ITEM No …14……..

Dundee Health & Social Care Partnership

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 15 DECEMBER 2020**

REPORT ON: **TAYSIDE DRAFT MENTAL HEALTH AND WELLBEING STRATEGY**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB55-2020**

1.0 PURPOSE OF REPORT

1.1 To brief the Integration Joint Board about the progress that has been made to co-create, co-design and co-produce a draft Tayside Mental Health and Wellbeing Strategy (the Strategy).

2.0 RECOMMENDATIONS

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

2.1 Acknowledges the considerable work that has been undertaken since March 2020 to co-produce the final Strategy. (Appendix 1)

2.2 Approves the direction of travel outlined within the final Strategy.

2.3 Acknowledges that the production of a Tayside Mental Health and Wellbeing Strategy will meet one of the main recommendations arising from the Independent Inquiry into Mental Health Services in Tayside "Trust and Respect".

2.4 Instructs the Chief Officer to submit to a future IJB meeting for consideration and approval a detailed implementation/ delivery plan with accompanying sustainable financial framework.

3.0 FINANCIAL IMPLICATIONS

3.1 The approval by Dundee IJB of the financial framework associated with the draft Mental Health and Wellbeing Strategy as outlined in this report is subject to a sustainable financial framework being developed. The framework would require to reflect both Tayside wide and local service developments, redesign and investment opportunities. Work has commenced on the framework and will be provided to the IJB for approval alongside a detailed change/ implementation plan associated with the Strategy.

4.0 MAIN TEXT

4.1 Report DIJB39-2020 "Mental Health and Wellbeing Strategic Update" was presented to the IJB in August 2020. The report outlined progress that had been made towards the co-production of a Tayside Mental Health and Wellbeing Strategy. The IJB instructed the Chief Officer to submit to a future IJB meeting the draft Strategy once this was available.

4.2 The final draft Strategy illustrates our co-design and collaboration work towards a common Tayside Mental Health and Wellbeing Strategy and Change Programme. The Mental Health and Wellbeing Strategy has seen significant engagement and detailed planning through the programme infrastructure to co-create the first draft shared for further engagement during a five week period of 02 November – 30th November with amendments built into this final draft strategy. The four week period of further engagement was undertaken with an iterative

process of co-creation by those leading and involved in the strategy writing and further development.

4.3 To add to this and expand access to this process, we published the first draft on our website with a list of key questions and a feedback mechanism to the wider public, who may not have been engaged in the process to date. We also responded to a request for an extension to one group to enable an easy read version of the draft Strategy. This phase of work commenced on Monday, 02nd November, 2020, with the next phases of the Strategy timeline being:

- Further feedback and engagement - November 2020
- Final Draft for Endorsement and Approvals process – December 2020
- Strategy publication and launch January 2021
- Further period of Public Engagement Jan to March 2021

4.4 The final draft strategy was co-created and produced at the end of November and now outlines the scope, scale and content of the strategy and its final content. This has been a shared process and vision achieved with the contributions of all key stakeholders who have co-created all aspects of the strategy content, size, format, designs, principles, values, and much, much, more. The final product will be co-designed with the recommendations already received and shared as part of the ongoing engagement.

4.5 We have agreed to produce the following versions of the MHW Strategy:

- Full Strategy
- Summary Strategy
- Easy Read version

There is also potential for the following versions and formats:

- Audio version
- Non Text versions on film with a service directory/locator tool built in

4.6 Mental Health staff across Tayside alongside people with lived experience and community organisations with support from the Mental Health and Wellbeing Programme team co-create and co-produce the strategy. All stakeholders have committed to the ongoing engagement sessions, programme and project groups as part of the infrastructure already in place. We will continue to host focus groups, and programme meetings to assemble the MHW Change Programme for delivery and implementation of the strategy over the coming years.

4.7 This final draft strategy is the culmination of nine months work involving over hundreds of participants who have attended many meetings, separate workshops facilitated by our teams and the teams of all organisations involved in the programme of work. The reach has been Tayside wide and been so informative re the content and of each chapter of our strategy which relates to the content of the delivery programme.

4.8 Influencing and contributing to the work has been a Strategy Writers Group which has met monthly since June 2020. This group includes representatives of all HSCPs, all job families in mental health including NHS Tayside staff and has a number of representatives with lived experience and some carers - all these people were fully involved and equally passionate to develop a blueprint for the way we want services to be in the future. We will use this strategy as the blue-print for developing our whole-system change programme.

4.9 A Workforce Strategy and Plan is being developed alongside this strategy to ensure Living Life Well includes working well, a lifelong approach to mental health workforce in Tayside. On approval the strategy will require a full partnership approach to detail new ways of working, recognise the need to shift the balance of care, build capacity and capability in the community and in our specialist inpatient services to achieve the change programme and the service improvements. Our strategy and delivery plan will improve staff wellbeing as they will all have clarity on their roles, their contribution to the future service and how they can promote a person led service, with people as equal partners in their own care to deliver better outcomes.

4.10 The final production of the Strategy involves four elements; the Strategy itself, Mental Health Service Model and Clinical Priorities, Whole System Change Programme and Change Programme Delivery Plans. This report is asking IJB members to consider the direction of travel and priorities set out within the Strategy, all other elements are still in the process of development alongside a financial framework.

4.11 The Communication and Engagement process within the MHW programme is continuing with a detailed programme of work. As noted above significant engagement has been a work in progress and central to everything we do. Engagement with all key stakeholders, in particular those people with Lived Experience, third sector partners and mental health special interest groups continues.

4.12 Communications & Engagement Sub Group

- The Communication & Engagement Sub Group is now well established and meeting monthly to co-create, co-design and co-deliver communications products.
- Co-chaired by Brook Marshall, Chief Executive of Feeling Strong, which is a Youth Mental Health Charity in Dundee and the Director of Communication and Engagement, NHS Tayside.
- Strong representation from Third Sector organisations and patient advocacy representatives – and SPG members.
- Members of the group have stepped forward to co-lead as "champions" in their specialist interest field. We have a Media Champion, a Design Champion and a Public Event Champion so far.

4.13 To ensure staff voices feature strongly in the strategy and change programme we are working with all teams to invite contributions and participation from all and recognising the key role our staff side partner's play in co-designing and implementing all of the changes and redesign proposed. We have developed a partnership forum to ensure this. Staff from across all organisations who deliver mental health services and supports, including third sector organisations, are heavily involved in this co-design and co-creation. Staff side are helping to develop the communications and engagement plan for the strategy and remain critical to the success of our staff engagement.

4.14 Most meetings have Mental Health as a standing agenda item recognising its priority status in Tayside. This strategy will also been presented at these meetings and many others and a powerpoint presentation has been developed to support this process (Appendix 2)

- Integration Joint Boards
- NHS Tayside Board Meetings
- Police Scotland Tayside
- A range of committees throughout Tayside, voluntary and third sector groups
- Tayside Executive Partners, Strategic Leadership Group
- Mental Health Integrated Leadership Group

4.15 We have taken account of Tayside's diversity in the development of versions of the strategy and will incorporate easy read versions in other languages. All our work takes account of the health inequalities that often give rise to increased mental health and wellbeing issues and to mental illness and we are aware that those with mental illnesses die of average 20 years before their peers – this strategy seeks to ensure that those people have the best services we can afford. All future work will incorporate an Equity Diversity Impact Assessment.

4.16 The Tayside wide MHW strategy will see improvements in multi-agency working in service of benefits to the population and in particular people with lived experience and as importantly our staff working in all organisations across Tayside. We are in pursuit of world-class mental health service in Tayside.

4.17 The Independent Inquiry into Mental Health Services in Tayside, February 2020, "Trust and Respect," required us under recommendation 2 to develop a strategy. This is a high priority

with an element of risk as we are implementing this change in the context of a global pandemic which is impacting on the metal health of many. With the support and input of all stakeholders we have maintained mental health as a priority to mitigate this risk. There is a robust Risk management process in place for the projects that are starting to develop to implement this 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

Risk 1 Description	That the co-produced direction of travel within the final draft Strategy is not fully implemented and the anticipated positive outcomes not achieved.
Risk Category	Operational
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring (12)
Mitigating Actions (including timescales and resources)	Progress is being made to finalise the implementation plan and financial framework that will accompany this Strategy. Alongside Dundee's Mental Health and Wellbeing Strategic Plan, implementation of this Strategy (and implementation / financial plan) will ensure that progress is made to improve the Mental Health and Wellbeing of Dundee's citizens.
Residual Risk Level	Likelihood (2) x Impact (2) = Risk Scoring (4)
Planned Risk Level	Likelihood (2) x Impact (2) = Risk Scoring (4)
Approval recommendation	That the risk should be accepted due to the mitigating action 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	✓
	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 Dundee HSCP	Kate Bell Interim Director of Mental Health NHS Tayside	DATE: 30/11/20

Living Life Well

A lifelong approach to mental health in Tayside

TAYSIDE MENTAL HEALTH & WELLBEING

We have inclusively and collaboratively co-created this mental health and wellbeing strategy to build public confidence in mental health supports and services, and deliver a thriving and flourishing workforce to improve outcomes for everyone's mental health.

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Acknowledgement:

People from across Tayside have come together to co-create this ground-breaking mental health and wellbeing strategy. It sets out our collective ambitions for building a mental health service that meets lifelong needs and supports our dedicated workforce.

To all contributors, it is thanks to the dedication, time and capacity, patience, innovation and courage of all stakeholders throughout Tayside that we have truly co-created this strategy during this very challenging time for everyone as a result of restrictions put in place for our safety around the COVID-19 global pandemic.

PLEASE NOTE: Feedback on the first draft stated that the strategy is too long and I acknowledge this, however this registers, represents and values the many contributions received. This version has taken this into consideration in the layout of sections and chapters structure to tell the story end to end. The final co-production stage with the strategy group and communications and engagement group will take this into consideration.

The Strategy is set out as follows:

Section 1 – Mental Health and Wellbeing Strategy

Section 2 – Whole Systems Model for Mental Health

Section 3 – The Tayside Mental Health and Wellbeing Change Programme

Section 4 – Delivering of the Mental Health and Wellbeing Strategy

“I am immensely grateful to all the patients, families, carers, people with lived experience, voluntary and third sector organisations who have bravely offered their experience of using mental health supports services in the development of our shared vision.

"This plan also wouldn’t be what it is without the input of staff who are skilled, trained and resilient in the face of adversity – yet remain passionate about mental health improvement.

"This strategy is an opportunity to raise the profile of mental health in Tayside and your feedback will help it to develop further. Be kind but be fierce as your voice is needed now more than ever before. You can make a difference by owning this strategy and promoting it to deliver change which, when supported and resourced, will result in longer term sustainable improvement.

"My sincere thanks to all contributors for maintaining the momentum and keeping mental health a priority in Tayside”.

Kate Bell, Interim Director, Mental Health and Learning Disability

(December 2020)

Collective Service User Statement

To deliver this strategy and to reshape how we all work to support mental health in Tayside in ***the spirit of Listen, Learn and Change***, here is what has been shared by service users, their families and carers.

As service users and representatives of third sector organisations and to honor the voice of people with lived experience, the following promise will be further developed for the final strategy as acceptance criteria for mental health supports and services in Tayside.

- I want to do everything possible to try and avoid the default of status quo, or toothless recommendations without change.
- I want to be listened to and believed by those treating me
- I would like my physical and mental wellbeing to have equal consideration
- I would like those treating me to be consistent and known faces
- I require my Human Rights to be respected, protected and fulfilled in all aspects of my care and treatment
- I would like my family and carers to be part of my care planning at all stages of my care, with information shared to help me make the decision that are right for me
- I would like to be treated when I require support, where I want it and I want to be in control of my treatment
- I would like ALL services to provide me with support that is empowering to my wellbeing and not judgmental of my mental health condition and circumstances
- I would like medication to be a last resort but if it is necessary then a plan must be made available, as early as possible, to reduce my dependence
- I would like the right support at the right time
- I would like the emphasis to be on all of my needs and not just my medical needs
- I would like to have access to a Peer supporter across all services (in-patient and community) to assist me to navigate my movement from one service to another and through the sometimes confusing layers of the health and social care systems
- If I am homeless I would like access to services the same as everyone else
- I would like the future services to consider my rights, safety and be truly person centred first.
- I would like to be treated as close to home and my community wherever possible.
- If I have to go into hospital, I would like the facility to be modern and aesthetically conducive to my recovery

Signatories:

Brook Marshall, Chief Executive at Feeling Strong and Chair at Dundee Volunteer & Voluntary Action - Co-chair of the Tayside Mental Health and Wellbeing Communication and Engagement Group on behalf of all members

Collective Leadership Promise of the Tayside Executive Partners of NHS Tayside, Angus Council, Dundee City Council Perth & Kinross Council, Police Scotland (Tayside Division)

Together with people living with mental health conditions, their families and carers, and our staff, we will continue to work on addressing the issues raised from the Independent Inquiry into mental health service as set out in the final report Trust and Respect[1] (Feb 2020) to build high quality mental health services that meet people's needs and builds a working environment that enables our staff to thrive professionally and personally.

As organisational leaders we will:

- **Strengthen** our engagement and participation so that the voices of people with lived experience, their families and Carers are amplified and remain at the core to the delivery of truly holistic person centred services
- **Create** the conditions for change by promoting mental health inclusion and tackling mental health stigma and discrimination across services in Tayside.
- **Restore** public trust, respect and confidence in our mental health services through demonstrating integrity and by improving mental health services
- **Deliver** the comprehensive programme of work as part of our Population wide Mental Health and Wellbeing Strategy and Change Programme
- **Foster** respectful relationships with people who use and/or work in our services.
- Strengthening our **person-centred approach** - from prevention to recovery; from national organisations to local third sector organisations, primary care, community and hospital-based services.
- Further develop **leadership, culture**, values, attitudes and behaviours which will strengthen the learning culture across mental health in Tayside by reaching out to, learn from other mental health systems, external experts, professional bodies and importantly people with lived experience of mental health conditions
- **Invest in recruitment and retention** through a values-based employment journey commencing with welcoming recruitment to ongoing development opportunities at all stages of careers with us.
- **Creating inclusive organisations** where staff with lived experience can apply without fear of stigma and discrimination.
- Ensure the **wellbeing of everyone** in our organisations is important and reflected in decision making
- Pursue **timely and equal access** ensuring evidence-based mental health care pathways that promote effective mental health and social care
- Work **in partnership** with staff and staff representatives to ensure that everyone has the opportunity to contribute, learn, influence and shape the future of mental health services in Tayside.
- Deliver services and supports using a **Human Rights Based Approach** to ensure people's rights are respected, protected and fulfilled

In summary

- We believe that through these strong commitments we will ensure we put people at the centre of decisions about their support, care, treatment and recovery.
- We understand that tackling deprivation and inequalities will have a positive impact and result in good mental health and wellbeing contributing to improvements in people's life circumstances and life choices.
- Trusting, respectful and mutually accountable relationships are at the heart of everything that we do to deliver public trust in mental health services.

Co-signatories: Grant Archibald, NHS Tayside Chief Executive, Margo Williamson Angus Council, Chief Executive, David Martin, Dundee City Chief Executive, Karen Reid Perth & Kinross Council Chief Executive, and Andrew Todd, Police Scotland, Tayside Division Chief Superintendent

About the strategy

The promotion, protection and redesign of mental health is regarded as a vital concern of individuals, communities and staff throughout Tayside. Strategic change is necessary to make improvements to mental health supports and services and to address fragmentation across mental health services - specifically the accessibility, safety, quality and standards of care provided by mental health services in Tayside.

Our Tayside Mental Health and Wellbeing Strategy 2020-2025 has a key focus on new technologies, prevention, and early intervention, and access to joined-up and co-ordinated services across the lifespan. Developed with people and for people, it describes our aims for future services for all those requiring mental health support. We want it to reflect the needs of our patients, service users, their families, and carers and also the needs of our staff who plan, provide and deliver the services.

The aim is that this inclusive strategy forms the basis of our future work programme – informed by the people to whom we deliver services and those we work alongside as we collectively strive to improve Tayside's mental health. We will also aim to follow all elements of the PANEL principles of Human Rights (Participation, Accountability, Non-discrimination and equality, Empowerment and Legality).

As measures of success, this strategy aims to provide people with:

- An investment in prevention of mental health disorders and early intervention for poor mental health and the socio-economic impacts.
- Services that tackle stigma and discrimination as an overriding priority
- Improved access to the right services at the right time, as close to home as possible
- High quality, person centred care and treatment in all settings where care is delivered
- Coordinated treatment and supports for people with severe and complex mental illness
- Improving the physical health of people living with mental illness and reducing early mortality.
- Ensuring that the enablers of effective system performance and system improvement are in place
- Improvements in the transitions between Child Adolescent Mental Health Services (CAMHS) and adult mental health services to ensure every child and young person is supported to have the best adulthood they can
- Improvements in transitions between primary care and community services, and between community and hospital services - thereby ensuring no person feels they have fallen through the cracks and are lacking support to thrive.
- Services that provide good patient experience, ensuring people get the support they need, when they need it, where they need it in a way that they're not passed around services, or have to repeat their story over and over again.
- A system that makes safety and all aspects of quality[1] (*safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity*) central to mental health service delivery.

People using mental health services will be:

- Equal partners (people being involved in decision about their care) with their clinicians to arrive at decisions about their care that are right for them
- Will be supported to live an active life with mental health conditions, and as a result, to achieve **Living *Life Well*** with healthier relationships and lifestyles

[1] Crossing the Chasm, A New Health System for the 21st Century - this report from the Institute of Medicine, 2001 focuses on closing the quality gap between what we know to be good health care and the health care that people actually receive. These principles set forth a specific direction for policymakers in Scotland with respect to Quality. Don Berwick IHI on Q6

- Be able to speak about their mental health and wellbeing needs, their personal circumstances, values and expectations so that the care and support plan reflects these
- Supported to have the confidence, knowledge, understanding and skills to promote **Living *Life Well,*** on their own terms, without stigma and discrimination no matter their mental health status
- Provided access to greater support from a range of services beyond mental health, with a view to increasing resilience and reinforcing their whole wellbeing.
- Working with Carers, Peer Support workers to help older people and those with more complex needs receive the right support at the right time, and where possible, live well and independently by managing their conditions themselves
- Benefit from more care being delivered in the community, and where possible, at home
- Hospital based treatment and acute care only when necessary with stays in hospital shorter to enable recovery at home
- Have online access to digital technology to transform the delivery of services across the health and social care system
- Benefit from more integrated services across the public sector and third sector organisations including health, education, employment, housing, social care and other services - working together to support prevention and early intervention of any emerging health issues
- More mental health inclusive and more effective services across the health system to support mental health, including mental health will be considered as important as physical health.

Changes in Community will bring:

- Most care provided locally through an expanded network of mental health community based organisations and community health and social care services
- Community services with teams from all agencies working closely to bring together mental health supports and expertise
- Local mental health and wellbeing teams providing more information and advice for people, offering access to specialist support and advice which might be a GP supported by a team including highly-trained nurses, physiotherapists, pharmacists, mental health workers and social workers, freeing GPs to take on a greater leadership role
- More integrated and extended access to urgent care, offering around-the-clock access to support services both in-person and online

Our staff will:

- See our efforts recognised and receive real and meaningful support towards achieving continuous development and thriving in our work
- Be asked our views, be treated fairly and given dignity and respect at all times within an environment where expression of views and initiative are encouraged
- Have a workplace environment free of discrimination and harassment with consistent, honest and supportive leadership and management underpinned by a human rights based approached
- Play a central role in making changes and improvements which will influence the strategy and lead to implementation
- Develop advanced practice and roles and responsibilities of all mental health staff across organisations
- Identify consistency improvements by sharing best workforce planning practice across mental health teams
- Support the development of a robust workforce strategy and planning to deliver effective, efficient services and better patient, service user and client outcomes

- Engage with key community, voluntary and third sector organisations to seek a longer-term view of the challenges. Particularly in regard to capacity and capability of the future workforce and the skills, knowledge values, qualities needed to inform redesign in response to these
- Develop a system-wide workforce for children and young people's mental health that will deliver collaborative working across early years, schools, primary care, further and higher education and community settings
- Develop mechanisms for ongoing engagement regarding key decisions
- Receive adequate resources to fulfil our role with development plans to support and encourage ongoing learning and development in order to retain staff and succession plan
- Enjoy effective, appropriate and respectful communication

Our redesigned mental health services will be:

- **Needs led and whole system.** The Tayside wide Mental Health and wellbeing (MHW) Strategy will bring together a plan for **ALL** mental health services and functions delivered across all sectors
- **Person centred –** Ensuring that individuals, their carers and families are at the centre and able to see the right person in the right place at the right time to meet their specific needs. This builds on and further strengthens current practice, ensuring both physical and mental health care are met. Where appropriate, self-care and self-management will be promoted and enabled.
- **Community Planning focused** – Working with Community Planning Partnerships to undertake community engagement and inform the strategic planning, commissioning, operational management and delivery of evidenced-based mental health services, rehabilitation and trauma informed care led by Integrated Joint Boards.
- **Community based and multi-agency - Multi**-disciplinary community teams will include peer support workers, community organisations and professionals from all sectors. They may include occupational therapists, physiotherapists, speech and language therapists, dieticians, nurses, psychologists, social workers and doctors.
- **High quality - Specialist services, developed for those in greatest need.** We will provide a whole system and holistic approach to access, to co-ordination of services and to delivery of specialist inpatient and centralised services
- **Outcome focused -** Mental health and wellbeing has a profound impact on quality of life. This strategy advocates a holistic approach and is fundamentally about achieving better mental health and wellbeing for all, where people in Tayside can live a full life free from stigma and discrimination. This requires the identification of quality indicators to measure outcomes.

SECTION 1 - MENTAL HEALTH AND WELLBEING STRATEGY

1. Introduction

1.1. Understanding the impact of COVID-19

Our Mental Health and Wellbeing Strategy and Change Programme and has been developed during a Global Health Pandemic.

Notwithstanding the challenges of COVID-19, NHS Tayside and Partners alongside staff and people with lived experience have maintained a robust and consistent collective dedicated effort to focus on mental health and wellbeing throughout the pandemic, keeping services running and adapting to changed ways of working. The priority level for delivering this strategy and mapping out the change programme has remained very high (second only to COVID-19) and our teams have engaged high numbers of people than predictable possible conventionally as we have utilised innovations in technology to rapidly engage and support as many people as possible in continuously co-creating our response to the Independent Inquiry, Trust and Respect report published in February 2020 into mental health services in Tayside[2]. This has been extremely challenging for all and required a separate and consistent approach to co-create this strategy predominately through virtual means.

This is a first and should be recognised as a major success for all those who have contributed to the Tayside Mental Health and Wellbeing Strategy.

**The World Health Organisation (WHO) recognised the spread of COVID-19 as a global pandemic on 11 March 2020 as a disease over the world. The pandemic is an epidemic of an infectious disease occurring on a scale that crosses international boundaries, affecting people on a worldwide scale. The disease or condition is not a pandemic merely because it is widespread or kills many people; it is also extremely infectious. Since March the population of Scotland has been on varying levels of emergency footing as the Scottish Government called for a lockdown on March 23 2020 as COVID19 was affecting a substantial number of people over the whole country.*

1.2. COVID-19 and mental health

Mental health is a crucial component of overall wellness—and the added strains of the COVID-19 pandemic have brought this into even greater focus. Mental Health conditions and substance-use behaviours worsen people's health and require sometimes high level of resources with regular contact with a range of public and third sector resources. The COVID-19 crisis has for some amplified these effects. As the curve has flattened, where the demand may have reduced in other areas of the health and social care services, mental health supports and services are seeing a rise in demand and a worsening in patients mental health status. Traumatic stress, working from home, unemployment, and social isolation are exacerbated prior behavioural health conditions and bringing on new ones for people who have never experienced the level of emotional stress, anxiety or distress previously.

COVID-19 pandemic is widening inequalities and causing an economic crisis, both of which are likely to worsen mental health and may increase mental health and wellbeing in our population in the longer term. The strategic leadership and co-ordination of suicide prevention and mental health and wellbeing across Tayside needs to be strengthened as part of this strategy in order to better promote the importance of mental health and wellbeing and support and increase the efficiency of prevention activity and early interventions. The Framework for Supporting People through Recovery and Rehabilitation during and after the COVID-19 Pandemic Scottish Government Aug 2020[3]

1.3. COVID-19 and Employees

We understand that the pandemic has amplified earlier inequities within our workforce experience of the circumstances created by COVID-19 and essential worker status. Our staff have stepped up during COVID-19 for our patient groups, families, carers to treat them with

care and compassion, provide reassurance and support each other when they have felt scared and vulnerable as a result of the COVID-19 crisis.

The crisis has been challenging with an impact on all employees from the front line to the Board room. During the COVID-19 crisis with an array of challenges in their lives, particularly in the areas of mental and physical health, concerns and around what *felt like* never ending workload increases and complexity, some of which was extraordinary, never experienced before but yet staff have risen to every challenge with determination to respond with positivity and leadership at all levels.

We know that workers across different disciplines, groups and setting have shared remarkably, similar sets of challenges related to mental health, work–life balance, workplace health and safety, a missing sense of connectivity and belonging with colleagues, and concerns about family re the implication of COVID. Women in particular shared worries about the health and safety of on-site workplaces and mental-health issues. They have also more concerned than men about increased household responsibilities—suggesting that the stress of the "double shift" continues to be a gendered issue around household.

For the mental health and wellbeing of our staff, now and post pandemic we must consider the prioritisation of diversity, equity, and inclusion within the workplace. Difficulties related to COVID-19 are unlikely to be resolved soon. For many coronavirus challenges such as stress, over working and as a result lower levels of resilience, workplace fatigue, impact of loss of income, health and safety issues related to working from home, prolonged isolation, are likely to continue for months and remain an important factor for years.

To respond to this and prevent a long and challenging road being even tougher, we must understand, develop and plan our future workforce strategies. This will require capacity and dedicated mental health capability to provide employees with support, a commitment of recruitment and more importantly retaining schemes for all, and if necessary every employee who gave their heart to the job without exception during the pandemic.

In response to these challenges we have prioritised workforce MHW. As we come out of the pandemic and restrictions are reduced and end, we will then have an opportunity to build a more equitable and inclusive workplace that will strengthen our organizations far beyond COVID-19.

Making these adjustments for the post pandemic future proactively will ensure staff feel valued and hope for a renewal of energy for the new normal. Finally, the qualities that characterize diverse and inclusive organisations —notably innovation and resilience—caring for and about our staff will be crucial as we recover and transition to the next normal. It will mean we are better placed to support employees and drive sustainable development and improvements.

2. Strategic Context

The factors that impact most on people's health are beyond health services[4] . They are associated with income, access to employment, social class, education or deprivation and therefore the work is *interdependent* with a range of national strategies and local collaborative working essential to address the underlying causes of mental ill-health.

National Strategies

- National Mental Health Strategy 2017-2027[5]
- Rights, respect and recovery: alcohol and drug treatment strategy[6]
- National Dementia Strategy – a mental health perspective
- National Suicide Prevention Strategy

- Scottish Ambulance Service & Mental Health
- Policing Scotland 2026[7]
- Dundee Drugs Commission[8]
- Re--mobilise, recover, re-design framework for the NHS, Scottish Government , May 2020[9]

The Scottish Government's Mental Health Strategy 2017-2027

The national strategy has set the target of achieving parity between physical and mental health care over a 10 year period and recommends the following actions:

- accelerate prevention and early intervention
- provide accessible services
- tackle mental health stigma and discrimination
- improve physical wellbeing of people with mental health problems
- promote and protect rights
- make better use of information and use planning, data and measurement for improvement.

Scotland's Public Health priorities 2018

One of the six national Public Health priorities is to achieve 'A Scotland where we have good mental wellbeing'. This aspiration represents an agreement between the Scottish Government and Local Government about the importance of focusing our efforts to improve the mental health of the population. The Public Health priorities document[10] is 'intended to be a foundation for the whole system, for public services, third sector, community organisations and others, to work better together to improve Scotland's health, and to empower people and communities. It is a starting point for new preventative approaches, and a new awareness around wellbeing.'

The Scottish Government's Suicide Prevention Action Plan: Every Life Matters 2018

The vision for this strategy[11] is 'a Scotland where suicide is preventable; where help and support is available to anyone contemplating suicide and to those who have lost a loved one to suicide and suicide prevention is everyone's business.' They have set a target to further reduce the rate of suicide by 20% by 2022 (from a 2017 baseline).

The Keys to Life Unlocking Futures for People with Learning Disabilities Implementation framework and priorities 2019-2021[12]

'Our vision is for a creative, open and connected nation in which people with learning disabilities are empowered to:

- Live healthy and active lives
- Learn to reach their full potential
- Participate in an inclusive economy
- Contribute to a fair, equal and safe Scotland.

Everyone – including people with learning disabilities - should be able to contribute to a fairer Scotland where we tackle inequalities and people are supported to flourish and succeed. People with learning disabilities should be treated with dignity, respect and understanding. They should be able to play a full part in their communities and live independent lives free from bullying, fear and harassment.'

The Health Scotland Health Needs Assessment Update Report[13] for People with Learning Disabilities in Scotland 2017 provides evidence on health needs of this population.

3. Independent Inquiry - Trust and Respect

The Independent Inquiry into Mental Health Services in Tayside 'Trust and Respect'[14] was published in 06 February 2020. The report's title – **"Trust and Respect"** – reflected the main conclusions of the Inquiry – that there has been a loss of trust in mental health services in Tayside. Trust needs to be rebuilt by treating everyone with respect. The active involvement of staff, patients, communities and partner organisations will be essential to building a new culture and approach to delivering services and treating patients in Tayside. (Dr David Strang, Chair of the Inquiry).

'Trust and Respect' made 51 recommendations to review and enhance services and represents an opportunity for radical change to improve service users' experience across Tayside. It reflects the need for all partners to work collaboratively to rebuild mental health services and to listen to all voices to transform the way in which mental health care, treatment and support is designed and delivered to build and sustain trust and respect at every level.

'The Health and Social Care Alliance Scotland (The ALLIANCE) alongside the Stakeholder Participation Group produced a report in 2018, ***'Hearing the voices of people with lived experience'***[15]

The ALLIANCE and the members of the Stakeholder Participation Group provide 11 key points as areas to measure improvement. These are shown below and incorporated in the planning of this strategy.

Service User and Employee feedback is set out below. These are the main drivers for change in developing this strategy and the Change Programme derived from it.

3.1. Service User Feedback from the Independent Inquiry

The voices of the service users and employees were captured during and following the independent inquiry as part of the Employee Participation Group recording what worked and crucially what need to be improved in mental health services in Tayside.

The Health and Social Care Alliance Scotland (The ALLIANCE) alongside the Stakeholder Participation Group reviewed the report written in December 2019 **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.

3.2. Employee Feedback from the inquiry

A summary of the confidential survey completed by staff is shown below. This strategy incorporates staff views in every aspect of the approach and content.

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

3.3. Listen Learn Change – A response to the Independent Inquiry

Following full consideration of Trust and Respect report, in February 2020, the Tayside NHS Board agreed to:

a. Formally accept the final report and its findings, conclusions and recommendations and make a commitment to working with key agencies and stakeholders to address all recommendations in partnership
b. Formally thank the 1500+ voices who contributed to the report and make a commitment to keep listening and involving and amplifying those voices
c. Listen and learn from the 1500+ voices – as well as all others with lived experiences, including patients, families and carers and staff working in mental health services – to ensure services are co-designed and co-produced with people at the centre
d. Build and establish a new, co-produced framework for engagement which will strengthen the engagement and involvement of all partners, people living with mental ill health, their families, carers and staff
e. Support the Tayside Executive Partners' Statement of Intent to enable a truly transformative whole-system public sector approach
f. Engage with all partners and stakeholders to establish a Tayside-wide Strategy and Change Programme for improving mental health and wellbeing, with multi-agency strategic leadership, clear governance and delivery arrangements and deployment of additional expert resource to ensure effective delivery within agreed timescales

Mental health has remained a priority for NHS Tayside and its partners throughout the additional challenges of COVID-19.

Listen Learn Change (LLC) the action plan for mental health[16], a response to 'Trust and Respect' is an ongoing collaboration to co-ordinate delivery of the recommendations, The LLC action plan set out a framework clarifying what will be delivered by when.

The ongoing work through the Listen Learn Change Action Plan with respect to delivering the recommendations is shaping the development of our Tayside Mental Health and Wellbeing Strategy and the Change Programme (2020- 2025).

It is our belief that enabling service users, their families and carers, to experience improvements will deliver positive change, build trust and mutual respect and result in a safe journey to care and recovery.

A demonstrable difference with this strategy is how we have we responded to the voices shared during the independent inquiry. We have prioritised communication and engagement so that we at all times we actively listen, engage, and continually develop how we work together.

On the announcement of the inquiry a group was established to represent patients, families, carers and third sector organisations to enable stakeholders to engage and to ensure a high level of transparency in its work. Members of that the Stakeholder Participation Group (SPG) have been involved in the development of this strategy from the outset.

Trust and Respect reported that '…staff are critical to any strategic programme of improvement'.

In order to ensure a strong staff voice, the Tayside Mental Health and Learning Disabilities Partnership Forum has been established. The forum aims to work with all mental health services and staffside to improve the employee experience in the workplace and to ensure staff governance standards are the foundation for our ongoing employee communication and engagement.

The Tayside Executive Partners and the organisations they represent are committed to a learning environment and improving our employee experience in mental health.

4. Mental Health - A Public Health Priority

Our ultimate aim is to improve the health of the population and to reduce the unacceptable variation in life expectancy that exists across Scotland and Tayside. Tackling the health inequalities that prevent good health runs through all that we do, and this is reflected in our principles. In taking that work forward we are committed to a shared vision for a modern, inclusive Scotland and Tayside where everyone is able to live with human dignity. Scotland's Public Health priorities document[17] Public Health priority 3, states, A Scotland where we have good mental wellbeing.

Mental wellbeing is about both feeling good and functioning effectively, maintaining positive relationships and living a life that has a sense of purpose. It is shaped by our life circumstances, our relationships and our ability to control or adapt to the adverse circumstances we face.

Good mental health improves outcomes in education, employment and health and benefits individuals, families, communities and society.

4.1. Why is mental wellbeing important?

Mental health and wellbeing is a significant public health challenge for Scotland which needs to be addressed if we are to ensure everyone in Scotland can thrive. Good mental health is profoundly important for growth, development, learning and resilience. It is associated with better physical health, positive interpersonal relationships and well-functioning, more equitable and productive societies.

