

Tayside Whole System Mental Health and Learning Disabilities Change Programme

June 2023



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Priority 1: Progress the decision about Adult Inpatient Redesign		Intended Outcome: Excellent care and treatment for people for whom inpatient treatment is the best option through a redesigned service model with a strong evidence base.	
Executive Sponsor: <ul style="list-style-type: none"> Chief Officer, P&K HSCP (Lead Partner) 		Workstream Lead(s): <ul style="list-style-type: none"> General Manager, Inpatient Mental Health, Crisis, IHTT and Liaison, NHS Tayside Clinical Lead, GAP Inpatients, NHS Tayside 	Responsible Officer(s): <ul style="list-style-type: none"> Chief Officers Medical Director Executive Nurse Director
Delivery Timeline: <ul style="list-style-type: none"> Phase 1: July-2023 Phase 2: Decision March 2026 Implementation Jul 2026-onwards 		Route to Delivery: <ul style="list-style-type: none"> Phase 1: Operational Line Phase 2: Programme 	
Milestones:			
Phase 1: Plan to support sustainability of safe Inpatient care. The aim of this phase is to understand the current pressures on the system and develop a short term plan to support sustaining safe delivery of Inpatient care.			
#	Timeline	Activity	
1	By 31 Mar 2023	Analysis of immediate pressures completed and shared with stakeholders which assists in decision-making about what actions may be required to maintain stable service in short term.	
2	By 30 Apr 2023	Appraisal and costing of estate options is completed alongside stakeholders, to include consideration of wider estate to support short term service continuity.	
3	By 31 May 2023	Equality Impact Assessment to be undertaken to assess the impact of all options. Approval of a plan for rapid whole-system engagement on short-term stability and continuity options. Communication and engagement with wider group of internal and external stakeholders, prior to submitting a plan for a rapid short term contingency for approval by NHS Tayside.	
4	By 30 Jun 2023	Options paper presented to NHS Tayside which aligns with progress of other work streams to support change.	
5	By 31 Jul 2023	Clarity on timescale for Implementation of short-term contingency alongside ongoing engagement with people using the service.	
6	By May 2024	NHS Tayside must exercise its end of contract options for the Carseview site (a Private Finance Initiative PFI contract). A business case which demonstrates the clinical strategy aligned to the Carseview Centre will be produced.	
7	By May 2026	NHS Tayside will exercise the preferred option for the end of PFI contract.	
Phase 2: Mental Health Needs Analysis, Option appraisal and development of an implementation and evaluation plan with timelines. The aim of this phase is to understand the current and future mental health service needs of the population of Tayside and come to an agreed plan for redesigning MH services to best meet that need both now and for the next 20 years. This phase includes ongoing engagement with our communities, through analysis, development and scoring of options.			

Definition of a health needs analysis

A health needs assessment is 'a systematic method of identifying unmet health and healthcare needs of a population and making changes to meet these unmet needs.'* It includes a quantitative approach to enumerate the size and scale of the problem alongside a qualitative assessment of the nature and meaning of the problem from the perspective of those who experience it.

It typically has three parallel assessments: Epidemiological analysis, Comparative analysis and Corporate analysis

#	Timeline	Activity
6	By 31 Mar 2024	Epidemiological analysis and prepare data plan in order to describe the mental health needs of people in Tayside, to inform future service provision and planning.
7	By 30 Sep 2024	Implement data plan
8	By 30 Nov 2023	Workforce and recruitment analysis completed
9	By 31 Jan 2024	Review of existing service (Inpatients, Outpatients, Emergency Dept, community including crisis hub, primary care i.e. all MH services) is completed. This will include an equality impact assessment.
10	By 30 Jul 2024	Comparative analysis completed – review of best practice models via literature search and also by learning from and about Mental Health services in other Health Boards and other parts of the UK. This may include a site visit and time with service leads. This would then allow a gap analysis to be undertaken – identifying areas where NHS Tayside could learn from/improve.
11	By 31 Jan 2025	Corporate analysis completed – stakeholder engagement – review/consider findings alongside on the ground expertise and experience to help shape option appraisal
12	By 31 Mar 2025	Modelling of options incorporating cost analysis, with forecasted projections by working with Whole System Modelling Team. Model existing service using historical trends and then use Scottish Burden of Disease analysis and epidemiological analysis of service pressures to both assess existing pressures and project forwards to assess what impact that will have on the service. Future projections can then be translated across to other scenarios (as identified from the options appraisal to assess impact of different service models. Incorporate an economic analysis and generate a modelled costed options appraisal alongside the rest of the Needs analysis.
13	By 30 Jun 2025	Option appraisal development - Pull together all the information gathered to develop a fully costed options appraisal. This would include equality impact assessments of each option.
15	By 31 Dec 2025	Consultation with our communities on the results of the option appraisal
14	By 31 Mar 2026	The 3 x IJBs and NHS Tayside Board will consider the Options Appraisal and will make a decision about which option to pursue, including agreement on the resourcing for the preferred option and considering both service needs now and potential service needs over the next 20 years

