



AGENDA ITEM NO 11

REPORT NO IJB 83/24

ANGUS INTEGRATION JOINT BOARD

18 DECEMBER 2024

TAYSIDE MENTAL HEALTH AND LEARNING DISABILITY PROGRAMME UPDATE

REPORT BY JILLIAN GALLOWAY, CHIEF OFFICER

1 ABSTRACT

The purpose of this report is to provide an update to Angus IJB on the progress being made with the Mental Health and Learning Disabilities Programme.

2 ALIGNMENT TO THE STRATEGIC PLAN

This report contributes to the following strategic priorities in the AIJB Strategic Commissioning Plan: -

- Prevention and Proactive Care
- Care Closer to Home
- Mental Health and Wellbeing and Substance Use Recovery

3 RECOMMENDATIONS

It is recommended that Angus Integration Joint Board notes and supports the progress being made with the Mental Health and Learning Disabilities Programme.

4 BACKGROUND

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

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

There has been considerable progress in creating the conditions for whole system collaborative leadership and decision-making, improvements in the reporting of progress across partners, and better involvement and participation of people with lived experience across the programme.

This is resulting in an integrated whole system change programme which replaces the previous actions following the Trust and Respect Report (2018) and Independent Oversight and Assurance Group report (January 2023) and a cohesive change programme with connected leadership, stakeholder engagement and improved decision making. The work to date has created the platform to focus on transformation through new models of care and a move away from action planning for improvement.

5 CURRENT POSITION

A detailed assessment of progress to October 2024 was considered by the Board along with recommendations from the programme workstreams as to the extent to which the priority workstreams can be further refined or continued within a cycle of ongoing improvement and embedded by operational leads and managers in everyday activity. In addition, representatives of Share and Care Together attended the November meeting of the Board to support and participate in this assessment with the view to providing the next meeting of the Board (January 2025) with a proposal as to how the group can support meaningful engagement of lived experience across the refined programme.

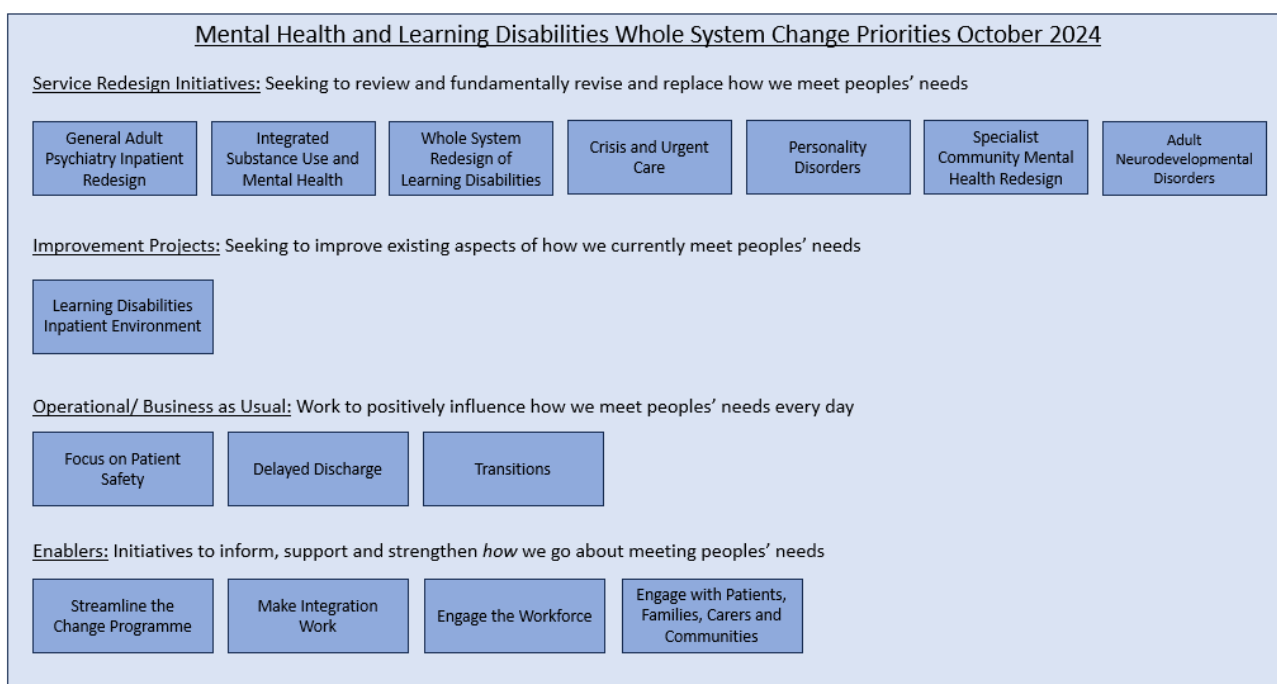
Mental Health and Learning Disabilities Whole System Change Priorities