4.2. Mental Health – Definitions

Mental health can be used to describe a broad spectrum of terms including mental wellbeing, common mental health difficulties and mental illnesses or psychiatric disorders.

It is important to note that these terms are not mutually exclusive as mental wellbeing can be experienced by someone with a stable psychiatric disorder and someone without a psychiatric disorder can have poor mental wellbeing.

4.2.1. Definition of Mental Health

'Mental Health is defined as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community'

4.2.2. Definition of Wellbeing

- 'A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment'

This Mental Health and Wellbeing Strategy for Tayside supports the emphasis that our physical and mental wellbeing are closely linked. In a *Bulletin of the World Health Organization (WHO)* international journal of public health[18] (2013) the WHO acknowledges that ***'there is no health without mental health'.***

The WHO report makes a compelling case that there is an urgent need to do more to promote and protect wellbeing, prevent common mental health problems and strengthen both the provision of mental health care to all people and reach parity with physical illness and the relationship to physical health care provided to people with mental health conditions living in the community, attending general hospitals, social work, community organisations and in General Practice.

4.3. Causes of Mental Health Conditions

Research tells us that mental health is more than the absence of mental disorders and is an integral part of health; indeed, as described above there is 'no health without mental health'. Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time.

The following factors could potentially result in a period of poor mental health:

- losing someone close to you - bereavement
- being a long-term carer for someone
- experiencing discrimination and stigma
- childhood abuse, trauma, or neglect
- severe or long-term stress
- social isolation or loneliness
- social disadvantage, poverty or debt
- having a long-term physical health condition
- unemployment or losing your job
- homelessness or poor housing
- alcohol or drug abuse - addictions
- domestic violence, bullying or other abuse as an adult
- significant trauma as an adult, such as military combat, being involved in a serious incident in which you feared for your life, or being the victim of a violent crime
- physical causes – for example, a head injury or a neurological condition such as epilepsy can have an impact on your behaviour and mood. (It's important to rule out potential physical causes before seeking further treatment for a mental health problem).

Although lifestyle factors including work, diet, drugs and lack of sleep can all affect your mental health, if you experience a mental health problem there are usually other factors also.

There is a broad narrative in a range of Scottish Government policies, strategies and commitments in relation to Mental Health in Scotland. Scotland's Mental Health Strategy 2017-2027[19] captures the need and sets out action in response to this need. The delivery of which is assured through the national Mental Health Delivery Board.

Our Tayside Mental Health and Wellbeing strategy is reflective of the National Mental Health Strategy and other key legislation and strategy documents including:

- Mental health legislation with the main mental health legislation in Scotland is the Mental Health (Care and Treatment) (Scotland) Act 2003[20] as amended by the Mental Health (Scotland) Act, 2015[21]
- Reforming mental health for children and young people[22]
- Working to Reduce Suicide[23]
- Improving the lives of those living with Autism and/or a learning disability[24]
- Developing policy and practice on forensic mental health[25]
- Improving access to mental health for expectant and new mothers[26]

The Tayside strategy covers a lifespan, therefore our change programme projects reflect this and are:

1. Good mental health for all
2. Primary and community mental health
3. Specialist Adult Mental Health
4. Children and Young Peoples Mental Health
5. Learning Disabilities and Mental Health
6. Older Peoples Mental Health

In Tayside there is a strong tangible commitment to delivering the world class mental health services, and high quality health and social care we know is possible. Our ambition is that Tayside will have a collaboration of quality-driven organisations that care about people (*patients, their relatives and our staff*) and is fully focused on achieving person-centred services delivering good mental health for all. Through our commitment to a culture of trust,

respect and quality we aim to deliver the highest quality health and social care services for the people of Tayside. This includes a systematic approach to ensuring that prevention informs the way that we design and fund mental health systems, services and that makes public mental health a priority.

4.4. Life Circumstances and Mental Health

Good mental health is influenced by a very wide range of factors in all aspects of our life including employment, housing and social connections. Poor mental health is strongly associated with socio-economic deprivation and can be understood as a response to relative deprivation and social injustice.

The Scottish Government's Mental Health Strategy (2017-2027) highlights the importance of taking a human rights based approach, the need to achieve parity between physical and mental health and the importance of prevention. A focus on prevention is particularly crucial in relation to mental health, where three quarters of all disorders are evident by the age of twenty. The Scottish Government National Performance Framework stipulates that a whole system approach focusing on prevention is essential in order to achieve good health for all.

Research evidence shows that investment in prevention and early intervention for mental health disorders is cost-saving in the longer term[27]. However, the cost savings are commonly spread across sectors, for example education, criminal justice, social services, which is a challenge when funding is in separated into silos.

Improving population mental health in Tayside requires a whole system approach where impacts on mental health are addressed as a priority in all policies and strategies. All organisations must commit to this prioritisation of good mental health if we wish to make any progress in reducing the stark inequalities associated with poor mental health and enable good mental health for all. This is particularly crucial at the current time when the impact of the COVID-19 pandemic can already be seen to be working in the opposite direction and increasing these inequalities.

A human rights-based approach is essential to improving mental health and mitigating the impact of COVID-19 on the most marginalised and excluded in our communities.

This MHW strategy is our opportunity to commit to a real change, including sufficient investment, to realise the ambition of prioritising mental health, which has been clearly called for by the people of Tayside.

4.5. Health Inequalities

Health inequalities in Scotland are wide and have increased over the last ten years.

Poor mental health is strongly related to socioeconomic deprivation and levels of mental distress within communities need to be understood less in terms of individual pathology and more as a response to relative deprivation and social injustice.

Historically, mental health has not been a priority for health services or governments. However, the importance of good mental health and wellbeing to both individuals and society is now beginning to be recognised. Good mental health is an essential tool for living as well as both a determinant and a consequence of physical health. Crucially, the roots of our future mental health are laid down pre-birth and in infancy and this is where action for change must start.

Mental health is also central to understanding the impact of socio-economic inequalities on health generally. For example, mental health influences:

- Capacity and motivation for healthy behaviours,
- Prevalence of physical health disorders
- Chronic disease outcomes
- Relationship to health services, including uptake of treatment and treatment adherence.

In order to reduce health inequalities and improve mental health we will:

- Build a partnership approach with local authorities and community planning partners that works to prevent mental health disorders and substance through promotion of the economic, social and emotional factors that support mental wellbeing using a 'mental health in all policies' approach.
- Use health intelligence to target actions towards communities with the greatest inequities and mental health needs.
- Work with communities and local partners to improve mental wellbeing together.

To improve population mental health in the long term we will

- Build consensus across agencies in Tayside that reducing inequalities and improving mental health is a priority for all.
- Use this multiagency consensus to obtain the long term investment that is essential to achieve this.

Wholesale change cannot be achieved overnight but continuous movement towards these targets must be demonstrated.

4.6. Needs Assessment and Service Planning

Evidence recommends the importance of a proportionate universalism approach in reducing inequalities. This means that services are provided universally, for everyone, but there is also specific targeting towards more vulnerable individuals and communities, where significantly greater support is required to engage with services and achieve the same gains as other populations.

4.7. Service Specific areas to be addressed to reduce health inequalities

- Health literacy – all communication must be accessible
- Language – communications must be available in common languages
- Digital exclusion – must be considered in relation to all aspects of exclusion
- Accessibility – services must be available in ways to facilitate and enable access for those with chaotic lives, be trauma informed and culturally sensitive.
- Vulnerable populations – services must work with communities and populations to take a continual improvement approach to providing what is needed to support mental wellbeing.

4.8. Shared Vision and reducing Mental Health Stigma and Discrimination

Co-created with our stakeholder engagement network, our current vision is for

'Everyone in Tayside has the right to achieve the best possible mental health and wellbeing and is enabled to do so. That the stark inequalities associated with mental health and substance use conditions, disorders and dependency[28] are reduced and Tayside leads the way in addressing the stigma and discrimination that exist in society and across public services and organisations, related to mental health'

Our ambitions include;

- Equality of access to supports and services based on need regardless of any barriers; socioeconomic, gender, sexual orientation, disability or any wider determinants of mental health.

- Individuals with mental health disorders, substance misuse behaviours or learning disabilities do experience same mortality and physical health outcomes as the population as a whole.
- People living with mental health and substance use disorders have good quality of life; enabled to achieve educational, employment and social goals unencumbered by stigma or discrimination.

4.9. Reducing Stigma and Discrimination

Our approach will take a 'whole systems' approach to ending mental health stigma and discrimination in Tayside, moving from raising awareness and increasing understanding to taking action to change attitudes and behaviours in the local and surrounding areas. This will also take full consideration of national approaches to prevent and reduce suicide risk in the population and to make support more accessible, visible, inclusive and meaningful to those who need it.

Stigma occurs when people are judged and discriminated against based on assumed characteristics or behaviours. This has a profound, detrimental impact on the lives of many individuals and families who are trying to cope with or overcome a wide range of health conditions or challenging life circumstances, including mental health problems, substance use and poverty. People living with mental health problems continue to experience poorer health, educational, employment and social outcomes; their life expectancy is shorter and their quality of life poorer overall. The stigma and discrimination people face within public and private services directly contributes to this.

People who have a diagnosis of severe and enduring mental illness experience the greatest stigma and discrimination across and within services and workplaces. Individuals with alcohol and substance use disorders can experience significant stigma and discrimination including within the mental health services Stigma is heightened significantly when a mental health problem is coupled with one or more protected characteristic, such as LGBTI, BME, age, sensory impairment and wider disability.

Addressing stigma requires working with people with lived experience to create individual, public and structural responses in order to remove barriers to treatment, support and social integration. Our vision is that everyone in Tayside is treated with dignity and feels valued, respected and supported rather than defined by their health condition or life circumstances. Eliminating stigma benefits everyone.

We commit to addressing stigma and discrimination in Tayside by:

- Embedding anti stigma approaches in all organisational strategy, policy, practice and commissioning, using impact assessments and ensuring transparent, inclusive and effective processes for recognising and addressing stigmatising and discriminatory practice.

- Ensuring inclusive culture and ethos, modelled by leaders, where physical, social and cultural environments feel safe and promote trust and respect, protect fairness and equity for people with experience of mental health problems.

- Increasing public mental health awareness and challenging use of stigmatising language.

- Promoting social contact (when people with lived experience have conversations with those who don't), the voice of lived experience, peer-to-peer approaches and positive recovery stories.

4.10. Suicide Prevention

Suicide prevention is a national priority that requires to be supported and promoted at a local level with a strong emphasis on prevention and early intervention. Suicide rates in Scotland have fallen over the last decade, but remain higher among men and those from areas of multiple deprivation.

In September 2020 a new approach to suicide prevention in Scotland was launched 'united to prevent Suicide: together we can save lives'. This movement is in response to the Scottish Government Report: Every Life Matters[29] (August 2018). There is broad support for suicide prevention as a national priority and for the approaches adopted by the Suicide Prevention Strategy (2013- 16)[30]. We will ensure that suicide prevention training and trauma informed practice is taken up by all key workers.

The overarching key message is that suicide prevention in Scotland involves all of us because:

We should be confident to talk about mental health and suicide without fear of stigma and discrimination

- We should be confident to connect someone to the right support first time, 24 hours a day and at weekends
- Language is important. Saying the word suicide isn't a trigger, it can help save a life
- We must tackle stigma around suicide
- We need people like you to join the social movement for change

In Tayside there is a designated suicide prevention lead for each of the three Local Authority areas and their role is to drive forward their local suicide prevention strategies and priorities to address local need. These are informed by the National Action plan and supported through local strategic groups in each area. Links with Community Planning Partnerships are in at early stage of development.

The Tayside Multiagency Suicide Review Group (TMASRG) was set up in 2016 and is jointly funded by NHS Tayside together with Angus, Dundee and Perth & Kinross social care partnerships.

The purpose of the TMASRG is to review all completed suicides in Tayside to determine common demographic, social, health, service use and other factors that have contributed to each suicide. This information is used to determine recurring themes which can be used to develop priorities for local suicide prevention activity.

In relation to the national action plan for Suicide Prevention 'Every Life Matters' Tayside is leading the way in Scotland in achieving their recommendations which include providing timely data for suicide deaths, undertaking multiagency reviews of deaths and providing support to those bereaved by suicide.

For example, the national leadership group is currently using Tayside data to provide real time surveillance as an indicator for national suicide deaths during COVID-19. Currently, this timely information is not available in other areas of the country or at national level.

4.11. Burden of disease

Scotland has a comparatively high prevalence of suicide within the UK and Dundee City has a particularly high prevalence within Scotland, primarily in men. Explanations for this include the high rates of deprivation in Dundee and the importance of overlaps with the population at risk of drug related deaths, which is also very high in Dundee. This predominantly male population with substance use issues and premature mortality risk requires a multi-level, cross-agency public health approach to reduce this risk and although many areas of work are being progressed the situation requires continued focus and attention.

We will make a difference by:

- Investing in prevention and early intervention for mental health and substance use disorders.
- Using local data and research evidence to inform changes in service redesigns.
- Reducing stigma associated with mental health and substance use disorders.
- Providing new integrated models of care services proportionate to local needs.

- Following all elements of the PANEL principles of Human Rights (Participation, Accountability, Non-discrimination and equality, Empowerment and Legality).
- Building capacity around mental health and suicide prevention through a multiagency strategy for training for Tayside.
- Developing a strategic approach to improving the physical health of individuals with severe and enduring mental health conditions, substance misuse behaviours and learning disabilities.
- Focusing on improved outcomes for people and indicators that measure improvements for communities and the workforce.

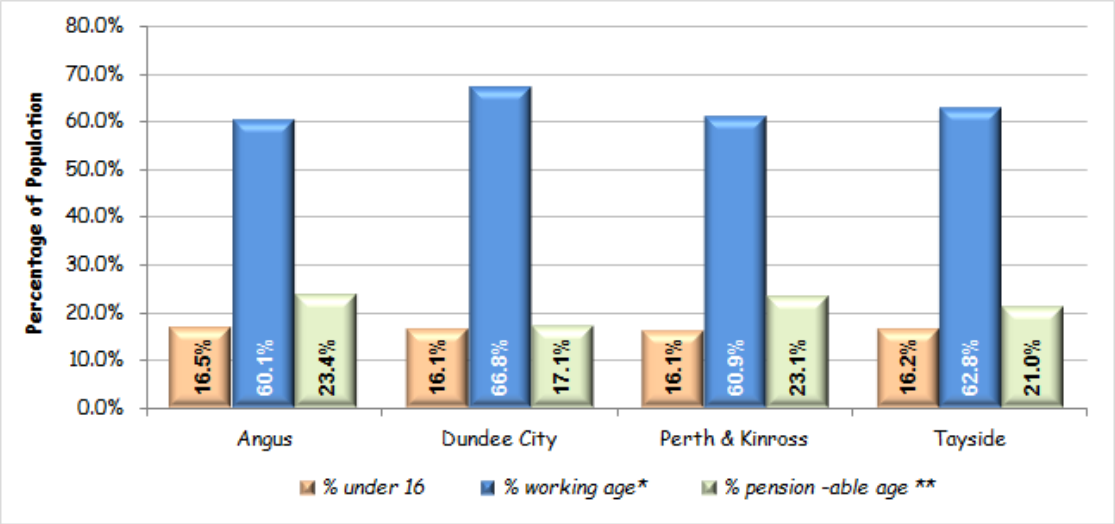
5. Tayside Population

The estimated population of Tayside on 30th June 2019 was 417,470, 48.8% [equivalent to 203,581] of the population were males and 51.2% [equivalent to 213,889] females (all ages).

NHS Tayside provides a health service to a population distributed across three local administrative areas. In 2019 there were 116,200 residents [27.8% of the Tayside population] in Angus, 151,950 in Dundee [35.8%] and 149,320 in Perth & Kinross [36.4%].

Figure 1 shows the age distribution of the population across Tayside

Age Structure of the Tayside Resident Population, as at 30th June 2019



Source: National Records of Scotland (NRS) Mid-Year Populations Estimates (MYPE), June 30th 2018 (www.nrscotland.gov.uk)

5.1. Population Projections

The Scottish population (all persons) is projected to increase by 2.5% by 2043 (from the 2018 baseline population estimate), in comparison, the Tayside population is projected to decrease by 1.6% [409,348]. With the exception of the very slight increase in Dundee City's 'working age' population [0.8%] by 2043, declines in both the 'Child (0-15 Years)' and 'Working Age' sub-populations are also predicted across Tayside and its local areas between 2018 and 2043.

In comparison, there are projected increases in the 'Pensionable' and 'Elderly' (75+ years) sub-population groups. The greatest increase is predicted in Tayside's 'Elderly' population [60.2%, equivalent to 65,142]. However there is a degree of variation across the three local areas; Dundee City's 37.5% projected increase [equivalent to 16,812], is just over half of that predicted for both Angus [61.6%, equivalent to 19,675] and Perth & Kinross [76.2%, equivalent to 28,655] by 2043.

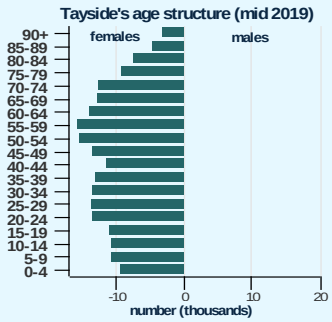
Tayside Population

TAYSIDE'S PEOPLE

Population

417,470 - Tayside

116,200	149,320	151,950
Angus	Dundee	Perth & Kinross

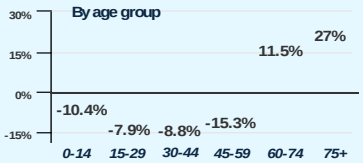


Projected population change to 2030

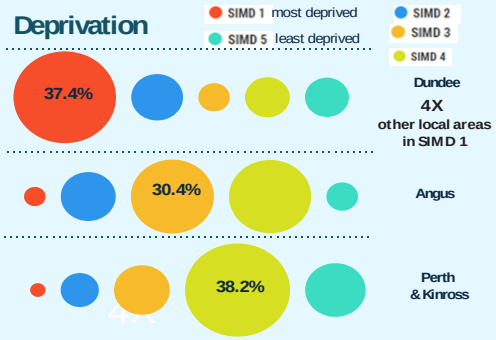
Scotland ⇧ **2.0%**

Tayside ⇩ **0.1%**

but large increase in **older** and **elderly** populations



Deprivation



Life expectancy from birth

Tayside males 77.1 females 81.3

Unemployment

3.2% - Angus

5.4% - Dundee

2.3% - Perth & Kinross

Children in poorer families

22.8% of Tayside's children live in families with limited resources (low income + material deprivation) 20.7% in Scotland.

Angus **20.7%** Dundee **30.1%** P&K **17.6%**

Mental Health

1 in 4 adults likely to have a mental health problem in their lifetime (Scotland)

= **87,465** in Tayside

1 in 6 adults likely to have a mental health problem at any one time (Scotland)

= **58,310** in Tayside

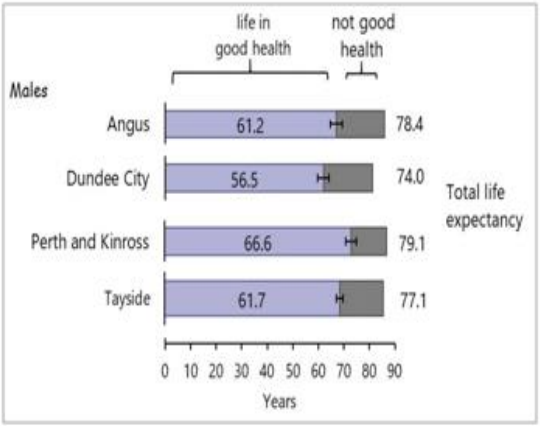
5.2. Minority Ethnic Population

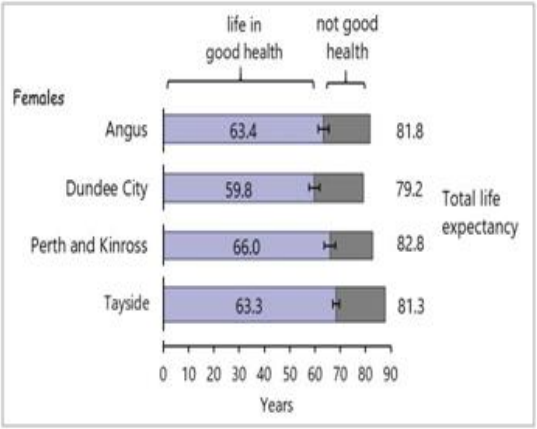
The 2011 census reported the non-white ethnic population within Tayside to be 13,111 (3.2% to the total population), with over 66.3% of them residing in Dundee City. This was an increase since 2001 when the population numbered 7,495 (1.9% of the total). The largest non-white Tayside population were 'Asian' (incl. Scottish & British) representing 2.1% of the total population (equivalent to 8,611).

5.3. Life Expectancy & Healthy Life Expectancy

The current life expectancy across Scotland is 77.0 years in males and 81.1 years in females (2016-2018 based). Within Dundee City life expectancy figures are not only lower than the Scottish averages; these figures are also the lowest life expectation across its Tayside counterparts for both genders. In comparison those living in Perth & Kinross are expected to live the longest of all Tayside residents (both genders)

Males in the most deprived areas of Dundee City can expect to live for 14.3 fewer years than those in the least deprived areas, while the equivalent gap for Dundee City females is 8.5 years.





Source: Life Expectancy - National Records of Scotland (NRS) and National Statistics (www.nrscotland.gov.uk)

5.4. Deprivation and Rurality - Scottish Index of Multiple Deprivation

The "Scottish Index of Multiple Deprivation" (SIMD) is a small area-based measure of multiple deprivation. The SIMD combines various domains and creates a ranking system from most to least deprived, grouping these ranks, most commonly into 'Quintiles'. Within a standard population, 20% of the population would be expected to live within each quintile, with the focus on the 20% most deprived (i.e. SIMD Quintile 1). In 2018, [31] 17.6% of the population in Tayside were living in the 20% most deprived areas.

5.5. Urban-Rural Classification

Rural life can impact on the health, access to services, employment, education and transport for the local area. Within Tayside the majority of the population [38.1%] reside within 'Large Urban' areas'. For those more rural Tayside residents; 19.5% were residing in 'Accessible Rural' areas (population less than 3,000 and within a 30 minute drive time of a settlement of 10,000+) and a further 4.9% of the population living in 'Remote Rural' areas (population of less than 3,000 and with a drive time of over 30 minutes to a settlement of 10,000+)

5.6. Unemployment Figures & Claimant Counts

Within Tayside, Dundee City records show the highest proportions who are unemployed

5.7. Fuel Poverty

Tayside's three local areas are currently either equal to or higher than the Scottish fuel [27%] and extreme fuel [8%] poverty rates. However, under the new definitions only Angus has both fuel poverty rates below that of the Scottish figures [26% and 12% respectively].

5.8. Low Income Families

Between 2014 and 2017 in Tayside 22.8% of children lived in families with limited resources, compared with 20.7% in Scotland.

5.9. Free School Meals

Access to free school lunches is offered in Scotland with the aim of reducing deprivation and promoting healthy eating. On average across Tayside's primary (P1-P7) schools 77.0% of pupils were registered and taking school meals, slightly below that across Scotland (79.2%). However, with 83.8% doing so in Tayside secondary schools, this is a higher proportion than the Scottish value of 70.9%

5.10. Mental Health and Wellbeing Overview

Research, has found that 1 in 4 people in Scotland have reported experiencing a mental health problem at some point in their lifetime[2], whilst at any one time approximately 1 in 6 people have a mental health problem. Those with a mental illness are likely to die up to 20 years younger than their peers, primarily due to serious health conditions such as heart disease, stroke and diabetes.

Age, gender, deprivation and socioeconomic status are all strongly associated[3] with the prevalence of mental health conditions, with inequalities evident within each. The most common mental health problem people had experienced at some time in their life was 'depression' (21% of those surveyed), followed by 'panic attacks' (9%) and 'anxiety disorders' (8%).

5.11. GP Practice Mental Health Prevalence Data (QOF)

Prevalence is a measure of the burden of a specific disease or health condition in a population at a particular point in time. The figure below displays the gradual increase in the prevalence rate of having a mental health condition across the GP Practice population, both at a Tayside and Scottish level. The figure also shows that Tayside annually recorded prevalence rates higher than the Scottish figure.

In 2018/19, there were 4,605 Tayside practice patients registered as having a mental health condition, an increase of 23.8% from the number registered in 2008/09 [N[4]=3,719]. Over this period, the Tayside prevalence rate has increased from 0.99 to 1.09 per 100 patients. The comparative Scottish prevalence rates have increased from 0.81 and 0.94 per 100 patients respectively over the decade.

Figure 2 below. *Provides the numbers and Estimated Prevalence Rate of Having a Mental Health Condition for those Registered with Tayside GP Practices (QOF), 2008/09 – 2018/19*

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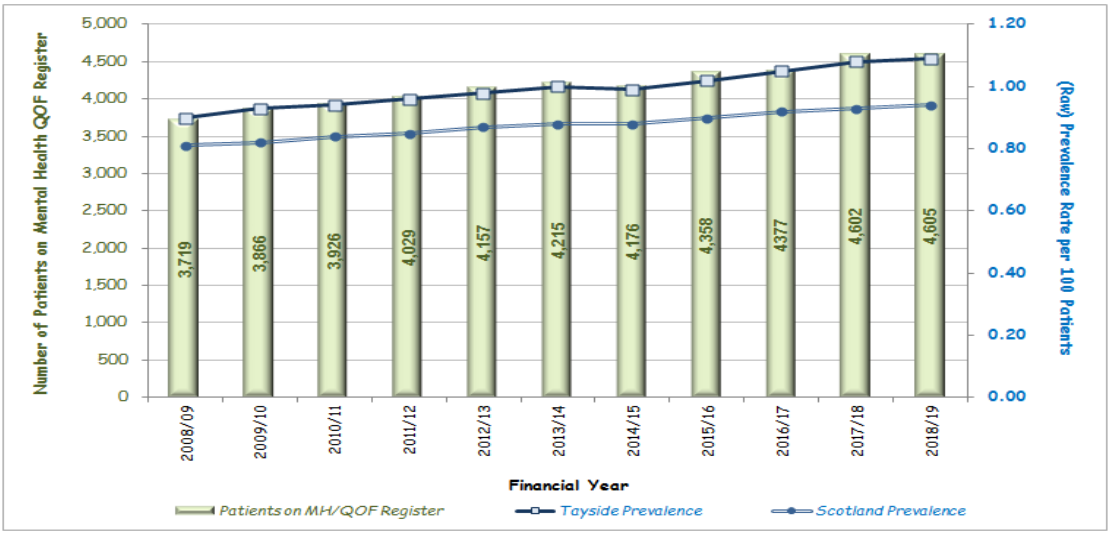
[2] *Patients with mental health problems are more likely to see their General Practitioner (GP) than have hospital contact.*

[3] *It is also recognised there is a high prevalence of mental health issues associated with drug and alcohol addictions.*

[4] the letter "**N**" is used to designate the **sample** size



Source: QOF Register, ISD Scotland, February 2020 (https://www.isdscotland.org/Health-Topics/General-Practice/Quality-And-Outcomes-Framework)

Note: Data not available for 100% of practices, therefore registers aggregated at HSCP and above likely to be lower than real figure.

5.12. Mental Health Co-Morbidity - Mental Health and Long Term Conditions

There is a strong association between mental health and long term conditions[5]. The relationships are complex and are shown in both directions. Mental health service users are at greater risk of physical illness than the general population.

Poor diet, smoking, obesity, excessive alcohol intake and lack of physical activity, all risk factors for poor health can have a considerable impact on those with poor mental health, who may have greater exposure because physical health or attention to risk factors may be a lower priority for them. Physical health may also be compromised in several other ways, for example, by medication, some of which can have serious side effects; through extended hospitalisation, which may present reduced opportunities for physical activity; or through material disadvantage associated with poor mental health and health inequalities.

Someone with a major mental health problem is more likely to develop illness such as CHD, stroke, respiratory disease, diabetes, or bowel cancer. People with severe & enduring mental health problems may have their lives shortened by 15 – 20 years because of physical health problems.

Conversely, co-morbid mental health problems are associated with long term conditions, anxiety and depression having particularly high prevalence in this group. The British Heart Foundation has estimated that 3/10 people feel anxious or depressed after a heart attack and other cardiovascular disease, diabetes and cancer are associated with mental illness, the more serious the illness, the higher the risk.

5.13. Mental Health and Substance Misuse Behaviours

There are numerous studies[32 33 34] highlighting the overlap between mental health and substance use, estimating that about half of those diagnosed with a mental health condition

[5] the simultaneous presence of two or more diseases or medical conditions in a patient

during their lives will also experience a substance use problem and vice versa. The 'National Institute on Drug Abuse' reports that there are high rates of co-morbid substance misuse behaviours and anxiety disorders, which include generalized anxiety disorder, panic disorder, and post-traumatic stress disorder. Substance use disorders also co-occur at high prevalence with mental disorders, such as depression and bipolar disorder, attention-deficit hyperactivity disorder (ADHD), psychotic illness, borderline personality disorder and antisocial personality disorder. Patients with schizophrenia have higher rates of alcohol, tobacco, and drug use disorders than the general population.

There is increasing evidence of a high prevalence of substance abuse in conditions such as bipolar affective disorder and schizophrenia. It has been reported that up to 50% of patients with schizophrenia exhibit either alcohol or drug dependency issues; and more than 70% are nicotine-dependent (Winklbaur et al 2006). The prevalence of 'substance use disorders' has been recorded in at least 40% of bipolar I patients, with alcohol and cannabis the most often abused substances, followed by cocaine and opioids. (Cerullo and Strakowski 2007).

From a comparison of Scottish drug-related deaths [35](2009 – 2016), 23.2% [N=190] of the drug-related deaths in 2016 had been in contact with mental health services within the 6 months prior to death [36] for reasons other than management of a drug misuse problem[6]. Despite a decrease from highest level recorded during this period of study in 2014 (26.5%), the 2016 figure in recent contact with mental health services has increased since 2009 (18.9%, N=81).[37]

The high prevalence of co-morbidity between the mental health conditions and substance misuse behaviours does not necessarily mean that one caused the other, even if one appeared first. Establishing causality or directionality is difficult, as there are many common risk factors that can contribute to both mental illness and substance use and addiction, which should always be considered.

6. Human Rights and Independent Advocacy

Human Independent advocacy is about speaking up for, and standing alongside individuals or groups, and not being influenced by the views of others. Fundamentally it is about everyone having the right to a voice, addressing barriers and imbalances of power, ensuring that an individual's rights are recognised, respected and secured.

Independent advocacy supports people to navigate systems and acts as a catalyst for change in a situation. Independent advocacy can have a preventative role and stop situations from escalating, and it can help individuals and groups being supported to develop the skills, confidence and understanding to advocate for themselves

Independent advocacy is especially important when individuals or groups are not heard, are vulnerable or are discriminated against. This can happen where support networks are limited or if there are barriers to communication. Independent advocacy also enables people to stay engaged with services that are struggling to meet their needs.
(SIAA Principles, Standards & Codes of Best Practice, 2019)[38]

Human Rights Based Approach: A human rights based approach is about empowering people to know and claim their rights and increasing the ability and accountability of individuals and institutions who are responsible for respecting, protecting and fulfilling rights. This means giving people a greater opportunity to participate in shaping the decisions that impact on their human rights. It also means increasing the ability of those with responsibility for fulfilling rights to recognise and respect those rights and making sure they can be held to

[6] *In comparison, in 2016 13.7% [N=112] of the drug related deaths were in contact with social work 6 months prior to death. This figure has fluctuated 2009-2016.*

account. A human rights based approach is about ensuring that both the standards and the principles of human rights are integrated into policymaking as well as the day to day running of organisations.

The Role of Independent advocacy in human rights

Independent advocacy plays an integral role in helping to ensure that an individual's human rights are respected by offering access to justice on an equal and non-discriminatory basis with others. It does this by addressing issues of autonomy and choice, and by supporting an individual's voice and opinions to be meaningfully heard. The Principles, Standards and Code of Best Practice for independent advocacy are based on an approach that promotes and defends human rights and it facilitates statutory services to practise a human rights based approach. All members of SIAA adhere to these principles and standards.

Independent advocates are human rights defenders. Independent advocacy is built on enabling people to know and claim their rights and on increasing the ability and accountability of individuals and institutions responsible for respecting, protecting and fulfilling rights. Within the context of independent advocacy a human rights based approach is about ensuring that both the standards and the principles of human rights are integrated into procedures and processes, as well as embedded into the day to day running of organisations.

The internationally recognised, PANEL Principles are of fundamental importance in applying a human rights based approach in the practice of independent advocacy. They are a practical tool for describing what a human rights based approach looks like in practice.

The five PANEL principles are:

Participation
Accountability
Non-discrimination and equality
Empowerment
Legality

7. Protecting People in Tayside - Police Scotland

Police powers and responsibilities for dealing with Mental Health are primarily contained with the Mental Health (Care and Treatment) (Scotland) Act 2003[39] The Police Scotland Mental Health and Place of Safety SOP detail the application of that legislation.

Police Scotland has set out a number of national priorities related to mental health in support of the Force's objective to protect people at risk of harm. These priorities are guided by the Scottish Government's Mental Health Strategy (2017) and Suicide Prevention Action plan (2016).

Our National Safer Communities Mental Health team are tasked to deliver on these priorities by developing strategic partnerships to ensure a whole systems approach by working with Scottish Government, National public bodies and Mental Health Charities.

The National Team are responsible for policy in relation to mental health related incidents, suicide prevention guidance, associated training, involvement in the Distress Brief Intervention programme and supporting campaigns to reduce stigma around mental health.

Police Scotland and in this instance Tayside Division welcome this strategy, as it recognises the partnership approach required to identify those vulnerable individuals and the current and future support pathways, in order to provide the appropriate help to those in need, and in particular those in crisis. Police Scotland are fully committed to supporting those in our communities, eliminating any stigma that might be associated with mental health issues and

crucially recognise the positive impact this whole systems strategy will have on our own staff.

Police incidents involving people with mental health problems have been rising for a number of years. Calls for assistance to the police from people in crisis have risen dramatically.

We often find that rarely does a person present with only one issue but those in crisis often suffer from more than one issue – such as substance misuse behaviours, alcoholism, mental health, homelessness. As such, those issues cannot be tackled in isolation.