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16	By 30 Jun 2026	Agree a detailed implementation plan, governance, evaluation plan and timelines which clearly sets out the involvement of staff, service users and providers in the design and implementation of the new inpatient model. Alongside this review the data/intelligence plan to ensure fit for purpose and adapt as appropriate.
17	July 2026 onwards	Implementation - preferred option is fully enacted and evaluated using performance, safety, financial and health intelligence data.

*(Wright J, Williams R, Wilkinson JR. Development and importance of health needs assessment. BMJ 1998;316 (7140):1310-13. doi: 10.1136/bmj.316.7140.1310)



Priority 2: Improve Strathmartine Physical Environment		Intended Outcomes: <ul style="list-style-type: none"> • Significant reduction in volume of environment-related incidents, • Improved experience for people receiving care in Strathmartine 															
Executive Sponsor: <ul style="list-style-type: none"> • Director of Facilities 	Workstream Lead(s): <ul style="list-style-type: none"> • General Manager, Inpatient Learning Disability Service, NHS Tayside 	Responsible Officer(s): <ul style="list-style-type: none"> • General Manager, Inpatient Learning Disability Service 															
Delivery Timeline: 31 August 2023		Route to Delivery: Operational Line															
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Priority 3: Address significant delayed discharges		Intended Outcome: People are able to leave hospital without delay, to home or community with the support they need.
Executive Sponsor: <ul style="list-style-type: none"> Chief Officer, Angus HSCP Chief Officer, Dundee HSCP Chief Officer, P&K HSCP 	Workstream Lead(s): <ul style="list-style-type: none"> Head of Community Health and Care Services, Angus HSCP MH&LD Strategic Commissioning Lead/ Locality Manager, Dundee HSCP Mental Health Strategic Lead, P&K HSCP 	Responsible Officer(s): <ul style="list-style-type: none"> General Managers and Inpatients, Strategic Commissioning Leads
Delivery Timeline: 31 March 2024		Route to Delivery: Programme
Milestones:		
#	Timeline	Activity
1	By 30 Apr 2023	Reasons for significant delay are understood and acted upon. Other relevant services including housing and welfare rights are active participants. Improvement work is underpinned by accurate delayed discharge reports to enable improved tracking of performance.
2	By 31 Jul 2023	There is a personalised planning process for discharge in place, and information is available on progress and plans for all Inpatients
3	By 31 Jul 2023	Effective joint and multi-agency/ disciplinary working between Inpatients and Community is embedded into ways of working. This should include relevant agencies and organisations who are involved in discharge planning process.
4	By 31 Oct 2023	Mental Health Planned date of discharge is reliably embedded within GAP Inpatient pathways, underpinned by inclusive approaches to patient involvement.
	By 31 Oct 2023	Learning Disabilities Planned date of discharge is reliably embedded within LD Inpatient pathways, underpinned by inclusive approaches to patient involvement.
5	By 30 Nov 2023	Mental Health A strategic needs assessment in relation to the factors influencing delayed discharges has been completed to support future commissioning of care and support to reduce delays in hospital for people with mental health needs.
	By 31 Dec 2023	Learning Disabilities A strategic needs assessment in relation to the factors influencing delayed discharges has been completed to support future commissioning of care and support to reduce delays in hospital for people with learning disability needs.
6	By 31 Mar 2024	Mental Health A commissioning plan is in place to support people with learning disabilities and which will; reduce the likelihood of unnecessary admissions to hospital; reduce the likely hood of unnecessary delays once people are ready for discharge; ensure that community health and

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	By 31 Mar 2024	<p>social care resources are increased to avoid admission to, and support timely discharge from, hospital wherever possible.</p> <p>Learning Disabilities A commissioning plan is in place to support people with mental health needs and which will; reduce the likelihood of unnecessary admissions to hospital; reduce the likelihood of unnecessary delays once people are ready for discharge; ensure that community health and social care resources are increased to avoid admission to, and support timely discharge from, hospital wherever possible.</p>
7		Moves to Business as Usual.

