



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 11TH DECEMBER 2024

REPORT ON: DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK – ANNUAL UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB73-2024

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide an update on the implementation of the Dundee Primary Care Mental Health and Wellbeing Framework and seek approval for the continued implementation of the Dundee Primary Care Strategic Delivery Plan for Mental Health and Wellbeing, 2024 -2027. The Delivery Plan supports key elements of the Framework and identifies important priorities for action.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the Dundee Primary Care Strategic Delivery Plan for Mental Health and Wellbeing, 2024-2027 (attached as Appendix 1).
- 2.2 Notes the progress to date in implementing the Dundee Primary Care Strategic Delivery Plan for Mental Health and Wellbeing, 2024-2027 and the key achievements as described in Section 4.
- 2.3 Instructs the Chief Officer to provide a further report on progress made against delivering the Dundee Primary Care Strategic Delivery Plan for Mental Health and Wellbeing, 2024-2027 to a future IJB.

3.0 FINANCIAL IMPLICATIONS

- 3.1 There are currently no additional financial implications directly associated with this report.
- 3.2 The financial arrangements for the current provision are funded through the Scottish Government's Primary Care Improvement Fund, Mental Health Action 15, and core service funds. Additional funding had been expected through the Scottish Government's Mental Health and Wellbeing in Primary Care fund from 2022/23 and other sources to support this work, however that additional funding has not materialised and is no longer available.
- 3.3 Further financial restrictions have been placed on the pace and scale of this work during 2024/25 due to reductions (or flat-cash settlements) to national funding allocations alongside the wider financial challenges being faced by public sector organisations resulting in planned spend being contained within existing available resources.

4.0 MAIN TEXT

4.1 Background

4.1.1 The Scottish Government and COSLA Mental Health and Wellbeing Strategy (2023) has highlighted how mental health has and always will be an essential part of General Practice, with

mental health issues a common feature of consultations. It is estimated that one third of GP consultations have a mental health component with the rate higher in areas of high deprivation. The IJB previously considered papers setting out the context and needs pertaining to mental health and wellbeing developments within Primary Care. This resulted in the approval by the IJB of the Dundee Primary Care Mental Health and Wellbeing Framework (attached Appendix 1). This paper provides an update to this work.

4.1.3 Local strategic planning is in conjunction with the Strategic Planning Advisory Group, Mental Health and Wellbeing Strategic Planning and Commissioning Group, Mental Health and Wellbeing in Primary Care Strategic Planning Group, the Primary Care Improvement Group and their associated strategic plans. Regular reporting and monitoring structures are in place and aligned with the financial framework as well as the strategic and operational groups that are established. Liaison with Scottish Government Primary Care colleagues around this programme of work is ongoing.

4.1.4 The Dundee Primary Care Mental Health and Wellbeing Framework comprises of five distinct services working alongside and within GP practices. These are shown in the table below.

Service	Who are we for	Staff teams
Patient Assessment and Liaison Mental Health Service (PALMS)	People requiring mental health support or advice: <ul style="list-style-type: none"> • Mental health coping strategies. • Self-help materials. • Signpost to local community supports. • Referral to specialist services. • One thirty-minute appointment (triage). 	8 WTE Community Mental Health Nurses (covered by 10 staff members) 0.6 WTE Clinical /Counselling Psychologist.
Sources of Support: Primary Care Link Workers	People with social, economic, and non-medical issues impacting their mental health and wellbeing; no or little existing support in place can receive up to 20 weeks case management: <ul style="list-style-type: none"> • Support and advice on a range of issues. • Help to navigate services/ community groups that offer support. 	8 WTE Primary Care Link workers, 2.5 WTE Support workers, 1 WTE Administrator, 1 WTE Team Leader.
Community Listening Service	People requiring emotional listening support: <ul style="list-style-type: none"> • Space to talk about any challenges including loss, relationships, or other difficult life issues. • Up to six – 50-minute appointments. 	12 Volunteers in Dundee, 1 Co-ordinator and 1 Administrator Tayside.
Distress Brief Intervention	People experiencing emotional distress who require: <ul style="list-style-type: none"> • Emotional support, Signposting/Initiating further support and/or Self-help resources • Up to 14 days support, approximately 3-5 sessions, daily support can be provided if required, support provided by a Peer Practitioner 	6 Mental Health and Wellbeing Peer Practitioners, 1 Service Manager for Tayside.
Council Advice Services Welfare Advice and Health Partnerships	People with financial or socioeconomic problems: <ul style="list-style-type: none"> • Access to Welfare Rights support/income maximisation checks, form filling or appeal representation. Crisis Grant and Community Care Grant funding. • Help with debt counselling/money advice. • Access to energy advisers regarding utility debt, access to grant funding. 	In 11 GP practices. Directly based in 11 GP practices with referral system for other practices to community based service.

4.2 Progress during 2023-2024

4.2.1 There has been positive progress and development over the last 12 months.

4.2.2 A programme management approach supports planning, co-ordination, leadership, management, and governance through collaboration with all key stakeholders. Strategic and Operational groups with the necessary membership meet regularly to support this. The Programme Manager and Dundee GP lead for Mental Health a specific role in championing

mental health in Primary Care. They have been and will continue to be key to ensuring that all key partners include Primary Care in their planning.

4.2.3 The Dundee Primary Care Mental Health and Wellbeing Strategic Delivery Plan, 2024-2027, has been developed (following a 6-month consultation and co-production period with key stakeholders). This was agreed by the Dundee Primary Care Mental Health and Wellbeing Strategic Planning Group in March 2024. This Plan is supported by an Action Plan spanning 18 months until September 2025 with activities that will enable the Strategic Plan to be delivered (See Appendix 1).