Whilst we should deal with vulnerability, we are not the best service to assist those in mental health crisis, however the Police are often the ones people turn to for help. We will always respond to emergencies where there is a threat to life, however we will continue to contribute to joint working to improve access to more appropriate services and support pathways.

The adult support and protection act[40] makes provision intended to protect those adults who are unable to safeguard their own interests and are at risk of harm because they are affected by disability, mental disorder, illness or physical or mental infirmity. Harm means all harm including self-harm and neglect. Working in partnership with local authorities and health services Police Scotland respond to many calls from the public that have no criminal intent, however they are responded to as a person has been deemed vulnerable to harm.

A "Vulnerable Person" means: (a) a Child or Children; or. (b) an individual aged 18 years and above who is or may be unable to take care of themselves, or is unable to protect themselves against harm or exploitation by reason of age, illness, trauma or disability, or any other reason.

Tayside Division has an identified mental health lead who supports meeting these objectives, having developed strong local partnerships to improve the mental health and wellbeing within the communities we serve.

In order to support our local communities, here in Tayside we promote campaign messaging in relation to stigma, such as Mental Health Awareness Week and World Suicide Prevention Day, supporting our partner agencies and embed the local and National campaigns.

Tayside Division have implemented a Wellbeing Strategy and the Wellbeing Team are working to improve wellbeing, including mental health amongst Police Staff and Officers. This includes promoting support services, Wellbeing Champions, use of Trauma Risk Management (TRiM) for those affected by traumatic incidents, and promoting campaigns to reduce stigma.

Tayside Division are committed to joint working to improve the mental health and wellbeing of the Tayside population. We will remain fully engaged with community planning partners to:

- Further develop and implement the Distress Brief Intervention associate programme. Tayside Division have been key in driving this forward with Health and Social Care Partnership. This service will offer improved inter agency collaboration and coordination across a wide range of services to provide a compassionate and effective response to people in distress via trained third sector staff within 24 hours.
- Continue to utilise the Community Triage process which has been running for over 3 years. Feedback from officers is positive and we are committed to working with our partners to develop and improve the services for the communities of Tayside.
- Maintain awareness training so that all officers in Tayside have received suicide intervention training which focusses on reducing stigma around mental health and suicide, providing a compassionate response and improving intervention skills.

- Work with health partners to update the current Psychiatric Emergency Plans
- Using the Mental Welfare Commission's recommendations for good practice. This aims to ensure all staff have a greater understanding of each other roles and provide an agreed framework for helping people in crisis.

Our Division is proud and committed to work with partners to make a difference to the lives of those within our communities.

8. Protecting Children and Young People's Mental Health

There are some children and young people who have greater vulnerability to mental health problems but who find it more difficult to access help. Our vision is to maximise the mental health and wellbeing for all children and young people in putting children and young people at the centre of planning and delivery and building on the principles of 'Getting it Right for Every Child'.[41] Also critical to this area of work is the UN Convention on the Rights of the Child[42] with the Scottish Government committed to enshrine it into Scottish law by May 2021.

If we can get it right for the most vulnerable, such as looked-after children and care leavers, then it is more likely we will get it right for all those in need. Children, young people and their families who have additional vulnerabilities and complex mental health needs should have consistent care and case management through transitions all services. Within the development and delivery of this strategy all staff need to utilise and build on existing opportunities where agencies are already working with the child - for instance, looked-after care review meetings, child protection case conferences and children's hearings. This will require all mental health services to work effectively and in partnership with existing service delivery structures and creating new pathways for transitions to help vulnerable children and young people.

Significant case reviews held in recent years in Tayside identify the clear need for appropriate and bespoke care pathways that incorporate new models of providing effective, evidence based interventions to vulnerable children and young people to provide a social and clinical response to meeting their needs. The most effective multi-agency arrangements have in place a clear sense of purpose shared by all agencies, together with shared assessment, case management and regular multi-agency case review processes overseen by multi-agency governance boards. The fact that mental health support is required does not necessarily mean that it is mental health services that are responsible overall for managing the case.

The National Guidance for Child Protection in Scotland (2014) clearly sets out the roles and responsibilities of the NHS as both a single agency and multi-agency partner in protecting children and young people. The National Guidance for Child Protection in Scotland – Guidance for Health Professionals in Scotland (2013) describes this role in greater detail. All health care organisations have a statutory duty to co-operate with partner agencies and make arrangements to safeguard and promote the wellbeing of children and young people thought the Children Scotland Act 1995[43] and the Children and Young People's Act 2014.[44]

These duties are an explicit part of the NHS Chief Executive's role and it is their responsibility to ensure staff members in all services are appropriately developed to play their part in keeping children and young people safe and well. The Tayside Mental Health Strategy offers an opportunity to strengthen joint working and embed good Child Protection practice, for example by; continuing to build relationships and spend time with teams, promote training and the Child Protection telephone advice line and support case discussions to support staff to consider how children and young people and their parent(s)/carer(s) benefit from early intervention/prevention i.e. "A Whole family Approach".

Specialist services for children and young people's mental health should be actively represented on Multi-Agency Children's Service Planning groups which should be used more extensively to identify those at high risk who would benefit from referral at an earlier stage. Working together across organisational boundaries, applying an approach whereby specialist services are available to provide advice, rather than to see those who need help directly to advise on concerns about mental health is already best practice in some areas, for some very specific and highly vulnerable groups. Consultation and liaison teams should be used to help staff working with those with highly complex needs which include mental health difficulties – such as those who experience trauma such as harmful sexual abuse, and those in contact with the Children's Hearing system – based on the complexity of the issues involved. "I should be able to reach out to someone in any of the settings when I need, but it all needs to be coordinated by one person." A young person's words.

8.1. Young people detained for mental health treatment – self harm is a key characteristic

The Mental Welfare Commission published a new report[45] analysing the detentions of young people aged 16 and 17 for mental health care and treatment in Scotland, and found self-harm to be a key characteristic, particularly with young women.

There has been a rising number of detentions in this age group, and the Commission sought to understand better the characteristics and presentations of those young people detained for their care.

The report analysed all detention forms for 16 and 17 year olds in Scotland over a five year period from 2014-15 to 2018-19. This amounted to 608 detentions under the Mental Health Act over the five years, relating to 402 young people.

The report cover clinical opinion stating, mental illness in young people can be short term, or can be the start of a prolonged period of difficulty. It can disrupt education, the development of friendships and the transition into adulthood, significantly affecting both the young person and their family or carers. Getting the right help early can make a major difference. The views of parents are also recorded in the report with relevance to the mental health and well strategy with particular relevance to vulnerable young people. The parent stated…… ""Our daughter struggles with bipolar disorder and anorexia. Sadly, as parents we have supported her through multiple crises, with hospital admissions for her eating disorder and serious near fatal overdoses during the years of her adolescence.

'At our most terrified and vulnerable, we have felt utterly alone, despite "on paper" multiple services and agencies involved. 'If I could distil down something constructive and pour it into all the services we've been through, it would be this - we desperately want to get things the best they can be, not waste precious energy battling nor trying to be heard. Your "patient" is our whole world: we're living this; we're probably exhausted, scared, at our most vulnerable, and juggling other family or work commitments too. Please connect with us as human beings and take time to listen to what we have to say."

9. Adult Protection

The Adults with Incapacity (Scotland) Act[46] 2000 ('the Act') was one of the earliest pieces of legislation to be passed by the Scottish Parliament. It provides a framework for safeguarding the welfare and managing the finances of adults who lack capacity due to mental disorder or inability to communicate.

The Adult Support and Protection (Scotland) Act 2007[47] was passed by the Scottish Parliament in February 2007. The Act introduces measures to identify and protect individuals who fall into the category of 'adults at risk'.

A protected adult is a person aged 16 or over and who is receiving: a support service, an adult placement service, a care home service, a housing support service, a prescribed healthcare service, a community care service (provided under the Social Work (Scotland) Act 1968 or Mental Health (Care and Treatment) (Scotland) Act 2003) or a prescribed welfare service.

A Protection of Vulnerable Groups (PVG) is managed and delivered by Disclosure Scotland and is intended to improve the disclosure arrangements for people working with vulnerable groups. A PVG check helps to ensure that people who have regular contact with children and protected adults, through paid and unpaid work, do not have a known history of harmful behaviour

These measures include:

- placing a duty on councils to make the necessary inquiries and investigations to establish whether or not further action is required to stop or prevent harm occurring;
- a requirement for specified public bodies to co-operate with local councils and each other about adult protection investigations;
- a range of protection orders including assessment orders, removal orders and banning orders; and
- the establishment of multi-disciplinary Adult Protection Committees

The guiding principles which, together with the overarching principle, must be taken account of when performing functions under Part 1 of the Act. These are:

- the wishes and feelings of the adult at risk (past and present);
- the views of other significant individuals, such as the adult's nearest relative; their primary carer, guardian, or attorney; or any other person with an interest in the adult's well-being or property;
- the importance of the adult taking an active part in the performance of the function under the Act;
- providing the adult with the relevant information and support to enable them to participate as fully as possible;
- the importance of ensuring that the adult is not treated less favourably than another adult in a comparable situation; and
- The adult's abilities, background and characteristics (including their age, sex, sexual orientation, religious persuasion, racial origin, ethnic group and cultural and linguistic heritage).

The Act is designed to ensure that adults are kept safe from harm or abuse. This legislation places a duty upon local authorities (Councils), the Police, Health, and others to work together to protect "adults at risk".

It gives authorities powers to make inquiries and take action when they suspect that an adult may be at risk of physical or psychological harm, neglect or sexual abuse, or being taken advantage of financially.

NHS Tayside and Local Authority social work services, police and independent care providers are working together to ensure its staff are aware of situations which may put a vulnerable adult at risk.

It is recognised that Adult Support and Protection plays a key role in improving the mental health and wellbeing for all and ensure we all work with individuals to protect their right to live in safety, free from harm and ensure their rights and choices are respected and we are able to respond to the challenges associated with increasing complexity and vulnerability within a whole systems approach.

The three Tayside Adult Protection Committee's recognise and welcome the opportunity to contribute to and support a number of the programmes of work and activity set out in the MH strategy and acknowledge there are a number of cross cutting themes that would benefit from collaborative working across the multiagency partnership in relation to adult protection and vulnerability.

By including Adult Protection at the outset of the change and improvement process, ensures the principle of 'everybody's business' is understood and embedded into everyday practice.

The Mental Welfare Commission (MWC) produces good practice guides. These are explicitly rights-based and are available in print form and also online[48]. In the research carried out by the MWC) service users indicated a distinction between knowing one's rights versus understanding what enactment of those rights would look like in practice. Strengthened capacity, capability and improved pathways for advocacy and other human rights support is essential in this area. These services are currently available in Tayside commissioned by each of the IJBs.

This multi-disciplinary approach is designed to address the abuse of vulnerable adults in community, hospital and institutional settings, with the focus on both informal and formal carers.

10. Transitions

Transitions are a natural part of life and can occur at many stages in the life cycle.

Within Scotland, there are a growing number of young people diagnosed with mental health difficulties and therefore in receipt of Child and Adolescent Mental Health Services (CAMHS). Upon reaching age 16/18 years, institutional and legal requirements often necessitate a transition to Adult Mental Health Services (AMHS). Despite a national, top-down commitment to ensuring transitions are smooth, well-planned and person centred, often the reality is very different. Young people and professionals frequently report an experience marked by inconsistencies between CAMHS and AMHS, lack of collaboration, poor communication and high levels of uncertainty.

The expectation that a young person is an 'adult' and therefore should be treated within adult services at age 18 years does not always fit with the young person's view of themselves. Many young people did not feel like a child, yet would not call themselves an "adult". Young people's views must be listened to and heard as young people do not imagine "sitting in the same room" as "40 year olds who are suffering from severe depression. The need to plan for mental health services to offer "user friendly and age appropriate" supports and interventions is a must. This will ensure young people feel their needs have been fully considered during their transition.

Learning from significant case reviews have demonstrated that despite efforts to ensure young people requiring continued mental health services but who are no longer eligible for

young people services, seamlessly transition into adult services; we however know that this is more often the exception. Instead, we have situations where young not only go without their usual professional supports but are not referred to an adult service provider either. If they are referred, young people may not be eligible or may be placed on a waitlist or lose access to their case worker or child and family supports.

Reports indicate that young people and adult services do not seamlessly collaborate with each other, which results in less than ideal transitions for young people. This lack of a standard collaboration process is likely due to several barriers, including: different cultural approaches to the treatment of mental health and mental illness in children and young people, different administrative processes, a lack of two-way communication between the organisations and consistency of case/care management, variation in administration, and confusion over clinical responsibility for the young people 13-19 years.

Transitions from and between services also provides a challenge in the pace of referrals and access to supports. In recognition that transitions from one service to another, between childhood services and that the period through young adulthood is a time of major life during which transitions may present added risk of poor mental health that may affect emotional well-being throughout adult life, we plan a project (within the whole-system Change Programme) dedicated to transitions to ensure our patients of all ages and between a range of services experience strong clear seamless pathways that allow no person to fall between the gaps of services.

11. Quality Improvement and Mental Health

Through this strategy and subsequent change programme aims to put the people first, so that every person that uses our services, whether at home, in their local community, or in a hospital, has a good experience. To do this, the quality and safety of our care and services is a core focus throughout all our plans, from small changes in one service to the driving large scale change creating new service models across Mental Health.

Our purpose therefore is to transform service user experience and nurture a consistently person-centred approach in every member of staff, every day. Evidence suggests that people who take an active interest in their health care experience have better health outcomes and make effective use of resources leading to service user and service satisfaction.

To provide high quality care, we seek to improve all the time through addressing gaps and/or mitigating risks, and in striving for excellence. Our approach to improvement is that all staff have two roles: to do their job and to improve their job, seeing service users/patients as equal partners in their care, and the services we provide through eyes of the patient, family, carer. We believe that this will ensure that we have the highest quality services for the people we serve.

The NHS and public sector organisations alongside our partners supports a systematic approach to innovation, service improvement and leadership. We aim to actively foster a culture that enables our staff to be curious, courageous and creative providing opportunity to seek different ways to provide health and social care and to improve and innovate services. Achieving improvements in the service user/patient experience, outcome and financial efficiency requires rigorous methodology that is rooted in a range of improvement methodologies.

Quality is everyone’s business, however specialist improvement teams are required to take a rigorous and structured approach to change alongside all organisations stakeholders. Complex change and improvement of this scale requires the application of a range of

improvement methodologies and availability of a range of experts across the 'improvement' field to lead and implement a sustainable change process that results in sustainable, longer term improvements and gains. It makes sense for organisations invested in this strategy to note that Change is constant and organisations need to invest in specialist resource and be flexible and ready to respond at any time. Kotter[49] and other academic authors support a matrix management approach as applied here in Tayside to co-create this strategy, which is worth consideration regarding the transferability to a dedicated multi-disciplinary improvement team approach to support successful implementation to deliver an integrated, robust and sustainable rigour in our change programmes.

'Living Life Well', will be the blueprint to implement a redesign and improvement programme for mental health & wellbeing in Tayside over a 5 year period 2020-2025. Taking a strategic change programme approach will enable a shared vision and commitment to be achieved across national and local organisational boundaries. Our collaboration and commitment will be at the heart of successful delivery plans for redesigning mental health & wellbeing supports and services.

Quality improvement is a systematic approach to improving health services based on iterative change, continuous testing and measurement, and empowerment of frontline teams.

The links between poverty, deprivation and inequality are clearly major factors in poor mental well-being. This strategy point out that mental health improvements will be limited if we fail to make progress on poverty and inequality. Together using improvement methodologies we must highlight the need and develop demonstration projects to scale up to national level.

The Centre for Sustainable Healthcare (SHC) developed the Sustainability in Quality Improvement framework[50] (SusQI) is an approach to improving healthcare in a holistic way, by assessing quality and value through the lens of a "triple bottom line". In SusQI, the health outcomes of a service are measured against its environmental, social and economic costs and impacts to determine its "sustainable value". The framework was developed by CSH with partners, including the Royal College of Physicians.

All improvement methodologies are applicable to health and social care settings and are a fundamental toolkit for any organisation seeking to deliver high quality, reliable care for service users and their families while also supporting staff, service users and their families to actively engage in service development and improvement. This chapter has set out the thinking behind the quality improvement approach being adopted by NHS Tayside to facilitate the changes required to deliver the Living Life Well Strategy.

Going forward NHS Tayside will produce a dedicated Quality Strategy for Mental Health.

12. Leadership and Culture in Mental Health

"Together with people living with lived experience of mental health conditions, their families and carers, and our staff, we will continue to work on addressing the issues raised from the Independent Inquiry and set out in the Trust and Respect (2020) to build high quality mental health services that meet people's needs and build a working environment that supports our staff". Tayside Executive Partners, January 2020

Mental Health and wellbeing are our top priority.

The Tayside Executive Partner organisations, NHS, Police Scotland and Social Care systems are facing challenges that require fundamental changes to the way we respond to increasing demand to consider how, where and by who support, care and treatment is provided. Because

of shifting demographics, new patterns of care needs, new treatment methods, increasing demands and huge budget pressures, the service must adapt on a scale never seen before.

The Tayside Executive Partners (TEP) in their joint statement of intent make it clear that responsibility for developing a collective leadership for the strategy rests firmly with the boards of these organisations. As part of the strategy development and its delivery over the next few years we will undertake an assessment of the leadership capabilities required to shape and maintain mental health services of the in future, how these are going to be developed and acquired, and what organisational and leadership interventions will enable them to be delivered.

Mental health and in particular mental healthcare is and will remain our top priority within NHS Tayside, working with Local Authorities, Integration Authorities and all third sector organisations as an integral part of co-creating and continuing to develop our plans as we embark upon an ambitious whole system change programme to co-produce and implement our whole system strategy.

Our co-creation process acknowledges that no one organisation, sector or community can tackle the challenges to shape the mental health services of the future alone. This Mental Health and Wellbeing (MHW) Strategy requires leaders, within and across our organisations, to learn and work together with a shared vision of continuously improving, high-quality and compassionate care with those people receiving the services, their families, carers at the centre of our practice.

In response to Trust and Respect report and through this strategy we aim to ***ensure that the experience of our patients, service users and staff are all clearly interdependent and lead to improvements providing a place where staff feel joy in work and patients and families feel positive about their support, care, treatment and outcomes.***

To make a sustainable difference in mental health services we will develop leadership at every level to build a mental health inclusion culture where everyone understands the priority and importance of delivering the highest quality of care in every setting without exception.

All our staff will be supported to be highly skilled communicators, committed to partnership and collaborative working in service of person centred care, ensure genuine.co-production with those who access mental health services and their carers; technologically-adept; values-driven; and able to provide physical as well as mental health care.

Organisational culture shapes how we plan, deliver and review care, manage our work, interact with each other and develop new and improved services.

Our culture is therefore best seen as the “way things are done around here”, which includes what we prioritize and will signal the importance through our values, our communication, talking, writing and actions, the ways in which we make decisions, and the day-to-day norms and behaviours we each enact and consider acceptable.

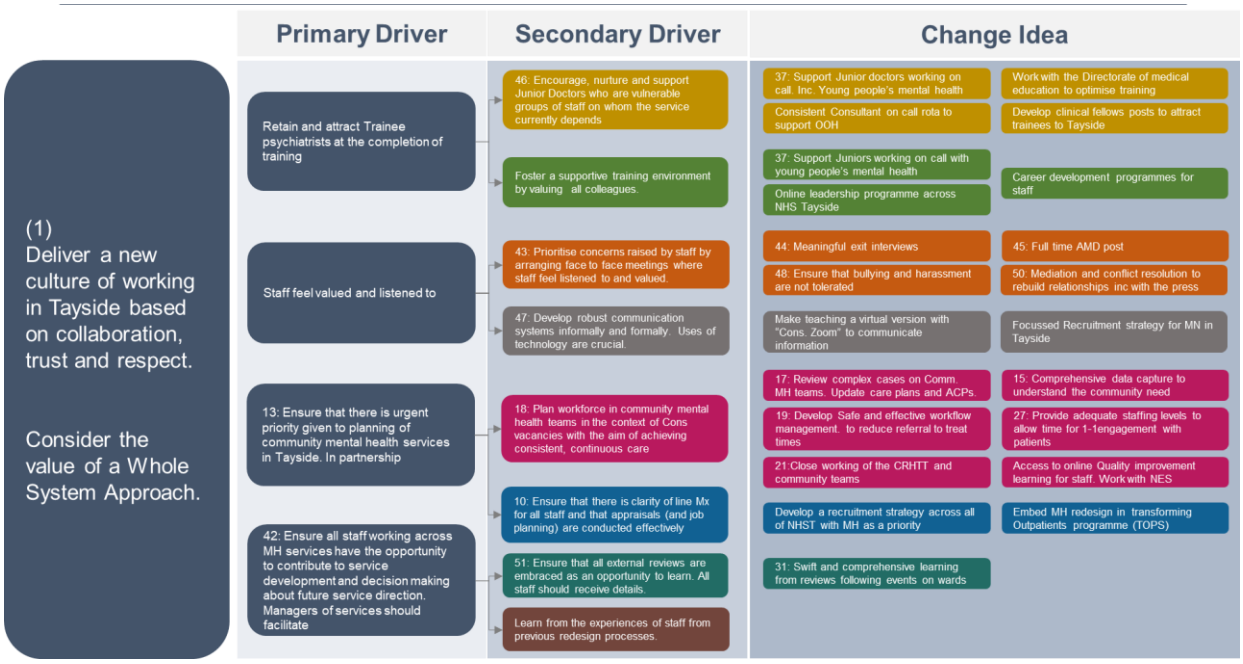
The main driver of these aspects of culture is leadership, by which we mean not just leaders’ styles and behaviours, but the quality of the interactions between leaders and those being led[51].

Individuals are leaders in their own right, with the ability to make choices and decisions that work towards the inclusive culture and committed leadership that the strategy envisions. The culture will be about encouraging everyone to role model within their ability and capacity, not just those at the top or in managerial positions. Thus, in combination, leadership and organisational culture impact directly and significantly on the quality of care, outcomes, safety and organisational effectiveness.

Staff experience of the combined effects of leadership and culture, and patients’ experience of positive outcomes are also clearly linked. Where quality, safety and team-working are

valued, levels of staff satisfaction, commitment and patient satisfaction are higher. Where leadership is exercised with *care and compassion* by taking expectations and values into account, positive results are more likely to follow[52]. There is strong empirical evidence[53] that if leaders and managers create positive, supportive environments for staff, this empowers those they lead to create caring, supportive environments that deliver higher-quality and compassionate care.

The chart below is an example of work commenced to develop our plans around organisational culture.



13. Mental Health Governance in Tayside

Governance and leadership lay at the heart of the Independent Inquiry's final report recognising that good governance and leadership are central to the effective delivery of mental health services in Tayside.

The concept of Governance in mental health includes standards of clinical quality, incorporates staff and financial governance and organisational structures in mental healthcare and critical decision-making process to ensure safe, effective and person centred care. The Care and Clinical Governance system of mental health is responsible for the continuous improvement of the service quality.

NHS Tayside is accountable for all Mental Healthcare Services in Tayside, the current structures of the organisations responsible for the delivery of a range of community mental health services in Tayside are a product of the integration of health and social care Public Bodies (Joint Working) Act 2014[54]. The process of public and staff involvement from all areas of Tayside is giving people in Tayside the chance to work in partnership and become part of the decision making process and ensure we deliver our vision of 'Everyone has the best care experience possible'.

The Integration Joint Boards (IJBs) are responsible for the planning and commissioning of mental health functions delegated under the Act, which sets out the full legislative framework

for integrating health and social care. NHS Tayside also has mental health services retained with Acute, hospital based services.

In June 2020, NHS Tayside assumed operational responsibility for Mental Health Inpatients services. Thus, mental health services in Tayside remain integrated across the three health and social care partnerships, the acute division and the NHS Board.

A standard 5 year review of the Integration Schemes, will conduct a whole system review to scope out the strategic needs of mental health in Tayside and will see options developed to establish new schemes incorporating future clinical models and service configuration for mental health in Tayside. This will create improvements in organisational structure that acknowledges the whole systems requirements and inter-operability of mental health services, maintain the principle of care closer to home as required to ensure safe, effective and person centred services across all mental health functions in Tayside. The goal of the review of integration schemes will be to provide a clear service map for all services that are seamless, bridge transitions where people know where to go for support, care and treatment, first time.

14. Communication & Engagement – Our Inclusive Approach

NHS Tayside and our partner organisations working on this strategy have emphasised a strong commitment to involving those with lived experience and the public in the planning and delivery of services and, importantly in their own care. The process of public and staff involvement from all areas of Tayside is giving all those people the chance to work in partnership and become part of the decision making process and ensure we deliver our vision of ‘Everyone has the best care experience possible’.

Our communications and engagement approach aims to promote inclusion, equality and human rights, and ensure our emphasis is on addressing inequalities as an underpinning principle for all activities. Through our engagement first approach, people have more control of the decisions being made concerning their mental health and take an advocacy role in service of the people in our communities to feel assured that lived experience is heard and underpins our co-created strategy and change programme developments to ensure accountability to the people of Tayside.

A communication and engagement sub group has been operating since the spring and performed a key role in the co-creation of the Mental Health and Wellbeing Strategy and Whole System Change Programme.

The membership of the group is predominately and deliberately made up of service users and community organisations with dedicated, specialist communications and engagement as well as programme management support The group members also populate a range of project groups of inter-agency and multi-disciplinary groups to develop the scope, scale and content of the strategy and change programme projects and workstreams.

The communication and engagement strategy has and will continue to seek contributions, views, ideas from the public, service users, staff, third sector and wider community based organisations ensuring a significant reach into the widest range of interested groups to input into the development of strategy, service redesign and implementation of change programmes. The extensive engagement process has and will continue to apply the Listen Learn Change approach to ensure people’s (service users, families, staff) voices are heard and visible in this strategy and the comprehensive Change Programme.

The sub group will ensure the programme undertake an Equity Diversity Impact Assessment (EDIA) to ensure all hard to reach, out of reach groups are engaged and plan for any source of disadvantage experienced by those who are not easily accessible. This will mean fully utilising the communication mechanisms, engagement and survey expertise within the range of organisation to establish the reach necessary. By doing this we have gained a lot of

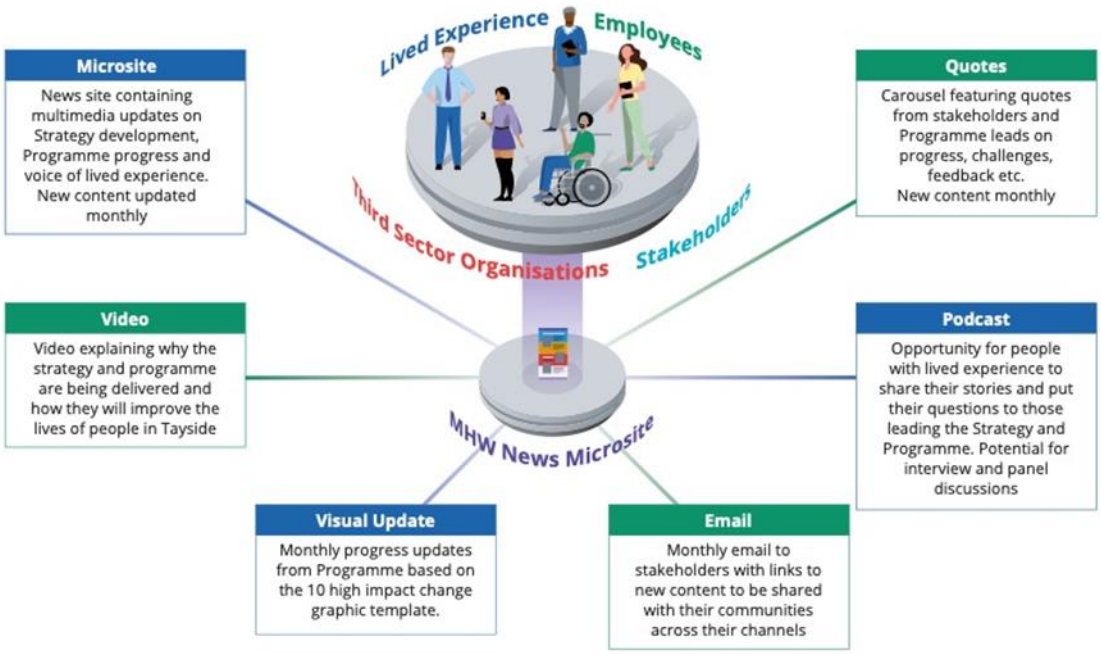
insight and taken on board all contributions to the strategy. The strong emphasis will be those who receive and work in our mental health services as well as the wider population.

14.1. Communication and Engagement

The communications and engagement strategy and plan will:

- **a)** Design and set out a process and infrastructure that will enable effective stakeholder engagement and communication.
- **b)** Ensure all those with a stake in the development and delivery of Mental Health and Health and Social Care across Tayside have been identified and are engaged appropriately.
- **c)** Capture the voice of staff and Listen Learn Change to improve their experience.
- **d)** Ensure that communication is coordinated across all parts of the organisations and that all messages are consistent.
- **e)** Ensure all feedback and comments are captured in a structured and manageable format.
- **f)** Ensure all interested partners – service users, staff, third sector organisations, elected members, partner organisations, national organisations and others are considered, can contribute or are kept informed.

14.2 Communications and Engagement Plan



The Graphic below sets out an agreed approach, co-created by the members of the MHW Strategy, Communication and Engagement Sub Group.

15. Third Sector Organisations

15.1. Third Sector Interface

As part of the Scottish Government's commitment to developing the role of communities and the Third Sector, it invested in the development of a network of Third Sector Interfaces (TSIs) across Scotland[55].

The 'Third Sector' is an umbrella term that covers a range of different organisations with different structures and purposes, belonging neither to the public sector nor to the private sector. TSIs engage with the third sector and localities at all levels to strengthen the relationships and ensure that the voice of the community is heard at a strategic level.

The TSI's in Tayside aims to support better connectivity between the third sector and with the community planning process, and to enable third sector organisations to influence and contribute effectively to the design and delivery of services. The Mental Health Network to engage people with lived experience who wish to be involved formally or informally in statutory services, running, planning and development.

The following values are upheld by monitoring, evaluation and appropriate training:

- **Openness** in our response, communication, processing of information and consultation
- **Respect** for the range and diversity of organisations and interests within the voluntary sector
- **Equity** in the way we work to redress inequality and disadvantage
- **Integrity** in the way we conduct our business in an open and professional manner, including confidentiality, honesty, open agendas and informed decision-making
- **Accountability** in the way we record, conduct and audit our services and activities.

The Tayside TSI's include:

15.1.1. Voluntary Action Angus

The Third Sector in Angus has a crucial role in providing services, supporting people, and developing strategy and policies, including social prescribing which we will work with them to expand.

"Social Prescribing is to support people with a range of emotional, physical and mental health needs to better access support, largely in the community to improve their lives" *(Andrew Radley, Consultant Pharmacist, NHS Tayside)*

The Social Prescriber's offer non clinical support to patients to empower them to take greater control over their health and wellbeing by setting goals, and addressing problems and issues that the individual brings to the conversation. This gives the individual the opportunity to talk about what really matters to them. The Social Prescribers role is to empower the individual to access relevant resources or services within the community.

15.1.2. Dundee Voluntary Action

Dundee Volunteer and Voluntary Action is an independent charity that aims to ensure the third sector (charities, social enterprises, community and voluntary groups etc.) is robust, resilient and delivers high quality services for the people of Dundee. In service of the community they provide a wide range of support to third sector organisations and have expertise in a wide range of skills and topics including governance, funding, legislation, policy, planning and problem solving to name just a few key areas. This organisation makes the links with community groups who are hard to reach and out of reach making inclusion easier.

The primary role in ensuring the continuation and development of a vibrant third sector in Dundee, and achieving this by supporting organisations to be, well governed and managed to enable them to deliver quality outcomes, and to be better connected and able to influence and contribute to public policy.

15.1.3. PKAVS -Third Sector Interface (TSI) for Perth & Kinross

The TSI has the responsibility of supporting and developing all local third sector activity, whatever its form, develops and connects voluntary organisations, charities, community groups, social enterprise, and volunteering throughout Perth & Kinross. PKAVS also plays a 'brokerage' role, ensuring the third sector has a voice as a professional partner in local partnership work, and that its skills, knowledge, and impact are well recognised and supported to tackle key priorities within communities and partnerships. In the task of reforming public services, this role is becoming increasingly vital to help achieve better outcomes for all.

Across Tayside many of these locally based organisations are engaging as equal partners in achieving a rights based approach, with participation and engagement amongst our communities focussed on strengthening and ensuring the voice of lived experience is heard with opportunities to feed into developments.

This is vital when considering the Mental Health and Wellbeing Strategy approach, content and delivery, as Third Sector organisations can help build capacity in local areas for effective partnerships between Third Sector bodies, between the Third Sector and public authorities, and support continuing development of Mental Health services across Tayside.

16. The Importance of Carers

Living Life Well, acknowledges the sizeable contribution carers make to the health and care system as care providers. It is well known that while in a caring role, carers are not protected from financial hardship. Caring (***a role which is often adopted suddenly if a loved one becomes ill***) often results in a burden of care being placed on the carer and a reduction in household income (in the short and longer terms because of pension implications), through the inability to work at all or full-time.

There are at least 690,000 carers in Scotland this includes 29,000 young carers under the age of 18. The value of unpaid care provided by carers in Scotland is £10,347,400,000 a year. Three out of five of us will become carers at some stage in our lives and 1 in 10 of us is already fulfilling some sort of caring role[56].

The third sector has been instrumental in building community capacity to address the needs of older adults and in promoting active ageing, resilience and connectivity and we will continue to build asset-based approaches as well as ensure support for carers in line with the 2018 Carers Act.

The Scotland's Carers report 2015[57], and in other national reports, unpaid carers[58] provide care and support to family members, friends and neighbours. The people they care for may be affected by disability, physical or mental ill-health, frailty or substance misuse behaviours. A Carer does not need to be living with the person they care for. Anybody can become a Carer at any time in their life and sometimes for more than one person at a time. Carers can be any age from young children to very elderly people.