This work will be underpinned by ongoing conversation with people who use and need our services, as well as with carers and third sector delivery partners, to ensure people understand the processes being put in place as well as seeking their views as part of how we evaluate revisions to the service.



Priority 4: Streamline and Prioritise the LLW Change Programme		Intended Outcome: Streamlined programme, clear governance, appropriate resources for the changes needed.
Executive Sponsor: <ul style="list-style-type: none"> Chief Officer, P&K HSCP (Lead Partner) 	Workstream Lead(s): <ul style="list-style-type: none"> Programme Manager, Mental Health Whole System Change Programme 	Responsible Officer(s): <ul style="list-style-type: none"> Chief Officers, Medical Director, Executive Nurse Director
Delivery Timeline: <ul style="list-style-type: none"> Implement June 2023 Review June 2024 		Route to Delivery: Executive Leads and Programme
Milestones:		
#	Timeline	Activity
1	By 31 Mar 2023	The governance arrangements for the Whole-System LLW Change Programme are agreed by all Parties through a formal report to NHS Tayside Board and the three Integration Joint Boards. By end of March 2023 the priorities for a refreshed Programme are reviewed and agreed. Completed for Perth and Kinross IJB 15 February 2023.
2	By 30 Apr 2023	Revised governance structures for the Whole System Change Programme will be approved across all parties with revised terms of reference and membership of the Mental Health and Wellbeing Programme Board. The role of each partner in the Integration Scheme, the priorities, roles and responsibilities will be set out in easy to understand Governance diagrams.
3	By 30 Jun 2023	The resourcing framework to support delivery of a Whole System Change Programme is agreed and in place, including an outline financial plan.
4	By 30 Jun 2023	The Executive Leadership Group is providing collaborative leadership across the whole system change programme. and the Strategic Programme Board is taking responsibility for the delivery of the revised and refined Whole System Change Programme - the system "to be". The role of the Integrated Leadership Group is clarified as working together to manage the system "as is".
	By 30 Sep 2023	Detailed Financial Framework including agreed financial recovery actions for inpatient services will be reported to IJBs and NHS Tayside
5	By 30 Apr 2024	There will be a review and evaluation completed of the effectiveness of how we are making integration work and improvements identified and actioned.
6		Moves to Business as Usual.



Priority 5: Make Integration work		Intended Outcome: Clear and effective arrangements for integration in place, which supports collaborative leadership across partners and sustainable strategic change and innovation. Clarity for staff and the general public with regards to the roles and responsibilities of each organisation across Tayside. Clear governance and decision-making structures.
Executive Sponsor: <ul style="list-style-type: none"> Chief Officer, Angus HSCP 	Workstream Lead(s): <ul style="list-style-type: none"> Chief Officer Angus HSCP Chief Officer Dundee HSCP Chief Officer Perth & Kinross HSCP 	Responsible Officer(s): <ul style="list-style-type: none"> Chief Officers, Medical Director, Executive Nurse Director
Delivery Timeline: June 2023, review April 2024		Route to Delivery: Executive Leads and IJB Chairs
Milestones:		
#	Timeline	Activity
1	By 30 Jun 2022	Revised Integration Schemes (IS) drafted, consulted upon with communities, updated based on feedback, and approved. The IS include the delegation of responsibility for the strategic planning and coordination for inpatient mental health and inpatient learning disability services to IJBs and to the Chief Officer of Perth and Kinross IJB as lead partner. - Complete.
	By 30 Jun 2023	Approval of revised Directions Policy for each IJB which sets out how decisions and directions in relation to strategic planning for inpatient services will work in practice through approval by all IJBs, ensuring effective consultation at a local level, and therefore have regard to the needs of all communities in Tayside.
2	By 30 Jun 2023	Collaborative working arrangements in place to make the new integration arrangements work in practice.
3	By 31 Oct 2022	Programme support team appointed on a permanent basis, funded by all partner organisations to support change programme.
4	By 30 Nov 2022	Integration Schemes approved by 3 IJBs and Scottish Government. - Complete
5	By 30 Apr 2023	Revised governance structures for a Whole System Change Programme will be approved across all parties with revised terms of reference and membership of the Mental Health and Wellbeing Programme Board. The role of each partner in the Integration Scheme, the priorities, roles and responsibilities will be set out in easy to understand Governance diagrams.
6	By 30 Apr 2023	There will be agreed re-prioritisation for the whole-system change programme work for 2023-2025, taking cognisance of the work progressing within each of the HSCP areas related to their Strategic Commissioning Plans and respective Mental Health and Wellbeing Plans.
7	By 30 Jun 2023	Staff, service users, and their careers, and the general public will have clear information about what is going to change, what will be different for them, who will be responsible for making the change and how they can take part.