4.2.4 The Plan sets out a collaborative vision ***'to provide mental health and wellbeing services in Primary Care that enable people to access the right support, at the right time, in the right place, by staff who are knowledgeable and skilled'***. Three priority action areas have been identified:

- Awareness and Navigation
- Service Delivery and Development
- Measuring Outcomes and Success

Three workstreams are now established to take forward related actions. Current key achievements from each are presented below.

4.2.5 Awareness and Navigation

To raise awareness and improve navigation for the public and practitioners of what is available for mental health and wellbeing care or support within Primary Care and local communities. We have:

- Developed comprehensive information about Dundee Primary Care Mental Health and Wellbeing services available and how to access these. This is available on the NHS Tayside website. In addition, (on this website,) we have included a wide-ranging directory of local and national services available to support mental health and wellbeing, such as counselling, financial, and domestic violence information. Launched on 16 November 2024 this co-produced resource is supported by a co-ordinated Communications Plan over the coming months to enable awareness raising for the public and practitioners alongside testing of its content to enable evaluation and refinement as necessary. The website can be viewed [here](#).
- Participated in a local Mental Health Awareness Campaign with Public Health and Community Health colleagues to enable leaflets with accessible information, self-help and details of the NHS Tayside website / services to be created and distributed widely across the city.
- Installed TV screens into GP practices with information to promote Primary Care Mental Health and Wellbeing services (including Hope Point). The information used for this will be shared more widely in other settings going forward.
- Held training for reception and administrative staff in practices to support the development of their role as care navigators. They have a critical and demanding role assessing who is the best first point of contact for any issue that presents to the practice team, which may not be in the practice. Supporting this role is important as many practices are seeing a high turnover in their administrative staff as this becomes an increasingly complex role, with very high public expectations. Further improvement work around care navigation is planned.
- Held two Protected Learning Events with over 100 Primary Care staff where mental health and wellbeing, and suicide awareness and prevention have been a key area of focus.
- Commenced an improvement project with RefGuide to ensure accurate information about Mental Health and Wellbeing Services (e.g. Hope Point, Community Mental Health Team, Tayside Adult Autism Consultancy Team) is available to GPs in order to improve workflow management and consistency of referrals; as well as opening and improving communication between Primary Care and other Mental Health services. This is via an internal NHS Tayside site that provides GPs with key information necessary to make referrals to specialist and community services. This work is ongoing, however around 14 services have been added in recent months. We have also developed illustrative navigation pathways for Primary Care clinicians for quick and easy reference to support the more detailed Refguide guidance.

- Established a Multi-Agency Children and Young People's Mental Health and Wellbeing Group with a wide range of partners. This group will support sharing of information and developments across services, promote a shared understanding of a whole system approach underpinned by the principles of Getting it Right for Every Child (GIRFEC), and clarify an easy to navigate mental health and wellbeing pathway for children and young people, including for those in crisis. When established this information will be promoted widely to young people, parents and practitioners in other services. Primary Care representation is also established at the Dundee GIRFEC Delivery Group.
- Enhanced connections between Primary Care, Third Sector, Community Health Partnerships, and local communities by facilitating regular learning and networking forums raising awareness of developments within Primary Care and promoting collaborative working to reduce health and wellbeing inequalities.
- Liaised with local initiatives to prevent suicide by participating in the Tayside Multi-Agency Suicide Review Group, the Tayside Suicide Prevention Steering Group, and the Dundee Suicide Prevention Steering Group. We have also established peer support for GPs impacted by patient suicide which was developed and is undertaken by the GP lead for mental health.
- Developed a navigation tool for the Scottish Ambulance Service to inform them of what is available within Primary Care for mental health and wellbeing. This can support care of patients who do not need to go to hospital following an ambulance response.

4.2.6 Service Delivery and Development

Service delivery and development focuses on optimising what we offer, ensuring efficiency using the resources available and seeking further funding and workforce development. We will further identify areas of need and develop the services offered across the mental health and wellbeing multi-disciplinary team ensuring these are prevention, early intervention, and inequalities focused. A summary from each service is presented below:

Patient Assessment and Liaison Mental Health Service (PALMS)

- Having recruited to full funded establishment in 2021, the Patient Assessment and Liaison Mental Health Service (PALMS) currently has a 2.0wte vacancy factor. There is also one 0.6wte Agenda for Change band 6 maternity leave, due to return end of 2024 and one 0.3wte band 8b maternity leave until February 2025. Long-term absences due to sickness and career break over the course of the last year have impacted on PALMS capacity and service delivery with a number of practices receiving limited or no service. Short-term funding has been secured until March 2026 from the Primary Care Improvement Fund to employ a 1.0wte band 3 Administrator. This role will support essential administrative and co-ordination tasks for PALMS and facilitate the service model test of change utilising a Hub and Spoke design.
- The proposed service model change to a Hub and Spoke will provide cross-over for planned and unplanned leave, as well as increase access to overall appointments for all Practices across the week without the need for additional funded posts. This should result in increased efficiency and better, more equitable use of limited resource, minimise the impact of staff absence, and improve staff morale, job satisfaction and retention through increased team contact in a shared base.
- New referral pathways from PALMS are now established with the CONNECT Early Intervention in Psychosis Team, Psychiatry of Old Age and Older People Psychology, low intensity group therapies within Dundee Adult Psychological Therapies Service, and Penumbra's Distress Brief Intervention Service.
- The upper age criteria has been removed giving access to PALMS to all adults aged 18+(16-17 if no longer in full-time education) as long as they meet inclusion criteria (i.e. not already engaging with a mental health service, not presenting in crisis, and not presenting with primary query of cognitive decline).
- Over the last year PALMS staff have worked to deliver a programme of service promotion including updating promotional materials, engaging with third-sector partners, attending stakeholder days and pop-up stalls in non-primary care health venues to raise patient

awareness of the service. It is hoped this will increase patients' awareness and help them to consider PALMS before presenting in practice requesting GP appointments.