Within the Mental Health and Learning Disabilities Whole System Change Programme, we are approaching change in a variety of different ways, as follows:

- **Service Redesign Initiatives:** Where we are seeking to review and fundamentally revise and replace how we meet peoples' needs. This sort of change is exploratory and time limited, and uses a combination of Programme Management, Service Design and Quality Improvement approaches.
- **Improvement Projects:** Where we are seeking to improve existing aspects of how we currently meet peoples' needs. This sort of change is time limited and seeks to link known challenges with known solutions using a combination of Programme Management and Quality Improvement approaches.
- **Operational / Business as Usual:** Where we work to positively influence how we meet peoples' needs every day. This sort of change is ongoing in nature and uses Quality Improvement approaches.
- **Enablers:** Initiatives to inform, support and strengthen *how* we go about meeting peoples' needs. This sort of work concerns itself with how we approach change in the above sorts of initiatives.

The priorities as at October 2024 are set out in Figure 1 below.

Figure 1: Mental Health and Learning Disabilities Whole System Change priorities (Oct. 2024)

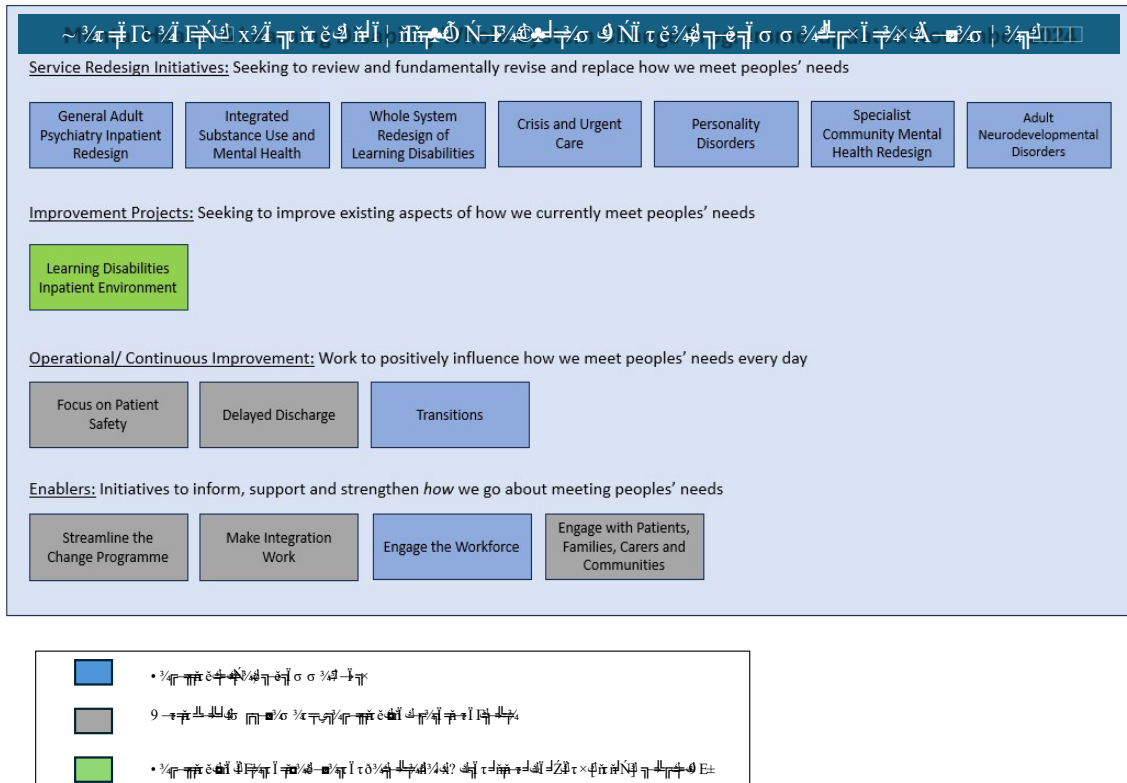


Assessment of Progress

A detailed assessment of progress was presented to the Board for each of the workstreams along with a recommendation as to how the priority can continue to be taken forward within the programme or embedded in a cycle of continuous improvement and striving for excellence within mental health and learning disabilities services.

