



ANGUS INTEGRATION JOINT BOARD

26 JUNE 2024

STRATEGIC PLANNING UPDATE

REPORT BY ALEXANDER BERRY, CHIEF FINANCE OFFICER

1. ABSTRACT

This report provides the Integration Joint Board (IJB) with a proposal to revise the Strategic Priorities within the Strategic Commissioning Plan and provides a progress update on Priority 3 of the Angus Strategic Commissioning Plan (SCP) 2023 – 2026 and includes updates relating to community mental health services, learning disability services and substance use recovery.

2. ALIGNMENT TO THE STRATEGIC PLAN

This report is aligned to all priorities within in the IJB's SCP with a specific focus on Priority 3.

3. RECOMMENDATIONS

It is recommended that the Integration Joint Board: -

- (i) Scrutinise and discuss the content of the report;
- (ii) Approve the proposed revision of the Strategic Priorities;
- (iii) Endorse a reasonable level of assurance regards progress related to community mental health services, learning disability services and substance use recovery; and
- (iv) Acknowledge further reports will be presented as per the workplan.

4. BACKGROUND

In June 2023 the IJB approved the SCP which serves as the collective framework for the planning, commissioning and delivery services of health and social care services in Angus for 2023-2026 (IJB 29/23). The Plan is focussed on improving health and wellbeing outcomes and is driven by the core values of being caring, compassionate, person-centred, honest and respectful. The Plan sets out the role of Angus Health and Social Care Partnership (AHSCP) and delivery partners in meeting the health and social care needs of our communities, through joined-up support with people, families and carers at the centre.

This strategic planning approach continues to centre on the 'quadruple aim' of improving the experience for service users, improving the experience for staff, better health outcomes and lower the cost of care.

All the work being undertaken supports the Joint Commitments described within the IJB's SCP of 'making a difference for you, with you'.

The SCP identifies four priorities:

1. Prevention and early intervention
2. Care closer to home
3. Mental health and wellbeing and substance use recovery.
4. Equity of access and public protection

In April 2024 the IJB approved the Annual Workplan 2024-2025 (IJB 20/24). This included the proposal that the IJB receive strategic planning updates by priority. This report focuses on Priority 3.

Our commitments in support of Priority 3 are:

- Deliver the ambitions of the Angus Living Life Well Improvement Plan.
- Support people to recover or manage their condition
- Provide consistent delivery of safe, accessible, high-quality drug and alcohol treatment across Angus.

5. CURRENT POSITION

5.1 Review of Strategic Priorities

On 5 June 2024, the Strategic Planning Group considered the following proposal to review and amend the strategic priorities:

- Priority 3 is renamed to Mental Health, Learning Disability and Substance Use Recovery. This is because Learning Disability sits alongside Mental Health across Tayside and it is proposed that the SCP mirrors this approach. The management of these service areas will remain the same. An action to review and refresh the Angus Autism Strategy will be added to Priority 3.
- Priority 4, Equity of Access and Public Protection is removed. Equity of access and public protection are intrinsic to everything we do across AHSCP. Any actions and key performance indicators which relate to equalities will continue to be captured with the Equalities Mainstreaming Report which is presented annually to the IJB. Work relating to quality assurance and improvement in public protection feeds into the Public Protection Committee and the IJB receive an update via the annual Angus Adult Protection Committee Update.
- All work focusing on urgent and unscheduled care will move to Priority 2, Care Closer to Home.
- All work focusing related to Physical Disabilities will take place within Priority 2, Care Closer to Home.

The proposal to reduce to three priorities will:

- Enable actions to be aligned to the appropriate key priority area.
- Minimise duplication of reporting.
- Streamline actions that need to take place to maintain our focus on the:
- Actions within the SDP, including those that support financial sustainability, and associated key performance indicators.
- Delivery of the strategic vision that people in Angus receive the best services possible and enjoy physical and mental health to their full potential.
- 'Quadruple aim' of improving the experience for service users, improving the experience for staff, better health outcomes and lower the cost of care.

Separately, the IJB's Strategic Planning Group has recently endorsed an intention to review the SCP's associated Market Facilitation Plan to align it more closely with our current planning etc. Further, and as is evident from separate Finance reports, the IJB's Strategic Delivery Plan is increasingly supporting the identification of opportunities to support financial sustainability.

5.2 Progress to deliver Priority 3

This section provides the IJB with an update about progress related to community mental health services and substance use recovery. An update about learning disability services is also included in anticipation of the IJB's approval to include this service area within Priority 3.

A summary of achievements is provided in Appendix 1.

5.2.1 Delivering the ambitions of the Angus Living Life Well Plan

Currently the 39 actions within the Living Life Well (LLW) Implementation Plan have the following status:

Priority	Number of Actions	Status			
		Blue (Complete)	Green (On Track)	Amber (Concern meeting deadline)	Red (Requires Urgent Attention)
Good Mental Health for All	10	4	4	2	0
Primary and Community Mental Health	3	2	1	0	0
Specialist Adult Mental Health	16	12	3	1	0
Older People Mental Health	7	2	1	4	0
Leadership & Culture	3	3	0	0	0
TOTAL	39	30 (Increased from 24 from IJB Report 05/24)	5 (increased from 3 from IJB report 05/24)	4 (Decrease from 12 from IJB Report 05/24)	0 (No change)

A full summary of LLW Actions can be found in Appendix 2.

Of the 4 amber actions,

- 1 is due to a delay National work not being completed, resulting in a delay to local implementation.
- 3 have not met the deadline date due to a resource gap which has now been filled and are now being progressed and timescales revised.

Of the 30 blue actions,

- 24 of these actions continue as business as usual.
- 2 are fully complete with no further actions.
- 2 are to be taken forward as Tayside actions under the Whole Systems Change Mental Health and Learning Disabilities Programme.
- 2 of the actions within the LLW Plan have led to further work being undertaken under other improvement programs. These are the development of the Angus Community Wellbeing Centre (CWC), update provided at 5.2.1ib, and continued provision of distress brief intervention which will also take place within the CWC.