Sources of Support

- The social prescribing Primary Care Link Workers are fully recruited to and continue to support all practices. There remains a waiting time of six weeks to access the service.
- Short term funding is secured until March 2026 from the Primary Care Improvement Fund to employ a full-time Associate Practitioner. This will reduce waiting times for patients to be seen by a Primary Care Link Worker and enhance opportunities for patients to access community resources with support from Associate Practitioners.
- Quality improvement work focussing on increased definition of the roles and responsibilities, decision making and accountability of the Link Worker and Associate Practitioner. A complexity tool is currently being tested with staff to gather information that details the broad ranging areas of support provided (e.g. adult support and protection, suicide risk assessment and safeguarding).

Welfare Advice and Health Partnership

- Dundee City Council Advice Services / Brooksbank Centre and Services offer welfare rights and financial advice or support within 11 GP practices. Those who do not presently have an onsite service are still offered this in other locations and this is an area that is looking to be developed further given the pressing need. Improvement work is underway to enable welfare advisors to access appropriate NHS IT services to support their work in medical priority applications for patients.
- Short term funding has been secured for 24/25 and 25/26 from Scottish Government to allow the funding of a FTE Welfare Advice and Health Partnership adviser based within Brooksbank to support the partnership. Funding reduces in April 2026 at which point the FTE post will only be partly funded, with funding disappearing entirely in April 2027.
- In the current financial climate, socio-economic issues contribute to patients' stress and mental health issues. The Welfare Advice and Health Partnership aims to take these issues away from health professionals allowing them to concentrate on clinical care. The service allows access to medical records with express client consent allowing more benefit decisions to be correctly made first time and mitigating against poverty impacts and associated health impacts stemming from these. Advice delivered in Primary Care is also less stigmatising for individuals and also attracts a large proportion of customers (89%) who would not normally approach advice agencies.

Distress Brief Intervention (DBI)

- The DBI team within Dundee will be fully staffed in the near future with one staff member currently in pre-employment and awaiting a start date.
- Current contract is secured until 31st March 2025. DBI continues to hold regular steering group meetings with funders and key individuals from the Referral Pathways attending.
- Taking a whole system approach, PALMS, Sources of Support and various GP surgeries within Dundee can now access DBI for patients they are in contact with over the course of their work. Currently, all PALMS staff, and all Sources of Support staff have completed the Level 1 referrer commitments and refer into DBI regularly.
- Five of the seven GP surgeries within Cluster 1 and five of the six surgeries within Cluster 3 have completed the Level 1 referrer commitments to date.
- Cluster 4 are next to be offered the opportunity to refer into the service with Westgate being the first surgery to undertake the Level 1 referrer commitments at the start of November 2024.
- Dundee continue to utilise the service to a high level in comparison to neighbouring HSCPs – demonstrating the high demand for and value of the service.

Community Listening Service

- The NHS Community Listening Service covers all GP practices in the health board either with a weekly or fortnightly embedded Community Listener, or with remote or ad hoc face to face appointments booked through our central office.
- The team of Community Listeners are volunteers drawn from a wide range of backgrounds within healthcare and other professions. They must successfully complete an intensive NES

training programme in Spiritual Care to be placed in a GP practice in this role, and they are provided with ongoing support and supervision both individually and in groups. If running at full capacity, an intervention with the Listening service costs roughly £10 - £15 per episode of care, including the cost of DNAs which are around 15 - 20%.

- Community Listener numbers are down in Dundee due to six volunteers either retiring or reducing the number of practices they cover within the last year, meaning any new recruits are replacements rather than starting in a previously vacant practice. However, the awareness and use of the central office number for arranging ad hoc appointments when a practice is vacant is good.
- Nine of 19 practices have an embedded Listener, with a further 3 pending.
- Improvement work is underway for the Listening Service to gain access to Vision 360 to enable remote appointment booking by the service's Support Officer into all Tayside GP practices. This would enable a similar framework to the Community Care and Treatment Team and significantly reduce the burden on patients to make appointments via their GP practice should they be directed to our central office number. The decision is currently with the Digital Directorate.
- The Listening Service Coordinator from NHS Tayside is leaving in December 2024. The three HSCPs have confirmed funding for this post.

4.2.7 Measuring Outcomes and Success

Measuring outcomes and success focuses on further developing and implementing mechanisms for governance, reporting, and evaluation of the mental health and wellbeing framework, ensuring local plans are being delivered and progress towards outcomes is assessed and shared with stakeholders regularly. To achieve this, we have:

- Established a working group to focus on this area.
- Established a reporting framework detailing who, when and what format we will report progress and risks regularly. We have comprehensive action trackers and progress reports relating to the Delivery Plan. This is presented to the Primary Care Mental Health and Wellbeing Strategic Planning Group as well as several linked strategic groups within NHS Tayside, and the Dundee Health and Social Care Partnership.
- Developed in draft a Quality Assurance Framework for the entire multi-disciplinary team with an agreed core dataset featuring anonymised demographic data, service contact, interventions, and pathways, service user experience and outcomes, and process measurement.
- We have begun testing the core dataset and digital dashboard with Sources of Support and are in planning with the other core services involved.
- Commenced work with colleagues to create a digital dashboard that collects the agreed core dataset and measures from each of the services identified and collates this to be presented in an easy-to-understand and dynamic format. This will further enable analysis of the patient journey, service performance and utilisation, service user experience, areas of need, development or improvement.
- Developed a draft Primary Care Mental Health and Wellbeing Governance Framework clearly identifying accountability and reporting structures as well as key partnerships.

