



AGENDA ITEM NO 13

REPORT NO IJB 49/25

ANGUS INTEGRATION JOINT BOARD

25 JUNE 2025

TAYSIDE MENTAL HEALTH AND LEARNING DISABILITY PROGRAMME UPDATE

REPORT BY JILLIAN GALLOWAY, CHIEF OFFICER

1. ABSTRACT

The purpose of this report is to provide Angus Integration Joint Board (AIJB) on the progress being made with the Mental Health and Learning Disabilities Programme.

2. ALIGNMENT TO THE STRATEGIC PLAN and BEST VALUE CHARACTERISTICS

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

- Priority 1 – Prevention and Proactive Care
- Priority 2 – Care Closer to Home
- Priority 3 – Mental Health, Learning Disabilities and Substance Use Recovery

2.2 This report contributes to the following best value characteristics.

1. Vision and leadership - – at a national, regional and local level
2. Governance and accountability - underpins this work
3. Effective use of resources – seeks to ensure best value
4. Partnerships and collaborative working – with NHS Tayside and Angus Health and Social Care Partnership
5. Sustainability – seeks to enable effectiveness and efficiency

3. RECOMMENDATIONS

It is recommended that the Integration Joint Board:

- (i) Acknowledge and support the progress being made with the Mental Health and Learning Disabilities Programme; and
- (ii) Notes the proposals and supports the activity required to realign the programme support to the developing refined priorities (Model of Care for Mental Health and Model of Care for Learning Disability) set out at Appendix 1.
- (iii) Support further update to come in October 2025 and modify the IJB workplan to reflect.

4. BACKGROUND

4.1 The Whole System Mental Health and Learning Disabilities Change Programme was approved by the three Tayside Integration Joint Boards and NHS Tayside Board at the end of June 2023. A detailed progress report and the outcomes of a programme review was considered by NHS Tayside Board and the IJBs x 3 at its meeting in February. The Mental Health and Learning Disabilities Programme Board had agreed to further refine the activity

across the programme, agreeing areas of continued focus and identifying priorities which have reverted to business as usual, and which will be continued within continuous improvement activity across services.

- 4.2 The vision for the Mental Health and Learning Disabilities Whole System Change Programme is a whole system model of care and an energised culture focused on transformation and whole-system collaborative working to deliver:
- (i) excellent care and treatment for people whom inpatient treatment is the best option through a redesigned service model with strong evidence base.
 - (ii) 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.
 - (iii) in partnership with commissioned providers, deliver Coming Home ambitions so that people with a learning disability receive the right support at home or in the community to maintain their health and wellbeing and minimise the likelihood of hospital admission.
- 4.3 The Programme Board for the MH & LD Whole System Change Programme met in January, March, and May 2025. In January, the Programme Board received updates from workstreams with a specific focus on Emotionally Unstable Personality Disorder, integrating Substance Misuse and Mental Health services, Patient Safety, and Collaborative Conversations across the inpatient workforce. Board members also gave feedback on a draft video presentation to support the engagement required to further develop the draft Model of Care.
- 4.4 Care & Share Together presented on their work to support the continuous participation and engagement of people with lived experience of Mental Health services. This work is being supported by the community engagement team within the P&K HSCP although the membership and remit is Tayside-wide.
- 4.5 The Inpatient Redesign workstream was reported to be on track and Removing Barriers to Community Health Support was noted to be in progress but behind schedule.
- 4.6 Two key areas were identified as requiring a refocus:
- (i) Learning Disability Coming Home ambitions was noted to be in progress and behind schedule and requiring a refresh considering that many professionals are focused on the work to secure the relocation of inpatient services.
 - (ii) Delivering on the financial framework

