



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21ST AUGUST 2024

REPORT ON: PROGRESS REPORT ON MENTAL HEALTH AND LEARNING DISABILITIES WHOLE SYSTEM CHANGE PROGRAMME

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB51-2024

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide Dundee Integration Joint Board with a progress update in relation to the Mental Health and Learning Disability Whole System Change Programme.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this update report on the Mental Health and Learning Disability Whole System Change Programme.
- 2.2 Notes that the Chief Officer will continue to work with the NHS Tayside Executive Lead for Mental Health Services and the other Tayside IJB Chief Officers to ensure there is whole system leadership and continued delivery of the change programme at pace.
- 2.3 Notes that work will continue to deliver a financial framework to support the delivery of the Model of Care and to shift the balance of care from inpatient services to community based services.
- 2.4 Instructs the Chief Officer to develop a commissioning framework for mental health services by March 2025 to enable the IJB to commission an appropriate level of inpatient services for the local population from 2025/26.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Public health support for demand analysis will underpin a detailed financial framework and commissioning model. The focus is on shifting the balance of care from inpatient services to community-based provision.
- 3.2 A financial envelope for adult mental health and adult learning disabilities has been identified. The IJBs will consider this financial framework in early 2025.

4.0 MAIN TEXT

4.1 The Mental Health and Learning Disability Whole System Change Programme in Tayside has made positive progress since its approval in June 2023. This report provides an update to a

previous report to the IJB regarding the change programme (Article XX of the minute of the meeting of the 21st June 2023 refers)

4.2 The vision for the mental health and learning disability whole system change programme is in three parts reflecting different parts of the system and includes:

- providing excellent care and treatment for people for whom inpatient treatment is the best option through a redesigned service model with strong evidence base;
- a co-produced model of care ensuring equitable, effective, treatment, care and support for people living in the community with complex and severe mental illness; and
- in partnership with commissioned providers, deliver Coming Home ambitions so that people with a learning disability receive the right support at home/community to maintain their health and wellbeing and minimise the likelihood of hospital admission.

4.3 There has been considerable progress in creating the conditions for whole system collaborative leadership and decision-making, improvements in the reporting of progress across partners, and better involvement and participation of people with lived experience across the programme. This is resulting in an integrated whole system change programme which replaces the previous actions following the Trust and Respect Report (2018) and Independent Oversight and Assurance Group report (January 2023) and a cohesive change programme with connected leadership, stakeholder engagement and improved decision making. The work to date has created the platform to focus on transformation through new models of care and a move away from action planning for improvement. Continued whole system leadership and commitment is required to ensure the change programme is delivered at pace.

4.4 In addition to the financial and commissioning model set out in the financial implications section above the key next steps for the programme are as follows:

Model of Care Development:

An early draft of a single model of care has been shared with the Programme Board.

A new Model of Care Steering Group has been established to lead the work going forward across the whole system with stakeholder membership including advocacy organisations across Tayside. The model aims to deliver a community mental health framework that integrates secondary, primary, and community mental health services. A comprehensive and co-produced engagement plan has been developed which aims to achieve whole-system, multi-sector and significant stakeholder involvement in shaping and ownership of the final model. It is envisaged that this will commence in September and conclude in December 2024.

Learning Disabilities Services Redesign:

The V&A Dundee design accelerator workshops generated four ideas for whole system redesign, including crisis support, individualised care, alliance commissioning approaches and improved voice for people with learning disabilities.

Further development and refinement of the model of excellence for learning disabilities services will continue throughout 2024.

Engagement and Co-Production:

The “Care and Share Together” approach is ensuring ongoing sustainable and meaningful engagement and is gaining traction with dedicated co-production development officer. A co-production working group is preparing a framework based on the ladder of co-production, defining roles and expectations for service providers and users with a draft to the Programme Board by September 2024.

Early Intervention in Psychosis (EIP):

NHS Tayside is a national pathfinder site for EIP services. The EIP team has achieved positive outcomes, reducing inpatient re-admissions and improving engagement with the service and consideration for resourcing and roll-out is now required.

In summary, the program is advancing toward a whole system model of care, emphasising community/place-based services, stakeholder involvement, and financial sustainability. The focus remains on improving and achieving excellence in mental health and learning disability services for people in Tayside.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that progress with the change programme does not deliver priorities at the required pace
Risk Category	Operational
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring (12) High Risk
Mitigating Actions (including timescales and resources)	Structured programme board Whole system commitment from Chief Officers and NHST Executive Lead
Residual Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6) Moderate Risk
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6) Moderate Risk
Approval recommendation	Given the potential risks of doing nothing and the impact of the mitigating factors the risk should be accepted

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

Dave Berry
Acting Chief Officer

DATE: 14 August 2024