5.2.1i Continue to develop specialist mental health multi-disciplinary teams providing mental health care in communities rather than in hospitals, developing new roles for staff and pathways of care in the community

a) Mental Health and Wellbeing Enhanced Community Support Hubs (ECS)

Work continues to develop specialist mental health multi-disciplinary teams providing mental health care in community rather than in hospitals, developing new roles for staff and pathways of care in the community.

The South West and South East ECS Hubs went live in March 2024 which means the ECS Model is now available across all four localities of Angus. Evaluation of all four hubs continues with further work about to be undertaken in relation to referrals and data. A media campaign will be arranged for late summer to ensure people are aware of the ECS Hubs and how to access them.

There is evidence of changes in how our services are accessed, and reduced reliance on patients seeing a GP to access mental health and wellbeing support. Recent data in the North indicates that 35-50% of referrals are now self-referrals or referrals from another agency. No referrals have been rejected.

Access and use of third sector and community organisations has improved, promoting prevention and self-management and supporting people to access the service/support which will meet their needs.

b) Community Wellbeing Centre (CWC)

Following on from the information contained in IJB Report 05/24, a Project Board has been established with an agreed Terms of Reference, Project Initiation Document and Project Plan the Board will report into the Strategic Planning Group.

Four project teams have also been established; Procurement, Buildings & Aesthetics, Communication and Engagement and Wider Community Benefit, all will report into the Project Board and the Lead Officer, Angus Integrated Mental Health Services will lead on a workstream on Pathways.

An accommodation options appraisal was completed with the Project Board approving the preferred option of the old access office in Arbroath, also known as The Steeple. Refurbishment will commence in the next few months and will be led by the Buildings & Aesthetics Project Team.

Work to establish the service specification is being taken forward by the Procurement Project Team with an invite to tender to be published in October and award in December with the service being operational in April 2025.

c) Discharge Planning

The Angus Community Mental Health Service discharge sub-team (discharge team) was created in May 2022, to meet the project plan objectives. The team was funded through the Scottish Government Multi-disciplinary team fund.

A project plan was developed to meet the following objectives;

- Prevent avoidable delayed discharge
- Support patients from date of admission
- Utilise planned date of discharge to support discharge planning
- Improve communication across the whole pathway, including patients, carers/families
- Promotion of Early Supported Discharge
- Increase links with community staff and ward staff
- Early identification of the need for legislation to safeguard or make required decisions
- Assessment and early identification of support packages/supports in community
- Identify carers and offer assessment or signposting
- Prevention of admission
- Provide post discharge support within 72 hours and for up to 6 weeks if required

The discharge sub team have met their objectives, and feedback from staff and patients and analysis of data indicates that they are having a positive impact on multi-disciplinary communication, discharge planning, reducing readmission to hospital, improving family and carers journeys, and are effective.

d) Multi-disciplinary review of Consultant Psychiatrist waiting lists in adult mental health

There was a need to prioritise Consultant support, care, and treatment for complex patients most at risk and make better use of the wide range of resources available to meet need safely and effectively. Consultant waiting lists were identified as an area of concern, particularly the waiting times for patients who were assessed as having non-complex needs, and on the waiting list for ongoing Consultant review/support.

A test of change was agreed in 2023, to review the patients on the non-complex waiting list in a multi-disciplinary assessment group involving GP's, Community Mental Health Nurse, Pharmacist and Psychologist, to determine if the patient required Consultant care, care by the wider community team, GP care, discharge, or if there was another community resource which could meet the patients need more effectively and sooner. The initial test of change

was successful, and reviews have continued, with 13 of the 15 Angus GP Practices actively engaged in this work.

Analysis of data indicates that after review, only 16% of patients required an appointment with a Consultant Psychiatrist, 40% were discharged to their GP, and the remainder were allocated to another team member or service for support. This process will continue until all reviews are complete and these are anticipated to be concluded by the end of 2024. Please see appendix 1 which includes feedback from the evaluation of this review process.

e) Neurodevelopmental pathway for attention deficit hyperactivity disorder and autism spectrum disorder in adult mental health.

Work continues to develop our Angus neurodevelopmental pathway while also contributing to Tayside developments to support consistency in practice and share learning. The new pathway shifts the balance of care from being Consultant led to a more sustainable nurse led pathway.

An analysis of the current waiting lists and ongoing demand has been completed to support development of a sustainable model, but demand for new assessments is more than the service's capacity to deliver and there is a lengthy waiting list of two years for assessment. The demand for reviewing people on medication, and ongoing physical health monitoring is also increasing

Work is ongoing to try to secure funding for additional peer support worker sessions to support initial self-assessments and general mental health support for up to three sessions, and pre and post diagnostic support through third sector organisations to increase capacity to meet demand. Alongside this we have developed neurodevelopmental champion roles to increase the knowledge and experience of neurodiversity in the service.

There is a current national shortage of ADHD medication, which has increased complaints and led to delays in medical treatment, when medication is available the advice is to pace commencement of new prescriptions to reduce the risk of further shortages.

Scottish Government Learning Disabilities, Autism and Neurodivergence Bill: consultation concluded on 21 April which sought views on how to protect, respect and champion the rights of people with learning disabilities and neurodivergent people to inform a new Bill. This may lead to additional requirements for Angus. There has not been any additional Scottish Government funding provided to meet this increasing demand.

The development of a new Autism Strategy is to be led by Angus Council and a working group will be set up with support from Angus Mental Health and Wellbeing Network. The new strategy will be informed by the Scottish Government Neurodivergence Bill.

f) Physical Health Pathway

The physical health pathway aims to improve the physical health of adults supported by the Adult Community Mental Health Service, by developing pathways to address physical health inequalities and reduce the risk factors for cardiovascular disease and metabolic disorders through early identification and intervention. A steering group is leading this work with staff, service user and carer involvement, along with engagement with a range of community organisations; to understand the problem/barriers, design solutions, and build a workforce more skilled and knowledgeable. The lead agencies involved are Community Mental Health Team (CMHT), ANGUSalive, Angus Voice and Angus Carers Centre.