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8	By 30 Jun 2023	The Executive Leadership Group is providing collaborative leadership across the whole system change programme to ensure innovation flourishes and sustainable change can take place in line with the integration scheme and revised governance structures.
	By 30 Jun 2023	The Integrated Joint Boards and NHS Tayside Board have clear systems in place to ensure appropriate directions are provided and decisions made.
9	By 30 Apr 2024	There will be a review and evaluation of the effectiveness of how we are making integration work and improvements identified and actioned.
10		Moves to Business as Usual



Priority 6: Engage the Workforce		Intended Outcome: An engaged workforce who feel listened to, involved and engaged in service design, evidenced through feedback and participation in major decisions.	
Executive Sponsor: <ul style="list-style-type: none"> Executive Nurse Director, NHS Tayside 	Workstream Lead(s): <ul style="list-style-type: none"> Operational Medical Director Mental Health & Learning Disability Services, NHS Tayside Nurse Director Mental Health & Learning Disability Services, NHS Tayside HSCP Chief Officers x 3 	Responsible Officer(s): <ul style="list-style-type: none"> General Managers and Strategic Commissioning Leads Clinical Leaders 	
Delivery Timeline: 31 December 2023		Route to Delivery: Programme	
Milestones:			
#	Timeline	Activity	
1	By 30 Jun 2023	A workforce development and engagement plan and work at a system-wide level around culture, is agreed.	
2	By 31 Aug 2023	A review and refresh of leadership training, for key staff groups (Senior Nurses test), which includes how to engage staff and service users in service design, is in place.	
3	By 31 Jul 2023	The arrangements for monitoring progress against the workforce development plan are agreed and in place.	
4	By 30 Sep 2023	A Codesign and Coproduction Plan is agreed and implemented.	
5	By 31 Dec 2023	An evaluation of the extent to which change is being coproduced by people who work in our services has been completed and used to inform the next cycle of planning.	
6		Moves to Business as Usual.	



<p>Priority 7: Engage with patients, families, partners and communities</p>	<p>Intended Outcome: Patients, family, friends, carers and the wider community are partners in the change programme and in redesigning new models of care. Stakeholder consultation will be a core element throughout the Whole System Change Programme. Leading through relationships - started in December 2022 will be expanded to all of the workstreams to build a broad platform of working in equal partnership throughout the programme. Appropriate systems will be in place throughout the whole system of care to enable co-production, meaningful engagement and feedback, and relationship building.</p>
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<p>Executive Sponsor:</p> <ul style="list-style-type: none"> Chief Officer, Angus HSCP 	<p>Workstream Lead(s):</p> <ul style="list-style-type: none"> Head of Community Health and Care Services, Angus HSCP MH&LD Strategic Commissioning Lead/Locality Manager, Dundee HSCP Mental Health Strategic Lead, P&K HSCP 	<p>Responsible Officer(s):</p> <ul style="list-style-type: none"> General Managers and Strategic Commissioning Leads
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<p>Delivery Timeline: 31 August 2024</p>	<p>Route to Delivery: Programme</p>
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Milestones:

#	Timeline	Activity
1	By 31 May 2023	There will be a shared understanding across the whole system of care regarding current approaches to leading together and co-production. Good practice will be shared and new mechanisms for supporting meaningful engagement, collating views and experiences will involve all relevant stakeholders/groups who support the engagement, building relationships; with the Third Sector as partners in this work.
2	By 30 Jun 2023	Data about current engagement methods/stakeholders/groups will be analysed and any gaps identified. With good practice highlighted.
3	By 30 Sep 2023	A co-design and co-production Plan will be agreed and implemented across the whole system of care, with independent support provided from Healthcare Improvement Scotland to support this work. Patients, carers, family, friends and the wider community will be supported to meaningfully engage in planning. Key performance and quality indicators will be established and monitoring systems put in place.
4	By 31 Jan 2024	A co-evaluation tool will be developed and tested which measures the impact of the change that will be undertaken.
5	By 30 Jun 2024	A co-produced evaluation of the impact of the change will be completed. The outcomes will inform the effectiveness of the processes, highlight good practice and identify areas for improvement.
6	By 31 Aug 2024	Learning will be shared with all stakeholders. This will inform the next cycle of planning and improvement.
7		Moves to Business as Usual.