Decisions of the Board represented as Figure 2 (update to figure 1 above).

Figure 2: Mental Health and Learning Disabilities Whole System Change priorities (Nov. 2024)



6 PROPOSALS

There are no direct proposals arising direct from this report.

7 FINANCIAL IMPLICATIONS

Regional Mental Health and Learning Disability services continue to experience financial pressures in 2024/25. It is likely the overspend in this financial year will be around £5.6m. The intention is that the interventions and developments described above and elsewhere will contribute to improvement in the financial position as part of overall longer term financial recovery plans. While progress has not been as rapid as originally envisaged, the three Chief Officers for the IJBs and Interim Deputy Chief Executive and Associate Director of Finance for NHS Tayside have previously agreed to work collaboratively on a financial framework which will deliver on the new model of care across the continuum of need.

In previous years, Tayside IJBs have contributed towards this projected overspend in conjunction with NHS Tayside. Discussions regarding the position for 24/25 will be required with the IJBs partners.

The IJB does hold a Mental Health Recovery Financial Reserve, created in 2022/23, to support any financial implications during the period in which recovery plans are developed and implemented.

The financial position regarding local Angus Community Mental Health Services and Learning Disability Services are reported separately in Finance Reports.

8 RISK MANAGEMENT

There are no direct risks arising from the recommendations of this report.

9 PUBLIC HEALTH IMPLICATIONS

There are no direct public health implications arising from the recommendations of this report.

10 CLIMATE SUSTAINABILITY IMPLICATIONS

There are no direct environmental implications arising from the recommendations of this report.

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

An impact assessment was completed in June 2023 and will be updated when service changes are proposed and implemented.

12 COMMUNICATION AND ENGAGEMENT (IF APPLICABLE)

Communication and engagement continue throughout the local and regional work. This was reflected upon during the development sessions and was included in report 30/24 June IJB.

13 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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List of Appendices


Appendix 1: Summary of decisions by the MH & LD Programme Board 13 November 2024

Workstream	Type of change	Decision of the Programme Board November 2024	Retain in Programme
Adult Inpatient Redesign	Service Redesign	<p>The Adult Inpatient Redesign is interdependent with CMHT redesign, the redesign of Crisis and Urgent Care, the transition and transformation of LD and the Personality Disorder Pathway.</p> <p><i>This workstream will continue as part of the programme and be merged with the Model of Care workstream, to ensure interdependencies are well managed and to streamline available change capacity.</i></p>	<p>✓ MH MOC</p>
Improve Strathmartine Physical Environment	Improvement	<p>A decision has been reached to move all Learning Disability (LD) inpatient services to a single site at Murray Royal Hospital. This will mean the closure of the Strathmartine inpatient site by August 2025. This decision supersedes the milestones set previously. Oversight is provided by the independently chaired Learning Disabilities Task & Finish Group, weekly operational meetings are reviewing and driving progress. This work is reporting directly to NHS Tayside Chief Executive Team.</p> <p><i>This focussed programme of work is operational and will therefore report through an operational line to NHS Tayside’s Chief Executive Team, rather than a programme route.</i></p>	<p>Progress made and governance through alternative route.</p>
Delayed Discharges	Improvement	<p>There has been progress in achieving a reduction in the number of days of delay to getting home experienced by people within our inpatient mental health services over the course of 2023/24 and into 2024/25. Status: Significant progress made; ongoing work continues. Implementation of the GAP model of care will continue to streamline pathways and reduce likelihood of unnecessary delay. Adjustments to milestones are necessary as the workstream evolves to focus not only on delayed discharges but also on broader system-wide improvements in care pathways and transitions.</p> <p><i>This work is part of the ongoing work to secure continuous improvement and will be managed through the whole system and operational management of the three HSCPs and inpatient services. Performance will be monitored via revised performance framework under development by NHS Tayside.</i></p> <p>It was acknowledged that people with a learning disability continue to experience long term delays during a period of hospital admission and that the programme board sought to have this firmly embedded within the Learning Disabilities whole system redesign work and that this related to</p>	<p>Progress made and governance through operations.</p>