5. CURRENT POSITION

- 5.1 At the March meeting of the Programme Board, proposals for targeting the programme support resource were considered in more detail with opportunities arising from changes in the programme team with two programme staff moving on to new roles and aligning to current and anticipated programme needs throughout financial year 2025/26. Discussion took place about continuation of project support but also supplementing this with more opportunities for clinicians to be directly involved (GPs consultants in particular) and designated resource to progress the financial framework (see Appendix 1).
- 5.2 It was also noted that the three HSCP Chief Officers and NHS Tayside Executive Lead had agreed to jointly support a temporary 23-month fixed term Lead Officer post to provide whole system leadership for the learning disability redesign with a priority focus on leading:
- Return to the community and care planning for all complex Learning Disability in-patients with a view to eliminating delay and meeting the ambitions of the Coming Home Report.
 - Establishment of a crisis response team for Tayside (i.e. across all HSCPs) to maintain people with complex needs in their own families/ homes & accommodation

- and integrated in their own communities, preventing breakdown, and supporting transitions from inpatient care to community placements across all sectors; and
 - Collaborative commissioning across the 3 x HSCPs.
- 5.3 This is in line with the whole system change programme vision and priorities as well as taking forward two of four projects which were envisaged at the V&A Design Accelerator and addresses the significant demand challenges arising from a large number/proportion of inpatients experiencing delay.
- 5.4 The Executive Leads for the Mental Health & Learning Development Whole System Change Programme hosted a roundtable discussion with MPs and MSPs with a constituency in Tayside and a range of stakeholders representing people with lived experience of mental health and learning disability services and independent advocacy organisations from across Tayside. This took place on 21 March 2025 and was a successful event with open and honest discussion on the extent to which there is meaningful engagement in the coproduction of new service models and evidence of a positive culture shift at all levels in Tayside. Those in attendance were positive about their level of involvement in the change programme and their engagement with leaders and managers across inpatient and community services. They were also positive about the difference new leadership has made to relationships, communication and commitment working together to achieve positive changes. Attendees were also able to identify changes in culture within some areas and commented on caring and compassionate staff within in some inpatient settings. There was also acknowledgement that this was not experienced universally and that there was still substantial improvement required.
- 5.5 The Programme Board meeting of 1 May 2025 received a paper and presentation on the draft Model of Care and the Board held workshop discussion on the extent to which the final draft meets our intended aims to achieve a high quality, sustainable, whole system model for Tayside by:
 1. Prioritising health promotion, prevention and early intervention building effective inclusive and streamlined services across our communities.
 2. Aiming for excellence in our inpatient services and help people live with and recover from mental health conditions with care and compassion?
 3. Placing living and lived experience at its heart and in make the biggest difference for people who experience mental ill-health
- 5.6 Feedback has been collated and will inform the final version of the Model of Care which will be considered again by the Programme Board alongside a comprehensive consultation and engagement plan at its next meeting on 11 June 2025.
- 5.7 This will mean that the Model of Care will be in final draft from for the June Meeting of NHS Tayside Board which is within the timescales outlined in the approved Whole System Change Programme which aims to have this completed by end of December 2025 and implementation commenced by end of March 2026.

6. PROPOSALS

There are no direct proposals arising direct from this report.

7. FINANCIAL IMPLICATIONS

The Mental Health and Learning Disability Whole System Change Programme requires, and needs to be informed by, a financial framework to be developed to support the delivery of a new model of care. Presently there is a persistent overspend in inpatient mental health services year on year and for 2024/2025 this was £5.3 million.

8. RISK MANAGEMENT

The strategic risks associated with the delivery of the Mental Health and Learning Disability Whole System Change Programme have been identified and managed within the programme and reported to the Executive Leadership Group and Programme Board.

These risks will also feature in the strategic risk registers for the three IJBs and NHS Tayside.

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

The programme seeks to improve outcomes and experiences for anyone in Tayside who either has or is connected to someone with a mental health or learning disability need. It seeks to do so regardless of protected characteristics, so it is not anticipated that people with protected characteristics will be specifically affected in a different way to those without. Each work stream of the programme will conduct its own EQIA to ensure that, where necessary, steps/activity are included to ensure those with protected characteristics and those with circumstances that are known to affect people more (Health inequalities) receive equitable service.

12. COMMUNICATION AND ENGAGEMENT (IF APPLICABLE)

The Board has carried out its duties to involve and engage external stakeholders where appropriate and planning with people guidance and principles will underpin the required widespread engagement ahead of service change.

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 Angus 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 - Programme Support and Funding