The group are gathering data and undertaking tests of change and have identified actions which are being taken forward, these include, training sessions and guidance for staff, and development of a physical health pathway including standardised physical health checks.

g) Improve access to high quality suicide prevention training

Angus continues to deliver on the agreed Tayside Suicide Prevention Learning and Development Framework; working to increase the availability of Informed, Skilled and Enhanced Level Training.

Four Applied Suicide Intervention Skills Training (ASIST) courses have been delivered in Angus throughout in 2023 and early 2024 with 83 people trained. Demand for this course has been high with each two-day course being filled within 24 hours of being released. It is hoped to deliver a further ASIST course in Angus in 2024 but this will be dependent on budget availability.

Suicide Intervention & Prevention Programme (SIPP) continues to be delivered monthly in Angus, again demand for this is high with spaces filled 6 months in advance. Work is currently being undertaken to train more SIPP trainers.

SPG have funded a resource for two years to undertake a test of change to be undertaken alongside community sports hubs who have participated in the Are you ok? campaign to offer informed level suicide prevention training alongside colleagues in NHS Tayside Public Health, this will be evaluated with the aim to mainstream alongside the "Are you ok"? campaign.

h) Community Mental Health Team: Older People

The Community Mental Health Team - Older People, are actively seeking opportunities to maximise the income of older people with mental health issues and this has led to an increase in referrals to Welfare Rights.

The teams are also seeing an increase in referrals for older people with hoarding tendencies, these are complex cases and requires intensive input by the workers in the team, working with other agencies and applying a trauma informed approach. This is an area of growth in the teams, and they are involved in the hoarding short life working group to develop a pathway for people with hoarding tendencies.

The Team continues to make progress in their audit activity across the teams and this has highlighted a need for care planning training and development of a person-centred care plan audit.

5.3 Support people to recover or manage their condition

5.3.1 Improve social support, prevention and self-management opportunities for people with mental distress.

a) ARE YOU OK? CAMPAIGN

Following two successful tests of change the formal launch of the "Are you Ok?" campaign took place on Monday 13th March 2024 which also marked the start of Mental Health Awareness Week with a theme of Movement: moving for our mental health.

The campaign was formally launched by Councillor Julie Bell and incorporated a walking football tournament and a networking opportunity to showcase the mental health family of support available in Angus.

The aim of the campaign is to improve awareness and access to mental health and wellbeing and suicide prevention support, ensuring access to the right support, at the right time, by the right person in the right place; promoting choice and supporting prevention and proactive care.

The next six months will see a targeted roll out of the campaign followed by a further 6 months community wide roll out.

b) Mental Health Peer Support Workers

An extension to the current mental health and wellbeing peer worker contract has been agreed for both adults and young people and this is being taken forward with procurement colleagues. This extension will ensure continuity of care by the current providers and further establish the peer workers within the ECS Hub Model and GP Practices.

A new reporting template has been developed to ensure that both Penumbra in the South and Hillcrest in the North are reporting in the same way and analysis of data both qualitative and quantitative is the same across the North and South.

c) Community Mental Health Team: Older People

- 100% of staff have completed suicide prevention training.
- Suicide Safety & stabilisation training has been delivered to all staff in the team.
- Everyone discharged from inpatient care are followed up with a visit from the practitioner within 48 hours.
- Improvements have been made to admission/discharge pathways supporting transition from inpatient care to community services.

5.4 Provide consistent delivery of safe, accessible, high-quality drug and alcohol treatment across Angus

5.4.1 Continue to develop multi-disciplinary teams providing substance use services in communities. Developing new roles for staff and integrated pathways of care to holistically meet care and treatment needs in a timely manner.

5.4.1i Screening and allocation hub

Angus operates a multidisciplinary referral screening and allocation hub, consisting of Angus Integrated Drug and Alcohol Recovery Service (AIDARS), Hillcrest, Angus Carers and Tayside Council on Alcohol, this approach continues to allow services to meet waiting time targets for access to assessment, treatment and support Quarter 4 2023/24 data shows that 97% of referrals are offered an appointment within the national waiting time standard of 90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery (drug referrals 96.8%, alcohol referrals 97.2%). The missed waits account for just 5 individuals. All missed waits are reviewed, and reasons utilised to improve service accessibility. Examples include:

- In some rural areas, services do not operate over 5 days, appointments can sometimes be offered sooner if the client wishes to travel, however, some individuals are happy to wait a short time to access services nearer home.
- Multiple missed appointments by client. These are followed up assertively by services to try to illicit engagement.
- Occasionally appointments will be cancelled by the service due to unforeseen circumstances, but quickly re-arranged.
- Experiential feedback from services users and families were positive comments regarding ease of access, choice, person centred care and support being delivered to patients and carers by AIDARS.

AIDARS are also involved in the Enhanced Community Service (ECS) Hubs, these have been further rolled out to the South East and South West localities. These further developments will enhance the joint working across CMHT, AIDARS and primary care.

5.4.1ii Medication Assisted Treatment (MAT) Standards

Services are awaiting the publication of their performance against Medication Assisted Treatment (MAT) Standards, however, these have been delayed pending the General Election. The standards provide a framework to ensure that MAT is sufficiently safe, effective, acceptable and person-centred to enable people to benefit from treatment for as long as they need. Informal feedback from the MAT Implementation and Support Team (MIST) is that Angus will be green or provisionally green for all standards 1-10, with the exception of MAT 7 (All people have the option to access MAT shared with Primary Care). Work is being progressed, within available resources, to introduce Pharmacy administration of Buvidal in one community pharmacy, and introduction of a Community Pharmacist prescribing clinic. In addition, AIDARS are working closely with GP practices, regarding community care and treatment for people with co-existing physical and mild to moderate mental health diagnosis.

5.4.1iii Pathways

AIDARS have reviewed pathways in line with Working with Hard to Engage Clients guidance produced through Living Life Well action plan, to ensure pathways are similar. Work with community pharmacy colleagues is being undertaken to enhance the role of community pharmacy, under the current contract, to provide support to individuals who have disengaged from services but continue to attend community pharmacy for opiate substitution therapy.