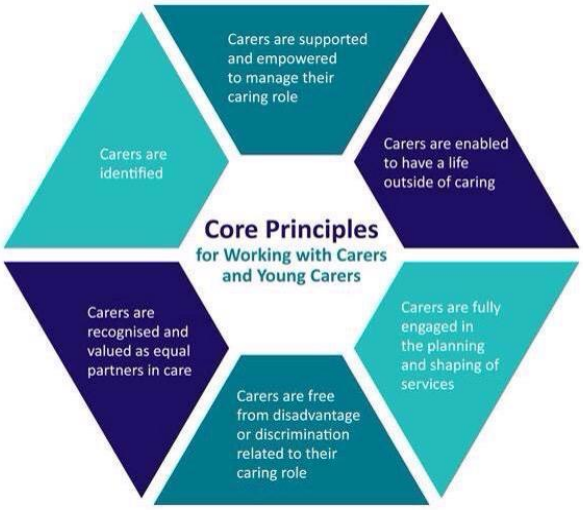
The actual number of carers is not known but is estimated to be around 700,000 to 800,000. The latest estimated number of carers is 690,000. This includes 29,000 who are under the age of 18[59].

The Triangle of Care: 'A Guide to Best Practice in Mental Health Care in Scotland'[60], is a therapeutic alliance between service user, staff member and carer that promotes safety, supports recovery and sustains wellbeing. The key points of which are that the Triangle of Care:

- An alliance between the service user, staff member and the carer.
- Provides better recognition that carers are key partners in mental health through using Triangle of Care is an investment in safety, quality and continuity of care at relatively little financial cost.
- Approach encourages partnership working with carers at all levels of care from the individual to overall service planning in line with carers' rights under the Carers (Scotland) Act.

It is It is crucial that the "Living Life Well – A Lifelong Approach to Mental Health in Tayside" adopt the principles to be able to benchmark and evidence unpaid carer involvement and engagement.

Carers have a unique role in the life of the person, or persons, that they care for. They also have valuable knowledge to contribute to the planning and delivery of care and services for those persons. But sometimes professionals don't fully appreciate the valuable contribution of unpaid carers, or the impact of change on them.



Being Equal Partners in Care means that providers of health and social care services (and other relevant organisations) listen to and involve carers in planning and decision-making for the person they care for; creating an environment of mutual respect.

These principles reflect both national priorities and what is known to be important to carers.

Unpaid carers are integral to the care of the person who is in receipt of mental health services or support.

- Carers are often the only constant with a person on a mental health care journey.
- They are there when crisis occurs, when the person is well and when that person needs support with day-to-day activities.
- They often understand the service user's needs and condition extremely well and as such are a vital partner in care.
- Agencies and organisations must support carers to remain well and acknowledge them as a key partner in care, then service users will receive better care and support on their journey to recovery.
- Significantly, if carers are acknowledged and supported then they too are more likely to maintain or improve their own wellbeing.

The plan is to use Triangle of Care across all mental health services and work will be ongoing to bring Child and Adolescent Mental Health Services, Forensic mental health services and potentially learning disability services on board.

17. Independent Advocacy organisations across Tayside

- Independent Advocacy Perth and Kinross
- Dundee Independent Advocacy Support
- Partners in Advocacy
- Advocating Together
- Angus Independent Advocacy

The Mental Health (Care and Treatment) (Scotland) Act 2003 (MHCTA) placed a statutory duty on local authorities and health boards to secure the provision of independent advocacy for people affected by the Act. The Mental Health (Scotland) Act 2015 builds on the right in the 2003 Act to independent advocacy support, by requiring health boards and local authorities to tell the Mental Welfare Commission how they have ensured access to services up to now, and how they plan to do so in the future (The Mental Welfare Commission, 2018).

The Adult Support and Protection (Scotland) Act 2007 places a duty on local authorities to support and protect adults who may be unable to safeguard themselves.

The Adults with Incapacity (Scotland) 2000 Act was introduced to protect individuals who lack capacity to make all or some decisions for themselves. The Act supports the individual's families and carers in managing and safeguarding the individual's welfare and finances. The Act also aims to support an individual's involvement in making decisions about their own lives as far as they are able to do so.

The Social Care (Self-Directed Support) (Scotland) Act 2013 places a duty on local authorities to provide a supported person with any assistance that is reasonably required in order that the person can express their views about the options available and make informed choices about those options.

The Carers (Scotland) Act 2016 places a number of duties on local authorities and health boards in respect of unpaid carers, including the enabling of carer involvement in certain areas. Each local authority must establish and maintain, or ensure the establishment and maintenance of, an information and advice service for local carers. One of the particular areas that information and advice must cover is advocacy for carers.

SECTION 2 – WHOLE SYSTEMS MODEL FOR MENTAL HEALTH

1. Life Course Model

The UK has led in the adoption of a Life course approach in physical and mental health. This approach involves studying physical and social risks during gestation, childhood, adolescence, young adulthood, midlife and old age that affect subsequent health.[61]

This approach is based on understanding that there are critical periods of growth and development when environmental exposures have a greater impact on health, and on long term health outcomes, than at other times. In addition, there is evidence of sensitive stages in childhood and adolescence[62] when social and cognitive skills, habits, coping strategies, attitudes and values – that can strongly influence mental and physical health in later life – are more easily acquired.

1.1. ***Living Life Well*** takes a life-course approach is particularly interested in valuable mental health research as:

- The wider determinants of mental health problems are diverse, including adversity in childhood (such as physical, sexual and emotional abuse or neglect) as well as socio-economic context, social relationships and health behaviours.
- A life-course approach allows the social, psychological and biological explanations for mental health problems to be integrated.

It can help to identify chains of risk that can be broken and particular times when the right intervention in the right place, first time may be especially effective. This may be during key life transitions (e.g. during exam periods, when leaving home, starting work, having children or retiring).

1.2. Whole Person

A person with a mental health problem has the same basic human needs as all of us. Recognising the whole person is the way to develop and lead a life that is full of purpose, interest, recognition, contribution, value and reward. People with a mental health condition are seeking a whole life comprising of these needs and aspirations. Enabling people to have a whole life opportunity and assisting them in their recovery and wellbeing requires full access to health, educational opportunities, vocational training schemes, work, volunteering, social networks, sport and leisure, art and culture and faith and religion.

1.3. Whole system

The Living Life Well approach promotes a whole system approach with an agreed common purpose and shared vision negotiated with all stakeholders. All sections and components of the whole system are interdependent with each other and have themselves a well defined contribution to the mental health and wellbeing of the population. The joined up nature of the work of all agencies and organisations is the most important aspect of this population wide strategy and not each component on their own.

1.4. Whole Community

The system wide, population approach actively benefits from a local communities human, economic, social and cultural resources. All communities have the potential to provide significant opportunities for individuals and families to continue or regain a whole life in all its areas. Ensuring the active participation of organisations and individuals from communities in co-creating and co-producing and also implementing a whole life whole, system strategy approach lies at the core of the success of this strategy.

2. Service Model in Mental Health

Mental Health services are concerned with the diagnosis, treatment and continuing care of children and adults of all ages with a wide range of mental health conditions and related conditions.

The service will provide high quality care for those who require it and we will work closely with all key partners to achieve the best outcomes for each patient that will be realised through a combination of treatment and management risk assessment rehabilitation and recovery. All interventions will be based on the best evidence and practice in the field of mental healthcare and will take account of the rights of individuals to lead as independent a life as possible within the context of patient and public safety.

This strategy sets out how the vision for a new mental health model to be realised, one that can modernise a shift to whole person, whole population health and social care approaches.

The model will provide a significant opportunity to improve care and ultimately the outcomes for people we care for. Details on how the model will be delivered will be outlined in the full text and associated appendices as a key area of work for the Mental Health and Wellbeing Programme as it develops the redesign programme and service specifications. In order to achieve this we will:

- Assess, treat, and manage, admit when necessary and discharge patients using integrated care pathways and a care management approach
- Ensure that staff are trained and supported to adopt new ways of working that are based on current evidence and patient need
- Ensure care planning is tailored to the needs of patients in terms of range, timing and the least restriction necessary
- Robustly ensure risk assessment and management plans are responsive to the changing needs of each patient
- Provide access to health and wellbeing activities that promotes engagement, recovery and hope in the future
- Employ modern technology and solutions that improve services
- Deliver clinical leadership by confident well equipped people who develop their teams and make use of performance management information for improvement purposes
- Establish a learning environment and a system that robustly reviews practice for improvement purposes

It is critical to people who require mental health assessment, support and services that easy access to information, earlier intervention, support, care, treatment and recovery that our service model, and service configuration are fit for the future.

In accordance with the Healthcare policy and vision to ensure a whole systems approach we will redesign and invest in services that are; in the community, optimise a multi-disciplinary/team based approach and make use of hospital services as necessary and practice an in-reach model to ensure a minimum length of stay with the right resources to return home and be supported to Live Life Well at home with family and carer support as required. The service will:

- Provide a structure that enables clinical teams to make decisions on resources and allows for greater interdisciplinary working between professional groups.
- Demonstrate the areas that will be delivered in new and different ways and support staff to meet these challenges.
- Ensure that communication and engagement with staff and patients provides continuous opportunity to improve support, care and treatment

Our overall aim is to reduce the proportion of care we deliver in a hospital setting which is urgent in nature, by creating alternative models of care to support patients with mental health conditions to be cared for at home or in their communities for longer with less reliance on hospital admissions to support care.

The emergent strategy will see emergency care for people with mental illness and mental health disorder rightly provided within the hospital setting by the specialist teams competent to do so. All other routine and urgent care management of mental health conditions will be provided in the community; however some elements of routine and urgent care diagnostics may be based within hospital buildings.

The service model for mental health needs to apply a consistent approach to care planning, case management and integrated locality based planning to stratify local population in terms of their pattern, seriousness and complexity of mental health conditions. Proactive planning will identify those individuals most at risk of future crises. An integral part of this approach or framework is to design, develop, and implement a system which supports a personal health record or electronic care plan and the sharing of information to support practitioners working across sectors and agencies.

Many people will have biological, social, psychological, economic and environmental factors that cause additional complexities to their needs. Service delivery should be re-designed to support people with multiple morbidities. This type of care delivery requires a fully integrated response across health, social care, housing, employment, benefits and voluntary sectors. An integrated care team containing health and social care personnel is best placed to help deliver this.

So much has been achieved to improve mental health access to General Practice, community based services and integration over the past five years through Scottish Government investment, the General Medical Services contract and the ongoing improvements described in the Primary Care Improvement Plans. Despite this, many of us are aware that trying to get an appointment with a local GP can be challenging. We see a picture of an overstretched primary care sector, highlighting a national shortage of GPs and junior doctors opting for more modern, 'portfolio' style careers. The demand, activity and budget pressures are also being felt in other services in the community. Within this strategy we will think about how buildings themselves could be better utilised to deliver more effective, integrated mental health services. This, in-turn, might relieve some of the pressure on front line doctors and support with the self-care and prevention agendas.

We will continue to engage with the Third sector by close collaboration with the Third Sector Interfaces (TSIs), in Dundee, Angus and Perth and Kinross. All TSI's have long standing knowledge and linkages to the Third Sector and played a key role within the reshaping of care for older people. Our relationship will continue to be strengthened by ensuring that the integration agenda continues to recognise the value of the services provided by the Third Sector. The sector provides a wide range of services and practical help for people of all age groups, from mother and baby groups through to lunch clubs for older people. Through these services, the sector helps to maintain quality of life and well-being within the community and in doing so, adds value to health and social care provision, tackling difficult issues such as reducing social isolation and anxiety through support and contact, providing a complementary service to that offered by the health and social care sectors.

The service model of the future will build in Mental Health assessment across the service pathway. For people in distress and crisis it is critical to get access to the right person, first time. The model of care for mental health in Tayside will provide fast access and an 'ask once' approach for support. For this to be meaningful all staff must work from a trauma informed perspective with a robust mental health assessment approach taken within each part of the

clinical pathway from NHS24 to on line and face to face supports onto community based Crisis services and Hospital based inpatient services when required.

An example of current good practice to be further developed to support urgent and emergency care in mental health is the new mental health hub developed by NHS24. The purpose of this new mental health hub, accessible by dialling 111 is to make sure that individuals are properly listened to and feel part of the conversation. By the end of the call they need to feel like the right decision has been made in their best interests. The NHS24 wellbeing practitioners will be able to provide an initial mental health assessment and link people to sources of support for issues that may raise and as they are experienced and trained within the mental health field are able to offer direct support and advice.

The list of new developments includes access to the right person first time from NHS24, digital connections with patients to reduce footfall in GP surgeries, Wi-Fi connections for patients and community based co-location with other services onsite, 24 hour a day appointment slots and the ability to consult with specialists through a web or video link from rural and remote areas and home no matter where if required in the future.

The locality approach will prioritise prevention, anticipation and community capacity building, with a focus on promotion of mental health and wellbeing and addressing known health inequalities at a locality level. The third sector plays a pivotal role in supporting people to access information, community assets and supports which prevent or delay the need to be referred onto GP, community mental health or inpatient services. By the year 2025 Web access and technology enabled signposting, self-assessment, self-care and improved forms of supported self-management will be developed to be the norm.

Hospital based services provide a comprehensive range of specialised mental health services for the population of Tayside. The doctors, specialist nurses, allied health professionals, healthcare support workers, managers and administrative teams work as part of the multi-disciplinary team delivering care across hospital and community services. Specialist input is required to diagnose presentations that require complex diagnostic assessment and analysis and resultant management. This is reviewed with care planning with access to multi-professional input. Medical staff across a range of mental health disciplines such as Psychiatry, Psychology and Psychotherapy will continue to care for patients with emergency conditions. The model of care in mental health will ensure consistency of care during transitions with clear pathways of de-escalation and escalation of care when moving through service. For example from inpatient to Community Mental Health Team (CMHT), so patients know who the point of contact is. The specialist Multi-disciplinary Team (MDT) will provide appropriate education and support effective care in the community.

We will continue to work with our partner agencies to ensure the demand for mental health care is delivered by the most appropriate healthcare professional, in the most appropriate location, through the development of clinical and services models.

The drivers for change are numerous, multi-factorial and include:

- Organisational changes and mental health services – NHS Boards, Integration Joint Boards, Local Authorities
- Demographic shift to an ageing population
- More complex clinical needs in the population
- Worsening health inequalities
- Greater patient expectation of health care
- Overcoming fragmented care provided to patients, carers and families – i.e. changing systems to redesign services for the future

- Workforce planning, retention and recruitment challenges
- Joint Strategic Planning as an opportunity for the future

The priorities take into consideration the Board retained services and those planned through Strategic Commissioning Plans for Dundee City, Perth & Kinross and Angus Integration Joint Boards.

Prevention and early intervention

- Working with third sector on accessible community based support
- Improve physical health of people with Mental Health problems
- Working with communities to reduce loneliness and isolation
- Identification and treatment of maternal depression and anxiety during the perinatal period
- Close working relation with the Alcohol and drug partnership
- Expand provision of liaison psychiatry services
- Early intervention services for first-episode psychosis

Better mental health care for people with physical health conditions

- Developing a workforce awareness of trauma and developing parity of care for mental health and physical presentations
- A continuing clinical priority focusses on increasing recognition of the vital role primary care plays in the management of mental illness and ensuring that primary care colleagues can provide high quality mental health care.
- Develop a co-morbidity pathway for people with substance misuse and MH problems
- Integrated physical and mental health care in the community for people with long-term physical health conditions and co-morbid mental health problems
- MH and WB practitioners working in every service
- Shift balance of care from inpatients to supportive community services

Improved services for people with severe and enduring mental illness

- Community-based alternatives to acute inpatient care for people with severe mental illness at times of crisis
- Expanded provision of evidence-based services for people with severe mental illness
- Ensure timely discharge and reduce average length of stay
- Work to transform interface pathway in and out of inpatient MH services
- Improved environments within inpatient services

The high level strategic vision for Mental Health in Tayside envisions an augmentation of current services and infrastructure to provide a dynamic, responsive and person centred service provision which transcends the traditional health and social care boundaries and time-based service limitations to deliver locally based high quality, safe and effective care.

The aim is to empower individuals with mental health conditions to self-manage on a daily basis and seek support during times of exacerbation, deterioration or when there are multiple challenges including where their mental illness reaches a stage of crisis.

Successfully building the capability and infrastructure to relocate specialist care from hospital based provision to the community (as has been successfully done for long term conditions) relies on flexible interfaces enabling the patient to access the right health or social care practitioner who can assess, and evaluate their needs, diagnose, plan, provide care/case management, and work with patients as equals to implement decisions.

3. Secondary Care Mental Health Services

The people of Tayside have a right to be assessed by a specialist mental health team when this is appropriate. For some this may be after treatment in primary care or because of the nature and severity of the mental illness it may be when the person first becomes unwell. This is because people who develop serious mental illness such as psychosis or mania have much better long term outcomes, and are more likely to return to work, if they are treated as soon as possible after developing symptoms. This is the approach for physical illnesses and should be the same for mental illness as well.

Team working
Specialist mental health services are organised in teams working in the community and in hospitals. Some clinicians, usually psychiatrists, work in both the community and hospitals. Each team has several types of workers who each have different knowledge and skills. They understand how the others in the team work and will understand how to tackle problems together.

Psychiatrist
A psychiatrist is a medical doctor with special training in the assessment and treatment of mental disorders. Each team has a consultant who has completed their professional training in psychiatry which is a minimum of six years. If you need to take medication, they will be responsible for arranging this. They may also have trained in psychotherapy. The team may also have a “specialty doctor”, who will have trained in psychiatry but who has not become a consultant. These doctors often work with doctors doing further training in psychiatry known as a “specialty trainees”.

Consultant Psychiatrists also have an important role as the Responsible Medical Officer for people who are detained under the mental health act. They have a legal duty to make sure a person’s human rights are still respected and the use of compulsory treatment is used only when necessary and for as short a time as possible

Mental Health Nurses
Community nurses work outside hospitals and visit people in their own homes, out-patient departments or GP surgeries. They can help you to talk through problems and give practical advice and support. They can also give medicines and keep an eye on their effects. Nurse therapists have had extra training in particular problems and treatments and provide talking therapies. Some nurses are trained to an Advanced Practice level and we are investing in training more of these nurses. They can make independent decisions in the assessment, diagnosis and treatment of patients, including the prescribing of medication.

Inpatient nurses have a similar range of skills to community nurses and using a recovery focussed approach help people return to living in the community.

Occupational Therapist

Occupational therapists help people to get back to doing the practical things of everyday life as well as help to re-build their confidence and to become more independent. This can be through working with on individual basis or talking with other people in groups.

Clinical Psychologist
Clinical psychologists have a degree in psychology and have completed at least three years of training in clinical psychology. They will usually meet regularly with people for a number of sessions to talk through how they are feeling, thinking and behaving. Although cognitive behavioural therapy is a common approach, clinical psychologists may use different types of talking therapy. They also help other members of the team to work psychologically with people.

Social Worker
Social workers work closely with the community and inpatient teams and can help people to talk through their problems, give them practical advice and emotional support and provide some psychological treatments. They are able to give expert practical help with money, housing problems and other entitlements. Some social workers have a specific role (Mental Health Officer) to support people detained under the mental health act as well as their families and carers.

Pharmacist
Pharmacists train for five years to become specialists in medicines. They can give expert advice to doctors and nurses and talk to patients and carers about medications.

Administration staff
People who attend community teams often get to know these staff quite well. They are not involved in any decisions about care and treatment but are still very important to the effectiveness of the team. They make the team run smoothly and are responsible for helping the clinical staff do their job as well as they can.

Types of teams
Specialist mental health teams provide care and treatment for people living with,

- Severe mental illness such as schizophrenia and bipolar disorder
- Common mental disorders such as depression and anxiety but where specialist treatment is necessary
- A personality disorder which is causing the individual significant distress or other significant problems in their life.
- Problems linked to neurodevelopmental conditions, such as Autism Spectrum Disorder, adult Attention Deficit Hyperactivity Disorder and neurodegenerative conditions such as Huntington’s disease.

People with a major mental illness are also more likely to have multiple other problems with drug and/or alcohol use, homelessness, unemployment, physical ill-health, relationship problems and debt. Specialist mental health teams can also help with support and advice about these issues.

In Tayside there is also a range of more specialist teams, including:

- Home treatment
- Crisis intervention

- Rehabilitation inpatient
- Assertive Rehabilitation Team (ART)
- Forensic
- Eating disorder
- Learning Disability
- Adult Autism Consultation Team (TAACT
- Older people
- Specialist Child and Adolescent Mental Health Team (CAMHS)
- Liaison Psychiatry
- Advanced Interventions Service

These teams share most of the features described above, but deal with a particular set of problems. There also regional services YPU and MSU

How teams work
Community teams meet regularly and discuss referrals from a general practitioner. Usually a person is assessed by a member of the team over more than one appointment. A care plan is then developed with the individual of what treatment may help. Treatment isn't usually a simple choice of either medication or talking therapies and many people get help from both medication and talking treatments. Sometimes the team decide there are other ways to better help the individual and recommendations can be given to the general practitioner about other approaches or services.

Inpatient teams also meet regularly to discuss the results of assessments and to plan any treatment. There is a need for inpatient teams to work closely with community teams to try and ensure safe handover of care and also make sure the patient is not in hospital longer than necessary.

Recovery
Our understanding of how to help people with severe mental illness continues to improve and having a mental illness does not mean the end of a meaningful and useful life. There are an increasing number of effective drugs to choose from and a range of evidence based psychological treatments which support a person’s recovery from mental illness even if some symptoms remain.

The aim of specialist mental health services is to ensure that everyone is offered a holistic assessment and person-centred treatment that will work best for them. This all happens in a way that supports them in their personal recovery in the widest sense.

The future
Improvement in health care services is happening all the time and that is no different for specialist mental health services in Tayside. It is important that changes to existing services and the development of new services are in line with national good practice and progress is already being made in this area. This is through the action plans from Listen Learn Change and the Mental Health and Wellbeing Programme

The following have been identified by clinicians working in specialist mental health services as priority areas for action

- ***Improving the advice to general practitioners and patients about what conditions can be managed in primary care and those which need referral to secondary care***

services. There is work already going on across Tayside about creating an online referral guidance service and mental health services are involved in this. CAMHS have already produced their guidance.

- ***Better continuity of care and joint working.*** This includes when people move from the community to hospital and back to the community. It is also important when people are receiving treatment from more than one clinical team or service. In these situations it is sometimes it is not clear who in these situations is responsible for delivering certain aspects of care and joint care planning can help with this.

  A structured assessment of a patient's readiness for discharge is embedded in everyday work for acute wards and helps with discharge planning between inpatient and community teams.

  In Dundee there has already been significant work done in creating a Discharge Hub and across Tayside there are plans for community teams which provide assessment and treatment for individuals who have both major mental illness and substance misuse.

  Systems of care such as the Care Programme Approach already exist and could possibly be used more widely.

- ***Improving the shared working between staff, patients and carers.*** The Trust and Respect report recognised this was already happening but it was not consistent and work is being done to improve this.

  An increased use of crisis plans, anticipatory care plans, Wellness Recovery Action Plans and Advance Statements can all help people have the right intervention when someone is unwell and have been shown to prevent the use of compulsory treatment in hospital.

- ***Reviewing and improving the crisis and urgent care pathways.*** This is to ensure those with urgent need for mental health services can access that as locally as possible and in emergency situations there is equity of access for people across Tayside. People who present in distress or crisis should have a range of options of help and support to reduce the need to admit a person to hospital.

  This has been emphasised in other areas of the strategy and is equally important for those who are already living with a mental illness. Work is already underway in looking at options for change to make services more responsive and person-centred. Specialist mental health services are an important partner with social care and voluntary services in the development of initiatives.

- ***Improvement in wards to ensure they are safe and therapeutic places to be***. Although inpatient units form a small part of the mental health system they are important because hospital care is for people who are the most unwell and need a period of more intensive care and treatment. A negative experience as an inpatient can also have a significant effect on a person's willingness to accept care and treatment in the future. This means it is important for wards to have environments which promote recovery and a full multidisciplinary team. This is equally important, if not more so, for people with a learning disability.

Work has already been done on implementing new patient observation practice and the team working in the Intensive Psychiatric Care has been recognised nationally for their work on reducing the use of restraint of patients. The programme to reduce restrictive practices in wards was impacted by the need to allocate resources to coping with COVID-19 but it is now planned to restart this important work.

There is a proposal around increasing input from psychologists for inpatient teams and there is an opportunity to look at improving inpatient access to occupational therapists and increasing the amount of activity available to people when they are in hospital.

- The link between physical and mental health has been described at various points in the strategy. There is a need to look at developing further the liaison psychiatry service to Ninewells Hospital and Perth Royal Infirmary. There are national standards produced by the Royal College of Psychiatrists which can help in this work.

- ***The development of a clinical pathway for people who have problems linked to having an Emotionally Unstable Personality Disorder.*** This has already started. Training for CAMHS staff has already been done and the plans about creating a trauma informed staff will be an important part of improving the care and support for this patient group.

- ***Development of new services.*** Tayside will have a new Perinatal and Infant Mental Health Team in 2021 and plans are being developed for an Early Intervention in Psychosis team. These new services have been developed in line with national programmes and will provide an important addition to specialist mental health services for the people of Tayside.

  Neurodevelopmental conditions such as Autism Spectrum Disorder, Huntington's disease and adult Attention Deficit Hyperactivity Disorder are managed in generic teams and benefit from input from highly specialist professionals which can be further developed.

- ***Workforce wellbeing and development.*** The best care outcomes for mental health care are achieved when it is delivered with kindness, hopefulness, compassion and a focus on recovery. To achieve this staff must have the time to listen and understand as well as opportunity for professional development and jobs which. This is described in more detail in the workforce sections of the strategy.

4. Psychological Therapies in Mental Health

The population based need for psychological therapies is considerable and continues to grow. As people become more informed about their treatment options, stigma declines and the evidence based expands, more people across a broad range of conditions expect psychological assessment and treatment to be a core component of their care. Equally, a range of multi-disciplinary health and social care teams and third sector partners recognise the added value that a psychological perspective brings.

The referral rate for local services has increased by over 230% in the period 2006 to 2019 a trend that is reflected in all psychological services across Scotland and shows little sign of slowing down.

Psychological therapy provision needs to be able to span the entire age range and across a range of problems and conditions much wider than that often described under the umbrella

of ‘mental health.’ Examples include the two-thirds of people who, by the age of 65, will have developed long-term health conditions such as diabetes, cardiovascular and respiratory difficulties and the 1 in 6 people living with neurological conditions.

Over half of all mental health disorders start before the age of 14. The earlier that interventions can begin, the better the longer-term prognosis is likely to be. For example, for the 3-10% of the population living with learning disability, autistic spectrum and neuro-developmental conditions, it is known that timely intervention may help reduce the well demonstrated increased risk of developing mental health problems later in life.

The psychological therapies service recognises the importance of a whole systems approach to person-centred well-being. Psychological therapies services need to be well integrated with other services surrounding an individual and be able to modernise and change as wider services and population need changes. Whilst the psychological therapies workforce has increased considerably over the last decade, there remains the risk of potential for demand outstripping the capacity to deliver this, on this basis there needs to be a continuous strategic approach taken to how and where the resource is best used.

Key strategic areas for development over the duration of this mental health and learning disability strategy period will be:

- To work with Health & Social Care partners and NHS Tayside to develop a detailed strategic plan specifically for the delivery of psychological therapies across the life-span and encompassing the needs that arise from both mental health and physical health challenges
- To ensure that there is a parity of access to assessment and evidence based psychological treatments between people of all ages
- To ensure that people with learning disabilities, neurodevelopmental conditions, neurological conditions and acquired brain injury have the same access to services as their age-related counterparts who don’t have those additional challenges
- To modernise the provision of psychological treatments for common mental health problems (regardless of severity) by establishing clinical pathways which cut across the current service boundaries or tiers currently in place in Tayside
- To invest in early intervention by supporting services available at community and GP level
- To be key contributors to the development of perinatal and infant mental health services and Early Intervention in Psychosis service
- To integrate clinical psychology presence within inpatient care to allow immediate access to psychological assessment and formulation when need is greatest; both across the age-span for adults with and without a learning disability
- To continue to support the development and enhancement of computerised and telephone therapy and other alternative models of service delivery, particularly with computerised self-help packages for those with longer-term physical health conditions
- To expand the capacity for training the wider workforce by working with key partners to establish expert trainers that are supported and developed by psychological therapists
- To fully engage in the wider organisational work on recruitment and retention in order to address the particular challenges of a small profession where newly qualified staff are largely available at only two points each calendar year
- To develop a workforce where less barriers exist between specialist parts of the service such that the breadth and depth of generic training can be used to take a risk-based approach to emergent gaps in service provision.

SECTION 3 - TAYSIDE MENTAL HEALTH AND WELLBEING PROGRAMME

The Mental Health and Wellbeing Programme Governance, as set out in the chart below. The Tayside Mental Health and Wellbeing whole system change programme includes 6 Programmes of work with a number of projects and workstreams set up to drive the co-creation, design and development of the overall change programme.

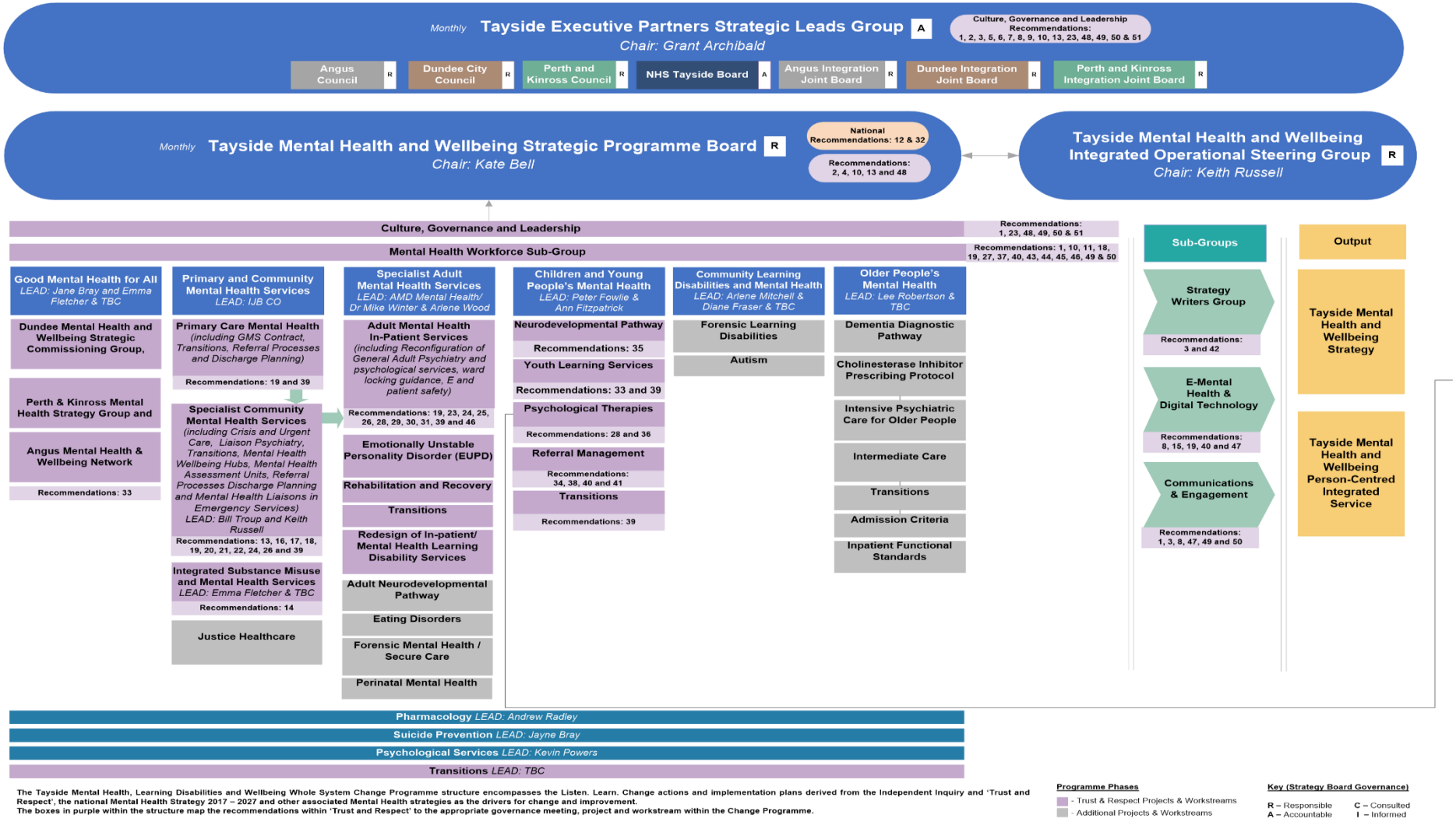
The Governance arrangements see the Tayside Executive Partners as the Strategic Leadership Group (SLG) as the Oversight Group with accountability for resourcing and supporting the MHW programme of work and to ensure safe and effective delivery of mental health priorities.

The Strategy development has included sessions to define the scope and the scale of the Change Programme to deliver all of the areas of work set out in the programme governance chart below.

The Chart also indicates which projects and workstreams will progress Trust and Respect recommendations that require more detailed planning to set out the project plan and timeframe for completion. These are indicated as number related to the recommendations in the chart below.

Tayside Mental Health and Wellbeing Programme Governance Chart

The schematic below represents the scope and scale of the Mental Health and Wellbeing Programme



1. Good Mental Health for All

In 2016 NHS Health Scotland produced *Good Mental Health For All (GMFA)*, which set out the role that good mental health plays in creating a fairer, healthier Scotland. It describes the key factors which operate at the level of the individual, their social circumstances and the wider environment which are protective of good mental health and those which are risks to good mental health. These are outlined in table below.

