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care improvement

Mental Health and Substance Use Pathfinder Programme

Towards a test of change

About the project.

The aim of this project is to redesign care pathways to improve quality of care and health outcomes for people with mental health and substance use support needs.

The project will develop and test a new model focused on integration of support/services and pathway of care, with a view to spreading good practice, innovation and learning about “what works” Scotland-wide.

The project being delivered jointly by the Transformational Redesign Unit (TRU) and Mental Health Improvement Portfolio, and local leads in Tayside.

We will build on work already underway within Dundee HSCP, working with Dundee ADP and Public Health Scotland; and link with other local initiatives being developed in Tayside.

Our approach will centre on four stages of redesign:

- Discover - understand the current context, along with challenges, enablers and opportunities
- Define - establish broad areas for focus
- Design - design tests of change around a particular focus area
- Deliver - implement and review changes to the system

The project is moving from the 'Discover' and 'Define' phase to the 'Design' phase.

Thanks and acknowledgements

We would like to thank everyone who contributed throughout this process. We would like to acknowledge the work of teams and organisations across Tayside who facilitated conversation to bring together the experiences of those accessing support, staff and other stakeholder groups.

Context.

Where are we now?

As part of developing an understanding of the context in Dundee and Tayside there was extensive desk research to bring together knowledge and insight around mental health and substance use. This included:

- **Analysis of key documents** relating to mental health and substance use
 - Responding to Drug Use with Kindness, Compassion and Hope: A report from the Dundee Drugs Commission
 - Trust and Respect: Final Report of the Independent Inquiry into Mental Health Services in Tayside
 - Trust and Respect Progress Report - July 2021
 - NICE guidelines for coexisting severe mental illness and substance misuse
 - LISTEN – Experiences of NHS Tayside Mental Health Services.
- **Exploring Integration Workshops** – running sessions with stakeholders to discuss ‘what good looks like’ with regards to close working between mental health and substance use services. This involved over 60 stakeholders from across the Tayside system.
 - Session One report
 - Session Two report
- **Interconnected systems mapping workshop** – two sessions were held to discuss and describe what services make up ‘the system’ and how these connect with each other
- **Data summary** – to provide an overview of key data around prevalence and dynamics of substance use and mental health, along with service demand and risk profiles.
- **Equality Impact Assessment** – to understand the potential impact of the proposed work on inequalities in Tayside
- **Literature review** - to explore the evidence base for support people with multiple and complex needs, including mental health and substance use

There was also a range of engagement activity to hear from staff and people using services what they see as challenges within the current system of mental health and substance use support.

We have also spoken with a range of key people within Tayside to build a knowledge of networks, priorities and insights across the system. This includes representation from multiple contacts in different parts of the system including:

Angus HSCP
Aberlour
Angus ADP
Angus Integrated Drug and Alcohol Recovery Service (AIDARS)
Children 1st
Crossreach
DDARS
Deaf Links, Tayside Deaf Hub
Dundee Carers Centre
Dundee Carers Support Service - Penumbra
Dundee City Council
Dundee Drug and Alcohol Service,
Dundee HSCP

Dundee Independent Advocacy Support
Dundee Keep Well Community Team
Dundee Survival Group
Dundee Womens Aid
DVVA
Hillcrest Futures
Integrated Substance Misuse Service from Alcohol, Drugs & BBV Service
NHS Tayside
Penumbra Carers Support Service
Perth Kinross HSCP
Police Scotland
Positive Steps

Public Health Scotland
Salvation Army
Scottish Government
Scottish Prison Service
SPG Rep
Tayside Council on Alcohol (TCA)
Transform Community Development
University of Stirling
Voluntary Action Angus
We Are With You in Dundee - The Signpost Service
Women's Rape & Sexual Abuse Centre - Dundee & Angus (WRASAC)

What we have heard.

Findings from initial exploratory activity are synthesised in the 'Discovery Phase - themes and insights' report published October 2021.

Emerging themes

Across our exploratory activity four themes emerged that describes the functions of a good system:

Meeting Complex Needs | **Adapting and Responding** | **A Collaborative System** | **Workforce and Capacity**

Within this people have told us what matters to them with regards to services and where they would like to see improvements in the **support pathways**.

Access | **Waiting times** | **Consistency of staff** | **Support when in crisis** | **Joined up supports** | **Longer-term supports** | **Stigma and discrimination** | **Environment** | **Communication/sign-posting**

The first of our 'Defining the Future' series was held to start moving towards action through thinking about where there could be focus of activity to begin to address the identified challenges. It was attended by staff that support people with mental health and substance use needs. It was a deliberative workshop designed to harness the collective knowledge and experience of staff across sectors and geographies, and empower staff to contribute openly.