4.3 Plans for 2025 - 2026

4.3.1 We will continue to progress the Dundee Primary Care Mental Health and Well-being Delivery Action Plan 2024-2027.

4.3.2 We will introduce Care Opinion to collect service user experience across services involved in the multi-disciplinary team.

4.3.3 We will continue to rollout Distress Brief Intervention Level 1 referrer training to all Dundee GPs.

4.3.4 We will develop a digital hub (website) to support early intervention and prevention, co-produced with key stakeholders and a collaboration between Dundee City Council with the Health & Social Care Partnership. Building on a [model established in NHS Lothian](#) this will be a bright, accessible website that will provide evidence-based high-quality information about mental health and wellbeing, psycho-social approaches to self-help, and guided self-management (e.g. managing anxiety, low mood, chronic pain, loss and bereavement), green health approaches (e.g. activity, exercise, outdoors) and workplace wellbeing support. This local digital hub will

include a searchable directory that links mental health and wellbeing issues with local and national supports available. The expected launch date for this website will be July 2025.

- 4.3.5 We will evaluate the benefits of the additional Associate Practitioner post within Sources of Support. If successful in reducing waiting times and increasing supported access to community resources, we will explore avenues to enable funding to be extended.
- 4.3.6 We will introduce the Hub and Spoke model to PALMS and evaluate the benefits and challenges to this development, refining as necessary. If successful we will explore avenues to enable funding to be extended for the Administrator role.
- 4.3.7 We will continue to focus on how we maximise what we can deliver with current funds, identifying how pathways can be developed that support care, and identifying any key gaps, for both adults and children.
- 4.3.8 We will create stronger links with NHS Tayside Out of Hours Service to ensure that patients have access to the full range of options available in hours, accepting some options may not be available immediately,
- 4.3.9 We will continue to ensure Primary Care is represented in all planning forums for mental health and wellbeing particularly where new models of care are being developed.

4.4 Next steps

- 4.4.1 The Primary Care Mental Health and Wellbeing Strategic Group will continue to support and monitor the development of the programme and its impact. Actions will be progressed as outlined in Appendix 1 to implement the plan.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Failure to maximise support for people through Primary Care Mental Health and Wellbeing services will lead to further deterioration and poorer outcomes for people who may benefit from this and potentially the need for higher levels of support and care.
Risk Category	Operational.
Inherent Risk Level	Likelihood (4) x Impact (4) = Risk Scoring (16)
Mitigating Actions (including timescales and resources)	Progress being made in development and implementation of a delivery plan, also maximising the use of available financial resources wherever possible.
Residual Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6)
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6)
Approval recommendation	That the risk should be accepted.

Risk 2 Description	Failure to optimise the development of a Primary Care Mental health and Wellbeing MDT approach will increase demand on GPs and specialist parts of the system with an overall detrimental outcome to patients and staff.
---------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Risk Category	Operational.
Inherent Risk Level	Likelihood (4) x Impact (4) = Risk Scoring (16)
Mitigating Actions (including timescales and resources)	Progress being made in development and implementation of a delivery plan, also maximising the use of available financial resources wherever possible.
Residual Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6)
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6)
Approval recommendation	That the risk should be accepted.

7.0 CONSULTATIONS

7.1 The Chief Officer, Clinical Lead for Mental Health & Learning Disability Services, and Dundee GP lead for Mental Health were consulted in the preparation of this report.

8.0 DIRECTIONS

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

9.0 BACKGROUND PAPERS

None.

Chief Officer: Dave Berry

DATE: 12 November 2024

Emma Lamont, Programme Manager, Mental Health & Wellbeing in Primary Care Services, Dundee Health & Social Care Partnership

Shona Hyman, Senior Manager Service Development and Primary Care, Dundee Health & Social Care Partnership

Arlene Mitchell, Locality Manager, Mental Health & Learning Disabilities, Dundee Health & Social Care Partnership

Dundee Primary Care Strategic Delivery Plan For Mental Health and Wellbeing, 2024-2027

Introduction and Overview

This Strategic Delivery Plan sets out Dundee Health and Social Care Partnership's vision, principles, aims, and outcomes. It describes our priority actions for the next three years while implementing a Primary Care Framework that will contribute to improving the mental health and wellbeing of people living in Dundee. This plan is supported by an action plan that will detail specific actions and activities we expect to undertake during the first 18 months. Thereafter, these will be reviewed, and further actions identified and undertaken for the second 18 months of this three-year plan. This Plan is informed by the [Scottish Government and COSLA Mental Health and Wellbeing Strategy \(2023\)](#), the [Mental Health and Wellbeing in Primary Care – Outcomes and Measures Framework Guidance 2023](#), and the relevant National Outcomes they have identified.