		improving transition processes.	
Streamline and Prioritise the Change Programme	Enabler	<p>Whilst the programme and the financial framework will continue to develop, <i>the other milestones within this priority are now complete and can be closed.</i></p> <p><i><u>A new priority will be developed, to deliver a pan-Tayside resourced model of operational, strategic and change delivery by March 2026.</u></i></p>	<p>√</p> <p>MH</p> <p>MOC</p>
Make Integration Work	Enabler	<p>Progress has been made in aligning services and defining clearer pathways under the new leadership team's direction. Stakeholders have reported good progress, and all indicators suggest that the integration agenda is working well across the system. Therefore, <i>this workstream no longer requires a separate focus and should be considered part of routine operations.</i></p> <p><i><u>This priority is now considered complete and will form part of the ongoing cycle of continuous improvement.</u></i></p>	Complete.
Engage the Workforce	Enabler	<p>Staff engagement is underway across the change programme with a wide range of engagement and co-production activity underway. Engaging the workforce is an essential component of the programme and will take account of the principles and approaches developed for co-design and co-production and meaningful connections.</p> <p><i><u>The work within this priority will continue, with a reset of the milestones to reflect the current priorities and needs.</u></i></p>	√
Engage with Patients, Families, Carers and Communities	Enabler	<p>Key developments set out in Appendix 7 have led to significant changes in our approaches to leading together, engagement, participation, co-design and co-production. These changes are evident in the following areas:</p> <ul style="list-style-type: none"> • Creating a Design Culture • Design thinking Accelerator Events • Development of Share and Care Together • Model of Care Steering Group Membership • Development of Lived Experience Project Group <p><i><u>There is a long-term sustainable approach to engagement bound into the service and</u></i></p>	To be re-considered following impact and evaluation.

		<p><i>programme infrastructure.</i></p> <p>In December 2024, at a Celebration Event hosted by the V&A, there will be an evaluation of impact and the next steps will be identified.</p> <p>Share and Care Together will report to the Board in January 2025 with proposals on how the group can support meaningful engagement of lived experience across the refined programme.</p>	
Continue to Focus on Patient Safety	Review Jan 2025	<p>A Mental Health Safety and Quality Forum (the Forum) has been established. The Forum sessions focus on quality improvement, provide the opportunity for discussion amongst a range of participants with the aim of identifying changes to patient safety measures, being rigorous in understanding what underpins any changes and developing agreed quality improvement approaches when needed. The Forum first met in January 2024 and has met on a further six occasions. Milestones 1-4 have been completed. Milestone 5 will be completed following completion of a review after the 6th Forum meeting in October.</p> <p><i>A final report will be considered by the Programme Board in January 2025.</i></p>	Programme Board review in January 2025.
Integrated Substance Use and Mental Health	Service Redesign	<p>Within this workstream, all milestones in-date have been achieved, with the exception of agreeing a MHSU Workforce Development Plan. All future milestones are on track to deliver as described in the MHLD Improvement Plan. The work that has already been developed will continue as business as usual and can be closed.</p> <p><i>We intend to merge the outstanding work with Model of Care and Transitions.</i></p>	<p>√ MH MOC</p>
Whole System Redesign of Learning Disabilities	Service Redesign	<p>Strathmartine Environment – This is now business as usual following decision by NHST Board to relocate in-patient services to Murray Royal Hospital Perth. This should be closed as per recommendation above.</p> <p>Reduction of Delayed Discharge – There is ongoing work across the HSCPs to secure reduction in people with Learning Disabilities experiencing delays in their timely discharge but <i>this remains an area requiring targeted improvement and in addition to being remitted to the HSCPs to take forward within the IJB Strategic Plans, progress will continue to report to the Programme Board.</i></p> <p>A new Model of Care for Learning Disabilities across Tayside focussed on prevention of</p>	<p>√ LD MOC</p>