Discussions explored what assets and opportunities there are, and how they might be better utilised/supported. In this, Six key priority areas emerged:

Staff wellbeing | **Developing strong leadership for change** |
Commissioning differently | **Supporting skills and capacity** | **Supporting people across the pathway**
| **Linking up with parallel work**

In exploring the context and thinking about what people need and how the system functions, we have been able to begin to define where the focus of this work needs to be, including the people that we need to be focussing on. Conversations with people accessing services and those working within the system have highlighted three key cohorts of people that would benefit from integrated substance use and mental health services. These are broad categories that will likely overlap.

- People with severe and enduring mental health problems that use substances
- People using substances with mild mental health issues
- People that have experienced trauma that self-medicate

The aim is to improve pathways for these cohorts of people so there can be seamless access across mental health and substance use services; and ensure that there is consideration of needs beyond health with services working together to address wider needs.

The leadership group overseeing this project provided some key principles to guide the ideas contained in this report.

Don't lose sight of people's lives
This is not just a health issue
We need the right change at the right pace
It is important to name the problem and be ambitious with the solution

Focus areas.

The aim of this report is to outline our thinking so far based on the above activity, and suggest areas for focus.

Building on what we have heard there will be two key focus areas:

Supporting people across the pathways: A focus on services and point of care delivery - this incorporates what people told us is important to them in experiencing mental health and substance use services, along with the pathway focused priorities from staff.

Creating supportive systems and conditions: A focus on system change that enables improvement and sustainability - this includes the findings from across the discovery activity and those structural challenges outlined by staff, that often exacerbate the issues noted by those with experience of services.

A good system...

Meets complex needs

Adapts and responds to changing needs

Is collaborative

Has a well functioning and supported workforce

This will help experiences with...

Access | Waiting times | Consistency of staff | Support when in crisis |
Joined up supports | Longer-term supports | Stigma and discrimination |
Environment | Communication/sign-posting

So we need to...

Support people across the pathways

- Joined up working between statutory mental health and substance use services
- Closer working between statutory and non-statutory services
- Better access to the right services at the right time
- Support in times of crisis
- Flexible and responsive services

Create supportive systems and conditions

- Develop leadership for change
- Build staff knowledge and understanding
- Support staff capacity and wellbeing
- Commission differently
- Link with parallel pieces of work



Focus areas.

Supporting people across the pathway

Joined up working between statutory mental health and substance use services

Closer working between statutory and non-statutory services

Better access to the right services at the right time

Support at times of crisis

Flexible and responsive services

Joined up working between statutory mental health and substance use services

Interviews with people with lived experience highlighted challenges in accessing substance use services when already engaged with mental health services, and vis versa. People felt they were unable to get the support they need due to having a particular diagnosis. This challenge was similarly raised by the Dundee Drugs Commission and the Listen, Learn, Change report.

It will be important to look at how mental health and substance use services can work together collaboratively to support people with co-occurring mental health and substance use needs. This is part of ensuring that services see and acknowledge the whole person and are able to adapt and respond to the needs of a person.

Work in this area could include developing **shared pathways** for people with both mental health and substance use needs and using shared records on EMIS as a way of **improving relationships and communication** between services.

Closer working between statutory and non-statutory services

The Interconnected Systems Mapping activity revealed a strong and varied ecosystem of services to support people, specifically in the third and independent sector. Interviews with third sector staff highlighted the range of different services they are connected with. There are good examples of the Wellbeing Hubs recognising the need to meet complex needs, that extend beyond mental health and substance use, and working with housing, citizens advice and money advice. However, there are still challenges in linking statutory services with these third and independent sector services.

Developing stronger connections between statutory and non-statutory services can provide the opportunity for a more collaborative system of support around people. This might be through the **development of multi-disciplinary teams** that include non-health related staff such as money advice and housing.

“

With mental health services, it's been the most frustrating when clients we meet are not seen as having a mental health issue because they're on a substance and are seen by DDARS.

“

There's a lot of distress which is not particularly amenable to medical treatment but may well be amenable to social interventions so it may be that what someone requires is a social intervention so they can speak to someone from the third sector or a wellbeing service to help them over the specific nature of the problem

Focus areas.

Supporting people across the pathway

Joined up working between statutory mental health and substance use services

Closer working between statutory and non-statutory services

Better access to the right services at the right time

Support at times of crisis

Flexible and responsive services

Better access to the right services at the right time

Through mapping out people's journeys and speaking with them about their experiences, a recurring theme was not being able to access the right type of support. A common experience is in seeking help from a service and being referred on and having to wait longer, with different gatekeepers and access requirements. Further to this, people spoke of the importance of having trauma informed services to ensure that people receive appropriate support. Likewise, gender and age appropriate services were seen as lacking, or difficult to access. Part of this is the disjointed nature of the system, people looking for help often seen services as one whole, so look for help at the nearest point, assuming that once they make contact they will get help.