Protective and risk factors for good mental health

Themes	Protective factors	Risk factors
Environmental factors	Social protection and active labour market programmes against economic downturn Equity of access to services Safe, secure employment Positive physical environment including housing, neighbourhoods and green space	High unemployment rates Economic recession Socio-economic deprivation and inequality Population alcohol consumption Exposure to trauma
Social circumstances	Social capital and community cohesion Physical safety and security Good, nurturing parental/care relationships Close and supportive partnership/family interaction Educational achievement	Social fragmentation and poor social connections Social exclusion Isolation Childhood adversity (Gender-based) violence and abuse Family conflict Low income/poverty
Individual factors	Problem-solving skills Ability to manage stress or adversity Communication skills Good physical health and healthy living Spirituality Self-Efficacy	Low self-esteem Loneliness Difficulty in communicating Substance misuse behaviours Physical ill health and impairment Work stress Unemployment Debt

Source: NHS Health Scotland report, Good Mental Health for All, 2017

Drawing on this evidence, and building on work to date, Good Mental Health for All consultation and planning events were held in Tayside in August 2020 to develop outcome focused Good Mental Health For All section of the MHW Strategy, with an overarching focus on reducing inequalities across six priority areas:

1. Mentally Healthy Environments and Communities
2. Mentally Healthy Infants, Children and Young People
3. Mentally Healthy Employment and Working Life
4. Mentally Healthy Later Life
5. Reducing the Prevalence of Suicide, Self-harm, and Common Mental Health Problems
6. Improving the Quality of Life of those Experiencing Mental Health Problems, including the promotion of recovery, stigma reduction and physical health improvement

Evidence indicates that where people have the tools to manage their own health – including being supported to do so, such as through social prescribing – that their wellbeing may be improved, promotes a move towards prevention and recovery models focused on assets, strengths and self-care, self-management.

1.1. Physical Activity

There is widely accepted evidence that those living with mental ill health are more likely to be less active, experience significant inequalities in relation to accessing opportunities and facilities as well as more likely to be living with co-morbidities. Alongside experiencing such inequalities, the long term impact of using psychotropic medication increases the likelihood that patients will present with weight gain, chronic constipation and lethargy. In order to balance the side effects of medication, lack of meaningful activity and isolation often experienced, as well as overcoming the inequalities faced by many, it is of paramount importance that physical activity is included within existing and future care pathways. Physical activity is a powerful and tangible tool in improving health, wellbeing and the wider determinants that influence our behaviours, however we must ensure this is universally acknowledged, accepted and delivered across our services for the benefit of all.

Vision for Scotland

The Active Scotland Outcome Framework (Fig. 1) highlights the need to move towards a "More Active Scotland", where the vision is "*more people are more active, more often*". Regular physical activity provides a range of physical and mental health benefits, with the growing body of evidence demonstrating the protective effects of physical activity on a number of complex and wide ranging long term conditions. These include reducing the risk of disease, managing existing conditions, and developing and maintaining physical and mental function.

Physical Activity is a resource that can cut across the life ages and stages of our population and has a significant role to play in the prevention, intervention and recovery agendas within the mental health and wellbeing strategy for Tayside. The use and promotion of physical activity must be embedded into our mental health services to provide the recognition

required to ensure we are moving towards a holistic, preventative and supportive approach to mental health and wellbeing.

Call to Action

In order to achieve good mental and physical health, the Chief Medical Officer Guidelines highlight that adults should aim to be physically active every day. Our vision would be to have Physical Activity valued and supported in practice as a means of delivering wider health and wellbeing outcomes. This will be implemented via the National Physical Activity Pathway (NPAP), where physical activity can be embedded into established frameworks and staff can be up-skilled and supported to encourage and enable patients/clients to increase activity levels daily, in a manner that is meaningful and provides purpose to our population and those engaging with our services.

Key Areas for Action (*supported by a human rights based approach, and individuals should understand and know their rights under human rights legislation*).

- Increase the value placed upon physical activity for mental health and wellbeing benefits amongst staff, patients and carers
- Implementation of NPAP to strengthen links, ensure sustainability and raise awareness of local opportunities that increase physical activity levels of our most disadvantaged groups
- Roll out NPAP training for staffing groups across Primary, Secondary and Community Care services
- Maximise the use of the outdoors for every day activity through the Green Health Partnership approach and NHS Tayside green spaces
- Moving Interventions/'Active Wards' – promoting and enabling interventions and support to be delivered in a manner that is conducive to increasing daily activity levels

A Vision for a more active Scotland

Vision: A More Active Scotland

Physical activity is about getting people moving. Daily walking, playing in a park, going to a gym, training with a team or aspiring to win a gold medal- it doesn't really matter how people get active, it just matters that we do.

Being physically active contributes to our personal, community and national wellbeing.

Our vision is of a Scotland where more people are more active, more often.

National Outcomes

Business	Employment	Research and Innovation	Young People	Early Years	Healthier	Inequalities Tackled	Life Chances
Safe from Crime	Sustainable Places	Resilient Communities	Environment Valued	National Identity	Impact on Environment	Older People Supported	Public Services

Active Scotland Outcomes

We encourage and enable the inactive to be more active	We encourage and enable the active to stay active throughout life	We develop physical confidence and competence from the earliest age
We improve our active infrastructure – people and places	We support wellbeing and resilience in communities through physical activity and sport	We improve opportunities to participate, progress and achieve in sport

Equality – Our commitment to equality underpins everything we do

Taking a life course approach recognises key transition points where there are opportunities to promote mental wellbeing at a population level (e.g. preconception, pregnancy and parenthood, transition from home to nursery and school, transition to adolescence and adulthood, unemployment or retirement) and also highlights opportunities to intervene early with those most at risk as a result of wider vulnerabilities.

1.2. Mentally Healthy Environments and Communities

At a population level a broad range of partnership programmes have been developed to address the wider contextual factors known to negatively impact on mental health and wellbeing. These include actions to mitigate the impact of welfare reforms, supported employment programmes, community safety, increasing focus on educational attainment, improving housing and addressing homelessness and improving green health and physical activity opportunities. Developing the capacity of the workforce to support mental health and wellbeing has also been a priority through training and workforce development.

We will continue to work through Health and Social Care Partners, Third Sector organisations, Community Planning Partnerships, Community Plans and Local Outcome Improvement Plans to create the conditions for good mental health and wellbeing throughout the entire life course recognising the importance of relationships, resilience, social connectedness and wider social and environmental factors (e.g. inclusive employment, good housing, community safety, education, financial security, environmental sustainability) and how these impact on wellbeing at all stages. There will be specific focus on improving life

circumstances, on creating cultures and environments that are inclusive of everyone irrespective of their mental health state and creating opportunities for people who are experiencing particular challenges in relation to poverty, domestic abuse, addictions, criminal justice and homelessness.

1.3. Mentally Healthy Infants, Children and Young People

Understanding of child development stages, psychological and emotional connections and early intervention from pre-pregnancy, the early years, in childhood and adolescence is crucial as the strongest prediction of life; satisfaction in adulthood.

Early intervention from pre-pregnancy and the early years, and in childhood and adolescence is crucial because a strong predictor of life satisfaction in adulthood is emotional health as a child There is a growing body of evidence on Adverse Childhood Experiences whereby children who have experienced cumulative key risk factors such as bereavement, parental divorce, abuse, parental drug or alcohol misuse and parental mental illness have been shown to be at higher risk of both physical and mental ill health in adulthood (*Better Mental Health For All 2016*).

The family, the environment and the wider community in which a child is raised are the most important determinants of wellbeing. Tayside has a broad range of programmes which aim to promote and support bonding and attachment pre and post birth, parenting skills, support trauma-informed approaches and build resilience in the early years. There are also a range of programmes delivered through Local Authority Education services within the Curriculum for Excellence which promote children and young people's wellbeing and resilience through education and community settings including given consideration to the role of social media as both a protective and risk factor in relation to wellbeing. These programmes will be reviewed and further developed through the Tayside Children's Services Partnership Plans, both of which have task groups focused on children and young people's mental health, wellbeing and resilience.

In line with the principles of Getting It Right For Every Child the ambition will be for children and young people to be empowered to take action for themselves, to reach out when problems arise and to get the right support at the right time.

1.4. Mentally Healthy Employment and Working Life

As people move into adulthood, relationships and responsibilities change as they become partners, employees, parents and carers. All of these responsibilities can positively or negatively impact on mental wellbeing.

The importance of good work in improving mental health is well documented as it enables people to contribute and develop social capital as well as have financial independence and security. However people who experience mental illness are more likely to be in low quality or insecure employment (e.g. zero hours contracts, irregular working patterns) or unemployed and this can negatively impact on their health through impacting on other determinants of wellbeing such as the ability to secure accommodation or borrowing and wider lifestyle patterns and routines.

There have been strong partnerships in Tayside with employability agencies and services to support people with mental health problems to maintain or return to employment and this work will be built upon and supported going forward.

There is also a need to build on work with local employers to promote fair work environments and conditions which value staff, support mental health and wellbeing and address mental health stigma and discrimination.

The national Healthy Working Lives Programme and the Scottish Business Pledge provide useful frameworks to support local employers and the ambition is that all community planning partner agencies will pledge to be exemplar employers in this respect.

1.5. Mentally Healthy Later Life

The importance of promoting mental health and wellbeing in later life is an area which has received increasing recognition in recent years. People are living longer and there is a need to work with local communities and the third sector to ensure strong and resilient social and community networks and intergenerational relationships which encourage and support independence and connectedness, and reduce loneliness and isolation, particularly at key transitional points such as retirement and bereavement. Older people make an invaluable contribution through caring and volunteering roles and this should be recognised and supported to allow carers' own health and wellbeing to be maintained.

Tayside has a long term commitment to improving the quality of life for people with dementia and their families and carers through improving post diagnostic support, promoting active ageing, improving access to community transport and promoting workforce development using the *Promoting Excellence: A framework for all health and social services staff working with people with dementia, their families and carers (2011)* and the national Allied Health Professions (AHP) Framework *Connecting People, Connecting Support (2017)*. The Promoting Excellence Framework, the AHP Framework and the National Standards of Care for Dementia (2011) are underpinned by the Charter of Rights for people with dementia and their carer's.

1.6. Reducing the prevalence of common mental health problems, self-harm and suicide

As well as population based approaches to build individual and community resilience there is a need to ensure appropriate support for those experiencing common mental health problems, , or contemplating suicide.

a) Social prescribing and self-management approaches

Building on local assets we will build improved networks and a framework to create the conditions to makes it easier for people to access opportunities to improve their wellbeing, support prevention and promote recovery across a variety of domains including physical activity and leisure opportunities, green space, volunteering, employment, benefits, welfare and debt advice, self-management information provision through libraries and community based stress management classes.

We will continue to develop and extend accessible community assets and non-clinical sources of support to empower people to protect and improve their health and wellbeing, including maximising opportunities to promote wellbeing, prevention and supported recovery through technology and digital inclusion. We will address the stigma and discrimination which may prevent people accessing and maintaining support from community assets.

b) Distress brief intervention

Tayside is working with providers to establish a Distress Brief Interventions (DBI) service as part of the innovative national programme to ensure a compassionate and effective response to people presenting to services in distress.

DBI emerged from the Scottish Government's work on the Suicide Prevention and the national Mental Health Strategy (Action 11). It is an innovative way of supporting people in distress presenting with a number of contributing factors but who do not require a traditional clinical model of support.

The DBI ***'ask once get help fast'*** approach has two levels. DBI Level 1 is provided by trained front-line staff and involves a compassionate response, signposting and offer of referral, seamlessly with confidence and clarity to a DBI Level 2 service. Level 2 is provided by commissioned and trained third sector staff who contact the person within 24-hours of referral and provide compassionate community-based problem solving support, wellness and distress management planning, supported connections and signposting for a period of up to 14 days.

The DBI programme is hosted in Lanarkshire on behalf of the Scottish Government with pilots in the Scottish Borders, Highlands and Aberdeen being piloted over 53 months (November 2016 to March 2021). The approach is now being rolled out to 16 and 17 year olds. Tayside will work with Partners to take a Pan Tayside approach to DBI linked to our Urgent Care work in Mental Health and across other services such as NHS24, Scottish Ambulance Service, Police Scotland and our colleagues in Emergency Departments.

c) Suicide prevention

Every death by suicide is a tragedy not only for the individual but also one that has a far reaching impact on family, friends and communities. There has been a national focus on reducing suicides since 2002. Since then there has been a 19% reduction in the suicide rate across Scotland.

The local and national vision is for suicide to be prevented and that help and support is available to anyone contemplating suicide. This includes ensuring people affected and those bereaved by suicide are not alone and will be supported. Through learning and improvement, we minimise the risk of suicide by delivering better services and building stronger, more connected communities.

Every Life Matters: Scotland's Suicide Prevention Action Plan[7] (2018) outlines a range of actions aimed at continuing the downward trend in deaths by suicide based on known and emerging evidence about factors which can be associated with suicide.

A range of suicide prevention programmes have been successfully taken forward including awareness raising campaigns targeting young men, a group at particular risk of suicide, through local professional football clubs and local communities, development of a suicide prevention app, delivery of suicide prevention training and working with partners to target locations of concern.

These programmes will continue to be developed and evaluated in line with the evidence based actions outlined in the national plan. This will include continuing to work with the Suicide Review Partnership Group to review all suicides in Tayside and make improvements in line with learning from these reviews.

As well as population based approaches to build individual and community resilience there is a need to ensure appropriate timely access to support for those experiencing common mental health problems, mental health suffering or contemplating suicide.

d) Stigma and discrimination

Mental health stigma, discrimination and social exclusion are significant issues for both people with lived experience and their families, and is therefore a cross cutting priority for action across all priorities within this strategy.

We will work with See *Me* (*Scotland's national programme to tackle mental health stigma and discrimination*) to take forward a programme of work aimed at reducing stigma and discrimination and influence change in behaviours, cultures and systems in Tayside so that people with experience of mental health problems are respected, valued and empowered to achieve the outcomes important to them within four areas: education, health and social care, communities and workplaces. We will build on the success of local capacity to create a social movement for change to challenge mental health stigma and discrimination, and promote mental health inclusion and recovery.

e) Addressing physical health needs of those with mental health problems

People who experience mental health problems are more likely to have poor physical health, experience weight gain, smoke and misuse alcohol or drugs, and be at increased risk of diabetes, stroke and heart disease. The causal factors underpinning this relationship are often complex, interrelated and multi-factorial and may include inequalities in access to services, deprivation, poor lifestyle behaviours and social isolation. This does not negate the mental health of people with physical health conditions.

Locally work will be further developed to support the wider health needs of people who experience mental health problems better through holistic assessments and promoting

[7] https://www.gov.scot/publications/scotlands-suicide-prevention-action-plan-life-matters/

access to services such as leisure, smoking cessation and wider community based programmes.

We will prioritise actions to ensure focus on our most vulnerable groups, including:

- care experienced children and young people
- people who are homeless, and their families
- people with addiction issues
- people in the criminal justice system and their families
- people who experience severe and enduring mental health problems

The Good Mental Health Action Plans will be developed through the Mental Health and Wellbeing Group in each Health and Social Care Partnership. Delivery plans will enable clear timescales and progress measures to be determined for each themes to be reported annually.

2. Primary Care and Community Mental Health Services

The 2018 GMS[8] contract builds on re-energised core values, developing the GP as the expert medical generalist at the heart of the community multidisciplinary team. The aims of the contract are to create a dynamic and positive career for GPs; a resilient and responsive wider primary care with opportunities for all healthcare professionals to flourish; and an assurance that patients will continue to have accessible, high quality general medical services

The Primary Care Improvement Plans[9] for Tayside, 2018 was formulated by the three Tayside HSCPs (Dundee, Perth & Kinross and Angus), NHS Tayside and the GP Subcommittee, as a joint plan for Tayside. The single shared plan will allow services to be planned at scale; to be integrated with the other major strategic changes occurring across the region's health and social care services; and assists in the aspiration of an equal standard of service across the population.

Tayside currently has 70 GP practices providing care to a population of approximately 416,000 registered patients. Over a third of our population have been diagnosed with at least one chronic disease and for a growing number they suffer from multi-morbidity. These patients often require significant numbers of clinical attendances, are on multiple medications and may require significant social care support

The Plan requires an effective primary care system is critical to sustaining high quality universal healthcare and is vital if we are to realise Scotland's ambition of improving the health of our population and reducing the burden of health inequalities that rests upon it. As a nation we require a strong and thriving general practice at the heart of our primary care system if we are to succeed in these goals.

The vision is for people across Tayside can access the right support at the right time in the right place. Taking a whole systems perspective acknowledges that the vast majority of healthcare interactions (circa 94%) for our population start and end within primary care, with

[8] https://www.gov.scot/publications/gms-contract-scotland/
[9] Primary Care Improvement Plan (PCIP) Tayside 2018

General Practices acting as a necessary and efficient gateway to decisions about referral, admission and prescribing. These decisions will continue to have a direct impact on the entire health and social care system with emergent resource implications.

A key component of this will be achieved through the Government funding available between 2018- 2022, (Action 15 of the National Mental Health Strategy[10]) to improve access to mental health supports and services in the community and to increase and enhance the workforce adding to our services, and reshape the existing interfaces. At the end these services will be running and will offer real alternatives to the current services, allowing people to access the right help quicker than previously.

Action 15 funding will increase the workforce in General Practice and Community to give improved access to dedicated mental health professionals, consider urgent care requirements with Emergency departments, within and aligned to GP practices, within police station custody suite, and to our prisons.

Over this period of time increasing additional investment to £35 million for 800 additional mental health workers in those key settings across Scotland. This will result in more additional Mental Health workers being employed across these areas in Tayside.

Since Action 15 funding became available from the Scottish Government in 2018, new developments in Tayside (Angus, Dundee, and Perth & Kinross) have included a range of newly commissioned services to increase support and improve access to mental health services in communities.

More specifically, services in General Practice, Primary Care and Community teams will be developed to improve access to specialist mental health staff and fit between traditional primary and secondary care. This approach will be added to improving digital ways of working with people across systems, NearMe consultations, improving how we work as a health and social care system by working closer with other NHS Scotland services such as NHS24, Scottish Ambulance Service, and Police Scotland joining up with NHS Emergency departments to ensure people in crisis and distress get to the right place first time.

In order for these services to work effectively, we also need to examine how our existing primary and secondary care processes and transitions work, as well as deliver new service

[10] Increase the workforce to increase access to dedicated **mental health** professionals in all A&Es, all GP practices, every police station custody suite, and to our prisons

models that build in reach into communities, GP Practices and where necessary people's homes, enhancing practice roles, growing capability and capacity, to shift the balance of care and ensure a seamless pathway to bridge this gap.

Exploring how and where within our systems we can provide easier access to self-care and self-management models, develop social proscribing models and enable the public with access to self-referral so that services will enable people to take greater responsibility for self-care, know where to go when they make these choices may reduce overall demand and provide timely fashion with the right level of care, we may be able to prevent mental health problems worsening and increase capacity for the more specialist services.

In most situations a person must see a professional and then go through a referral procedure, but both the initial appointment and the referral process can be time consuming and inefficient. This has been part of the gatekeeping function in primary care, and has helped to ensure the small resource in secondary care is not overstretched.

There is a need to develop and enhance the existing skill sets of almost all staff involved in the care of our community to enable people to be treated at the first point of access, which may be via NHS24 or a community pharmacy. Developing new roles such Advanced Nurse Practitioners, increased number of Pharmacists, specialist mental health staff, link workers, multi-disciplinary teams including Paramedics, Physiotherapists and other allied health professionals.

However, there are many cases that need more than a primary care solution, but do not need the full input of the limited secondary care service.

At present, specialist mental services are based largely in secondary care (specialist psychiatry), representing a focus on those at with the most severe illness. This creates several key challenges which we will work together to resolve

Trust and respect recommendations to be achieved sustainably;

- Crisis and Urgent care pathway workstream - **Recommendations 16, 20 and 22**
- Specialist Mental Health Services - **Recommendation 17**
- Integrated Substance addiction and Mental Health Services - **Recommendation 14**

Additionally these areas of the mental health and wellbeing programme will cover;

- Increase commissioning of mental health support.
- Use of virtual clinics
- Social Prescribing/Green Prescribing which is available in Dundee should be rolled out Tayside wide and become mainstream for management.
- Use of virtual Complex Case reviews within primary care to support staff to increase in competence and specialist skills to be appropriately utilised.
- Referral pathways streamlined - direct people quickly to Third Sector, Community Specialist support or other specialist support.
- New Mental Health Urgent Care pathway is being co-designed for implementation in 2021

- Specialist Community Mental Health (*Liaison Psychiatry, Transitions, Mental Health Wellbeing Hubs, Mental Health Assessment Units, Referral Processes Discharge Planning and Mental Health Liaisons in Emergency Services, Mental Health and Substance Use Related Harm)*

Integrated Mental Health and Substance Use Related Harm (Trust and Respect, recommendation 14)

The aspiration is to develop an integrated team that can treat mental health and substance use as interdependent conditions to help make improvements in access, support and care options, reduce stigma and discrimination and deliver better joined up, team based working and allows a person's substance misuse behaviours to be considered alongside their wider mental, physical and social health.

There are numerous studies highlighting the overlap between mental health and substance use, estimating that about half of those diagnosed with a mental health condition during their lives will also experience a substance use problem and vice versa.

Our aim is to acknowledge the prevalence of intersecting risks and vulnerabilities of this dual need and build a service that supports a person more holistically in multiple areas simultaneously *e.g. addressing mental health problems or insecure housing, alongside alcohol and drug use.* Services will need to consider wider family, social group and community context, including addressing family poverty and disadvantage and intergenerational poverty issues.

Future development of an integrated model of care will explore:

- Firstly, understanding identified and expressed need to co-design the model with those using and engage those who may not be making use of services, and ensure we engage people with lived experience in the specification development, and in regular reviews to the pilot project to monitor progress culminating a robust evaluation.
- Integrated approaches involving statutory, community and voluntary sector mental health and substance addiction services, with agreed local pathways to meet wider social care needs.
- Mental health services leading on, and helping with, access to other health and social care services. This includes primary healthcare, education, housing and employment as well as substance addiction services (NICE, 2016).

The joint project with the Dundee Alcohol and Drug Partnership will develop a proof of concept project testing out an approach to an Integrated Mental Health and Substance model would operate.

We will know we have made a difference in these areas when:

- People in Tayside will have shorter waits to see mental health care professionals, in outpatient clinics and in Emergency Departments.
- Referrals to secondary care will decrease
- Those patients requiring secondary care (specialist psychiatry) will feel that they receive a better service, measured by outcome star (or similar)

- Emergency department 4hr breaches for mental health will decrease
- Police will need to visit A&E less often
- Audits of prison health care will show better access times

Justice Healthcare

In recent years, new arrangements have opened up the opportunities for closer partnership working between health and justice. In 2011, the NHS took over responsibility for the delivery of healthcare in prisons and in 2014 partnership arrangements were established for the delivery of healthcare in police custody. The National Prisoner Healthcare Network was established to support and facilitate local working. In 2017, re-organisation of community justice was implemented and the national body Community Justice Scotland was set up, as well as Community Justice Partnerships at local authority level. A document setting out Scottish Government's plan.[11]

Police Custody

We will improve access to specialist mental health assessment to achieve better outcomes for people experiencing mental health problems in custody, to connect better with locality-based support and mental health services and to reduce the need to transfer individuals detained by Police Scotland to Emergency Department for assessment. This will result in more effective use of Police Scotland personnel and more response service to the individual.

Veterans First Point

Veterans First Point (V1P) Tayside is a small, specialist service developed in 2015 to support former military personnel and their families across Angus, Dundee and Perth. It is one of six V1P regional Centres in Scotland (Ayrshire & Arran; Borders, Fife; Lanarkshire and Lothian) and is part of the newly formed NHS Scotland Scottish Veterans Care Network.

The model aims to provide:

- Information and Signposting
- Understanding and Listening
- Support and Social Networking
- Health and Wellbeing - including a comprehensive mental health service delivered by a multi –professional team on site.

A unique feature of V1P Centres is the staff team. This is comprised of veterans, employed as peer support workers and mental health clinicians. The peer support workers offer assistance with a broad range of welfare issues and the mental health clinicians offer comprehensive mental health assessments, broker treatment and deliver psychological interventions for a range of mental health difficulties, including those attributable to military service. The focus on delivering a 'one-stop-shop' for welfare and mental health needs enhances the credibility, accessibility and co-ordination of the service we offer. Over a third of referrals are veterans who opt to self-refer.

[11] Scottish Government, Justice in Scotland: vision and priorities, 2017 https://www.gov.scot/publications/justice-scotland-vision-priorities/

The service works with veterans and their family members, supporting those experiencing mild to moderate levels of difficulty and distress, to those with severe and enduring mental health issues. V1P Tayside will assertively broker care packages from within mainstream services wherever possible, while retaining the clinical capacity to deliver psychological therapy to those with the most complex needs who present with barriers in accessing mainstream mental health/psychological therapy services.

The V1P Network of Services has been independently evaluated by Queen Margaret University and demonstrates clinically significant improvement outcomes for those to utilise V1P services across Scotland. The model operationalises the principles and aims of the Armed Forces Covenant.

V1P Tayside currently receives matched funding from Scottish Government and the Dundee Health and Social Care Partnership.

3. Specialist Mental Health Services Project

Adult Specialist Mental Health services aim to provide specialist, evidenced based, high quality person centred care and treatment for people with complex mental health needs.

Specialist Mental Health services are required for people with complex mental health needs that require assessment, care and treatment, offering a range of interventions, provided by a multidisciplinary team of including Psychiatrists, Occupational Therapists, Pharmacists, Peer Support Workers, Psychologists and Mental Health Nurses – all of whom will have undertaken specialist training in the management of mental health conditions.

Specialist Mental Health Services work with multiple partners including primary and social care services and voluntary sector organisations to ensure that people can access an appropriate specialist mental health pathway of care in a timely manner.

Specialist Mental Health Services aim to provide:

- assessment of individuals referred to specialist services with a mental health disorder that cannot be managed safely in other settings
- effective person centred care and treatment for people with complex mental health needs – usually within a community based service unless there is a need for in-patient care, when this will be provided timeously if required
- specialist support and advice to Primary Care Services
- safe and effective transitions for people with complex mental health needs between services such as:
    - Children and young people to Adult services
    - Adult services to Older people services
    - Between Adult services and Substance use services
- evidence based physical, pharmacological, psychological and social interventions to support recovery from acute mental illness

Our vision for specialist mental health services in Tayside is that:

- People are empowered to ask for help and get the right help in the right place at the right time
- Views are expressed and heard using human rights based approach
- Safe, person centered, effective, high quality care can be accessed by people adversely affected by mental illness
- The lived experience of people underpins our service improvement and development plans
- Our services are joined up, person centred and facilitate a smooth journey of care for people

A number of priority areas have been highlighted for Tayside in response to feedback from service users and partners to ensure people have access to the right support, by skilled, compassionate staff, without lengthy waits and difficulties in accessing services.

There are 10 priority work streams within the Specialist Mental Health Services section of our strategy. These will focus on the design and delivery of person centered services working in partnership with people with lived experience, their families, carers or advocates clinical and professional teams, connecting with primary care and local communities including third sector.

The priority work streams are outlined below:

1. Specialist Community Mental Health services
2. Early Intervention in Psychosis
3. Emergency and Urgent Care Pathway, including crisis support
4. Personality Disorder Services
5. Rehabilitation Services
6. Inpatient Services
7. Perinatal and Infant Mental Health Services
8. Secure Care Services
9. Eating Disorders
10. Adult Neurodevelopment Pathway

Adult Inpatient Mental Health and Learning Disability Services

Mental health services are currently delivered across NHS Tayside through Board retained services and those mental health service devolved (from April 2016) to the three local Integration Joint Boards in line with the Integration Act (2014).

Adult Mental Health and Learning Disability Inpatient services are currently delivered from three hospital sites in NHS Tayside; Carseview Centre Dundee, Murray Royal Hospital Perth and Kinross and Strathmartine Hospital Dundee.

Adult Mental Health and Learning Disability Inpatient services is a key work streams within the Specialist Mental Health programme of work. The specific area requiring review is the configuration of the Adult Mental Health and Learning Disability service model and to determine the optimal model for the future of the inpatient services.

In January 2018, following a significant period of planning, options appraisal and stakeholder engagement the current Adult Inpatient Mental Health and Learning Disability Redesign

Transformation Programme (MHLDRTP) was approved for implementation by Perth and Kinross Integration Joint Board in the approval of this programme was a critically important landmark event for the inpatient Services, whereby the review of clinical models of care and inpatient accommodation from which care is provided to patients commenced as far back as 2013.

During the course of 2014-18 significant work was undertaken to establish the service configuration including an options appraisal process undertaken with a wide range of stakeholders to consider the options around providing the inpatient service from one or two sites and to consider the future of the Learning Disability Inpatient Services given the ageing infrastructure of Strathmartine Hospital. This included a formal public consultation that ran between October-December 2017.

The programme ambition was a service redesign that sought to achieve the following;

- Single centre for Adult Psychiatry Inpatient Service at Carseview Centre, Dundee
- Single centre for Inpatient Learning Disability Services at Murray Royal Hospital, Perth
- Tayside-wide Intensive Psychiatric Care Unit remain at Carseview Centre, Dundee
- Rehabilitation, Substance addiction services and Low and Regional Medium Secure Forensic Services remain at Murray Royal Hospital, Perth

The Independent Inquiry into Mental Health services in Tayside interim report (May, 2019) stated that

"*the proposed changes should not be implemented before there is a comprehensive review of the wider needs of the community, beyond inpatient requirements*" and also "*In light of the independent inquiry, there is clearly a need for a comprehensive review of mental health service strategy rather than simply undertaking a move of beds and sites*"

This resulted in the preferred option being paused awaiting the outcome of the Inquiry which was published in February 2020.

Integral to our Mental Health and Wellbeing Strategy and whole system change programme is a re-visit to the Adult Inpatient Mental Health and Learning Disability redesign. Given the passage of time a rapid review of the previous redesign has commenced to inform future configuration of these services.

In August, 2020 NHS Tayside with input from all interested stakeholders, including people with lived experience and their families commenced a rapid review of MHIP services with a view to reviewing the previous redesign, consider if this remains contemporary as part of whole systems approach being taken, to propose and agree the future service model and service configuration for MHIP services as part of whole system of care and treatment for people in Tayside.

The proposed redesign and reconfiguration of Adult Mental Health Inpatient and Learning Disability Services requires a whole system response to mitigate the risks associated with the current service model and service configuration. It is a pre-requisite for a successful whole systems approach that the all clinicians are fully engaged in the co-design, development and future management of the clinical services they deliver. To enable this,

clinicians, who take on the necessary leadership roles, and will have the necessary time and support in order to deliver this responsibility.

Redesigning end-to-end mental health services involves many agencies and a consistent and coherent approach to system-wide engagement about service changes.

NHS Tayside has adopted an inclusive approach for stakeholder engagement through the Tayside MHW Programme. Proactive engaging people in the right way will make a big difference to the co-creation of the model, future planning and delivery of mental health services which are fit for the future.

Ongoing stakeholder engagement is critical to the success of the development of a new service model and service configuration as a key component of the overarching Tayside Mental Health and Wellbeing (MHW) Programme.

Those involved in the current whole system change project accept that the majority of patients accessing Mental Health Services do not require in-patient care. There is, therefore, a compelling need to improve Community Mental Health Service provision in parallel with the changes outlined in this strategy. The redesign of Adult Mental Health and Learning Disabilities Inpatient will ensure the following principles underpin redesign:

- Mental healthcare in NHS Tayside will see a rapid change, with a greater focus on community based services through General Practice and community teams focussed on recovery and improved mental wellbeing in communities.
- A holistic and whole systems approach is taken that recognises that specialist hospital services will always be needed for those who are most unwell and, when people are in hospital, they should receive the highest possible quality of care in buildings which are fit for the delivery of modern healthcare.

The change process is taking an inclusive approach, engaging with service users, their families and carers, people with Lived Experience and with the third sector to explore best practice to co-design a new model of care responsive the needs of people with mental health problems, has a specialist multi-disciplinary workforce developing end to end pathways of care.

The stakeholders involved in the strategy and change programme acknowledge that at times change may be challenging, however all partner organisations agree the status quo is not fit for purpose and recognise that it is necessary now to put people first, avoid any further delays, prioritise this work to achieve the best possible outcomes for patients. The delivery of these plans is critical in mitigating a number of the environmental risks associated with Adult Mental Health and Learning Disability inpatient wards, and creating person-centred environments of care

With this decision we now have the opportunity to co-create and coproduce the model with the one aim of providing high quality, safe, person centred, effective inpatient treatment in modern facilities to all those who require our services. This project will require work with staff from across the system, and crucially people with lived experience, their families and carers and local people in further developing inpatient and community services aligned to the needs of the population to make this a success.

Our Inpatient Mental Health and Learning Disability services are designed to provide a safe and stabilising environment for people who are in crisis, experiencing an acute episode of mental illness requiring admission to hospital. Service users may be informal or detained under the Mental Health Act or directed to the service as part of a Court Mental Health The Adult Inpatient Mental Health and Learning Disability service extends to a stepdown model of service provision for patients requiring rehabilitation or managed transition returning to the community and planned care inpatient service supporting alcohol and drug detoxification that cannot be safely provided in a community setting.

The ethos across mental health inpatient services is about assessing and treating service users with least restrictive care and planning for discharge in a robust and timely fashion. With a focus on recovery, we support service users to manage their mental health, reinforce daily living skills and prepare for independent life back in the community.

This key critical high impact change aspect of the Strategy and Change programme was initiated on 29 September 2020 taking on board previous work as noted above and aligned to the national programme of review of mental health inpatient services being facilitated by Healthcare Improvement Scotland.

The co-creation change strategy will build a 90 day change programme focussed specifically on the rapid review and redesign of adult mental health inpatient services. The 90 day change programme will then commence and will be run over three distinct 30 day phases

a. **Phase One** – strategic phase – development of the revised proposals through an “expert panel”
b. **Phase Two** – tactical phase – converting the strategic proposals into a tactical deployment plan
c. **Phase Three** – governance & approval phase – engaging all stakeholders and securing support and formal approval for the revised plans

- What is the role and function of inpatients for adults with mental health needs
- What level of activity and demand would be identified against this need and hence the scope and scale and configuration of specialist mental health inpatient services and provision required for Tayside
- What specific needs can only be or are best provided for in an inpatient facility (episodes/longer term needs)
- How do we understand this in terms of the whole system flow, pathways, and planned community based services, urgent and crisis care and interventions, and emergency to inform the design of the capacity requirements of the population.
- For unscheduled care, differentiate between crisis needs (which can be met in other ways) and true inpatient care
- Consider redefining the provision based on these needs

This robust and inclusive approach will then produce a report and statement of future state provision with recommendations on how our current plans should be modelled to take us there.

A similar process to that set above is planned working with service users, their families, carers and staff and carers to consider the future needs for inpatient provision for people with a learning disability.