Services have noted a change in the needs of individuals referred to services, alcohol referrals are increasing alongside referrals for substances other than opiates with marked increases in psychostimulants, particularly cocaine and ketamine. Angus has a successful psychostimulant pathway and further development and training is being taken forward to ensure staff have the appropriate skills and expertise to provide high quality services to this changing population.

AIDARS social work team are seeing annual increases in the number of adult concern reports, an increasing percentage of these are proceeding to investigation, of the 144 referrals last year 114 were investigated. The team respond quickly and appropriately to concerns and a robust monitoring system is in place to ensure that timescales for investigation and appropriate ongoing reviews are met, this is similar for Adults with Incapacity.

AIDARS have embarked on a data cleansing exercise to ensure that all cases are appropriately managed within the health and social work systems. This includes ensuring all records are up to date, relationships are correctly identified in Eclipse, and staff are aware that there may be a record on EMIS and Eclipse.

AIDARS consultant is working within the neurodevelopment pathway with the CMHT, to provide access to ADHD assessments for individuals affected by substance use, this further enhances the skills and expertise of those working across the pathway.

5.4.1iv Workforce

All training plans are being reviewed alongside the AHSCP training review to ensure that all staff have access to appropriate training and development to allow them to deliver safe and effective services.

AIDARS Workforce review is ongoing this will allow for skill mixing across the services to meet the changing needs of individuals, this has included the recruitment securing an advanced nurse practitioner and a clinical pharmacist working across the service and work is ongoing within the social work team to ensure assess current and future needs.

5.4.1v Alcohol and Drug Partnership

AIDARS have been working with the Alcohol and Drug Partnership to develop a multi-disciplinary pathway for access and support for people expressing an interest in residential rehabilitation. A Residential Rehab Allocation Group has been developed and implemented, and work has progressed to encourage direct referrals from 3rd Sector partners, these services will join the group formally in May 2024.

5.4.2 Further develop pathways of care to ensure people at high risk of drug and alcohol related harm are identified early and offered support.

Angus has a Near Fatal Overdose response group which meets formally three times per week. Scottish Ambulance Services provide information daily of people who have experienced a near fatal overdose and the group will discuss an appropriate assertive outreach response. The group also have the ability to assess and receive a referral out- with a group meeting day and respond appropriately.

Services attend the substance use monitoring group, a multiagency, Tayside wide group, which meets to share information on emerging drug trends. AIDARS recently asked for a Problem Assessment Group to be convened through public health as our local information

was highlighting an increase in ketamine use in young adults aged 16-25. This has resulted in support to access leaflets and information shared with primary care services, which has led to a slight increase in referrals to AIDARS.

5.4.3 Work with Healthcare Improvement Scotland and local partners to develop and deliver pathways of care that ensure people with co-occurring mental health difficulties can receive mental health care.

Tayside has a well-established group, chaired by Health Improvement Scotland and Angus is well represented from a mental health and substance use perspective. Local actions are identified and taken forward through our MAT standards group and Joint Operational Management Team.

5.5 Learning Disability

In anticipation of the IJB approving the proposal to include Learning Disability within Priority 3, the following information provides an update regarding the Learning Disability Improvement Plan which has been refocused and reviewed to cover key areas of service delivery in respect of Resources, Accommodation, Care and Support, Carers, Transitions, Coming Home and Maximising Income/Charging. The plan covers the period 24- 2025. The main aim of the plan is to ensure that the service meets the needs of those with learning disabilities in Angus who require statutory support and interventions. An engagement exercise is to be undertaken with service users and families to discuss expectations, deliverables and the challenges that we face.

Currently in progress is a scoping exercise to determine the feasibility to increase capacity to support those with complex needs in the adult resource centres. This is necessary to support families to continue to support individuals at home and avoid residential and out of area placement. Work has included assessing environmental adaptations required and the impact of increasing opening hours to cover seven days.

The development of a market facilitation statement is underway, specifically focused on learning disability resources. Alongside the planned review of residential accommodation, and a mapping of resources aligned to budget, we aim to have an understanding and strategic plan for future accommodation and support requirements for people with learning disability. This is essential to meet the requirements within the Coming Home implementation where securing the right accommodation with the right type of care and support is critical to avoid unnecessary hospital admissions, placement breakdown and out of area placements.

6. FINANCIAL IMPLICATIONS

An update regarding the IJB's Strategic Financial Planning has been request by the IJB for the August 2024 IJB meeting. This will describe how the IJB can close the recurring financial gap by c£3.0m (i.e. approximately one third of the recurring financial planning shortfall) by 2026/27. This should be through a series of risk-assessed contributions including from the Strategic Delivery Plan.

While these plans have still to be firmed up, it is expected that Priority 3 will contribute at least through work associated with the regional Tayside Mental Health Improvement workstream and its local equivalent. It is also likely that options such as the Learning Disability Improvement programme will need to support a more balanced financial position for the delivery of those services.

While section of this report above highlights the breadth of work currently happening locally, it is also important to note that the IJB has requested financial recovery plans from both Community Mental Health Services and Substance Use services. These are currently being progressed through the Executive Management Team. This highlights the pressures the IJB and Services Managers face in delivering a broad range of quality services in line with our SCP while managing IJB and service financial challenges.

7. RISK MANAGEMENT

Risk Description	Failure to deliver on the priorities within the SCP which improve the health and wellbeing outcomes of the population of Angus within available resources
Risk Category	Strategic
Inherent Risk Level	Level Likelihood 5 x Impact 5 = Risk Scoring 25 (very high-risk level).
Mitigating Actions	Mitigating Actions: Identify and progress actions within the SDP to ensure mental health, learning disability and substance use recovery services improve the experience for service users, improve the experience for staff, lead to better health outcomes and lower the cost of care. Monitor via SPG, Strategic Delivery Group and report to IJB regularly
Residual Risk Level	Likelihood 5 x Impact 4 = Risk Scoring 20 (very high-risk level)
Planned Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16 (high risk level)
Approval recommendation	Given our developed understanding of the situation and in line with the IJB's risk appetite, the risk is deemed to be High but manageable at this current time

8. PUBLIC HEALTH IMPLICATIONS

The COVID-19 pandemic continues to have an impact on the mental health and wellbeing of our communities and the resulting widening of health inequalities has been further magnified by current inflationary pressures and the cost-of-living crisis.