It will be important to explore opportunities to develop ways to ensure that people are supported according to their needs. This is likely to include developing **trauma informed services**, **gendered services** and looking at how people **transition** between child and adult services. This can help services be more responsive to need, rather than diagnosis.

Support at times of crisis

People spoke about their challenges of getting support at a time of crisis. This notion is supported by findings from the Dundee Drugs Commission and Independent Inquiry into Mental Health Services. Long waiting lists and the need for referral to many services mean that people have to wait a long time to get any sort of help.

Working to improve access to crisis support might include **developing links with other agencies** such as education and the police, along with finding ways to **remove access barriers** at times of crisis.

I always feel ignored and told to hold off and wait, nothing is ever dealt with urgently. If I'm hurting myself something should be done not be told oh you're fine.

“

One problem that we tend to have is that many people we're supporting are already linked into the Dundee Drug and Alcohol Recovery Service so if we go to their GP about their mental health, they will say because they're with a drugs service they should get their mental health needs addressed through that service rather than a specific mental health service.

Focus areas.

Supporting people across the pathway

Joined up working between statutory mental health and substance use services

Closer working between statutory and non-statutory services

Better access to the right services at the right time

Support at times of crisis

Flexible and responsive services

Flexible and responsive services

Most sources of information highlighted the changing nature of needs, that people need different support at different times to meet their complex needs. People with experience of accessing services noted that they often found it challenging to move between services when their needs changed. A particular example of this is with methadone treatment focussing on maintenance rather than recovery. People find it challenging to come off methadone treatment and note that if they did, the services are unable to respond to the new needs that are likely to come from coming off methadone. This will involve

It is therefore important to develop flexible pathways where there dynamic needs can be met. This might include , **developing low threshold services** and opportunities to support the work already underway to **develop Wellbeing Hubs**.

Sometimes I just need help, I cant say, oh it's because of my mental health or because of withdrawal, I just need someone to be there for me and help me figure out what's going on in my life. I should not be feeling helpless when there are people and services helping me.



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Focus areas.

Creating supportive systems and conditions

Develop leadership for change

Build staff knowledge and understanding

Support staff capacity and wellbeing

Commission differently

Link with parallel pieces of work

Leadership for change

Across the system people and staff spoke about the importance of positive risk taking and enabling flexibility within services. Leadership has a role in creating supportive frameworks for this. Culture change was noted in being at the core of increasing collaboration across the system. Leadership is required for encouraging collective responsibility and promoting parity of esteem across services.

Supporting improvements in leadership could include the development of **leadership huddles** to support integration, as has been seen elsewhere in Scotland.



Leadership - Empower front line to do what is right! Be less risk averse and learn from COVID response.

Build staff knowledge and understanding

The importance of trauma informed services was highlighted by a range of sources, specifically by people with lived experience of services. There needs to be a trauma informed workforce that has access to the skills to deal with complex needs and the capacity to develop them.

Similarly, with regards to creating a collaborative system that works together, not just across health services, but across all services that support vulnerable people, staff need to be supported to understand the whole range of services in their area, to make connections and have space for shared conversations. Staff also spoke of the importance of the skills mix in addressing underlying needs.

Developing and **implementing training packages** around the role of trauma and complex needs could be a positive step in building knowledge and understanding. Similarly, **learning from Link Workers and Community Navigators** in their approaches for making connections across services can inform network building for staff.



I have attended NHS Trauma Training over the last year and if this can be rolled out and used in mental health and substance use practice that will be really positive.

Focus areas.

Creating supportive systems and conditions

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Commission differently

Link with parallel pieces of work

Supporting staff capacity and wellbeing

Staff spoke about the mental toll of their work and the prevalence of vicarious trauma through working with people. They also spoke of the high case loads that stop them being able to provide the kind of support they would like. This exacerbates many of the challenges already present in the system as they have less time to communicate, build networks and support people with a variety of issues. It also contributes to high staff turnover. They also spoke of the low morale within the workforce through highly publicised system failures within Tayside.

Working to support staff capacity and wellbeing could involve work building on the **collaboration with See Me** regarding the mental welfare of staff. There might also be opportunities to proactively **share positive stories** with the public through the press.

Commissioning differently

Both the Dundee Drugs Commission and Independent Inquiry noted that in order to meet complex needs there needed to be the right services and support available. Ensuring that authorities are commissioning the types of services people need to meet their complex needs is vital. The data summary showed changing dynamics of drug use that are not reflected in how services are delivered. This is something noted from staff interviews.

