presenting with mental health conditions; the development of Community Wellbeing Centres; and evaluation of the changes. The first of these is agreed in principle and staffing levels have been agreed. There will now need to be a process of resource transfer and good staff governance in terms of opportunities to staff who wish to transfer to a CMHT setting. The Community Wellbeing Centre (CWC) work has concentrated on defining the functions that a CWC needs to deliver in order that a whole-systems approach can be delivered with no gaps. These are currently reflected in the local CWC work. The DHSCP Clinical Lead Chairs the CWC workstream and there can therefore be confidence that the parallel developments are in synchrony.
- 4.5 The Mental Health General Practitioner sessions are now operational. The expert time from this post is being used with Tayside wide (for example, Neurodiversity workstream) and local work (for example, primary care mental health developments). There is good linkage with counterparts in Angus and Perth & Kinross to ensure maximisation of influence/advice.
- 4.6 Development of mental health services at a primary care level continues to have three key components: the Listening Service; Sources of Support; and the Patient Assessment, Liaison & Management Service (PALMS). The services are refining documentation to offer clarity as to the unique roles of each, the desired outcome it being to service users where they should self-refer (in addition to professionals). With the addition of Welfare Rights, it is likely that this multi-disciplinary approach will form the skeleton from which further developments through the recently announced primary care mental health improvement fund will grow. There have been significant issues in staffing PALMS but this should improve with a changed staffing model which can now progress. As this *clinical* element of the "multi-disciplinary approach" will likely be expected within the models Government expects to see, any continued inability to re-establish a critical mass within PALMS will become a significant risk.

4.7 The IJB received a detailed update on Psychological Therapies at its meeting in February 2022. There are two areas of update for members since then, both likely linked to the National shortage of qualified clinical staff. Firstly, Tayside is fully engaged with the NHS Education for Scotland (NES) pilot of National Recruitment processes with interviews scheduled to take place over two weeks in April. Whilst it is anticipated that we may be successful in attracting recruits from this process, there will still remain a number of vacancies for qualified staff. Secondly, the first round of recruitment for the Director's post was unsuccessful. This has gone to a second round of advertising. The Clinical Lead will continue to fulfil the post of Interim Director.

4.8.1 On 1st March, MSP Keith Brown tabled a Ministerial Debate to discuss the recommendations from the recently published Scottish Veterans Care Network Mental Health Action Plan, which is the first of its kind in Scotland. The recommendations have been fully endorsed in principle, and a new Implementation Board is being established to lead on the delivery of the recommendations over the coming two years. Having an established Veterans First Point service (V1P Tayside) operating across Angus, Dundee and Perth since 2015, we are in a strong position in relation to the recommendations as many of them are already being achieved in relation to the accessibility, credibility and co-ordination of veterans' health and wellbeing needs in Tayside.

4.8.2 A key strategic priority for the Implementation Board will be exploring options of sustainable funding for veteran services and to ensure service continuity. Scottish Government announced their intention to offer a further £666,000 to all six V1P centres for a next financial year (2022-2023). This is on the basis of a continuation of the 50% matched funding model with local Health and Social Care Partnerships that has been offered for the past 5 years. A more detailed report outlining future plans for V1P in Tayside will be submitted to the IJB at a future meeting.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a level of interdependency between the two pathways (acute mental health crisis and people experiencing emotional distress) described in the crisis and urgent care section of this report. Should either not be implemented as envisaged with closely aligned time-scales, there is a danger that we may not be able to deliver safe and effective person centred care to people in crisis
Risk Category	Operational
Inherent Risk Level	Likelihood (4) x Impact (4) = Risk Scoring (16) (Extreme Risk)
Mitigating Actions (including timescales and resources)	Urgent/Crisis pathway work has already arrived at a single recommendation; Distress Brief Intervention (DBI) in place, Ambulance vehicle in operation; stakeholder group leading development of a Community Wellbeing Centre
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9) (High Risk)
Planned Risk Level	Likelihood (1) x Impact (2) = Risk Scoring (2) (Low Risk)
Approval Recommendation	The impact of the mitigating actions will reduce the inherent risk significantly to an acceptable level.

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

7.0 CONSULTATIONS

7.1 The Chief (Finance) Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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: 06 April 2022

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