In parallel with this work there are number of high priority projects that are well underway that will enhance the safety, quality and person centred approached to care within the Adult Mental Health and Learning Disability Inpatient Services. These include;

- a programme of refurbishment across areas of the mental health inpatient estate to enhance safety within the ward areas
- implementation of the Royal College of Psychiatrists Accreditation for Inpatient Mental Health Services (AIMS) programme of peer review and accreditation across all inpatient mental health and learning disability adult inpatient facilities to improve and assure the quality of care provided during acute inpatient admissions
- Implementation of a structured patient safety programme reflective of the National Scottish Patient Safety Programme in conjunction with the Health Improvement Scotland Improvement-Hub incorporating:

    - Improving Observation Practice
    - Least restrictive care
    - Physical Health
    - Leadership and Culture
    - Communication

- Development of existing carer forums to amplify the voice of carers and service users to work together on all related aspects of strategy and improvement work within Adult Mental Health and Learning Disability inpatient services.

Inpatient Learning Disabilities

A similar process to that set above for MHIP has been initiated working with services users and particular families and carers a separate project within the overall strategy and change programme will address the future needs for inpatient provision for people with a learning disability to ensure a whole systems approach is taken and produces a modern high quality service model for people with Learning disabilities includes community services, independent living arrangements and specialist inpatient services to meet current and future need. *See Learning Disabilities section at 10.5.*

In-patient Care for Children and Young People in Tayside – Young People's Unit

The Young People's Unit (YPU) provides in-patient care for young people aged 12-18 who have a psychiatric illness which is causing them and their families/carers extreme difficulty. The YPU is a 12-bed hospital based in Dundee which provides in-patient care to patients from across the North of Scotland region (NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland and NHS Tayside).

Our mission

Making a positive difference to a young person's life by enabling and empowering them to work towards realising and reaching their full potential.

Our aim

We will strive to work to the best of our abilities to provide high quality standards of therapeutic care as an integrated professional team; in partnership with patients, families and carers by learning from our mistakes whilst being fair, open and honest to consistently improve our practice

The YPU operate as a multi-disciplinary team providing individualised evidence based therapeutic interventions and care collaboratively with young people. Our approach is one that is holistic in order to support full understanding of a young person's journey. We facilitate this through encouragement and enablement to obtain the best possible outcome. Our team brings together the following professional groups: nursing, medical, psychological therapies, occupational therapy, speech & language therapy, dietetics and physiotherapy.

We believe in providing person centred care collaboratively with young people, their families, carers and partner agencies. We hold the belief in promoting transparency and respecting young people's rights. Every young person has areas of strength and resilience and we believe in providing an environment where they can feel safe to express their views and feel heard. We know that recovery is a different journey for everyone, but we believe in different possibilities and that wellness is achievable.

Our values

- Holding a belief that change is possible whilst being empathetic and supportive to young people's ongoing struggles.
- Supporting young people to be the best they can be whilst walking alongside them on their journey and helping them to follow their own paths.
- Valuing and listening to children and young people, families, carers and partner agencies with the knowledge that they offer valuable opportunities for a young person to grow and develop at their most difficult times.
- Making a positive difference to someone's life through recovery by showing compassion and holding hope for other's when they aren't able to.
- Respecting equality and each other for our individuality thus providing opportunities to learn together.
- Encouraging creativity, fun and laughter in a young person's recovery to utilise personal strengths.

Forensic Mental Health Services

NHS Tayside (NHST) provides medium, low and community forensic mental health services at Rohallion Clinic[12] and Birnam Day Unit, Murray Royal Hospital Perth. Medium Secure services are delivered on a regional basis covering a large geographical area, hosted by NHST on behalf of the North of Scotland Health Boards, including NHS Grampian, Highland, Orkney, Shetland and Tayside.

The service is an integral part of a national network of Forensic Mental Health and Learning Disability Services across Scotland. At present high secure services are delivered on a national basis, medium secure care on a regional basis, low and community on a local basis. Although a large majority of forensic mental health services are run by NHS Health Boards, Scotland also has a few independent low secure inpatient forensic mental health services.

Forensic mental health services specialise in the assessment, treatment and risk management of people with a mental disorder who are currently undergoing, or have previously undergone, legal or court proceedings. Some other people are managed by forensic mental health services because they are deemed to be at a high risk of harming others or, rarely, themselves under civil legislation.

[12] https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/RohallionClinic/index.htm

The Forensic service in Tayside also provides care and treatment for restricted patients, who are patients detained in hospital under a compulsion order with a restriction order. They have usually committed an offence punishable by imprisonment but as a result of mental disorder are not imprisoned but ordered to be detained in hospital for treatment, without limit of time. They are dealt with through a programme of treatment and rehabilitation - the aim being to prevent recurrence of offending by dealing with the mental disorder.

Scottish Ministers have responsibility for the oversight and scrutiny of day-to-day management of restricted patients including:

- authorising suspension of detention from hospital
- transfers between hospitals
- transfers between hospital and prison
- recall from conditional discharge to the community

The medium secure unit in Rohallion has 32 male mental illness beds. Spey Ward (Admission) has 8 beds. Vaara and Ythan Ward rehabilitation/recovery have 12 beds each.

The low secure unit has 35 beds male mental illness beds for NHS Tayside but only 24 of these beds are currently operational. Esk Ward Assessment/ Treatment has 12 beds. Lyon Ward (rehabilitation/recovery) has 12 beds. Faskally Ward has 10 vacant beds as a result of a shifting the balance of care redesign in 2017. The use of these beds will be considered as part of the Adult Inpatient Mental Health and Learning Disability redesign.

The Rohallion Forensic Community Mental Health Team is based within Birnam Day Centre. The service is currently exploring the development of Liaison and Diversion (L&D) services. These services aim to provide early intervention for vulnerable people as they come to the attention of the criminal justice system. L&D services provide prompt response to concerns raised by police, probation services court services, and provide critical information to decision makers in the justice system, in real time, when it comes to charging and sentencing these vulnerable individuals. L&D also acts as a point of referral and assertive follow up for these service users to ensure they can access, and are supported to attend treatment and rehabilitation appointments.

In this way, L&D services are expected to help reduce reoffending, reduce unnecessary use of police and court time, ensure that health matters are addressed by healthcare professionals, and reduce inequalities for some of the most vulnerable in society.

Forensic Mental Health and Learning Disability Services nationally are currently undergoing a review on behalf of Scottish Government, which is due to report early 2021. It is anticipated that NHS Boards across the North of Scotland will be asked to consider the development of low secure women's services on a regional basis thereafter. Some work has commenced on the feasibility of having such a service attached to the Forensic Inpatient Services here in Tayside.

Perinatal and Infant Mental Health

NHS Tayside has been successful in applying for funding from the Perinatal Mental Health Network for Scotland (PMHN Scotland), which is a national managed clinical network.

The aim of this work is to help develop and improve access to high quality care for women, their infants and families, who experience mental ill health in pregnancy or during the first

postnatal year. We want to make sure that expert-led care and treatment is available wherever a woman lives in Scotland.

The four themes which drive our work are:

- Working in Partnership;
- Developing Professional Expertise;
- Ensuring Equity of Care; and
- Delivering Best Outcomes.

Perinatal and Infant Mental Health Services (PNIMH) are underdeveloped across Tayside and whilst services are available for women and their families these are not part of a funded and identifiable PNIMH Service.

There are currently no funded posts within Mental Health Services in Tayside to provide specialist PNIMH services to pregnant women, postnatal women or partners. As a consequence care experience can be inconsistent in terms of its delivery, timeliness and quality.

A Perinatal and Infant Mental Health Commissioning Protocol was established in July 2020 and this was shared with representatives from NHS Tayside and Perth and Kinross Health and Social Care Partnership at a meeting with the PNIMH Programme Board on the 7th August 2020.

NHS Tayside as a Board, with a birth rate above 3000 births per annum, has been invited to submit bids for funding allocation for:

- A Community Perinatal Mental Health Service
- A Neonatal and Maternity Psychological Service

This is in line with the staffing recommendations set out in the Delivering Effective Services Report.

The development of PNIMH forms part of the overall Tayside, Mental Health, Learning Disabilities and Wellbeing Whole System Change Programme and will report through the existing Programme Governance Structure.

PNIMH forms part of the Specialists Adult Mental Health Service work stream and will report through the:

- Tayside Mental Health and Wellbeing Integrated Operational Steering Group
- Tayside Mental Health and Wellbeing Strategic Programme Board and to the
- Tayside Executive Partners Strategic Leads Group that are accountable for the delivery of the Whole System Change Programme.

There has been a long standing PNIMH Steering Group in NHS Tayside which has led on the development of local care pathway development, education, training and developed the integrated proposed hub and spoke community model. This group will form the main project membership for this work. In addition members of the Steering Group have supported the development of the Neonatal and Maternity Psychological Service

The central funding is recurring for 3 years only and financial planning beyond that period will need to include a sustainable financial model for the service in the medium to long term.

It is highly likely that the mental health and wellbeing of women, their babies and families will remain a core priority of mental health policy and strategic direction over coming years along with a focus of prevention and early intervention.

It will be essential that a sustainable financial model is developed beyond the funding period which will require a joint commitment from the Tayside Executive Partners Strategic Leadership Group.

4. Mental Health of Children and Young People

Prevention and early intervention services for children and young people within Tayside will focus on a whole systems approach which recognises the importance of specialist services, but also the need to develop early intervention approaches at tiers 1 and 2 to help prevent the development of mental health problems in children and young people.

The areas of work Mental Health and Wellbeing of Children and Young People are:

- Universal Services
- Child and Adolescent Mental Health Services
- Neurodevelopmental needs pathway
- Psychological Therapies
- Referral Management
- Transitions
- National Picture

At all times and throughout our services we aim to provide the best possible start for our children and young people within Tayside by providing the right support at the right place, right time, listening to the voices of the children and their families and adopting an early intervention approach which is focused on outcomes.

Across Tayside we know the need for good emotional wellbeing and mental health support for children and young people is increasing. Working collaboratively we understand the needs of our children and young people will not be met solely by the skill and expertise which rests within clinical settings and consulting rooms. It will require the resources which rest within our communities to be fully activated; in schools, young people groups, charities and the family home.

The community and service engagement necessary to meet this need will challenge us all to think and behave differently.

It will affect change in our attitudes, culture, beliefs and behaviours and systems. Children must be made aware of, and be supported to use healthy habits and coping strategies: exercise, emotional self-control, a positive relationship with a trusted adult, diet, sleep and peer support.

In the absence of appropriate education, relationship and support, children may engage in substance abuse, violence, abusive relationships and poor eating habits.

If we are to get it right for all our children and young people in Tayside, change must begin with ourselves, our local authorities, health services, parents, schools and partners. We must

all work in partnership with children and young people to understand their lives and work together to address the underlying challenges.

Our strategic plans for children and young people in Tayside is premised on the following principles, underpinning our service improvement.

1. **Ask Once, Get Help Fast (Early Intervention and Community Support)**
   Children and young people will get the right help at the right time from the right people

2. **For all our bairns(Collaborative Working)**
   Breakdown organisational and professional boundaries to provide children and young people with the right care; provide experiences which are experienced as consistent and integrated

3. **Notice, Ask, Know (Creating a navigable system you can understand)**
   Adults will apply their understanding of the continuum of need and support from universal to targeted and specialist services
   Pathways to appropriate support should be easily accessible in a navigable system that all can understand

4. **Can Asking Really Inspire New Growth? (Communications with Children and Young People)**
   Adopt an enquiry-based approach in service design and delivery
   Through Learner Participation we will provide better outcomes – learn by listening

5. **Folding the Edges in (A Welcoming Environment)**
   - Vulnerable children and young people will be enabled to access services by ensuring environments are welcoming, friendly and emotionally safe.

In Tayside, we take a life-course approach to mental health because good mental health begins in infancy.

- One in ten children and young people aged five to 16 have a clinically diagnosable mental illness (Audit Scotland, 2018) Children & YP Mental Health

- Tayside has **1091** Looked after Children who are **4-5 times** more likely to suffer mental health issues than their peers (NHS T, 2017)

- Over 75% of all mental health problems have their onset before the age of 20, and childhood and adolescence are the key stages for promotion and prevention to lay the foundations for mental wellbeing (PHP Scotland 2019) **Child Health Profile (March 2019)**

- **1 in 4 children**. At least 7 out of 10 of these live in a house where at least one adult is working increasing the likelihood of developing poor mental health
- 19.5% of children (0-17 years) in Tayside live in the most deprived areas (SIMD 1 Quintile 1).

- 75% of 15-year-old girls and 53% of 15-year-old boys in Scotland feel pressured by schoolwork (HBSC, WHO, 2020) Health Behaviour in School-aged children

- 11% of young people (18-34) report having attempted suicide and 16% report self-harm at some stage in their lives (PHP Brit J of Psychiatry, 2018)

- 40% of LGBT young people consider themselves to have a mental health problem compared to 25% of all young people in Scotland (LGBT Young people Scot, 2013)

Mental health, wellbeing and resilience is a priority for all Partners through the Tayside Regional Improvement Collaborative , demonstrating the importance of mental health for the multi-agency partnerships and evidencing the importance of building resilience as the means to help children and young people withstand the emotional pressures that they face.

Our vision is to maximise the mental health and wellbeing for all children and young people in Tayside, putting children and young people at the centre of planning and delivery and building on the principles of 'Getting it Right for Every Child' (GIRFEC) Getting it Right for Every Child Principles which was placed on a statutory footing by the Children and Young People. Getting it right for every child (GIRFEC) is based on children's rights and its principles reflect the United Nations Convention on the Rights of the Child (UNCRC).

The whole systems approach is for all children and young people to ensure all agencies are able to proactively predict if or when children, young people and their families are in need of planned, urgent or emergency co-ordinated supports. GIRFEC also respects parents' rights under the European Convention on Human Rights (ECHR).

The Tayside Regional Improvement Collaborative (TRIC) plan will:

- Have a stronger focus on prevention, social support and early intervention, beyond the current focus on specialist mental health services, which has seen a 22% increase in referrals to specialist services over five years, with an increase of 24% in the number of rejected referrals during the same time, and an average waits of 11 weeks for a first appointment
- Provide a wider range of generic, less specialist services which are more able to respond appropriately for those who don't require clinical intervention, which will free up specialist services to see those in most need
- Review alternative models of supports and services and consider a co-ordinated approach to piloting alternative models
- Building the evidence base on 'what works' and share good practice
- Building better information and understanding for the public, all agencies and services, of where emotional distress is best addressed

The focus for delivery of mental health and wellbeing supports and services will the local Children's Services Partnerships (CSPs) as they are intended to support and build on existing and developing good practice. Children and young people's mental health should be a visible priority for all relevant public bodies and partnerships and unambiguous commitment is needed at all strategic levels to support those working together on the frontline to deliver services. A whole system approach, underpinned by 'Getting it Right for Every Child' (GIRFEC) will help children, young people and their families receive the support they need when they need it. Our priorities include:

- Transformational change to improve children and young people's mental health and the services that support them and that preventative approaches are central to this

- Early intervention and prevention through universal services and education services will be vital to improving outcomes for children and young people and decreasing the need for direct referral to CAMHS
- Specialist services such as Child and Adolescent Mental Health Services (CAMHS) will establish linkages to create fluid integration across sectors and throughout lifespan settings, to provide preventative primary care as well as reactive acute holistic patient centred care; develop patient-reported outcomes, reflective of wellbeing, service performance and helpfulness and proactively develop information technology platforms to better engage with stakeholders that is reactive and proactive, enables easy access to online appointment portals, and facilitates self-help supportive modalities.
- Intensive support is co-ordinated and available for Looked after and accommodated children, young people and their families.
- Creating a service that reflects a person-centred neurodevelopmental pathway for the lifespan of children and young people, ensuring it seamlessly supports transitioning for the journey of the child and young person through and into adulthood.
- Improving our planning around transitions - for children, young people and also their families and carers, transitions from children's mental health services into adult mental health services can be fraught with challenges. All agencies and services providing care, treatment and support during transitions from children's to adult services need to co-operate, ensure robust care/case management is in place to make this transition as safe, planned and seamless as possible.

Our aim is to deliver future services with strong communication and consistency between all health care settings, such as hospitals, social work, GP, community sectors is difficult and records are not shared and a lot of the time, duplication of information and repeating information occurs. This creates risk and impacts trust and seamless care delivery.

The picture below demonstrates a whole system model for children & young people's mental health support and services which we intend to embed.

Delivery of our vision will see an inclusive approach which covers the whole developmental period from preconception through perinatal and infant mental health into childhood, adolescence and early adulthood.

5. Mental Health and Wellbeing of People with Learning Disabilities

The focus for this are of the MHW Programme is:

- **Redesign of Inpatient Learning Disabilities**
- **Forensic Learning Disabilities**
- **Autism**

Scotland's Census, 2011, reported 26,349 people with learning disabilities, which is 0.5% of Scotland's population. Learning Disability Statistics Scotland (LDSS) reported in December 2019 that there were 23,584 adults with learning disabilities and/ or on the autism spectrum known to local authorities in Scotland at that time. This equates to 5.2 people per 1000 people in the general population.

Within Tayside 2044 people were known to have learning disabilities and/ or autism, with Dundee having the highest reported number across Scotland i.e. 8.8 per 1000 of the general population. Angus reported 5.0 people per 1000 population and Perth and Kinross 3.4.

There were 4,383 people known to local authorities who were identified as being on the autism spectrum. 1,115 people were reported as not having a learning disability. It is recognised that this data likely represents a significant underestimate of the number of adults who are on the autism spectrum but no associated learning disability. This is in part due to the collation of LDSS statistics being collected from learning disability services specifically.

The *microsegmentation of the autism spectrum: research project, 2018* establishes a national autism prevalence rate of 1.035% (103.5 per 10,000 people) for Scotland. This would suggest there are approximately 44,133 people on the autism spectrum in Scotland, with just over 4100 living in the Tayside area.

Our national Pupil's Census in 2017 reported that there were 14,200 children with a learning disability registered as receiving additional support in Scotland's schools.

A range of health and social care supports are currently in place within Tayside for people with learning disabilities and/ or autism. An inpatient service operates on a Tayside wide basis and community health and social care supports are provided across a number of statutory and 3rd sector teams. Support in areas such as employment and further education, and the provision of advocacy support, also figure strongly within each area of Tayside.

Co-production has been the key to improvements made in outcomes for people with learning disabilities and/ or autism over recent years and this will continue to be crucial as we develop new ways of supporting people and their families/carers across Tayside. The Association for Real Change (ARC) Scotland's National Involvement Network is a network of people who receive support who meet to promote involvement and share ideas about the things that are important to them. The Charter for Involvement which was developed by the Network has been welcomed across Tayside and a commitment made in each area to put into practice the Charter. The Network works in conjunction with local people/ groups who represent the views and needs of people with learning disabilities and/ or autism.

People with learning disabilities and their families/ carers will continue to be at the centre of both local and Tayside wide developments. It is recognised that there are some particular areas of improvement that require a Tayside focus without losing sight of priority areas for action within different localities across Tayside.

The Keys to Life Unlocking *Futures for People with Learning Disabilities Implementation framework and priorities 2019-2021* builds on the rights based strategic outcomes set out within the Keys to Life Strategy, 2013. These are:

1. A Health Life
2. Choice and Control
3. Independence
4. Active Citizenship

The Scottish Strategy for Autism *Outcomes and Priorities 2018-2021* also outlines the above 4 overarching outcomes as being priorities for people on the autism spectrum. The outcomes resonate strongly with the ambitions set out in *A Fairer Scotland for Disabled People 2016.*

Across Tayside, people with learning disabilities continue to tell us what is important to them. Some of the consistent themes we hear are:

- Equal access to universal services
- To be healthy
- Have social connections
- Choice of where to live and with whom
- Opportunity to be an active citizen
- To feel safe
- To not being subjected to stigma and discrimination
- To be treated fairly as citizens with equal rights

In a recently published report *Relationships Matter: The first report from the How's Life survey* people with learning disabilities who participated cited loneliness and an impact on wellbeing through a lack of opportunity for social connection.

Our plans

A programme of work to improve outcomes for people with learning disabilities and/ or autism across Tayside will focus on the areas set out within this Strategy. These will largely, but not exclusively, cover actions that require a Tayside response. More localised Plans will continue to be in place in Angus, Perth and Kinross and Dundee. The work to support our Tayside Strategy will use a framework of the 4 rights based outcomes highlighted above and a co-production approach will be applied to each area of improvement.

Some of the main priority areas will be:

A Healthy Life

- Pathways between community support and hospital care will be reviewed to ensure seamless and safe transitions
- The number of specialist inpatient beds required into the future will be determined alongside a clear outline of community resources that will be required to lessen the need for hospital admission
- Work will continue with Primary Care colleagues to clearly identify people with learning disabilities and/ or autism, improve access to general primary care support and support primary care colleagues by introducing further ways to reducing barriers to communication with people. Increasing screening and annual health checks will continue to be an area for improvement

- Positive Behavioural Support approaches – often associated only with challenging behaviour – will be adopted more widely to ensure that all people can expect their behaviour to be approached from a position better understanding why it may be happening and staff and carers enabled to respond accordingly
- A clinical pathway approach to neurodevelopmental disorders will promote equal access to expertise, care and treatment for people with autism spectrum conditions, ADHD and other related conditions whether the person has a learning disability or not.

Choice and Control

- Access to advocacy support, and the timely provision of this when it matters most, will continue to be a priority. Ensuring that this is readily available wherever a person may be, for example in hospital or within their community, is extremely important
- We shall continue to support people with learning disabilities and/ or autism to make choices about how their support is delivered and by whom.

Independence

- A commissioning approach will be taken alongside Housing colleagues from each of the local authority areas where care at home/ housing support services require to be provided for people with very complex health and social care needs. Some of the initial areas of focus for example may be where a person has significant forensic needs, Prader Willi, behaviour challenges
- Support for family and carers will continue to be progressed locally within each area of Tayside however it is recognised that there may be areas of improvement that require a Tayside approach. We shall continue to involve families/ carers in driving improvements forward, whether the focus of work is local or Tayside wide.

Active Citizenship

- Whilst most of the commissioning of social care, employment and further education support will be progressed locally within each area of Tayside, it is recognised that there is a potential benefit to sharing learning, any successes and new innovations across Tayside. This will ensure best use of overall resources and serve to reduce duplication of effort where appropriate
- We shall continue to improve information, including health care information, for people with learning disabilities and/ or autism to make this more accessible and understandable

There are some cross cutting themes that will be integral to all areas of focus.

A clearer picture of medium and longer term workforce needs will emerge as we develop some of the areas above. It is anticipated that this will be wide ranging and will span different sectors.

Transitions will be a priority consideration within each programme of work. Whether this be children becoming adults or perhaps an older person with learning disabilities who also has dementia, there will require to be an approach taken across the lifespan of people with learning disabilities and/ or autism. Planning for people and outcomes, rather than taking a service led approach, will be at the heart of this important area of work.

6. Older Peoples Mental Health

The areas of work identified within this section of the Strategy include:

- **Dementia Diagnostic Pathway**
- **Cholinesterase Inhibitor Prescribing Protocol**
- **Intensive Psychiatric Care for Older People**
- **Intermediate Care**
- **Transitions**
- **Admissions Criteria**
- **Inpatient Functional Standards**

Within the NHS, community teams have traditionally been set up based on age – as we know services should be needs led and not age led – however a balance is required. Current practice across areas is that on reaching 65 years of age – the majority of individuals in receipt of services/support are transferred to older people's services. Individuals reaching the age of 65 now have needs that are generally less about frailty and more about ongoing mental health issues, loss and transition in terms of life events. Many 65 year olds now would benefit from supports still available to them in adult services and consideration of best resources to meet needs is required. Older People's services includes all people with dementia regardless of age once a diagnosis has been achieved.

As individuals live longer we need to ensure that age is not the sole criteria for transfer to older people's services so that these services are not overwhelmed. Similarly transition should be looked at from children's services to adult services and it may be helpful to look at this whole journey to ensure our services are robust and fit for purpose – ensuring capacity and flow across all pathways. However this work stream will focus on adult to older people's services.

Dementia diagnosis remains a clear priority nationally and internationally and timely and access to appropriate services remains an organisational priority. At the time of publication of Scotland's third National Dementia Strategy (June 2017) there were 90,000 people in Scotland living with dementia and it was estimated that 20,000 people would be newly diagnosed each year. From the Scottish Government's projected diagnostic rates of dementia for each region of Scotland published in 2014 it was estimated that the numbers diagnosed would increase each year and in 2020 there would be 1730 people who would receive a new diagnosis of dementia in Tayside.

- We plan a new Memory Pathway which will outline the patient journey for individuals of any age presenting with memory problems. The pathway will provide guidelines regarding the referral process and expected patient journey of individuals presenting with memory problems. It will allow patients with dementia to receive a diagnosis in a timely fashion and if appropriate to be offered prescription of anti-dementia medication.
- The future pathway will provide guidelines regarding the referral process and expected patient journey of individuals presenting with memory problems. It will allow patients with dementia to receive a diagnosis in a timely fashion and if appropriate to be offered prescription of anti-dementia medication.

- With regard to Intermediate Care, the following policies remain the evidence based approach; 'Reshaping Care': a programme for change 2011-2021 and 'Maximising Recovery, and Promoting Independence': 'Intermediate Care's contribution to Reshaping Care', An Intermediate Care Framework for Scotland 2012. These policies outline the current thinking that an enabling approach to Intermediate Care are a core element of National strategy to re-shape our health, care and support services for older people and those with long term conditions. They outlined that enabling people to live independent lives, with meaning and purpose, within their own community, is a fundamental principle of social justice and an important hallmark of a caring and compassionate society.
- We will review and improve transitions from one service to another to provide seamless care, ensuring that the individual gets the right care and treatment from the right service at the right time and with no detriment – i.e. loss of a particular service, financial, level of service. In particular the transition from adult mental health to older people's mental health.
- The current set of admissions criteria does not reflect the diversity of the patient group being cared for within POA. This deficit can lead to avoidable negative outcomes where a patient is inappropriately placed within the incorrect ward environment, not designed to cater for the type of risk associated with a patients presentation, for example, an organic ward is not properly equipped to minimise ligature risk but is appointed well for patients suffering from progressive cognitive decline. In contributing to the Tayside Mental Health and Wellbeing Strategy the Admissions criteria working group will consult with relevant stakeholders and carry forward the Tayside Psychiatry of Old Age ethos of patient centred care to consider the following:

    - criteria for admission to functional inpatient units
    - criteria for admission to organic assessment units,
    - distinction between the admissions criteria for each type of inpatient facility

In forming this guidance, we aim to unify admissions processes across the region and liaise with core colleagues involved in admissions to Psychiatry of Old Age.

Across mental health functions inpatient beds attract a lot of attention publicly, politically and financially and there is a key focus through mental health care regarding shifting the balance of care and ensuring community services can provide meaningful alternatives to hospital care as part of a whole systems approach to holistic care.

Psychiatry of Old Age have worked hard to develop their Tayside wide working relationships and none more so than in relationship to their bed models and appropriate use of beds Tayside wide. There is a real scarcity of research and evidence base around functional mental health for older people and it is this combined with the increasing number of local and national standards that were being implemented across Psychiatry of Old Age in Tayside that requires consistency of approach to Tayside wide working.

The development of Functional In patient Standards will follow on from the CMHT Older People's standards developed, agreed and currently being implemented as part of a 5 year implementation plan.

The standards will follow the same design and layout as the CMHT standards to allow easy transition between the two for an individual in their journey. They will focus on the key parts of an individual's journey into and out of hospital. These are multidisciplinary standards

An overall aim of providing services for Older People means there will always be a focus on ensuring that people get back into their home or community environment as soon as appropriate with minimal risk of re-admission.

The following set of measures will be used to monitor our approach in relation to quality indicators/evaluation measures, impact/benefits for patients and families, clinical outcomes, outputs, and health gain.

- Delivery of Safe care – planned and delivered by involving the older person (is possible), their family or carer in the decisions that affect them
- A reduction in incidents/suicide attempt/self-harm/adverse medication incidents.
- Timely and appropriate physical health care by knowledgeable and skilled practitioners.
- Impact on length of stay, evidence of prevention of admission strategies, timely well planned and partnership discharge – feedback from carers and users/other professionals/disciplines will support this.
- The service along with adult mental health becomes needs led and not age led – recognising the individual needs of an individual who requires hospital care and which environment is best placed to provide this.

7. Workforce Strategy for Mental Health

There has never been a more important time to work in mental health. There is a genuine growing consensus that mental health matters as much as physical health and is a priority area that will benefit from additional resource needed, particularly in communities to deliver real improvements for those who require access to specialist services.

We know change is already happening as staff in mental health services develop new and better ways of working introducing new roles, advanced practice and redesigned services: the integration of physical and mental health, the range of settings and partnerships, self-care and user-led models.

The needs of our future workforce are dependent on primarily the availability of the staff, specifically specialist staff in a very competitive and sometimes market driven process.

Developing our workforce strategy and plans will take into consideration a range of factors, including the:

- Scale of the services that we plan to offer in future
- Locations at which are staff are employed
- Models chosen of how we employ our staff
- Models chosen of how we operate our services
- Models chosen of how our services will work together
- New needs confidence, knowledge and skills our staff require to perform their roles
- Need to make Tayside a desirable place to work with excellent training & development opportunities
- Learning Environment, our culture and how we recruit and as importantly how we retain staff
- Opportunities to use staff more flexibly across services

- Mentally healthy working environments where staff are supported to perform at their best, have a positive life/work balance and can ask and receive support when they struggle with their own mental health without fear of stigma and discrimination.
- Financial envelope available

Our workforce strategy will strengthen the understanding that no one organisation holds all of the levers necessary to produce the required workforce. Development and delivery will require all providers, health and social care partnerships as commissioners, local authorities and the third sector to work together to ensure we recruit, retrain and retain the staff that we need to deliver a whole systems model of mental health that is accessible at the point of need. To develop and deliver this successfully will require not just good data, but a needs based, person-focussed thinking, pro-active, and system level leadership and behaviours that reflect the collective leadership and commitment to people with mental health needs and demonstrated through the shared values of all stakeholders.

Our focus on the whole system will continue to identify key actions to deliver on our commitments to build specialist mental health services into the system at all levels to enable early interventions, support for distress brief interventions, increased capacity in General Practice and Community to compliment CMHT and advance practice, in-reach from acute medical staff into community to deliver care and treatment closer to home to ensure we only use specialist inpatient mental health when required, either as part of support package to provide a period of acute care and return home and for cases where people with mental health disorders require.

We are working from a starting position where mental health services in Tayside need to change to improve access, increase multi-disciplinary and multi-agency working.

Workforce Development Plan

Our aim for Tayside Mental Health and Learning Disability Services in Tayside is to have a workforce that is innovative, confident, able, engaged and empowered to deliver the strategic ambitions of Tayside as a World Class Mental Health and Learning Disability Service.

The patient experience of care, high quality, safe, evidence based clinical care and a healthy, inspiring work environment for our staff is our key priority and will form a core part of our Mental Health workforce strategy.

The overarching principles underpinning our approach to planning and development will include:

- design of our workforce in response to population needs
- the critical importance of multiagency, team based and cross sector working within mental health
- encompass the 6 key themes of our Tayside Mental Health and Wellbeing Whole System Change Programme
- reflect national workforce planning frameworks

The NHS Tayside Mental Health Workforce currently comprises of approximately 1700 whole time equivalent staff. Understanding the whole system contribution to mental health will form part of the workforce strategy.

The development of a workforce strategy and plan is an essential component of our Mental Health and Wellbeing Strategy. Understanding our current workforce model across the four public sector organisations and our third sector partners, planning against the challenges we

will face and setting our workforce requirement in this context to deliver new models of care and treatment whilst building in a continuous improvement ethos and methodology will ensure we have access to a multi-disciplinary workforce with the right skills, knowledge, and values. We will do this by working alongside service users, co-creating care people with people with lived experience, growing more peer support worker roles in all settings to make a demonstrable change at the forefront of care wherever it is delivered.

As the demands on our workforce changes in response to the new models of care a sound understanding of our workforce demographics, supply, vacancy, patterns and trends is necessary to ensure our plans are sustainable, viable and affordable. This will enable us to so support people to live independently at home and ensure access to community and specialist mental health.

Valuing and recognizing our workforce as our greatest asset and appreciating their commitment in the delivery of the diverse range of mental health and learning disability services provided locally is paramount to an effective workforce plan, recruitment and retention strategy.

There is a clear congruence between access to high quality training, good supervision and practitioner experience. Training, development and education opportunities are critical to developing staff, maintaining evidenced based practice. NHS Tayside is developing strategies specifically designed to facilitate the training and education of medical staff, trainees and mental health practitioners in evidence-based practices (including medical training, adult education, and teacher training). Investing in training, education and development opportunities will boost staff morale, add to team based working and retaining staff.

By March 2021 we will take a phased approach to the build of our integrated workforce plan to enable delivery of high quality care and treatment across our range of services, working towards a sustainable, long term model over the period of this strategy 2020 -2025.

The Scottish Psychological Trauma Training plan (2019) was launched as a companion document to the Transforming Psychological Trauma Framework. Mental Health and Learning Disability Services in Tayside are committed to a trauma informed and trauma responsive service. A trauma informed and trauma responsive workforce by 2021 is one of our key priorities. Rolling this out to other areas of the NHS and Social Care will enhance and strengthen cross agency working in service of complex cases.

The wellbeing and development of our diverse workforce is fundamental in recruiting and retaining quality staff with skills, knowledge, experience, values and beliefs to undertake their roles effectively. A valued and diverse workforce who are well informed and appropriately trained, can access development opportunities and have a strong voice throughout the organisation and delivery the mental health and wellbeing services to meet the needs of our population.

Recruitment and Retention

Making Tayside the best place to work is the objective of our Recruitment and Retention Strategy for Mental Health and Learning Disability services across Tayside.

The outcome of an effective approach to attraction and recruitment is that we are better able to target and recruit – and ultimately retain – the right numbers of staff with the right skills to

ensure we offer the best possible service to the patients and users of our Mental Health services in Tayside in line with the NHS Tayside Mental Health and Wellbeing Strategy.

This will be achieved by

- ensuring recruitment and retention processes are inclusive of mental health and don't stigmatise or discriminate attracting and retaining a diverse workforce which is able to work flexibly within Mental Health Services and respond effectively to any changes
- promoting NHS Tayside as an employer of choice, with a focus on Mental Health Services, balancing the need to attract staff with the right skills, experience and/or potential to develop from local, national and international arenas.
- developing a style of recruitment advertising that supports a consistent and recognisable brand that differentiates NHS Tayside Mental Health Services in the wider market place;
- ensuring all legislative requirements and PIN requirements are met, both through the recruitment process and by ensuring those involved in the recruitment process are appropriately skilled.