Vision

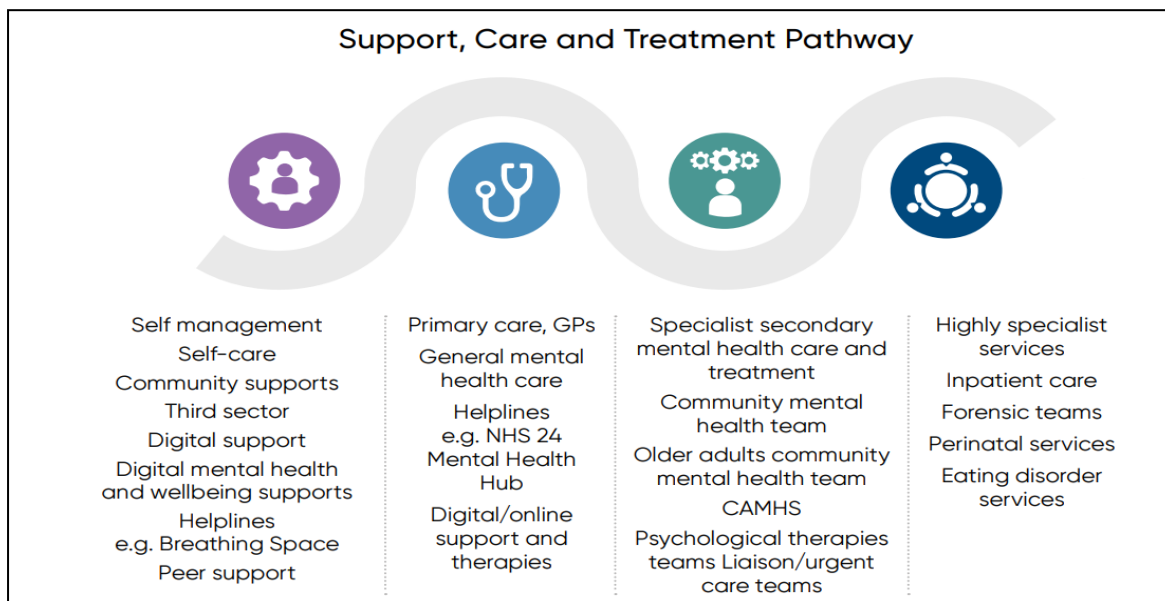
'Our vision is to provide mental health and wellbeing services in Primary Care that enable people to access the right support, at the right time, in the right place, by staff who are able to deliver this.'

The Role of General Practice and Primary Care in Mental Health and Wellbeing

The Scottish Government and COSLA Mental Health and Wellbeing Strategy (2023) has highlighted how mental health is an essential part of General Practice, with mental health issues a common feature of consultations. It is estimated that one-third of GP consultations have a mental health component – approximately 8 million consultations a year – with a higher rate in areas of high deprivation. Many GPs are reporting higher numbers of mental health-related consultations following the pandemic and the associated stresses, isolation, and loneliness. A key challenge is ensuring that accessible, high-quality, comprehensive mental health and wellbeing services are available for all communities, including through GP

practices when they are the most appropriate route. This also means ensuring communication needs are met, such as through the use of interpreters and digitally accessible information, and that people receive an improved experience and better outcomes. The Mental Health and Wellbeing Strategy (Scottish Government & COSLA 2023) emphasises access to mental health and well-being support, care, and treatment including in Primary Care settings. This highlights the need to ensure services and clinical models are fit for purpose, with a continually improving response when anyone asks for help with their mental health. They advise that this includes round-the-clock support for anyone experiencing or affected by a mental health crisis. Support, care, and treatment should be available in a range of accessible formats, both digital and non-digital. Figure 1 below indicates Primary Care and General Practice's place in the overall mental health and wellbeing support, care, and treatment pathway.

Figure 1: Scottish Government and COSLA Mental Health and Wellbeing Strategy (2023-2033)



Process of Development of this Delivery Plan

The Primary Care Programme planners held a series of development, engagement, and consultation activities to create this strategic delivery plan. This was with key stakeholders from the Primary Care Mental Health and Wellbeing Strategic Group, the Operational Group, core staff groups, service users, public partners, and community forums. The aim has been to gather views on our vision, aims, outcomes, priorities, and actions to take forward over the next three years. This has been summarised in the Outcomes Framework in Appendix 2, page 11. The actions will involve communities, people with lived experience, and practice evidence. To ensure this is ongoing and further strengthened, part of the work will be to develop a plan of engagement for the lifetime of this plan.

Our Principles

This Strategic Delivery Plan is based on these core principles:

- All parts of the system should enable support and care that is person-centred.
- Focus is on prevention and early intervention and seeking to promote positive mental health and wellbeing.
- Seeking to prevent mental health issues occurring or escalating, addressing underlying causes, adversities, and inequalities wherever possible.
- Trauma Informed Practice will be evident throughout.
- Digital approaches to self and supported management of distress and mental health conditions will be an integral part of the Service with the caveat that those who are digitally excluded need to be engaged positively in different ways.
- People presenting in the Out of Hours period will have access to the full range of options available in hours, accepting some options may not be available immediately.
- There will be sufficient staff, with appropriate knowledge and skills, to deliver safe and effective support.
- Experience and effectiveness will be measured.

Aims and Outcomes

- We will provide mental health and wellbeing services in Primary Care that enable people to access the right support, at the right time, in the right place, by staff who are able to deliver this.
- This will be achieved through the implementation of the Primary Care Mental Health and Wellbeing (MHWB) Framework that utilises a multi-disciplinary team alongside collaboration with communities, third sector, and specialist services (Appendix 1).
- In doing so, we aim to achieve the outcomes described in the Dundee Primary Care Mental Health and Wellbeing Services Outcomes Framework shown in Appendix 2. These are grouped in three high level categories: people, workforce, services, support.

Realising the Plan

Delivery of this Plan requires bringing together existing services and additional new work through three Priority Actions: **Awareness and Navigation; Service Delivery and Development; Measuring Outcomes and Success**, outlined on in the Plan shown on page 4. Three workstreams relating to these will be established with identified leads and members. These will meet regularly, work collaboratively, and report to the Strategic Group on a bi-monthly basis highlighting progress, challenges, and risks.