The [NHS Tayside Director of Public Health Annual Report 2023](#) states that mental illness is one of the major public health challenges in Scotland. Poor mental health is the leading cause of sickness absence in the UK and can be more debilitating than most chronic physical conditions.

Similarly, substance use (drugs and alcohol) and suicide are amongst the most common causes of early loss of life for people living in greatest deprivation.

The information contained within this report provides information of the work taking place across Angus to improve the physical and mental health and wellbeing in our communities.

9. CLIMATE SUSTAINABILITY IMPLICATIONS

Extreme weather events can cause psychological distress and trauma as we have seen following the flooding because of Storm Babet in 2023. The information provided within this report describes the ongoing work to ensure services are sustainable now and in the future.

10. EQUALITY IMPACT ASSESSMENT, CHILDREN'S RIGHTS AND FAIRER SCOTLAND DUTY

The content within this report is aligned to the Impact Assessment submitted to support SCP 2023-2024 (IJB 29/23).

All projects will have an individual screening assessment and a full Impact Assessment if required.

11. COMMUNICATION AND ENGAGEMENT

The IJB have already had sight of the recent engagement activities aligned to the Community Wellbeing Centre (IJB 05/24).

Feedback from staff and people who use our services

Source of Feedback	Feedback
Discharge Team evaluation feedback from staff	Angus Discharge Team have been of huge benefit to our patient group. We have more successful discharges - with post follow up. Patients feeling far more confident and reassured having this additional support upon discharge as do their carers. Having proactive input from the Angus Discharge team has helped make

	<p>a significant improvement in the lives of patients by supporting the ward teams facilitating the inpatient-outpatient experience for the patients. It helps improve communication between the services and also facilitate 3rd party service information as well.</p> <p>They worked tirelessly by being person centred and having the patient's best interests at heart and finding the best outcomes for the patient's individual needs. I find with them being part of the MDT I also learn a lot from them. They can be approached at any time for advice and guidance.</p>
<p>Discharge Team patient feedback from care opinion</p>	<p>I was introduced to Discharge Team the first week I was there. The psychiatrist recognised that there were ongoing issues with lack of support for my caring needs that had triggered my feelings of suicide, hopelessness, and depression. Discharge Team contacted children's social work team to see what was happening and highlight mine and my family's needs. Discharge Team was aware of the challenges I faced and empathetically supported me to find my voice again. Discharge Team gave advice, support and a listening ear. Discharge Team helped contact Advocacy services as we had not accessed this service before, and it would be needed.</p> <p>Discharge Team was absolutely great, and their care and help have helped immensely. The care I received in hospital was great, but the Discharge Team made the transfer from hospital to home a lot easier than it would have been.</p> <p>I became mentally unwell and went into the hospital when things seemed at a big low. Discharge Team member was great support, down to earth, patient and who realized when I was improving and on last meeting said I was doing well now, It is great feeling between us two that I had accomplished getting well, it's a great peace of mind for anyone becoming unwell that they are cared for and I much appreciated the help I was given.</p> <p>After my wife died, I suffered badly with grief, post-traumatic stress disorder (PTSD), mental breakdowns, being sectioned and assaulted. It was when I was discharged that Angus Mental Health Discharge Team worked with me to get me back on track and in a position to find help from the right people.</p>
<p>Care opinion Feedback on adult mental health service received from patients from March 2024</p>	<p>She listened to everything not only that I said but what my family said too. She made my whole "carer unit" feel listened to and not disregarded. She actually listened to everything everyone had to say.</p> <p>I am so grateful for kindness empathy and care I was given, and I don't know where I would be today without that help. I can't thank the person who helped me enough. They helped more than they'll ever know, and I appreciate it so much.</p> <p>Nurse A is a true angel among nurses in the field of mental health. Her dedication and care for individuals like me are unparalleled. She always puts her whole heart into her work, ensuring not only our physical well-being but also our emotional welfare.</p>
<p>Non complex review test of change evaluation, feedback from staff</p>	<p>Benefits to this test of change</p> <ul style="list-style-type: none"> • Working relationships. • Sharing of expertise and knowledge. • Most appropriate patient care. • MDT feels empowered to make sound clinical decisions. • Bringing clarity to roles. • Address the lengthy waiting lists. • Shared understanding between GP and CMHT of the differing priorities, differences between disciplines of what severity of symptoms and risks are. • Patients are not left sitting in a specialist service when it is not

	<p>required.</p> <ul style="list-style-type: none"> • GP's can provide first line treatment. • A more preventative approach than waiting on someone going into crisis to respond. • Making sure that they are seen by the right people in a timely manner. • MDT review has allowed for the patient to be reviewed with most appropriate person or service taking forward the treatment/assessment/follow up required • Improved communication with GP.
Enhanced Community Support hub evaluation comments	<ul style="list-style-type: none"> • Process has streamlined the way we work, making the route simpler, easier to self-refer, easier to transfer between services. We are seeing the most appropriate cases • Positively impacted on practice as has strengthened relationships between those professionals who attend hub • Much easier and quicker to get the right service for patients and we all learn from it. • I have also learned more about what is offered in the community in terms of support. I definitely feel it sign posts people to the most relevant agency in a most timely manner. • I am more aware of the services available and their function/thresholds - which has then impacted upon my practice/care delivery, in a positive way. • This has enhanced my work and my team's work; it has reduced managing several systems across angus to one point. • Patients are getting the right care at the right time from the right people. • Quicker referral process and signposted which gives quick response times, wrap around support with communication through professionals.

12. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans, and this is provided for in Section 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 Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	X
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

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Appendix 1 Summary of Priority 3 achievements

35% Increase in referrals to Adult Community Mental Health Service since 2019/20	1385 referrals to the ECS hub in North East Angus in 2023/24	No referrals are rejected in adult mental health
19-29% of referrals for mental health and wellbeing support for adults are now self-referral	722 referrals to mental health and wellbeing peer support workers in 10 months in North West Angus in 2023/24	Average of 15 new referrals for neurodevelopmental assessment each month in South Angus
347 people waiting for a Neurodevelopmental assessment in South Angus	Thirty of the thirty nine Living Life Well Improvement Actions are complete.	First to use the Scottish Government Creating Hope Together suicide prevention self-assessment tool
557 MDT reviews of people waiting on the non-complex Consultant Psychiatrist waiting list undertaken in 2023/24	83% of care opinion stories positive about the care and support provided by the adult mental health service	30% reduction in complaints in adult mental health 2023/24
Lowest hospital admission rate and occupied bed days for adults with a mental health need in Tayside	96% of people rated the Discharge sub team input as always or mostly having a positive impact	Reduction in delayed discharge to 2% for adult mental health in 2023/24
262 people have been supported by the adult mental health discharge sub team since March 2022	Everyone discharged from inpatient care provided with follow up support within 72 hours in adult mental health	Readmission back into hospital within 28 days reduced from 11.6% to 6.9% in two years in adult mental health.
100% of staff in Community Mental Health Older People's Team have completed suicide prevention training.	AIDARS Quarter 4 2023/24 data shows that 97% of referrals are offered an appointment within the national waiting time standard	83 new people completed Applied Suicide Intervention Skills Training in 18 months.

Angus Living Life Well Annual Summary of Improvement Plan Actions and Status

Key: - BLUE is complete, GREEN is on track, AMBER has some concerns with meeting deadlines, RED requires urgent attention.

Total No of Actions - 39	30	5	4	0
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No	Action	Timescale	Update
1	a) Work closely with Angus Community Planning Partnership (CPP) to achieve the ambitions set out in the Angus Community Plan 2017-2030	Complete - Business as Usual	Angus CPP has moved to come under Vibrant Communities and a review is currently underway in terms of how the CPP is operating. Actions within the new CPP Strategy and Angus Living Life Well Implementation Plan will be ongoing and now part of business as usual.
	b) Work with Angus Alive to achieve the ambitions of the Active Scotland Outcome Framework and other community assets to promote the benefits of and increase opportunities for physical activity	Complete – Business as Usual	The Development Officer, Mental Health and Wellbeing (MHWB) continues to be a member of the Angus Sport & Physical Activity Framework Working Group (Working Group 1) which is being re-established. Attendance at the Prevention and Proactive Care Group continues. Outcomes and measures link to the LLW Implementation Plan. Work is underway for the next Living Better for Longer event. The Health and Wellbeing Lead from ANGUSalive is now part of AMHAWN to ensure continued joint working.
	c) Work with NHS Tayside, Dundee and Perth and Kinross Health and Social Care Partnerships to develop a business case for an urgent and crisis care locality hub in Angus which would be open 24/7	Complete - Further actions now sitting with the Community Wellbeing Centre Project Board	Following a review of current contracted services funding has been identified for a 12 hour, 7 day a week, Community Wellbeing Centre (CWC) for Angus. Stakeholder engagement took place during December 2023 with the data analysed and used to inform a Prior Information Notice (PIN) on the Procurement Scotland website to gauge interest from service providers. Following the responses from the PIN, the information will be used to develop a full tender process with an initial start date of April 2025. Accommodation possibilities are currently being explored in line with the agreed Tayside Core Functions of a CWC which is that a CWC must feel welcoming and homely. They must not look or feel like a health or clinic setting and should be styled like a home environment.
	d) Provide Distress Brief Intervention (DBI)	Complete. This will remain as a Tayside contract until the Community Wellbeing	Angus will continue with the Tayside Contract for DBI until 31 March 2025 at which time the funding will be moved to the Angus Community Wellbeing Centre and DBI will be delivered via the successful provider. Numbers of referrals continue to increase due to all front line community police officers in Angus now Trained in DBI and referrals from the ECS Hubs.

		Centre is open and will be part of this contract thereafter.	
	e) Review current ways that people find out about the range of mental health and wellbeing support services available in Angus and make improvements as required	Complete – Business as usual	Angus Mental Health and Wellbeing Network (AMHAWN) Communication and Engagement Group has reconvened with an approved Terms of Reference and Action Plan including the roll out of the Are You Ok? Campaign which was launched in May 2024 and an annual calendar of events. This work is now business as usual and will be monitored by AMHAWN.
	f) Review the Angus Suicide Prevention Plan and implement local improvements. Where relevant we will also deliver joint actions across Tayside e.g. suicide prevention training oversight and action planning regarding suicide prevention for children and young people	Complete – Business as usual	The Angus Suicide Prevention Local Action Plan was approved by the Chief Officers Group (COG) in October 2023 and a three year Implementation Plan is currently being developed. The Suicide Prevention Workstream will resume monthly meetings and take forward the actions in the Implementation Plan which will be updated and reviewed on a monthly basis with updates reported to AMHAWN, COG and the Strategic Delivery Group.
	g) Work with multiagency colleagues across Tayside to develop a robust mental health and wellbeing training programme for staff.	August 2024	Development Officer, MHWB continues to attend the Tayside Mental Health Training Partnership Group. Currently assessing the status of Tayside Training Needs Assessment (TNA) and continue to involve AMHAWN. Continue to work with the Protecting People Angus (PPA) Learning and Development Sub Group to include mental health and suicide prevention training within the PPA Learning and Development Framework. Continue to deliver on the Tayside Suicide Prevention Training Framework.
	h) Work with AMHAWN to identify and deliver upon actions to reduce mental health stigma and discrimination	Complete – Business as usual	AMHAWN Comms and Engagement Subgroup has been established and is progressing the recently approved AMHAWN Comms and Engagement Plan. Are you ok? Campaign launched May 2024, annual calendar of events planned, linking with Protecting People Angus and working with Protecting People Angus and Scottish Families Affected by Alcohol and Drugs to reduce mental health stigma and discrimination, including suicide prevention; “Culture of Kindness” – The Power of Kindness events have begun. 2 events have been delivered (Forfar and Arbroath) with over 70 attendees from staff and communities. These have received positive feedback so far with views gathered to inform The Angus Kindness Charter.