Mental Health Services in NHS Tayside recognise that it not only needs to promote itself to attract new employees, but it needs to retain them by ensuring that they are feel valued through a supportive culture that develops them to their full potential.

In order to attract, recruit and retain a workforce for Mental Health and Learning Disability Services in Tayside we have developed 6 high impact changes to underpin our strategy. These are outlined below:

- Developing a creative and modern approach to recruitment
- Identification of a range of new and innovative support roles
- Establishing a 5 year plan for advanced professional roles
- Compassionate leadership development programme
- A Trauma Informed Workforce
- Staff support, learning and development opportunities

Organisational Development

The organisational ambition to become a first choice employer for mental health will only be realised if our workforce have a great experience in work.

We Want Our Staff to:

- feel valued, cared for, supported and rewarded for the work they do
- feel that they are well informed and involved in decisions
- feel empowered and able to innovate and improve the way they work
- to be themselves in work and develop an open culture where people feel able to speak up, share ideas, raise concerns or make suggestions and be treated fairly and consistently
- to feel trusted and respected within their working environment and wider organisation
- to be treated with dignity in an environment where diversity is valued
- ask for help when they struggle with poor physical and/or mental health, and get the support they need when they need it to stay in / return to work swiftly

The way we go about our business, how we treat each other and live our organisational values sets the tone and creates the organisational culture.

Organisation Development team will support the development of these ambitions undertaking a comprehensive cycle of Organisational Development to inform future interventions and support needs, and in the shorter term by:

- Working with the senior leadership teams in the first instance, exploring Tayside Values, in order to establish an agreement of purpose and expected ways of working. This will include behaviours, attitudes and ways of being which can be expected and experienced working within Mental Health Services. More crucially the agreement will included what will not be acceptable to experience.
- Promoting the importance of meaningful appraisal and PDP planning conversations. Delivering Appraisal Training to Staff at all levels to achieve this, promoting timely feedback in the form of both re-enforcement and re-direction.
- Prioritising colleagues within Mental Health Services for development programme opportunities both locally and nationally.
- Provide opportunities and encouragement to senior staff to undertake psychometric assessment
- Provide timely access to Business Coaching and Mentoring

Our focus upon these three areas of workforce development, recruitment and retention and organizational development aims to maximize our workforce availability to deliver modern mental health services by 2025.

8. Mental Health and New Technologies

The strategic aims of the national ehealth strategy remain in support of this work and are to:-

- Enhance the availability of appropriate information for healthcare workers and the tools to use and communicate that information effectively to improve quality
- Support people to communicate with NHS Scotland, manage their own health and wellbeing, and to become more active participants in the care and services they receive
- Contribute to care integration and to support people with long term conditions
- Improve the safety of people taking medicines and their effective use.
- Provide clinical and other local managers across the health and social care spectrum with the timely management information they need to inform their decisions on service quality, performance and delivery
- Maximise efficient working practices, minimise wasteful variation, bring about measurable savings and ensure value for money
- Contribute to innovation occurring through the Health innovation Partnerships, the research community and suppliers.

Tayside's ehealth programme and emergent Digital Strategy recognises the role that technology will have in enabling the changes required to support the implementation of the Mental Health and Wellbeing Strategy.

Our Priorities include:

- Integrated digital clinical records
- Integrated data linkage to all support services within and eventually out with NHS to get a patient-centred view of care
- Agreement of whole system outcomes and reporting of KPIs

- Whole-system reporting of patient reported outcome measures (PROMS)Digitally enabled support for those with Mental Wellbeing needs – apps, eLearning

We plan that data collection is built it into clinical care so that clinical outcomes and systems of performance management and supervision are embedded in every day working and reporting enabled automatically.

There are four key steps to doing this:

Pillar 1: Identification. We need to know what we want to know.
Pillar 2: Collection. We need to have systems for reliable data collection.
Pillar 3: Analysis. We have to turn data into information that is useful and meaningful.
Pillar 4: Reporting. We have to regularly and usefully feed the information back to the clinicians and managers who are using it.

The development of integrated digital clinical records will provide a clear and coherent strategy for improving data collection*[13].

9. Medicines and Mental Health

The use of medicines in supporting people with and managing mental health conditions and mental illness has featured a lot in the co-creation and development of this strategy.

People with lived experience and their families have shared their views on the use and the clear potential for over use of drugs. Lived experience feedback states that the challenges with this are:

- That some medicines prescribed for a mental health conditions or an acute mental illness may be associated with higher rates of withdrawal symptoms are not monitored frequently enough to review the impact and put alternatives in place
- In the absence of consistent medication reviews can and do lead to an individual developing substance using behaviours
- This affects person's quality of life when the original reason for the prescribed drugs is no longer present.

Those in the clinical community note the evidence base to this approach and provide the view that medicines are a core aspect in the management of mental health and they should be used in conjunction with other established treatments and therapies where appropriate.

- Prescribed medications play a key role in the treatment of co-occurring mental health disorders. They can reduce symptoms and prevent relapses of a psychiatric disorder. Medications can also help patients minimize cravings and maintain abstinence from addictive substances.
- Although psychiatric medications don't cure mental illness, they often significantly improve symptoms. Psychiatric medications can also help make other treatments, such as psychotherapy, more effective
- Treating mental illness and mental health disorders with specific medications, alongside regular talk therapy sessions, is very important to help these individuals maintain normal, healthy lives

[13] ***The current collection rate for the 'mandatory' dataset for the community ranges from 0% to 3%. It consists of simple measures covering: diagnosis; severity; improvement; and functioning. Basically a diagnostic code, two numbers between 1 and 7, and another number between 0 and 100. Clinical Psychology have completion rates in excess of 85% so we aim for all services to do this.***

NHS Tayside data states that 93,000 people are prescribed a medicine for a mental health issues in Tayside

Of this group, a large number of patients are prescribed a large number of medicines.

- 58,081 are prescribed 6 or more medicines
- 45,566 are prescribed 8 or more medicines
- 35,006 are prescribed 10 or more medicines
- 26,508 are prescribed 12 or more medicines

We know from prescribing data that approximately 93,000 people in Tayside are prescribed a medicine for a mental health problem. There is high use of anti-depressants in some populations with e.g. 1 in 4 of the population of Dundee being prescribed an anti-depressant.

There is growing recognition that this situation needs address. With the correct investment and cooperation by public service partners, we could create a supportive landscape in which medication was one of a range of options that people could choose to help them obtain the best help possible.

We recognise that many of our key stakeholders feel that they are on-lookers' in the over-medicalisation of mental health issues and this is compounded with the problems of health inequalities, deprivation and the wider social determinants of health. A bold plan is needed to build the infrastructure to make access to alternative community resources as straightforward as taking a 'prescription' (*of a new kind*) to the pharmacy.

Through this strategy and the NHS Tayside Prescribing strategy, our objective is that people with mental illness are supported to achieve the outcomes for their health that are important to them (*Realistic Medicine*[14]). Realistic Medicine is not about failing to offer medicines, it is about supporting people to feel empowered to discuss their treatment and share in the decision making process regarding treatment options. Our joint working with all key stakeholders will:

- Develop other options for treatment (where clinically indicated), and also plan on introducing advanced practice with pharmacy staff working directly with patients at GP practice level to commence case managing those on high numbers of medication, to enable a holistic physical and mental health review to occur, working with the person to establish what would support them most.
- Ensure medicines are one of the effective therapeutic choices for the treatment of mental illness. We know that medicines do not work for all of the people who take them and that regular review of prescribed medication is necessary, to ensure that desired outcomes are being achieved. (Mental Health Strategy 2017-2027). Improving the mental health of people living in our communities means that we must use medicines more thoughtfully and adhere closely to standards of prescribing and review.
- Deliver a holistic, kind and compassionate approach that good health is more than just the absence of disease or infirmity but a state of complete physical, mental and social well-being.

[14] https://www.realisticmedicine.scot/

- Recognise that recovery from mental illness encompasses a sense of well-being and linkage with the community surrounding us.
- Implement fully the Realistic Medicine strategy, where shared decision making around the use of medication is embedded, should be a step that helps to achieve this. However, culture change ambitions are long-term commitments.

On many occasions, exercising regularly, maintaining a healthy weight, not smoking and following the advice on drinking alcohol will provide additional benefit to that achieved from using medication. This is especially important for people with mental health issues, who experience profound health inequalities to the detriment of their physical health compared to other groups. We are clear that we need people to work in partnership with us to achieve the best quality of health and wellbeing. (Mental health Strategy 2017-2027).

One of the strengths of the new GP contract is that the general practice pharmacy workforce has expanded significantly. The implementation of serial prescribing as part of the community pharmacy contract, means that management of supply and prescription review is now managed through pharmacies, between medical reviews. Leadership and mobilisation of this workforce is the best chance of making significant progress.

The provision of social prescribing infrastructure needs to be significantly up-scaled. There are currently less than a third of the link workers we require across Tayside to make easy access to community assets a reality for most people. Third sector provision is continually operated on the basis of short-term funding and it is difficult to plan for a substantial part of the required capacity when the operation of these services is constantly fragile. This needs to change.

Our plans

- We must build in our new approach to clearly communicate the facts about how people can achieve the best health possible.
- Continue to develop strong collaborative working to ensure improvements in prescribing follow the patient through their healthcare journey.
- Ensure people are equal partners in their own care to understand how people experience their care and understand what matters to them is critical to achieving the cultural shifts required to share the responsibility and accountability for prescribing decisions and care plans with patients.
- Ensure the same standards of medication use should be available to people with mental illness as for other long-term conditions.
- Put in place a consistent approach that assures that transitions between the different locations that provide care are seamless and that knowledge of the care plan agreed with the person and their wishes are effectively communicated.
- Take assertive action and investment in promoting effective medication use, additional access to social prescribing and community alternatives for people with mental health issues as a high priority. This could be achieved in the medium term, with support and investment.
- The pharmacy service will explore posts that will mobilise the workforce to address the prescribing issues surrounding mental health medicines.
- Progress the prospective outcomes monitoring system for the non-fatal overdose pathway.

- Pursue investment for additional workforce capacity within Tayside Substance Misuse Service (TSMS) is being taken forward.
- Develop additional management data around prescribing activity to ensure it is accessible and readily available. Performance indicators around the quantities of medicines prescribed, how long those medicines are prescribed for, when they are reviewed and the characteristics of those receiving the medicines are straightforward to produce.
- Establish activity data around the uptake of well-being services can be produced and can be used to inform us how well any change in patterns of use has proceeded. Measurement of social prescribing activity and outcomes has already been attempted.
- Establish systems and processes for the measurement and monitoring of the culture changes that are required may be harder to measure

SECTION 4 – DELIVERING THE STRATEGY

1. Delivering Whole System Change

Transformational change and improvement of this scope, and at this scale requires the application of a range of improvement methodologies and availability of a range of experts across the 'improvement' field to lead and implement a sustainable change process that results in improvement. It makes sense for organisations invested in this strategy to note that Change ***is*** constant and organisations need to invest in specialist resource and be flexible and ready to respond at any time, Kotter, (2018)[15.]

The programme above sets out an ambitious and bold set of changes to mental health services in Tayside. To make a real difference these changes have to be sustainable, effective and long lasting improvements. We must continue to take a structured, disciplined and evidenced based approach to change to continue to successfully deliver the vision, aims and changes set out in this document. In the design of the overall programme and in co-creating the strategy and engaging all stakeholders, particularly people with Lived Experience we have incorporated in our strategy the aspiration of these people, our staff and the wider population. This strategy must have a full 3-5 year implementation plan to match the expressed and identified needs of those described in this strategy.

2. Evaluation - Measuring Success of the Strategy

An achievement framework will be established to ensure we understand the value of ***the inputs*** (the content of the strategy, ***the outputs*** (redesigned services) and ***the outcomes*** (improvements for people and improvements in services) will be co-created with stakeholders using an evidenced based approach. This will let everyone see, what we started with and what will be achieved in the longer term.

Firstly, we need look no further than the reasons why this strategy is required to measure its success going forward. Key areas for consideration will be, how and to what degree has it:

- Responded to the needs expressed by people with lived experience, their families, carers.
- Restored confidence in the mental health services available, 'end-to-end' in Tayside
- Re-instated public trust, respect and confidence in mental health services by improving mental health services
- Planned approaches to tackle inequality as both a cause and consequence of mental health problems
- Reduced the existence of mental health stigma and discrimination
- Addressed fragmentation across mental health services; specifically made mental health supports and services more; accessible, safe, delivered quality and standards of care throughout mental health services in Tayside.

To make a serious attempt at evaluating mental health and wellbeing over time to understand overall gains, local research and development of mental health indicators

[15] Kotter, John, Change model, 2018, https://www.change-management-coach.com/john-kotter.html https://www.kotterinc.com/8-steps-process-for-leading-change/

(Living Life Well indicators) for mental health in Tayside could be established on the basis of what these look like in Tayside, what is important locally, matching the definitions as set out below in the national adult mental health indicators to ensure meaningful qualitative and quantitative reporting. Key questions to assess progress could be developed to provide indicators of improvement over time. These questions must be tangible and not ambiguous to ensure usefulness of the data obtained for improvement purposes.

The set of formal adult mental health indicators for Scotland are a suggested framework for measuring our lifespan ***system wide*** approach to ***Living Life Well***. These include:

- **Equality** - Mental health problems are not distributed randomly in the population but are more common in socially disadvantaged populations, in areas of deprivation, and are associated with unemployment, less education, low income or material standard of living
- **Social inclusion** - Social exclusion on ***any grounds*** is both a cause and consequence of mental health problems. Individuals with mental health problems are also amongst the most excluded people in society
- **Discrimination** - Discrimination, on the grounds of race, gender, religion, sexuality, impacts adversely on mental health, affecting a person's dignity and self-esteem, and can lead to a sense of alienation, isolation, fear, and intimidation and make it difficult for individuals to feel socially included and to integrate into society
- **Financial security/debt** - People who experience financial strain are at greater risk of common mental health problems than are those without financial worries
- **Environment** - Characteristics of the built environment can have direct effects on mental health (*e.g. high rise housing, housing quality, crowding, loud external noise, indoor air quality*) as well as indirect effects through psychosocial processes (*e.g. personal control, socially supportive relationships, recovery from stress*). Also the potential importance of access to green spaces, value of community facilities to feel safe on the streets, neighbourhood quality, space and noise and social fragmentation.
- **Working Life** - Employment is strongly protective of mental health, the workplace, working environment and working practices, significantly influence mental health and well-being.
- **Violence** - Living with or experiencing violence or the fear of violence, which can include psychological abuse, is a significant risk factor for poor mental health.

It is understood that the current indicator set is necessarily limited by gaps and weaknesses in the evidence-base, availability of data and/or the feasibility of collecting data. For these reasons, the current indicator set is not the final answer to creating a summary profile of mental health. It does however provides a firm basis on which to build and develop a greater understanding of the causes and consequences of mental health and how these can best be measured.

Source: Health Scotland Mental Health Indicators, 2007

3. Funding the Strategy

Living Life Well in Tayside - A lifelong approach to mental health in Tayside will require the collective resources of all respective organisations will be needed to deliver sustainable quality, with multiple perspectives and pooled resources we are more likely to offer robustly planned solutions to complex issues.

Achieving long-term financial sustainability of our health and social care system and making the best use of our total resources is critical to the successful delivery of this strategy.

Mental Health services are currently funded across four organisations and managed collectively with NHS Tayside oversight.

A programme of change of this scale will require a significant effort from all organisations as expenditure and activity are at record levels and growth trends indicate that the level of funding will only need to increase. However, with greater pressures on the system, this will also require change in where and how current services are delivered. We will seek to do things differently in future to shift the balance of care, to take on new ways of working and apply a continuous improvement model to ensure safe and effective, efficient and person centred services at all times.

We have public, voluntary and third sectors, with a proud history of successful innovation in Tayside. It is clear that our most cherished of public services has had to evolve, changing to reflect advances in medicine and the changing needs of our people. Our NHS, and the wider health and social care system, will need to continue to adapt, recognising changing demands and that people are living longer, thanks in no small part to the NHS and the care and treatment it has provided.

Planning for the future of our health and social care services requires a clear financial context which outlines the challenges facing the system, but at the same time looks at our approach to addressing these pressures – through a combination of investment, improvement, restructuring and redesign.

Collectively, we recognise that like other health and social care systems, we do face inflationary pressures, which could be exacerbated by the uncertainty that is being created by the Global Pandemic and also Brexit. Achieving long-term financial sustainability and making best use of resources is critical to delivering on current and future imperatives, with mental health a top priority.

4. Implementing of the Strategy (2020-2025)

Living Life Well, A Lifelong approach to Mental Health in Tayside will be the blueprint to implement a redesign and improvement programme for mental health & wellbeing in Tayside over a 5 year period 2019-2024.

Taking a strategic change programme approach will enable our shared vision and commitment to be achieved across national and local organisational boundaries. Our collaboration and commitment will be at the heart of successful delivery plans for redesigning mental health & wellbeing supports and services, locally and informing national improvement methodologies.

As described in section 2 of the strategy a portfolio programme approach has been set out to ensure a structured, disciplined approach is taken to plan, develop and deliver all aspects of the programme.

A programme specification will be written in the form of a Programme Definition Document with a full resource plan. This will be supported by the project documentation for each project.

A number of cross cutting themes will see full and detailed plans developed. These include:

- Risk management Strategy and Plans,
- Communication and engagement Plans,
- A Transitions strategy and Plan,
- A digital/new technologies plan and crucially
- A workforce strategy and Plan
- A Financial Plan

All of the above will see dedicated implementation plans set out with timescales, milestones and resource, finance plans.

The work of the programme will be managed through the continuation of Tayside Mental Health and Wellbeing Programme Board chaired by the Director of Mental alongside the key stakeholders who have co-created and co-produced this strategy.

APPENDIX 1 Suicide Statistics

Table 1: European age-sex-standardised rates per 100,000 population, with 95% confidence limits (ScotSID)

Gender	Angus	Dundee	Perth and Kinross	Scotland
Men 2014-18	**15.3** (10.9-20.8)	**31.1** (25.2-37.6)	**21.2** (16-26.6)	**19.1** (18.4-19.0)
Women 2014-18	**5.9** (3.5-9.3)	**9.0** (6.1-12.7)	**6.5** (4.1-9.7)	**6.7** (6.3-7.1)
Persons 2014-18	**10.6** (8.0-13.7)	**20.0** (16.7-23.7)	**13.8** (11.2-16.9)	**12.9** (12.5-13.4)
Persons 2009-13	**13.3** (10.4-16.7)	**15.3** (12.5-18.5)	**10.7** (8.4-13.4)	**14.5** (14.1-15.0)

Figure 1: Suicides by age (2016 – 2018 Tayside)

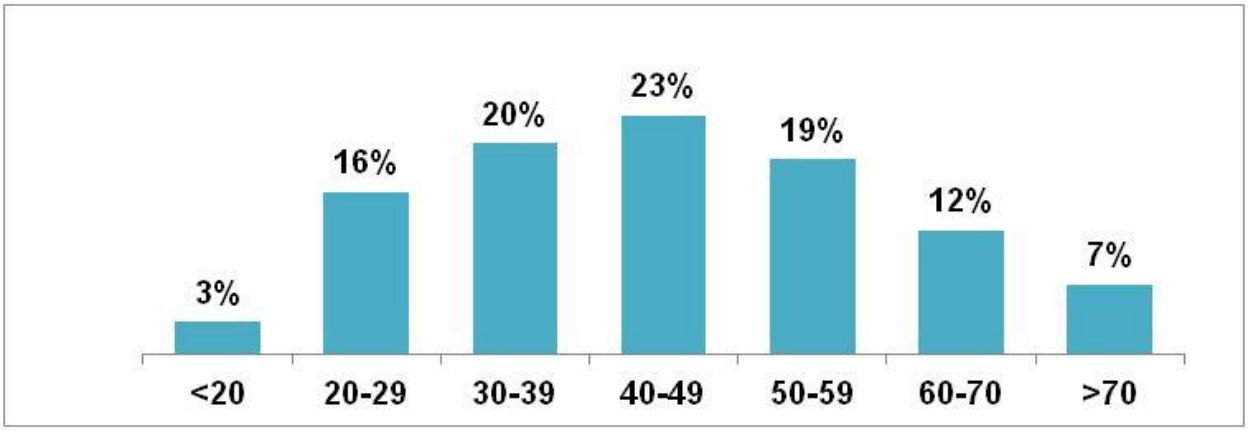
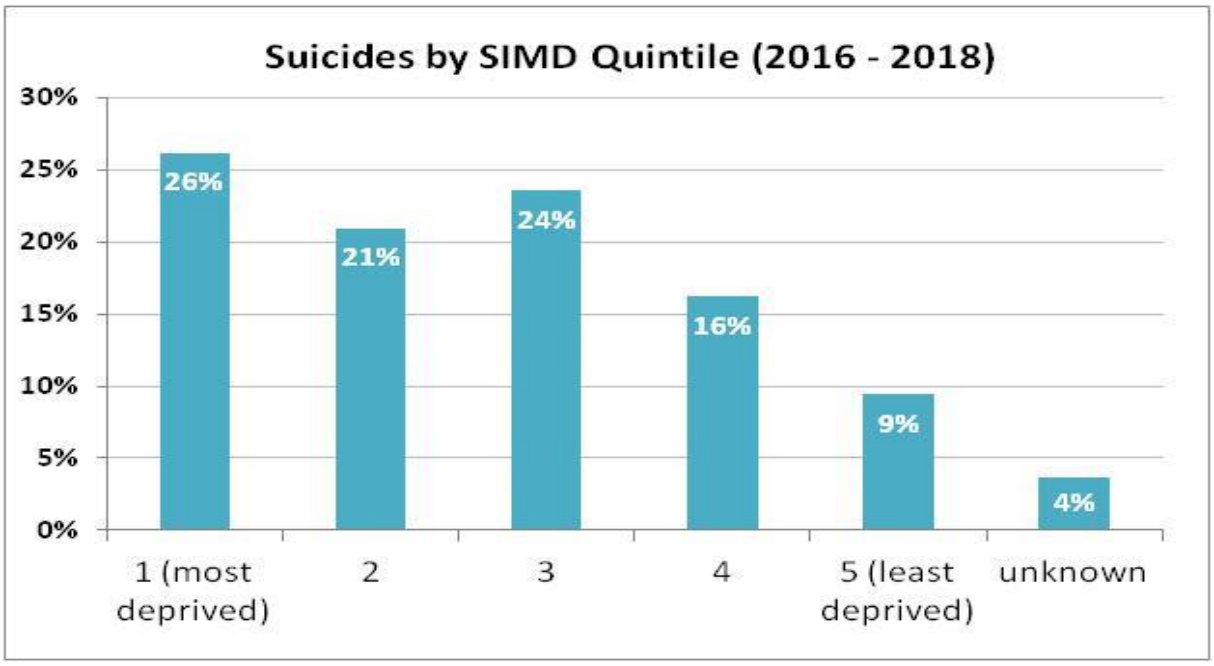


Figure 2: Suicide by SIMD Quintile (2016 – 2018)



There is a clear inequality gradient associated with suicides, with the highest prevalence occurring in areas of greatest socioeconomic deprivation. Suicide is three times more common in the most deprived quintile in Tayside compared to the least deprived.

Figure 3: Suicides by method 2016 – 2018

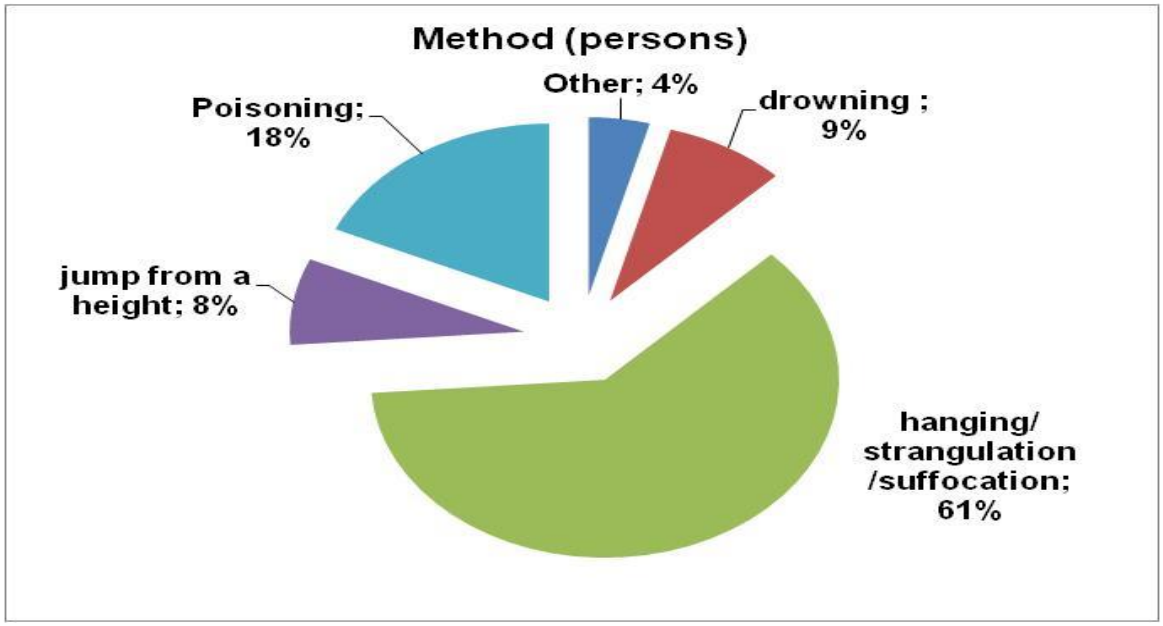
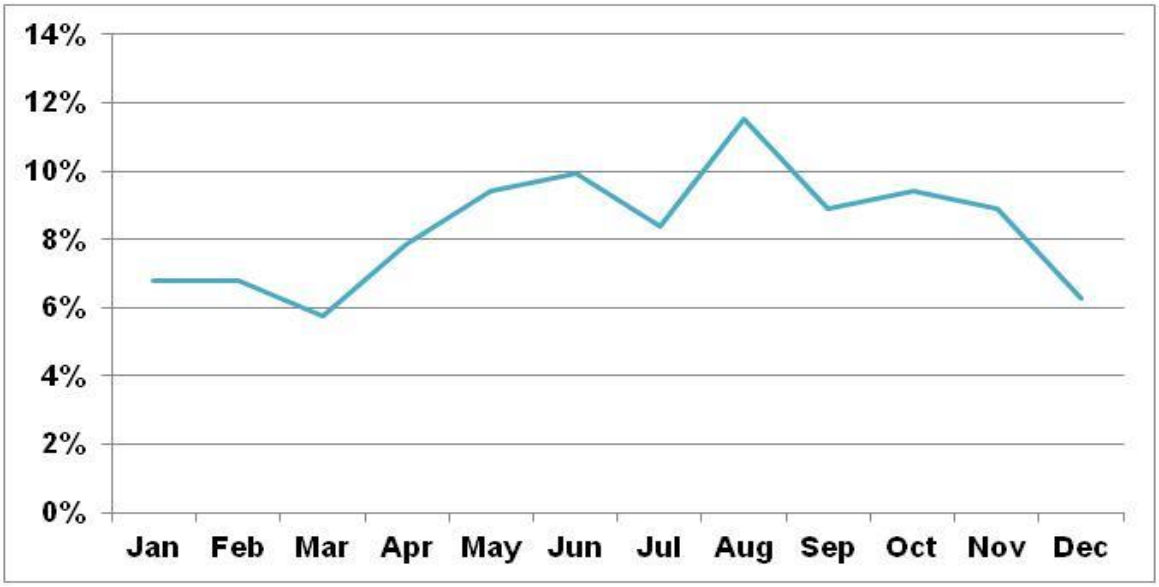


Figure 4: Suicide rates by month



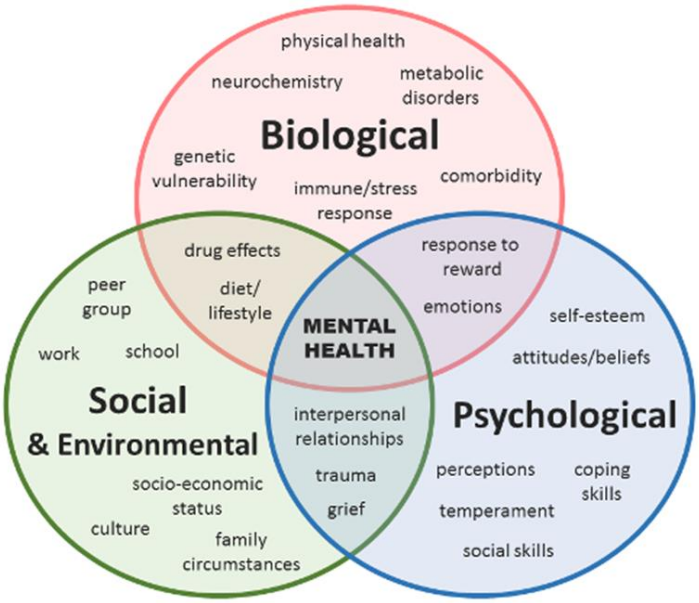
Information is provided for suicide deaths in Tayside from 2016, 2017 and 2018:

- Local Authority – Dundee City had the highest proportion (47%) which is in keeping with the strong association between socio-economic deprivation and suicide.
- Deprivation – SIMD quintile 1 to 3 (most deprived) attributed with 71% of deaths.
- Age – mean age was 45 with the most prevalence in the age group 40-49.
- Gender – 78.5% male
- Employment & Social Circumstances – 88% eligible workforce: 37% employed and 50% unemployed.
- Social Circumstances – 41% were living alone and 27% with a partner.
- Method – hanging 61%
- Location – 66% at Home of which hanging was most prevalent (71%)
- Substance Misuse behaviours – 22% substance use ever (15% opiates)
- Alcohol misuse – 28% (41% of females).
- Timing – the rate of suicide increases in the summer months and reduces between November and April (see Figure 5).
- Mental Health Services – 35% contact in year prior to death (Scotland 26%).

APPENDIX 2 Bio-Psycho-socio-environmental model

The bio-psycho-socio-environmental model for mental health.

The biopsychosocial model for mental health set out in a Venn diagram below has a central assumption behind the model which is the *interdependence* between biological, psychological and social factors. The model takes a more holistic approach and when viewed in this way can be fundamentally important in devising explanations and possible interventions in mental health.



The bio-psycho-socio-environmental model for mental health.

The model offers a more holistic understanding of mental health science by giving importance to all relevant domains of knowledge. This does not mean that we should not focus on a given domain and explore this in more depth. Development of greater understanding requires us to critically examine defined aspects within a given domain, as well as their relationship with other elements.

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Final Draft Mental Health and Wellbeing Strategy

Kate Bell, NHS Tayside,
Interim Director of Mental Health

Trust and Respect Report – February 2020

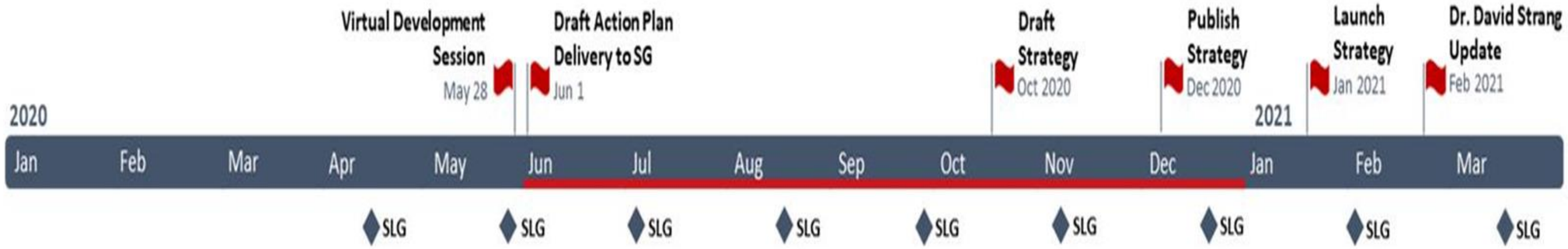
Listen

Learn

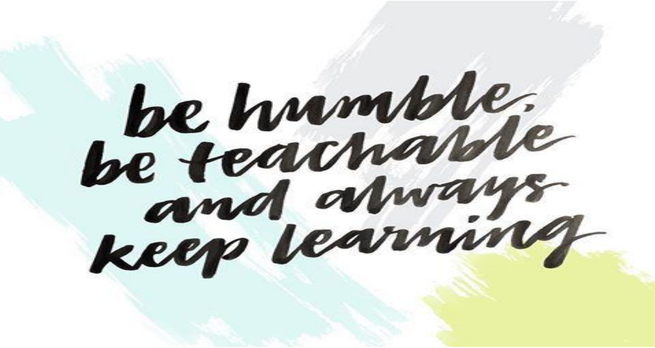
Change

51 recommendations

Five Strategic Themes
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



Mental Health Strategy & Vision



LISTEN

- What Matters to you?
- What do you think will be an improvement

LEARN

- Co-creation
- Co-production

CHANGE

- Opportunities
- Shifting the balance of care
- Quality

What are the Drivers for Change?