The Dundee Primary Care Mental Health and Wellbeing Strategic Delivery Plan 2024-2027

	Priority Actions	Workstream members
1	<p>AWARENESS AND NAVIGATION</p> <p>Focusing on early intervention, prevention, and mental health promotion we will raise awareness and improve navigation of what is available for MHWB support in our local communities ensuring people know how to access this. We will ensure we enable co-production, utilising the expertise of communities and lived experience to inform local planning, design, and evaluation.</p>	Arlene Mitchell (Sponsor), Emma Lamont (Lead), Katy Mitchell, Lucie Jackson, Anne Winks, Rebecca Adams, Craig Mason, Mary Gibson, Aled Bartley Jones, Sheila Allan, Frank Weber/ Nadine Cousins, Imran Arain, Peter Allan
2	<p>SERVICE DELIVERY AND DEVELOPMENT</p> <p>We will optimise what we have to ensure efficiency using the resources available and seek further funding and workforce development. We will recognise that maintaining what is currently offered will be a success. We will further identify areas of need and develop the services offered across the MHWB multi-disciplinary team ensuring these are prevention, early intervention, and inequalities focused.</p>	Operational group: Shona Hyman (Sponsor), Emma Lamont (Lead), Katy Mitchell, Lucie Jackson, Theresa Henry, Rebecca Adams, Craig Mason, Mary Gibson, Helen Nicholson Langley, Frank Weber / Nadine Cousins, Oonagh McPherson, Duane Patterson
3	<p>MEASURING OUTCOMES AND SUCCESS</p> <p>Further develop and implement mechanisms for governance, reporting, and evaluation of the MHWB framework, ensuring local plans are being delivered and progress towards outcomes is assessed. We will share with stakeholders regularly.</p>	Linda Graham (Sponsor), Emma Lamont (Lead), Katy Mitchell, Lucie Jackson, Theresa Henry, Rebecca Adams, Craig Mason, Mary Gibson, Robbie MacAulay, Lynsey Webster, Matthew Kendall, Krista Reynolds, Nadine Cousins, Sheila Allan, Frank Weber, Allison Lee

Action Plan (March 2024-September 2025)

Priority Action 1	Focusing on early intervention, prevention, and mental health promotion we will raise awareness and improve navigation of what is available for MHWB support in our local communities ensuring people know how to access this. We will ensure we enable co-production, utilising the expertise of communities and lived experience to inform local planning, design, and evaluation.
Awareness and Navigation	
Actions	First 18 months activities (March 2024- September 25)
1.1 Ensure we enable co-production, utilising the expertise of communities and lived experience to inform local planning, design, and evaluation.	<ol style="list-style-type: none"> 1. Work with DVVA and ensure there is an engagement plan for co-production at every stage of this work. 2. Work with partners to engage with established community groups and forums and involve them in co-production work and priority actions.
1.2 Raise awareness and improve navigation and knowledge of what is available for the public, patients, staff, and services.	<ol style="list-style-type: none"> 1. Scope out with partners what is currently available in terms of digital approaches for Dundee (websites / Support and Connect/ FORT / DVVA/ Recovery Roadmap/social media). 2. Work collaboratively to increase awareness, knowledge, choice, and navigation of what is available and how to access these for the public, patients, staff, and wider community/specialist organisations. This will be through website development or involvement. 3. Through consultation with Practice Reception Staff, revise and adapt the GP resource pack to better meet their needs for navigation. 4. Identify opportunities for improvement / training on how to navigate patients into the relevant services to ensure they access the right service/support from the right person, at the right time. (PALMS, Sources of Support).

	<ol style="list-style-type: none"> 5. Explore opportunities to further promote healthy lifestyle activities, community groups and resources linked to primary care and mental health and wellbeing. 6. Create or revise service leaflets, posters, and digital information for display in GP practices and community facilities (library, community gardens, food banks, etc). 7. Create and implement for GP's a Staffnet RefGuide page for Dundee Primary Care MHWB provision and a link to the Staffnet page for each service involved (PALMS, Sources of Support, DBI, Listening, Welfare Rights). 8. Display information about the services on TV screens in GP practices to promote these to the public (only Sources of Support, PALMS). 9. Sources of Support: review patient information sheet, GP referrers information sheet, and update GPs with new information and forms. 10. Welfare Rights: Create debt advice material and a mental health debt pack and distribute widely.
<p>1.3. Provide opportunities for learning and networking for staff, and wider community/specialist services through planned events.</p>	<ol style="list-style-type: none"> 1. Undertake a learning needs assessment for staff within primary care, wider community, and specialist services 2. Work with partners to plan and deliver mental health networking roadshows and education events with statutory and third-sector organisations. 3. Plan and deliver staff development/training and sharing practice opportunities for the Primary Care MHWB team (inc. reception staff and GPs). 4. Liaise with children and young people services to increase understanding and collaboration.