	i) Undertake audits to ensure staff are supported in their roles with regular supervision sessions (either in person or via MS Teams) with their manager	Complete – Business as usual	Adult CMHT, Older People CMHT and AIDARS are all meeting supervision and appraisal standards. This is now business as usual with audit reporting and sharing learning to CCPG as required by each service.
	j) Undertake audits to ensure staff receive adequate resources to fulfil their role with development plans to support and encourage ongoing learning and development	Complete – Business as usual	Staff induction, mandatory and essential training identified as part of Care Management review. Adult CMHT – Team training plans developed and being populated. Older People CMHT – learning and development discussed at each supervision and annual appraisal. Training is also identified from clinical team meetings. Induction for Care managers and team managers in place. AIDARS - team training plans currently under review, this will be shared with team and reviewed through business meetings. Ongoing team and individual training will be identified through supervision, appraisal and clinical MDT. All teams report annually to CPG.
2	a) Make better links between social and medical prescribing	Complete – Business as usual	The Angus Integrated Mental Health and Substance Use Medicines Management Group was established in March 2023. The group will focus on key areas in relation to treatment pathways. Social prescribing and other forms of non-pharmacological interventions will form part of these treatment pathways. The Programme Manager for Early Intervention and Prevention is now also engaged with key members of the team to support with non-pharmacological interventions for patients, including Social Prescribing.
	b) Implement the Scottish Government's Medication Assisted Treatment (MAT) standards around prescribing drug treatment in the community	2026 in line with National timescales	The Angus Alcohol and Drugs Partnership continues to progress improvements relating to MAT Standards 3 and 6 -10. In April we prepared and submitted the 2023-24 process, numeric and experiential evidence required to Scottish Government and are awaiting final RAGB assessment scores being allocated. The national MAT benchmarking report will be published on 18 June 24. There continues to be significant investment in the Tayside MAT9 Mental Health & Substance Use Programme, facilitated by Healthcare Improvement Scotland (HIS). This is being progressed via 3 workstreams – Lived and Living Experience, Pathways and Learning & Development and overseen by an Operational Group. ADP services are engaged in the ECS hub model that has now been rolled out to all localities and the development of the new Angus Wellbeing Centre. ADP services have initiated a monthly Residential Rehabilitation Assessment Group which is progressing improvements to the Angus Residential Rehabilitation Pathway and a stakeholder event is

			being planned with PHS for Summer 2024.
	c) Look at the existing provision of mental health and wellbeing resources within each GP practice and community in Angus, identify the gaps and where things can be improved	Complete and Business as usual	All GP practices have access to mental health and wellbeing peer support, social prescribers and the listening service. Family of mental health support mapped to inform gaps in provision for universal mental health and wellbeing services. No gaps in GP provision. Family of mental health information document developed for sharing with other services and the public. Mental Health and Wellbeing ECS Hubs rolled out in North and to be operational in South Angus by March 2024 providing one referral route for mental health and wellbeing and substance use and no rejected referrals. Reviewing people waiting for routine non-complex care in adult mental health alongside GP colleagues and supporting people to access the right support, by the right person at the right time.
3	a) Review and evaluate the recently implemented 7-day community mental health service in adult mental health	Complete – Business as Usual	7 day extended adult community mental health service in place covering 9-5 weekends and bank holidays. Positive Evaluation concluded and minor changes to standard operating procedure and process undertaken.
	b) Improve communication and joint working by teams supporting people with mental health and substance use issues. Including joint training opportunities for staff and improved documentation (See also 2b)	Complete – Business as Usual	<p>Joint Operational Managements Team (JOMT) meetings reviewed and now face to face utilised for joint planning and learning events to continue to provide learning opportunities, progress improvements, and learn from adverse events.</p> <p>ECS hubs Angus wide, which offer triage of referrals, joint working and case discussions to provide learning across services and a pathway of care with no rejected referral and no wrong door.</p>
	c) Continue to deliver the Enhanced Community Support model in the Links Health Centre and Edzell GP Practices and roll out to other areas in Angus	Complete and Business as Usual	South Hubs went live in March 2024. Roll out complete and business as usual.
	d) Roll out the 'Triangle of Care' in adult community mental health teams in Angus	December 2024	number of challenges have delayed the progress of this work. The seven key themes for development that were identified at an event in December 2022 have been reviewed. A Terms of Reference and Action Plan agreed with two short life working groups set up to develop an information pack for carers and training for mental health services. A new post was created in CMHT to support carers and the successful candidate took up post in December 2023 the Development Officer Mental Health and Wellbeing will provide planning support.
	e) Enhance pharmacy role within adult mental health to ensure	Complete and	There is now a fully embedded Pharmacy Team as part of the