Priority 8: Continue to focus on Patient Safety		Intended Outcome: All patients will experience high quality, safe and person centred care every time.	
Executive Sponsor: <ul style="list-style-type: none"> Medical Director, NHS Tayside 		Workstream Lead(s): <ul style="list-style-type: none"> Operational Medical Director, Mental Health & Learning Disability Services, NHS Tayside Director of Nursing, Mental Health & Learning Disability Services, NHS Tayside 	
		Responsible Officer(s): <ul style="list-style-type: none"> Heads of Service/Strategic Commissioning Leads, General Managers, Clinical Leads, Clinical Directors 	
Delivery Timeline: September 2023 with the arrangements to monitor the outcome transferred into an ongoing programme centred on Least Restrictive Practice, reviewed in September 2024		Route to Delivery: Clinical Governance arrangement and reporting	
Milestones:			
#	Timeline	Activity	
1	By 31 Jul 2023	The required scope of the continued focus on patient safety work will be developed in collaboration with stakeholders.	
2	By 31 Jul 2023	The draft Terms of Reference for a patient safety collaborative/group will be developed to include: <ul style="list-style-type: none"> scope and focus role and remit governance reporting chair and deputy chair membership 	
3	By 31 Aug 2023	The draft Terms of Reference is agreed and ratified through the Programme Board	
4	By 30 Sep 2023	The revised Tayside Mental Health Patient Safety Collaborative will have had its first meeting	
5	By 30 Sep 2024	A 1-year review of the Patient Safety Collaborative against the Terms of Reference will be completed to inform any required developments/changes.	
6		Moves to Business as Usual.	



Priority 9: Integrated Substance Use and Mental Health		Intended Outcome: There are processes in place to ensure that people who have co-occurring substance use and mental health needs are able to access appropriate services, and that these services work together to support the people's needs.
Executive Sponsor: <ul style="list-style-type: none"> Chief Officer, Dundee HSCP 	Workstream Lead(s): <ul style="list-style-type: none"> Head of Health and Community Care, Dundee HSCP Lead Clinician, NHST Drug and Alcohol Recovery Psychology Service 	Responsible Officer(s): <ul style="list-style-type: none"> Heads of Service/ Strategic Commissioning Leads General Manager Clinical Leads
Delivery Timeline: 31 March 2024		Route to Delivery: Operational and via Programme
Milestones:		
#	Timeline	Activity
1	By 31 May 2023	a) Development of Operational Group; b) Develop implementation plan and sign off.
2	By 31 Oct 2023	Mechanisms are in place to enable staff in Mental Health and Substance Use Services to report concerns and advocate on behalf of patients at risk of falling between services
3	By 31 Oct 2023	At the point of referral, there will be a named professional as the main contact responsible for communication between services, and with the person and their family member or nominated person(s).
4	By 31 Oct 2023	Protocols in place for effective communication and information sharing between Mental Health and Substance Use services.
5	By 30 Nov 2023	There are procedures in place to ensure that staff in Mental Health and Substance Use Services are up to date with local treatment pathways and referral criteria for NHS primary and secondary care services, social care and third sector agencies.
6	By 31 Dec 2023	There will be agreed referral pathways across the local ROSC, to support anyone identified with substance use or mental health difficulties.
7	By 31 Dec 2023	Development of training and workforce development plans to ensure staff are trained and supported to: <ul style="list-style-type: none"> a) Carry out assessment of substance use and dependence; b) Recognise acute crises such as overdose, withdrawal or physical health consequences; c) Provide accurate and evidence-based harm reduction information and support to people with non-dependent substance use; d) Provide motivational interviewing where appropriate.
8	By 31 Dec 2023	Development of a training and workforce development plan to ensure staff are trained and supported to: <ul style="list-style-type: none"> a) Have the knowledge and skills to recognise acute mental health crises, suicidality/psychosis and respond appropriately; b) Know about availability and make use of skilled diagnosis and treatment within substance use teams, if not available through mental health assessment services;