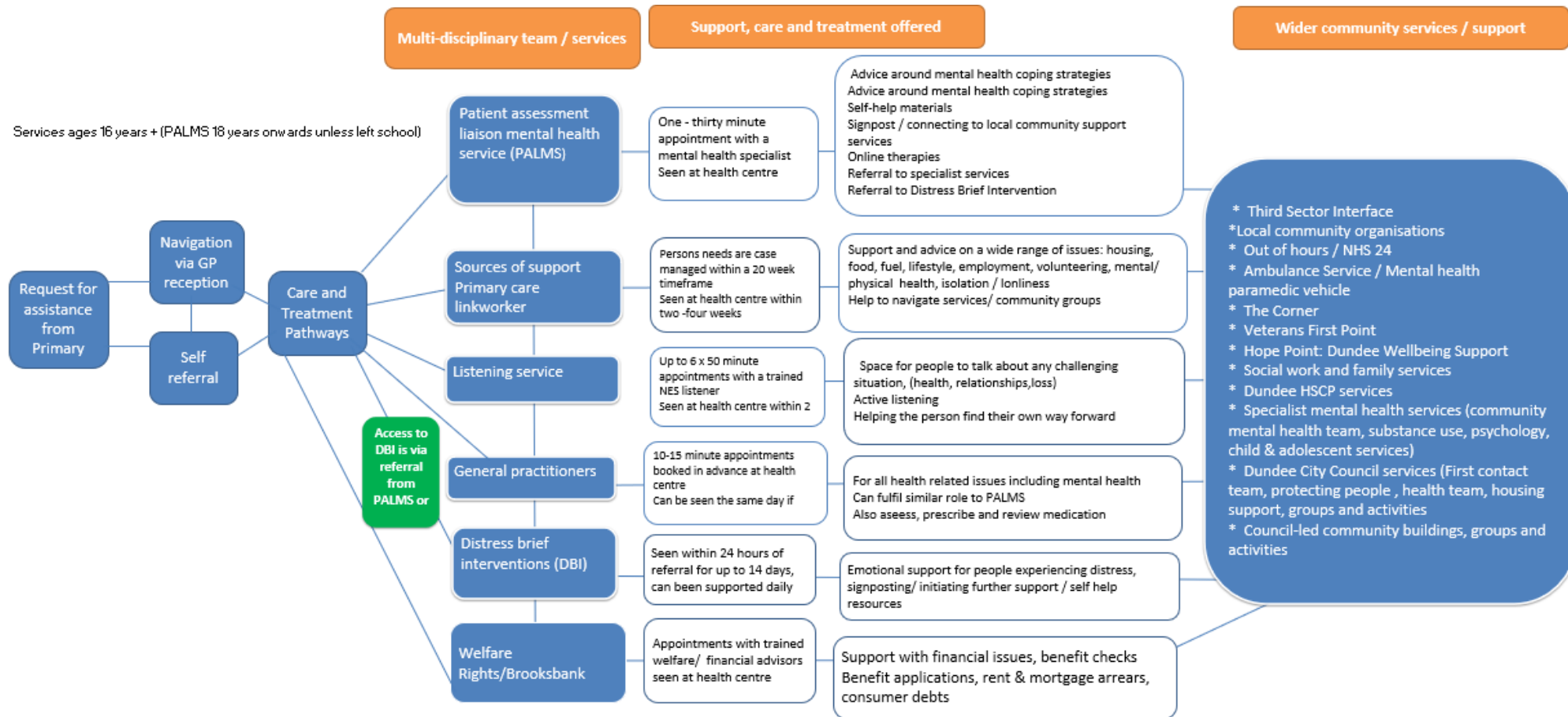
<p>Priority Action 2</p> <p>Service Delivery and Development</p>	<p>We will optimise what we have to ensure efficiency using the resources available and seek further funding and workforce development. We will recognise that maintaining what is currently offered will be a success. We will further identify areas of need and develop the services offered across the MHWB multi-disciplinary team ensuring these are prevention, early intervention, and inequalities focused.</p>
<p>Actions</p>	<p>First 18 months activities (March 2024-September 2025)</p>
<p>2.1. Further identify areas of need and develop the services offered across the MHWB multi-disciplinary team ensuring these are prevention, early intervention, and inequalities focused.</p>	<ol style="list-style-type: none"> 1. Identify a potential role for Occupational Therapy utilising the best evidence from literature and learning from what is currently available (such as the Lanarkshire model) in other areas. 2. Design and plan low-intensity psychological therapy/groups to compliment the work of PALMS. Seek a funding source to staff and deliver these. 3. Explore and implement new models to optimise efficiency and improve access across the city. 4. Explore and establish where appropriate Vision 360 bookings across the services providing support. 5. Proactively target outpatient secondary physical healthcare services such as cancer care and offer early intervention of support from Listening Service and Welfare Rights support to people who may have mental health and well-being needs. 6. Welfare Rights: Explore new roles to support practices such as an in-house advisor working jointly with practices to access information to support people’s welfare applications. 7. Liaise locally with initiatives to address inequalities and collaborate to improve access to mental health care for these groups. 8. Liaise locally with initiatives to prevent suicide and continuously improve the quality of clinical care and support for people who are suicidal, or at risk of suicide and self-harm.

	<p>9. Implement approaches from the Scottish Government Trauma-informed toolkit to ensure trauma-informed practice is evident across the multi-disciplinary team.</p>
<p>2.2. Incrementally develop and increase the Primary Care Mental Health and Wellbeing Multi-disciplinary Team /services offered and implement accordingly.</p>	<ol style="list-style-type: none"> 1. Deliver low-intensity psychological therapy groups to complement the work of PALMS (test of change). 2. Where resources allow and evidence indicates a benefit, develop an Occupational Therapist role within the team. 3. Continue to phase in Distress Brief Interventions first-level referrer training to all GP practices and relevant primary care staff (practice nurses/ Sources of Support). Depending on capacity and funding. 4. Children and young people: map what is available, and gaps, establish opportunities to develop and implement stronger navigation, pathways, and routes to care. 5. Strengthen opportunities for people seeking help via the Scottish Ambulance Service, Out of Hours Services, Police and Community Pharmacies to be navigated towards the Primary Care MDT and wider community support. 6. Support GPs to develop a psycho-social model to prevent people from developing chronic pain through strengthening pathways to the MHWB MDT and raising awareness of the MHWB links to chronic pain. 7. Where resources allow Welfare Rights will expand into all GP practices and explore different models of support (i.e., co-location, remote access) where this cannot be achieved.