- Demography – more older people, higher demand
- Complexity – co morbidities (Physical and Mental Health)
- Inequalities – levels of deprivation
- Workforce availability – recruitment & retention
- System change & complexities – integration, patient/families navigation
- National policies – a range of priorities & demand for implementation
- Social Determinants – Housing, Employment, Family and Community Infrastructure deficits in resource, funding and change in social policy
- Integration - shifts and changes due to transformation new models of care

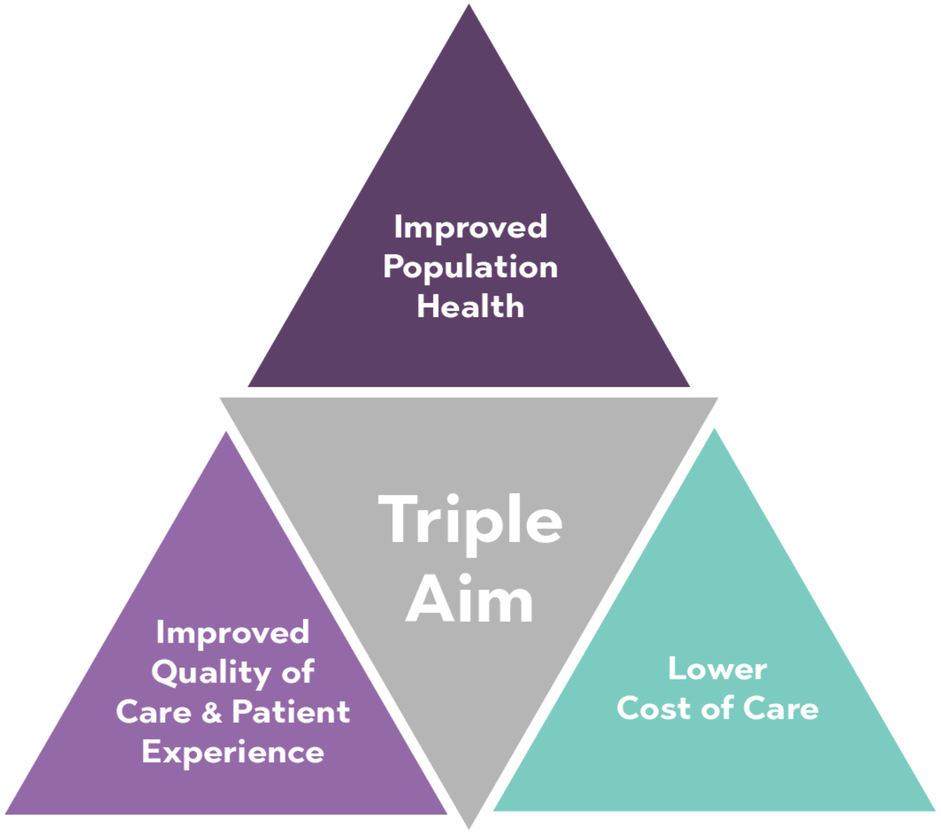
SCOPE & SCALE OF THE PROGRAMME

Population Health approach to System Wide change

- **Pre Birth** → **Older People**
- **Social Determinants** → **Mental Health Disorders**
- **Prevention** → **Recovery**

What is driving change in the public sector?

What rigour do we need to deliver Quality services and improve outcomes for people?



Mental Wellbeing

Mental Health

We all have Mental Health

Mental health relates to how we think, feel, behave and interact with other people

Isolation

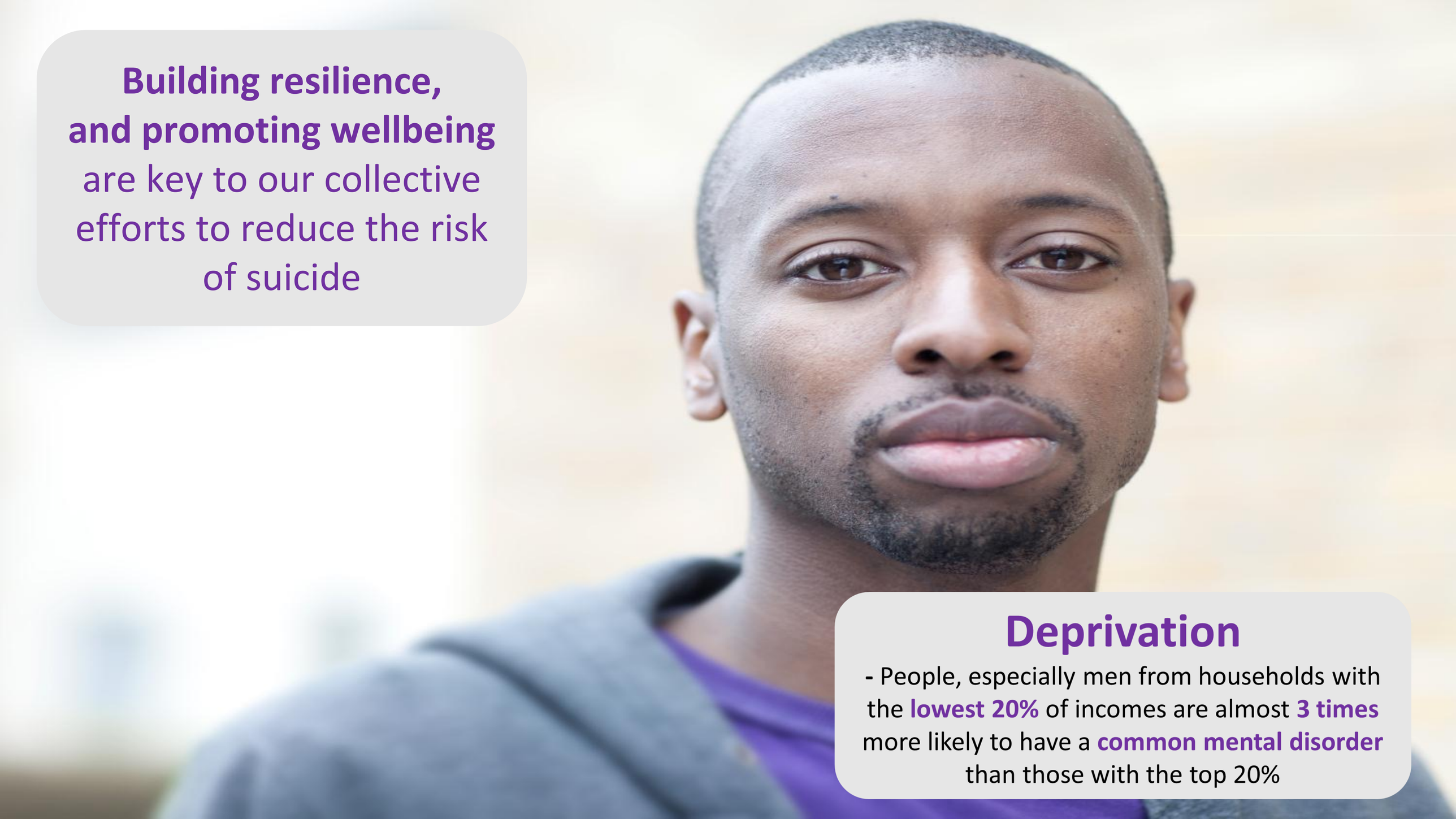
People with **less than three close relatives or friends** are more likely to experience mental health problems

The rate for **suicide** is substantially higher amongst men than amongst women

People with **severe & enduring mental health problems** may have their lives shortened by 15 – 20 years **because of physical health problems**.

Rates of **depression** is **double** in those with **long term health conditions** than in the rest of the population

Building resilience, and promoting wellbeing are key to our collective efforts to reduce the risk of suicide



Deprivation

- People, especially men from households with the **lowest 20%** of incomes are almost **3 times** more likely to have a **common mental disorder** than those with the top 20%

VALUED SUPPORTED STAFF,
WORKING IN STRONG TEAMS
= JOY IN AND AT WORK
+ Well cared for patients

Engagement in strategy development

PROGRAMME SUMMARY REPORT

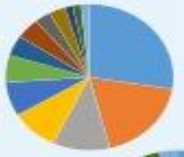
Between January and July 2020 the Tayside Mental Health & Wellbeing Programme has focused on the co-creation and delivery of the **Listen Learn Change Action Plan** and the development of the Tayside Mental Health Change Programme.

Our work has involved significant stakeholder engagement with over 600 people contributing to how we can improve mental health services for those who need them and those who deliver them across the region.

Mental Health remained a key priority in Tayside during the Covid 19 lockdown with dedicated resource continuing to co-create the response to Trust and Respect and develop the **Listen Learn Change Action Plan**

Key milestones to date

Statement of Intent	Strategic Change Leadership Identified and Recruited	In-depth Stakeholder Engagement	Listen Learn Change Co-creation 1st Draft	Define scope of Tayside Mental Health and Wellbeing Change Programme	Delivery of final Listen Learn Change Action Plan
Jan 2020	**Mar 2020**	**Jun 2020**	**Feb –Jun 2020**	**Mar–Jul 2020**	**Jul 2020**
Tayside Executive Partners formed Strategic Leadership Group **Signed Statement of Intent** Commitment to work together to improve mental health services for all	Identified **strategic change manager** Senior Responsible Officer for Mental Health Programme of work **Responsible for:** › **Trust & Respect Inquiry** › **Co-creating the Tayside Mental Health & Wellbeing Strategy** › **Co-creating the Mental Health & Wellbeing Change Programme with the people of Tayside** Held **over 120** **stakeholder meetings** since appointment Led increased focus on co-creating strategy Programme team recruited for specialist expertise and support	Over **200** stakeholders have been engaged with in **65** meetings *(video conference, teleconference and face to face)*	Over **200** inputs from Tayside Mental Health stakeholders	Held 8 virtual scoping sessions **175** stakeholders participated including Service Users, GPs, Consultants, Third Sector, Staffside and more Identified new areas of focus **600+** new stakeholder requests to contribute to the programme	Engagement process and numbers **10** **high impact changes formulated**



Stakeholder Group

Purpose of the Meeting

Next Steps

Our focus is now on developing the Tayside Mental Health& Wellbeing Change Programme and Tayside Mental Health & Wellbeing Strategy. Our immediate work will be structured around the agreed scope of work set out in the Governance to identify all project leads and work stream members. We will set out a work plan to deliver the ten high-impact changes formulated during the engagement of the **Listen Learn Change Action Plan**.

We will continue to work closely with our key partners and will hold two stakeholder strategy development events in August and September 2020 to gain critical insights to inform the production of the draft strategy which we will share for agreement and approval to the Scottish Government in October 2020.

This 6 months snap shot gives an overview of our preparatory engagement work to implement the Trust and Respect recommendations and deliver the co-designed draft strategy in October 2020.

TRUST & RESPECT
Action Plan
Shared Aim
Holistic CARE
Medical MODEL
HOUSING
SUBSTANCE USE
BREAK DOWN BARRIERS
SOCIAL SECURITY
EDUCATION
HEALTH
STIGMA
EQUALITIES
STATEMENT of INTENT
Work Together to improve mental health services for those who need them & those who deliver them
our SUPERPOWER
shared ownership
optimised experience
more inclusive
FOCUS & DEVELOP
CLASS
MENTAL HEALTH CARE AND SERVICES
CENTRE OF EXCELLENCE
PEOPLE
CULTURE
CENTRED
TRUST
RESPECT
INTEGRITY
GOVERNANCE & ACCOUNTABILITY
Tayside
10 HIGH IMPACT CHANGES
PUBLIC HEALTH PRIORITY #3
Tackle
A Tayside where we have good mental wellbeing
RECRUIT & RETAIN
OUR TEAM
Mental Health
LEADERSHIP
COMMON
CHANGE
Programme
TAYSIDE MENTAL HEALTH & WELLBEING NEEDS
Hospital Admissions
LIFE EXPECTANCY
STRATEGY
COMMUNITY
Life Circumstances
Lifespan
HEALTH
ADULT MENTAL HEALTH & LEARNING DISABILITIES IN PATIENT REDESIGN
CASE for CHANGE
DATA AND INTELLIGENCE REVIEW
See Me
End mental health discrimination
SERVICE S
STIGMA FREE TAYSIDE
SUICIDE PREVENTION
EXPERT by EXPERIENCE
URGENT CARE
GET IT RIGHT 1ST time
24/7
JAN 2020
MAR
Engagement
JUN 1
Co-creation
JULY 31
LLC Submission
OCT
Draft Strategy
DEC
Publish
JAN 2021
Launch
MAR 2021
HICs Delivered
+3 Year Implementation
2024

The strategy aims to: (1)

- Improve mental health & wellbeing of people in Tayside
- Speed up access to the most appropriate service
- Access to the right person first time
- Tackle stigma and discrimination
- Improved responses to common mental health problems
- More accessible community based mental health supports and services
- Seamless community, urgent, crisis and inpatient mental health services

The strategy aims to: (2)

- Get patients home more quickly after inpatient treatment
- Integrate community, inpatient and crisis mental health services
- Services where staff are trained to deliver the most up to date care and in ways which are sustainable and patient-focused
- Highest quality care for an ageing population

Governance Chart

Governance Structure: Tayside Mental Health, Learning Disabilities and Wellbeing Whole System Change Programme

Tayside Executive Partners Strategic Leadership Group A / R

- Angus Integration Joint Board A
- Dundee Integration Joint Board A
- Perth and Kinross Integration Joint Board A
- Angus Council R
- Dundee City Council R
- Perth and Kinross Council R
- NHS Tayside Board R

National Recommendations: 12 & 32

Recommendations: 5, 6, 7, 9 & 13

Tayside Mental Health and Wellbeing Strategic Programme Board R

National Recommendations: 12 & 32

Recommendations: 2, 4, 10, 13 & 48

Tayside Mental Health and Wellbeing Operational Steering Group R

Good Mental Health for All

- Dundee Mental Health and Wellbeing Strategic Commissioning Group
- Perth & Kinross Mental Health Strategy Group
- Angus Mental Health & Wellbeing Network
- Gender Services

Primary and Community Mental Health Services

- Crisis and Urgent Care Pathway
  - Recommendations: 16, 20 & 22
- Specialist Community Mental Health Services *(including Liaison Psychiatry, Transitions, Mental Health Wellbeing Hubs, Mental Health Assessment Units, Referral Processes Discharge Planning and Mental Health Liaisons in Emergency Services)*
  - Recommendations: 17
- Primary Care Mental Health *(including GMS Contract, Transitions, Referral Processes and Discharge Planning)*
  - Recommendations: 17
- Integrated Substance Misuse and Mental Health Services
  - Recommendations: 14
- Justice Healthcare *(including Police Custody and GP OOH)*

Specialist Adult Mental Health Services

- Adult Mental Health In-Patient Services *(including Reconfiguration of General Adult Psychiatry and psychological services, ward locking guidance, EUPD, Rehabilitation and Recovery, Adult Neurodevelopmental Pathway and patient safety)*
  - Recommendations: 23, 24, 25, 28, 29, 30 & 31
- Eating Disorders
- Forensic Mental Health / Secure Care
- Perinatal Mental Health

Children and Young People's Mental Health

- Neurodevelopmental Pathway
  - Recommendations: 35
- Youth Learning Services
  - Recommendations: 33
- Psychological Therapies
  - Recommendations: 36
- Referral Management
  - Recommendations: 34, 38 & 41
- CAMHS

Learning Disabilities and Mental Health

- Redesign of Inpatient/ Mental Health Learning Disability Services
- Forensic Learning Disabilities
- Autism

Older People's Mental Health

- Dementia Diagnostic Pathway
- Cholinesterase Inhibitor Prescribing Protocol
- Intensive Psychiatric Care for Older People
- Intermediate Care
- Admission Criteria
- Inpatient Functional Standards

Sub-Groups

- Strategy Writers Group
  - Recommendations: 3 & 42
- Digital Mental Health
  - Recommendations: 8, 15, 19 & 40
- Communications & Engagement
  - Recommendations: 4, 26 & 47
- Mental Health Workforce Sub-Group
  - Recommendations: 1, 8 & 27

Output

- Tayside Mental Health and Wellbeing Strategy
- Tayside Mental Health and Wellbeing Person-Centred Integrated Service

- Pharmacology
- Suicide Prevention
- Psychological Therapies
- Transitions Recommendation: 39
- Human Rights – Short Life Working Group

The Tayside Mental Health, Learning Disabilities and Wellbeing Whole System Change Programme structure encompasses the Listen. Learn. Change actions and implementation plans derived from the Independent Inquiry and 'Trust and Respect', the national Mental Health Strategy 2017 – 2027 and other associated Mental Health strategies as the drivers for change and improvement. The boxes in purple within the structure map the recommendations within 'Trust and Respect' to the appropriate governance meeting, project and workstream within the Change Programme.

Programme Phases

- Linked Trust & Respect Projects & Workstreams
- Additional Projects & Workstreams

Key (Strategy Board Governance)

R – Responsible
A – Accountable
C – Consulted
I – Informed

MHW Programme – Core Projects

Vision

Stakeholders on the Communication & Engagement Sub-Group collectively developed the preferred name and vision statement for Tayside's Mental Health and Wellbeing Strategy & change programme.

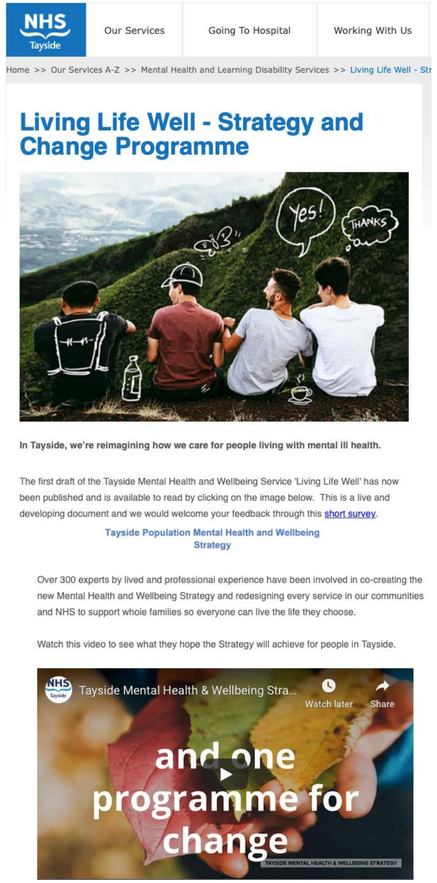
This is now being consulted on as part of the draft strategy review.

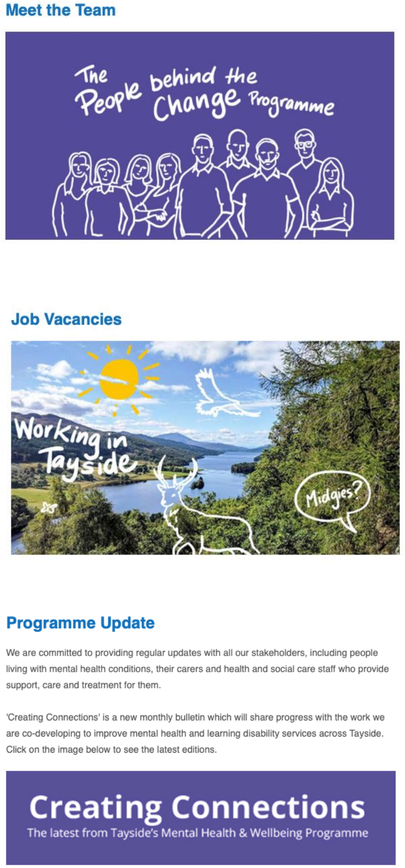
LIVING
LIFE
WELL

A LIFELONG APPROACH TO MENTAL HEALTH IN TAYSIDE

Website

A website developed by the Communication and Engagement Sub-Group is now live and will continue to evolve as the one-stop-shop for information on the Living Life Well Strategy and change programme.





Stakeholder Updates

A monthly news update has been developed to provide all stakeholders with the latest information direct from the Programme Team.

These will focus on real changes for service users and their carers.

The first update was issued in October 2020.

Creating Connections

The latest from Tayside's Mental Health & Wellbeing Programme

WELCOME TO OUR OCTOBER UPDATE! This is the first in a new series of monthly news bulletins to give a 'behind the scenes' view of the work going on to co-create Tayside's Mental Health and Wellbeing Strategy and co-deliver the Change Programme, which will enable major changes to how we care for people living with mental health conditions, and those who look after them, across our entire region.

There has been a step change in our activities since the publication of the Listen Learn Change Action Plan in July this year. This forms a strong foundation to build improved mental health services for everyone across Tayside, alongside the Trust and Respect Independent Inquiry and its 51 recommendations as our blueprint for ambitious improvements and whole-system redesign.

The most significant change has been the commitment to put people with lived experience at the heart of every aspect of work, alongside Third Sector partners and representatives from mental health special interests groups, to ensure that we co-deliver the right changes, in the right ways for the right people.

I am personally grateful to every one of our stakeholders for committing their time to work with NHS Tayside's Programme Team to write the Strategy, redesign our services and co-define a meaningful approach to how we all talk about the changes we're making and the impact they'll have on peoples' lives.

I'd also like to thank the Programme Team, healthcare staff and all other partners for their continued hard work throughout the ongoing COVID-19 pandemic as we strive to co-create world class mental health and care services for all.

I'll not give anything else away, please read the update and share any feedback or ideas for future editions with us.

Kate Bell
Interim Director of Mental Health and Learning Disabilities, NHS Tayside

In Brief

Work is well underway to write Tayside's Mental Health and Wellbeing Strategy and begin to deliver real change for service users and their carers. Here are some highlights from the last month:

Communications & Engagement Sub-Group

We want everyone in Tayside to know about and feel involved in how mental health and wellbeing services are being prioritised and transformed. The Communication and Engagement Sub-Group is doing just that.

The group has members from Third Sector organisations, patient advocacy groups, the Stakeholder Participation Group (SPG) and NHS Tayside. They have met twice and are:

- **building a website to help raise awareness**
- **co-creating a communication and media plan**
- **planning a public open event**
- **co-developing a vision for the Strategy and Change Programme**

Find out more about these next month…

Integrated Mental Health, Alcohol and Drug Services

We're exploring the potential to streamline support and services across these three areas so it's easier for service users to make connections and access a range of services.

This work is being led by Dundee City Council on behalf of the Tayside Executive Partners and will look at new models of joined up services in line with recommendations in both the Trust and Respect Inquiry and also Dundee Drugs Commission report.

Mental Health Remobilisation

Tayside teams are linking with the Scottish Government on the national COVID-19 transition and recovery plan programme.

A key area for Tayside is the provision of an urgent assessment service. As part of the strengthening of the service, work is underway with Scottish Ambulance Service, Police Scotland, NHS24 and NHS Tayside's Emergency Department to consider a direct referral pathway to mental health services for people with no physical ill health issues. We are also redesigning the crisis home response team to align with the urgent assessment model.

Media

A media and events strategy has been developed in collaboration with stakeholders with lived experience on the Communication and Engagement Sub-Group.

The first news release has been issued to press announcing the publication of the first draft of the Living Life Well strategy.

Media Information

NHS Tayside

Press Release

MONDAY, 2 NOVEMBER, 2020

Immediate release:

First draft Mental Health and Wellbeing Strategy launched

The first draft of a new Tayside-wide strategy to improve mental health and learning disability services has been published today (Monday) following a programme of work involving local stakeholders.

The first draft Tayside Mental Health and Wellbeing Strategy 'Living Life Well – A Lifelong Approach to Mental Health in Tayside' will be a live and developing document to continue to inform and influence the wider Mental Health and Wellbeing (MHW) Change Programme.

It is one of the key actions from the Listen Learn Change action plan which was developed in response to the Independent Inquiry into mental health services in Tayside and subsequent report 'Trust and Respect' which was published in February 2020.

People with lived experience have been fully involved in the co-creation of the strategy and change programme, alongside staff, third sector partners and representatives from mental health special interest groups. The name 'Living Life Well' has been chosen by stakeholders who are members of the MHW communications and engagement group.

The strategy is available to view on the new Mental Health and Wellbeing website at www.nhstayside.scot.nhs.uk. Members of the public are invited to give their feedback on the draft strategy by completing a short survey.

Interim Director of Mental Health and Learning Disabilities Kate Bell said, "We are fully committed to making this strategy reflect the needs of all and, in particular, reflect the voices of people living with mental health conditions, their carers and families. We will continue to work with all stakeholders, including all staff who provide support, care and treatment across our mental health services.

"Mental health affects us all and we want to make as many people as possible in Tayside aware of how we are changing how we care for those in need of our services and supports.

"We are seeking everyone's views on this first draft of the strategy so please get involved, share the strategy and survey, and give us your feedback to help us connect with as many people as possible.

NHS Tayside Press Release

'Living Life Well'

A lifelong approach to mental health in Tayside

Tayside Mental Health and Wellbeing Strategy and Change Programme

2 November 2020

First draft Mental Health and Wellbeing Strategy launched

The first draft of a new Tayside-wide strategy to improve mental health and learning disability services has been published today (Monday) following a programme of work involving local stakeholders.

Strategy Design

Work to develop the visual style of the strategy document is continuing with input from stakeholders.

Recruitment

A series of job adverts has been developed promoting key mental health positions in Tayside.

The roles are promoted on the Living Life Well website and other recruitment sites.

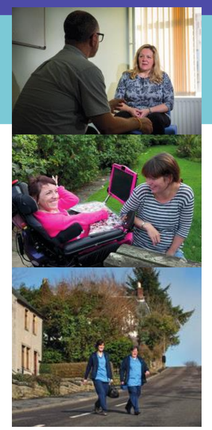
The template can be used to advertise future positions.

Director of Mental Health and Learning Disabilities

Executive and Senior Manager Grade *(currently under review)*

Salary: c£90,000 per annum

(Grade and salary are subject to NEC job evaluation)



Are you passionate about leading and delivering world class mental health care, shaping inclusive, mental health supports where the people who receive and the professionals who deliver our services are treated as equal partners?

If so, then this role is a unique opportunity to make a real difference to the mental health of the people of Tayside by leading a team focused on improving the quality of experience, care, treatment and overall health and wellbeing of those living with mental ill health and learning disability across the region.

We are looking for a strong, resilient leader, with experience of working in a multi-agency environment and implementing large scale improvements across mental health services.

Someone who can direct a motivated and skilled workforce and who can actively promote the co-design and co-production of new services and ways of working together with mental health service users, their families, carers, staff and partner agencies in order to improve the lives of people requiring mental health and learning disability support.

In this role you will be a member of the NHS Tayside Executive Leadership Team and will be instrumental in leading the delivery of the Tayside Mental Health and Wellbeing Strategy and the Change Programme to redesign and transform our entire system of mental health services.

The successful candidate will already have experience of leadership at a senior level and will be supported to further enhance and develop their strategic planning, leadership and management skills. They will be professionally accountable to the NHS Tayside Chief Executive and will work closely with Executive Directors across Tayside, Chief Officers, Third Sector organisations, Carers and people with lived experience. They will lead a team including the Associate Director for Mental Health, Associate Medical Director for Mental Health and the Associate Nurse Director for Mental Health and the wider Mental Health Senior Leadership Team across the Health and Social Care Partnerships to provide oversight of all mental healthcare services. The Director of Mental Health will influence and assure progress against the commitments made in the Listen Learn Change Action plan, the Tayside Mental Health and Wellbeing Strategy and whole system Change Programme.

About Tayside

Tayside offers many opportunities for career development as well as work-life balance.

NHS Tayside is the fourth largest healthcare provider in Scotland and one of only four teaching Boards. With strong links to local Universities, the Board provides tertiary services to around 350,000 people across Tayside and North East Fife, employing over 13,000 staff across three hospitals and many other sites. Primary and community care services are currently organised into three Health and Social Care Partnerships (HSCPs) in Dundee city, Perth and Kinross and Angus which are overseen by Integration Joint Boards.

About Mental Health in Tayside

Mental Health is a top priority for NHS Tayside, and we have embarked upon an ambitious work programme to co-create, design and co-produce a Tayside Mental Health and Wellbeing Strategy that will:

- reduce health inequalities and improve health and healthy life expectancy
- support people to live independently at home and receive support and services through integrated health and social care working
- ensure access to community mental health services is the norm, avoiding admissions to hospital where possible and putting in place care plans that aim to return people home with sufficient care and support

An Independent Inquiry published earlier this year made 51 recommendations to enhance services and the service users' experience across Tayside. These are shaping the development of our Mental Health and Wellbeing Strategy and the Change Programme which will implement all 51 recommendations and result in significant improvements in mental health services and supports by 2024.

Our shared aim is to develop responsive mental health supports and a service everyone can be proud of; one that makes a real difference by honouring the experiences people with lived expertise have shared throughout the Independent Inquiry and in the course of our work, enabling current and future service users, their families and carers to experience improvements and have a positive and safe journey to care and recovery.

The staff working in Mental Health and Learning Disability services in Tayside have demonstrated a determination to provide high quality, person centred care over recent times, an effort recognised in the Trust and Respect Independent Inquiry published in February 2020 which concluded that Tayside had the potential to offer a 'world class' service.

NHS Tayside

Get in Touch

Please get in touch to find out more about the role and working for NHS Tayside. You can contact our team for information and an informal discussion.

- **NHS Tayside Chief Executive, Grant Archibald 01382 660111**
- **Interim Director for Mental Health, Kate Bell 01382 496528**
- **Medical Director, Dr P Stonebridge 01382 660111**

To access the full candidate information, application form and details of how to apply, please visit the Aspen People website **www.aspenpeople.co.uk**

Closing date for receipt of applications is 26 October 2020

Completed application should be returned via email to **kgall@aspenpeople.co.uk**

If you have any problems please contact Aspen People on 0141 212 7555.

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Key messages are driving our vision...

Our shared vision is to develop a culture where people can get the right help at the right time, expect recovery, and fully enjoy their rights free from stigma and discrimination.

Source: Scottish Mental Health Strategy, 2017

The people of Tayside must have access to high quality, safe and effective services and have trust and confidence in the services provided.

Create a Tayside where people will find it easier to talk about mental health, can access mental health and wellbeing supports and services and live with an improved sense of equality and boost their life choices, and in time, their life circumstances.

Tayside has the potential to become an attractive place for mental health service professionals to work, where the population are served with commitment and passion.

Co-create modern, evidence-based, people centred, multi generational mental health services which will see Tayside strive towards a world class mental health system recognised for mental health excellence.

There is no health without mental health.

Source: Listen Learn Change Action Plan

To deliver a mental health services that is world class, person centred, effective and safe.

So everyone can live life.

Source: Listen Learn Change Action Plan

Work together to improve mental health services for those who need them and those who deliver them.

To co-develop world class mental health care and services.

What will be different for individuals?

People will:

- Be equal partners with their clinicians.
- Be supported to reflect on and express their preferences
- Receive less intervention, if simpler options would deliver the results that matter to them.
- Be supported to have the confidence, knowledge, understanding and skills to live well
- Have access to greater support from a range of supports and services,
- Encouraged to self-care/self-esteem and build resilience to promote people's wellbeing.

What will be different for individuals (2)

People will:

- See Health and social care professionals working closer together
- Older people/ complex needs receive the right support at the right time, Live well and independently by managing their conditions themselves.
- Hospitals will focus on the acute medical support and stays in hospital will be shorter.
- Individuals will benefit from more care being delivered in the community, and where possible, at home.

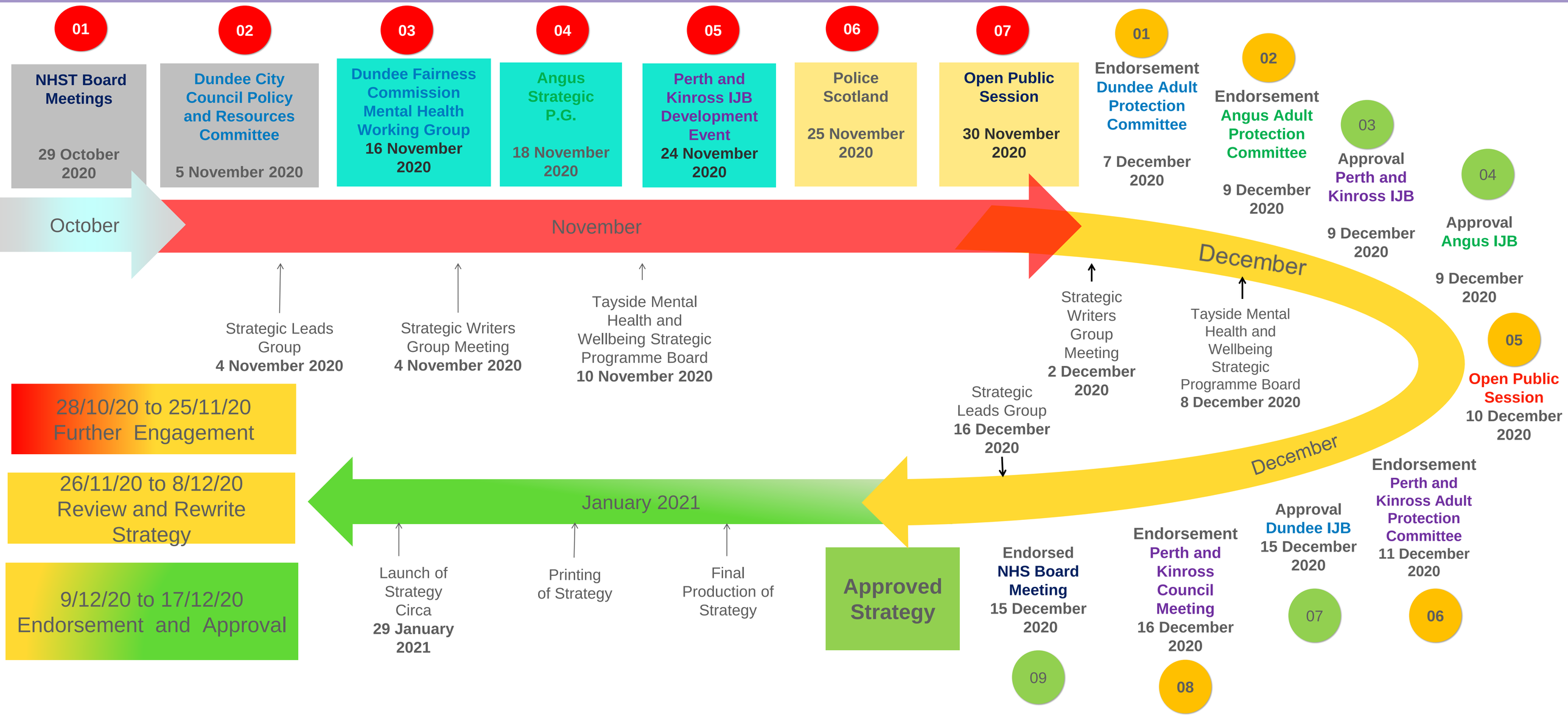
The Workforce Plan will:

- Integrated workforce planning to deliver better outcomes for people
- New Ways of working introduced
- Improved team working
- A workforce for children and young people’s mental health
- Engagement with key community, voluntary, third sector organisations
- Building Mental Health capacity and capability into communities and local GP Practices

What will be different in communities

- Mental health & wellbeing in all Localities
- Care closer to home
- Easier access to the right supports, services and treatment
- Families will receive more mental health delivered in primary and community care settings.
- Specialist Mental Health services and supports at hospital sites when necessary

Tayside Mental Health and Wellbeing Strategy – final plans for development



THANK YOU

Thanks for Listening

Any Questions

CHEERS

Q&A