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		c) Make use of local protocols around severity and complexity of mental health disorder for treatment in substance use, primary care or mental health teams.
9	By 31 Dec 2023	Clear governance structures are in place to co-ordinate care (e.g. care programme approach) and establish effective joint working arrangements to care for those with severe mental illness and substance use.
10	By 31 Mar 2024	Agreed care pathways are in place to support any identified mental health care needs and clear governance structures, to establish effective joint working arrangements to care for people with co-occurring mental health difficulties and substance use
11	By 31 Mar 2024	Assessment protocols are in place, which include enquiry about mental health and/or substance use through appropriate screening tools.



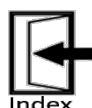
Priority 10: Whole System Redesign of Learning Disabilities		Intended Outcomes: <ul style="list-style-type: none"> • People with a learning disability will experience reduced health inequalities • People with a learning disability receive the right support at home/community to maintain their health and wellbeing • People with a learning disability will receive the right support to minimise the likelihood of requiring admission to hospital • People with a learning disability will be less likely to be unnecessarily delayed within in-patient care longer than required • People with a learning disability will be less likely to require a placement out with their local area 																						
Executive Sponsor: <ul style="list-style-type: none"> • Chief Officer, P&K HSCP 	Workstream Lead(s): <ul style="list-style-type: none"> • Strategic Commissioning Lead, Dundee HSCP • General Manager, Inpatient Learning Disability Service 	Responsible Officer(s): <ul style="list-style-type: none"> • General Manager LD Inpatients • Strategic Commissioning Leads 																						
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Priority 11: Crisis & Urgent Care		Intended Outcome: The re-design of a centralised crisis response to enable a Tayside-wide specialist emergency mental health assessment function, with clear links to local Emergency Departments, Scottish Ambulance and NHS Scotland Police Triage.
Executive Sponsor: • TBC	Workstream Lead(s): • Nurse Director, Mental Health and Learning Disabilities • Clinical Lead for Mental Health and Learning Disabilities, Dundee HSCP	Responsible Officer(s): • General Managers • Operational Medical Director • Nurse Director
Delivery Timeline: By 31 December 2023		Route to Delivery: Programme
Milestones:		
#	Timeline	Activity
1	By 31 May 2023	Liaison with, and visit to, Lothian Mental Health sites to enable learning on live implementation of Standard Operating Procedure, which will inform re-designed framework in NHS Tayside
2	By 30 June 2023	Carry out self-assessment of current system and map against the National Roadmap, identifying gaps and areas requiring review
3	By 30 June 2023	Revisit and review the self-assessment against Best Practice Guidance for Home Treatment
4	By 30 June 2023	Training Needs Analysis Carried out across IHTT and Crisis Assessment Function
5	By 31 Jul 2023	Review existing data sets and agree a revised data set which would include demographics, patient journey and patient outcomes
6	By 31 Jul 2023	Implementation of Trakcare across Crisis and IHTT
7	By 31 Jul 2023	Workforce training plan to be developed across IHTT and Crisis
8	By 31 Jul 2023	Prioritise which routes of referral require review and mapping
9	By 31 Jul 2023	Appraise the Carseview site to assess current estate and optimum environment required for delivery of the Crisis Assessment Function
10	By 31 Aug 2023	Complete and evaluate the test of change in relation to Early Supported Discharge
11	By 31 Aug 2023	Complete and evaluate the test of change in relation to the gatekeeping role
12	By 31 Aug 2023	Workforce planning across IHTT and Crisis Assessment Function, with production of indicative workforce model
13	By 31 Oct 2023	Review and agree referral routes and pathways, aligned to the National Roadmap for Urgent Care and the revised IHTT clinical model
14	By 30 Nov 2023	Implement a mechanism for feedback from people who use and need the service Review and develop Crisis and IHTT packs for patients and carers
15	By 31 Dec 2023	Finalise and establish new Standard Operating Procedure for re-designed service linked to National Redesign of Urgent Care workstream.