		<p>hospital admission and crisis intervention remains a key priority.</p> <p><i>In view of the above, the leadership, membership and milestones for this workstream will be refreshed to reflect the changes to our current priorities.</i></p>	
<p>Crisis and Urgent Care</p>	<p>Service Redesign</p>	<p>Significant progress is noted within a number of key areas.</p> <p>There are four sub-workstreams associated with the priority, with several milestones attached to each:</p> <ol style="list-style-type: none"> 1. Urgent referrals Dundee CMHTs - Complete 2. Crisis Resolution and Home Treatment Services – Ongoing 3. Community Well Being Centres – will conclude following the opening of Angus CWC in April 2025 4. Evaluation – Ongoing <p>Crisis and Urgent Care (CUC) services are a feature of the developing model of care within Tayside’s Mental Health Services and the CUC workstream will both inform and be informed by the model of care developments.</p> <p>At present there are differing views regarding the requirement for the workstream to continue in its current form or merge with the wider model of care, inpatient and community developments.</p> <p><i>This workstream will continue in its current form with a review in April 2025 and consideration of merging with the MOC.</i></p>	<p>Programme Board review in April 2025.</p>
<p>Specialist Community Mental Health Redesign</p>	<p>Service Redesign</p>	<p>Progress made in aligning GAP services with broader care models. Recent activity includes stakeholder engagement sessions, refining care pathways, and initial testing of integrated service approaches. The proposed future activity includes completing the integration process, ensuring all care models are streamlined, and enhancing cross-service communication.</p> <p><i>This workstream will merge into the broader Model of Care initiative to ensure alignment of objectives and resources.</i></p>	<p>√ MH MOC</p>
<p>Adult</p>	<p>Service</p>	<p>The Neurodevelopmental Disorders (NDD) Workstream has completed work in a number of</p>	

Neurodevelopmental Disorders	Redesign	<p>key areas:</p> <ul style="list-style-type: none"> • A preferred model of care has been designed which seeks to bring together all NDD's, whilst maximising the contribution offered by third sector partners and using commissioning to deliver key elements of care and treatment that currently sit with statutory services. • A single point of entry and helping people to navigate services based on need as opposed to diagnosis will reduce bottlenecks in accessing care. • A NDD passport has been developed which will ensure the service user requirement for 'ask once' is also met. <p>The services and workforce required to deliver the above redesigned services has been articulated and requires to be quantified and costed. There also needs to be discussion and agreement as to which components of the redesigned service model will be delivered in localities and which Tayside-wide.</p> <p>There are parallels in the model designed within NDD and that emerging for the broader mental health model of care. There will continue to be close collaboration and cooperation between the workstreams. However, the unique needs of the NDD population and the desired shifting of threshold for the use of third sector services, means that the needs of people are likely best advanced by maintaining a degree of separation in the work.</p> <p><i>This workstream will continue in its current form.</i></p>	
Transitions	Improvement	<p>Progress is noted in relation to key milestones within this workstream, as follows:</p> <ul style="list-style-type: none"> • Approval and implementation of CAMHS-GAP/LD transitions guidance and documentation - Complete • Development of CAMHS-GAP patient/carer-friendly version of the protocol - Nearing completion • Update of GAP/LD-POA transitions guidance and documentation with development of patient information leaflets (PILs) - Transitions guidance is complete. PILs will be developed once the feedback has been collated • Overarching principles of transition between mental health subspecialties agreed and shared for application to other transitions - Complete • Uploading of guidance to appropriate websites and drives such that they are widely accessible- Will be done in the near future once finalised. Advice from the MH and LD Programme Board 	Progress made and governance through operations.

		<p>would be appreciated regarding where this information would be most digitally accessible.</p> <ul style="list-style-type: none"> • Arrangements for administration and printing of PILs and care plans in place - Will now be the responsibility of the services involved. <p><i>This priority is now advanced to the point that ongoing work can be managed through a cycle of continuous improvement and will report through an operational rather than a programme route.</i></p>	
<p>Personality Disorders</p>	<p>Service Redesign</p>	<ul style="list-style-type: none"> • An Experts by Occupation consultation has been completed and a report with recommendations approved by the Whole System Change Programme Board • Links with third sector organisations across Tayside who support peer recovery have been established in addition to engagement teams within the three Health and Social Care Partnerships who support co-production • An Experts by Experience consultation has begun with those with lived/living experience, their families and carers. An initial carers focus group and world cafe event in Dundee have been conducted. An online consultation, two further world cafe events in Angus and Perth and Kinross, and a series of individual interviews and focus groups are planned to complete the Experts by Experience consultation. Scoping and consultation work is expected to conclude at the end of 2024. • A Lived Experience Panel to work alongside the workstream is being convened. The purpose of this panel will be to shape workstream priorities and provide ideas and feedback throughout the process of improvement. This will ensure that change ideas are genuinely co-produced and that the needs of people with complex emotional needs and their families remain at the centre of workstream initiatives. <p><i>Given the cross-cutting nature of this workstream and its relative infancy, it is required to continue in its current form.</i> The necessary interface with other workstreams can be achieved within the existing change programme structure and will ensure that the workstream remains contained enough to achieve its aims.</p>	<p>V</p>