<p>Priority Action 3</p> <p>Measuring Outcomes and Success</p>	<p>Further develop and implement mechanisms for governance, reporting, and evaluation of the MHWB framework, ensuring local plans are being delivered and progress towards outcomes is assessed. We will share with stakeholders regularly.</p>
<p>Actions</p>	<p>First 18 months activities (March 2024-September 2025)</p>
<p>3.1 Ensure and implement comprehensive mechanisms for governance and reporting for all services.</p>	<ol style="list-style-type: none"> 1. Conduct an Equality Impact Assessment. 2. Agree on formal reporting, and monitoring requirements across teams including reporting risk.
<p>3.2 Evaluate the MHWB in Primary Care framework and model of care.</p>	<ol style="list-style-type: none"> 1. Identify what we currently measure and report on. 2. Co-design a measures framework identifying a suite of key service indicators and embed across services (numbers, Patient experience, Staff experience, staff satisfaction/ confidence, trauma-informed, Care Opinion). 3. Map a series of patient journeys to inform understanding and further improvement and development work. 4. Establish an engaging and informative method of regular reporting.
<p>3.3 Use evidence to ensure we are meeting local needs and plans are being delivered as agreed with the expected outcomes.</p>	<ol style="list-style-type: none"> 1. Ensure a continuous quality improvement approach using improvement methodology, rapid cycle change, PDSA, learning reviews, and related methods. 2. Review the initial 18 months' activities in the Action Plan and examine progress. Plan further activities using the information gleaned and the best evidence from the literature.

Appendix 1

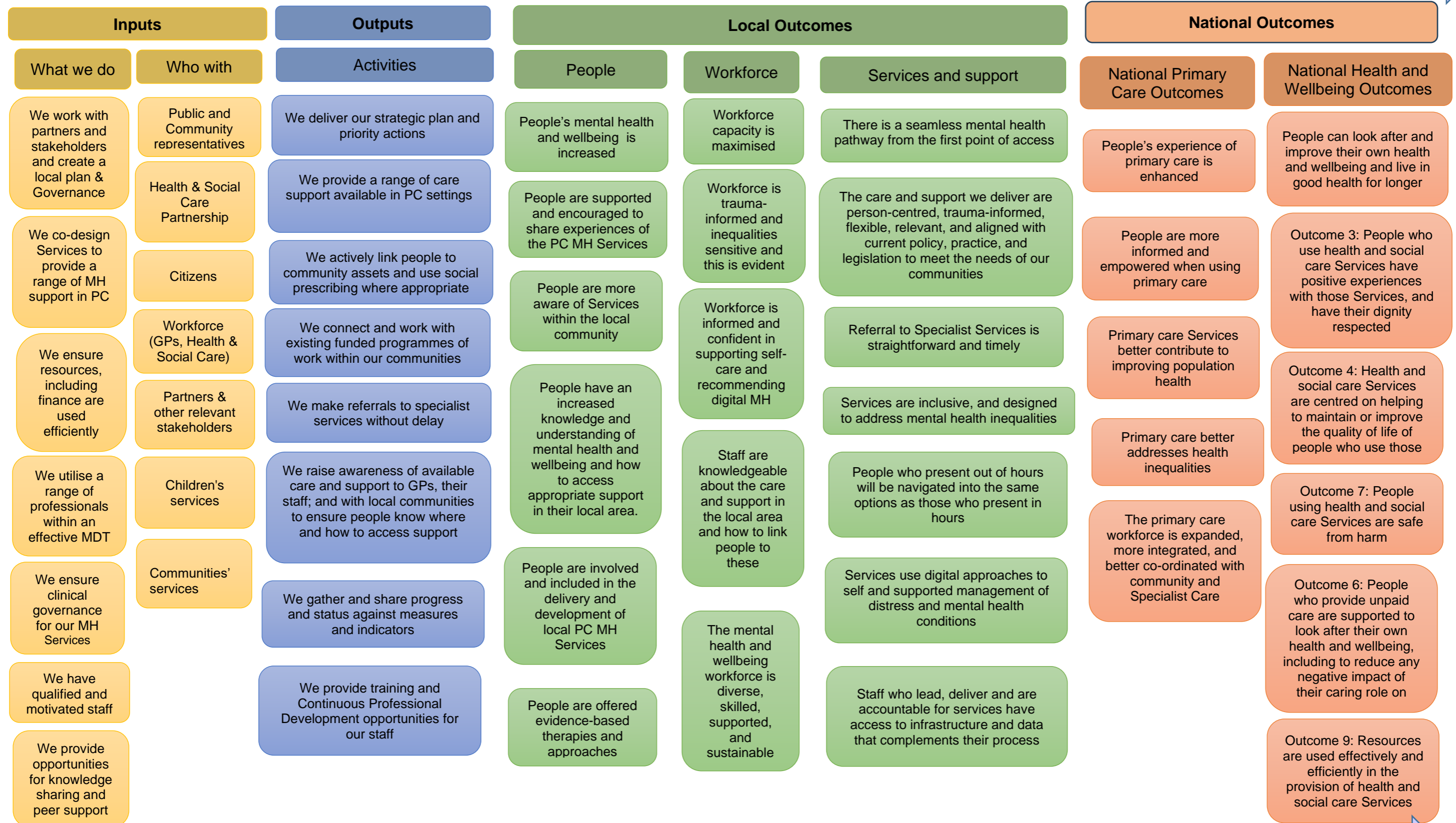
Dundee Primary Care Mental Health and Wellbeing Framework



Appendix 2

Dundee Primary Care Mental Health and Wellbeing Services Outcomes Framework

Vision: To provide mental health and wellbeing services in Primary Care that enable people to access the right support, at the right time, in the right place, by staff who are able to deliver this.



Underlying principles: Dignity and respect, compassion, inclusion, responsive care and support, well-being (Health and Social Care Standards), early intervention and prevention, safe, person-centred, equitable, outcomes-focused, effective sustainable, affordability, and value for money, trauma-informed, co-produced and co-designed.

This page is intentionally left blank