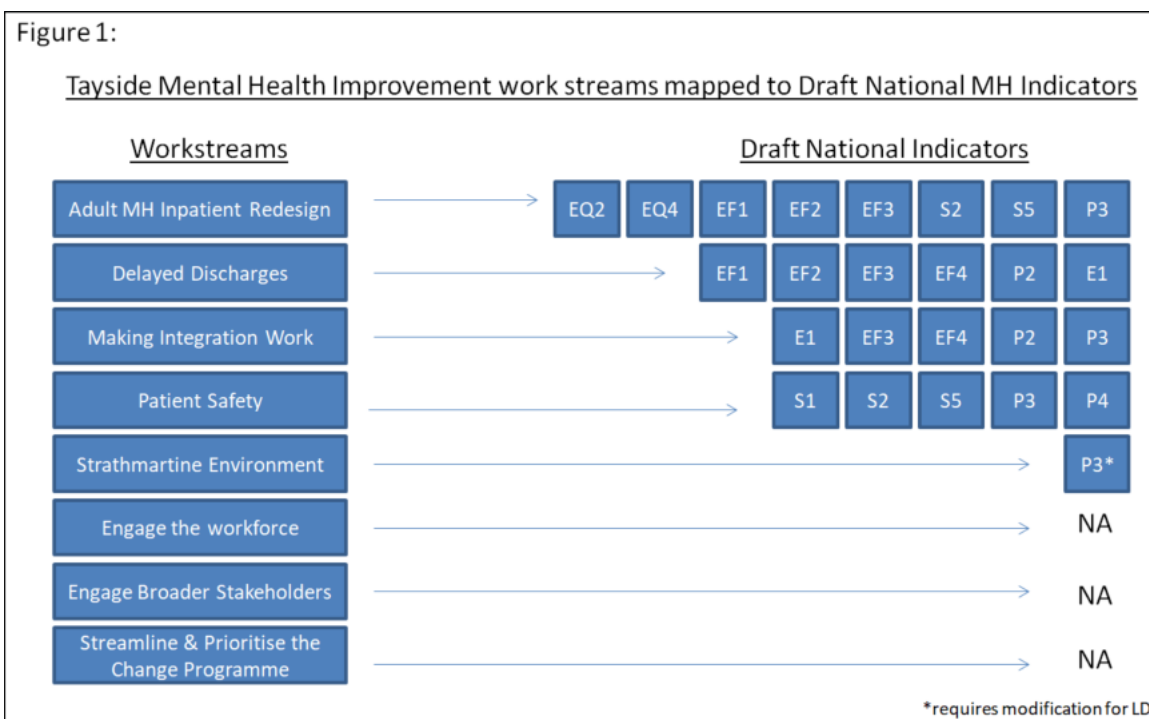


Priority 12: Specialist Community Mental Health Service Redesign		Intended Outcome: By April 2024, redesign a co-produced model of care for the Tayside Specialist Community Mental Health Service ensuring equitable, effective, treatment, care and support for people living in the community with complex and severe mental illness.																								
Executive Sponsor: <ul style="list-style-type: none"> Chief Officer, Angus HSCP 	Workstream Lead(s): <ul style="list-style-type: none"> Operational Medical Director, Mental Health and Learning Disabilities Service Manager, Mental Health Services, P&K HSCP 	Responsible Officer(s): <ul style="list-style-type: none"> Chief Officers x 3 Strategic and Commissioning Leads 																								
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Appendix One: Mapping of work streams to draft National Mental Health Indicators

Measurement plans are in the process of being prepared for all work streams, in order to ensure that progress and achievement of outcomes is well evidenced. There is a connection to the work elsewhere to develop national Mental Health indicators. An initial mapping of work streams to the indicators in development has been undertaken and is summarised in figure 1. Descriptions of the indicators and a link to the source publication are also provided.



Glossary of Indicator Descriptions

Timely –

T1 % of people who commence Psychological therapy-based treatment within 18 weeks of referral.

T2 % of young people who commence treatment by specialist Child and Adolescent Mental Health services within 18 weeks of referral.

T3 % of people who wait less than three weeks from referral received to appropriate drug or alcohol treatment that supports recovery.

Safe –

S1 suicide rates per 100,000 population.

S2 % of all discharged psychiatric inpatients followed-up by community mental health services within 7 calendar days.

S5 incidents of physical violence per 1,000 occupied psychiatric bed days.

Effective –

E1 number of days people spend in hospital when they are clinically ready to be discharged per 1,000

Reference

[Quality Indicator Profile for Mental Health \(publichealthscotland.scot\)](https://publichealthscotland.scot)