	prescribing is appropriate, safe, clinically effective and cost effective for the population of Tayside. Deliver the best health outcomes for every person in Tayside by sharing the responsibility and accountability for prescribing decisions	Business as Usual	multidisciplinary team within Angus Community Mental Health Team. Clinical sessions continue to be delivered by the Lead Clinical Pharmacist alongside the newly in-post Specialist Clinical Pharmacist and Senior Pharmacy Technician.
	f) Engage with people with mental health and wellbeing needs and agree actions to improve their physical health e.g. Working with: NHS Tayside Public Health Team to deliver a smoking cessation programme; Branching Out, an outdoor therapeutic programme for adults who use mental health services; Angus Alive and other community assets, to support good access to physical activity	December 2024	Working Group continues to meet to progress this work.
	g) Undertake a housing needs review in Adult Mental Health Services to inform an options appraisal and agree the most appropriate model for support	Complete	In Dec 2021 a Future housing need analysis was undertaken in Adult Mental Health to forecast the need for specialist support in the next 5 years. This identified the need for more supported accommodation for adults with mental health needs. This information will help inform the model for housing support and homelessness plans and was provided to housing to inform their planning which is part of wider planning.
	h) Review and improve the criteria for accessing support to adult mental health services; then share updated criteria with referrers and the public	Complete – Business as usual	Criteria reviewed and updated to include the wider family of mental health supports. New page on Angus Council website. Leaflets available in GP practices. Updated family of mental health support document developed for professional. Promotion poster with QR code and link piloted in business in Angus as well as links with the locality locator and commissioned services websites.
	i) Develop new policies in adult mental health to provide a consistent response to people who do not attend appointments and/or do not engage with the service	Complete – Business as usual	AHSCP hard to engage guidance written and in use in teams. Training provided to CMHT staff regarding guidance. Guidance approved at the OI Approval meeting and uploaded to SharePoint under “General” folder within “Guidance linked to AHSCP OI’S”.
	j) Develop new policies in adult mental health for managing referrals and planning discharge	Complete – Business as usual	As Above
	k) Implement the new Psychiatric Emergency Plan (PEP)	December 2024 (revised date)	The scope of this action has been extended to incorporate an update of AHSCP MH Act OI and Guidance to incorporate PEP and develop and provide training Angus wide. This work has a new deadline date of Dec 24. Delays in the launch of the Tayside PEP impacted on timescales.
	l) Increase the use of anticipatory care plans in adult mental health	Complete – Business as Usual	From June to December 2022 the number of ACP’s in place increased. Standard Operating Procedure developed for CMHS in Angus with regular discussions at team meetings.

	m) Develop the Healthcare Improvement Scotland Hub Pathfinder site for early intervention in psychosis in Tayside	Evaluated and monitored through Tayside	New model tested in Dundee and looking to be rolled out if funding can be allocated to continue and expand this work. This action is being led by the Whole Systems Change Mental Health and Learning Disabilities Programme
	n) Support the development of new pathways e.g. perinatal pathway, Attention Deficit Hyperactivity Disorder (ADHD) pathway and emotionally unstable personality disorder pathway	Evaluated and monitored through Tayside	Perinatal Pathway – COMPLETE ADHD – Tayside work progressing. Angus has developed and implemented a new ADHD Pathway. EUPD – Lead recruited and work progressing at pace. These actions are being led by the Whole Systems Change Mental Health and Learning Disabilities Programme
	o) Monitor and manage the impact of the additional workforce funded by Action 15 of the Scottish Government Mental Health Strategy	Complete – Business as usual	Scottish Government target of 17.2 posts met, over 30 posts recruited.
	p) Undertake audit to ensure Community Mental Health Teams continue to use the Wellness Recovery Action Plan (WRAP) for people where early warning signs can be identified and acted upon quickly	Complete – Business as usual	Refer to update for action 3I on Anticipatory Care Plan.
4	a) Revise Angus Older People's Mental Health Improvement Plan	June 2024 Revised timescale Dec 2024	Working group identified to review and revise Older People's Mental Health Improvement Plan, date of first meeting to be arranged.
	b) Support the development of the Post Diagnostic Dementia Support Team (PDDST) and create an app to allow people newly diagnosed with dementia to access information and support easily and at a time that is required	Complete – Business as usual	The app is now live and business as usual.
	c) Develop robust anticipatory care planning within inpatient units, both for physical and mental health which will include relapse prevention/staying well plans	Complete – Business as usual	Use of digital ReSPECT is now imbedded in practice in Psychiatry of Old Age (POA), all newly admitted patients with significant frailty participate in the completion of this and all patients discharged to care homes have this completed. The use of this in POA is included in rotational Dr induction information with links to learn pro for completion if required. RMNs have completed learn pro training. Anticipatory Care Plan for mental health is also imbedded, all patients discharged have a staying well plan.
	d) Improve involvement of carers in discharge planning,	Complete –	Staff from carers centre continue to attend Rowan Unit twice a month to

	ensuring that they are fully supported and informed throughout the admission of significant other	Business as usual	provide drop in sessions for carers/visitors/staff.
	e) Review the National Dementia Strategy and agree actions required in Angus	September 2024	Lead for implementation of strategy has been changed and will be monitored via Clinical Care Partnership Group (CCPG). First meeting of group to be arranged.
	f) Develop a standardised approach to care & treatment for inpatient functional units within psychiatry of old age across Tayside	March 2024 – not achieved new date to be agreed	The Standards have been completed and update shared at Mental Health Subgroup of the Older Peoples Clinical Board. Currently awaiting feedback regarding publication of these standards and new timescale to be agreed for completion
	g) Develop alternatives to hospital care for service users who have dementia and complex levels of stress and distress	October 2024	Continue to look at overall POA inpatient bed pressures in the short life working group. Will complete a proposed specification for care homes which will go out to tender, to meet the needs of complex patients with significant stress, distress and requirement for PMVA. Awaiting decision of request for additional funding for DLT.
5	a) Hold staff sessions to develop a shared vision and culture across adult mental health teams in Angus to support the continued modernisation of the service	Complete	Further work is being undertaken under the Tayside Mental Health and Learning Disabilities Whole Systems Change Programme and will be reported through this channel.
	b) Angus Mental Health and Wellbeing Network (AMHAWN), and its new Strategic Oversight Group, will continue to play a key role in overseeing developments, improvements, and service provision across Angus	Complete – Business as Usual	AMHAWN continues to meet bi-monthly with a healthy membership and participation. Recently reviewed the Terms of Reference and agreed to hold an annual development event. AMHAWN SOG has been stood down with AMHAWN now reporting to the AHSCP Strategic Delivery Group.
	c) Undertake audit to ensure Human Resources (HR) processes such as supervision, appraisal and training plans are in place as per Angus Health and Social Care Partnership and NHS Tayside operational policy	Complete – Business as Usual	Already covered in action 1i and 1j