Commissioning needs to be data led in order to respond to changes in demand and behaviour. The disjointed nature of the system was highlighted through the interconnected systems mapping and input from people with lived experiences. Specifically, the lack of connection between mental health and substance use services themselves, as well as with non-health services such as citizens advice, money advice and housing. Commissioning was noted as one mechanism for addressing this.

Something like **Alliance Contracting** such as that seen in Plymouth and Edinburgh could be used to support collaboration between services and redesign the system in way that makes the best use of what is already happening in Tayside.

“ How do we take time out to develop staff/collaborative teams when everything is so busy?

“ How do we take time out to develop staff/collaborative teams when everything is so busy?

There are enough services, they need to be structured better to meet people's needs



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Commission differently

Link with parallel pieces of work

Linking with parallel pieces of work

Taking a whole system approach will be central to meeting complex needs. In this regard it will be important that any potential priorities areas for improvement are linked with other projects happening within the system. With the range of activity and change happening across the system in Tayside, people are aware that new interfaces between services are likely to emerge. It will important to link in with parallel projects to ensure opportunities for collaboration are seized upon.

Building in flexibility will require collaboration across different services. There has been lots of input about and examples of other projects underway across Tayside. Connecting to these projects will support flexibility within the system. We want to maximise and enhance efforts being made to develop Wellbeing Hubs and the CORRA funded projects. It is also about linking in with the ambition and energy that there is for change within Tayside. We want to harness the ambition to build a sustainable, model system for supporting people with mental health and substance use support needs.

“

Coming together, using everyone's knowledge to make a better service

“

If we all join up together, would probably get a better response than if each service labours away in its own silo doing what it thinks it should do.



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Next steps.

The next phase of this programme centres on developing tests of change at the system level and the pathway level. With the aim of finding new ways to support how the system works together to deliver the right services to people, along with ensuring that there is a focus on improvement at the service level, with clear and navigable pathways that can support people with both mental health and substance use needs.

The role of co-design

Central to any test of change will be a codesign group of people with lived experience. Over the next months we will be recruiting people onto this as a way of being able to have sustained and detailed input to work focussing on both system change and the pathway focus. March will see the first full meeting of this codesign group to begin discussing how to improve experiences with services.

Engagement with staff

Events held in February 2022 will explore opportunities for system change that can create conditions for redesign and sustainability. These will be open to all staff working in services that support people with mental health and substance use.

Future Governance and developing relationships

The project delivery team will be reporting into governance groups linked with Listen, Learn, Change, including the Mental Health Programme Board and the Communications and Engagement Groups. The aim of this will be to agree priorities and timescales for the next phase of work. The team will also be working with stakeholders across the system already engaged in change programmes in order to find where there are opportunities for collaboration.

Appendix.

Defining the Future – input from participants to virtual whiteboard

Breakout rooms were used to focus on each of the high level 'what a good system looks like' themes, with participants asked to contribute ideas around. The comments noted below are taken directly from the inputs provided.

Meeting Complex Needs	
Assets and Opportunities	Areas for Development
<ul style="list-style-type: none">• Dedicated and caring workforce• Awareness of the complexity of people's lives	<ul style="list-style-type: none">• Gendered services• Age-appropriate services• Seeing the person and not the diagnosis• Trauma informed services• The role of stigma

What will we build on?

Seeing the person and not the diagnosis - Drug Commission Kindness Compassion Hope - continue to keep this real for everyone accessing services

More involvement with frontline staff listening to their experiences

lived experience embedded at all levels of decision making

Build on the Aspen service and what works for women

Psychologist based within women's aid - works with women with complex needs - very flexible service - good evaluations

Making progress in addressing stigma - spent 5yrs working on Recovery Friendly Dundee to respond to substance use stigma - done some tests of change around training, ambassadors, pledge scheme - but not had the full impact yet

Learning from COVID - early prisoner release, challenges around planning previously due to lack of information about circumstances. During COVID - this was made to work, lots of info and MDT conversations. Same with homelessness

Non-Fatal Overdose (NFO) - cluster of 8 over a weekend, in a particular area. Review drug deaths and see patterns but often far after the fact. Want to try and intervene earlier. Data sharing - positive steps can't say x or y to another agency. Multi-disciplinary Teams (MDTs) brought together to look at NFOs - what happened before and what the follow up was. Looked at how long it took for someone to speak f2f with someone. Ambulance data shared each week - shortest time. Longest was 30days. Looked at duty to share information. 6 week test of change around data sharing. Lots of NFO came through police, so missed a lot. Cases reviewed, ask about services and find out who knows them.

COVID was freedom from negative scrutiny, that enabled safe collaboration

Appendix.

What will we build on?

Look at FORT system that is currently used for Children & Families services , that assist with referrals going to the best fit support organisation

Care program approach - multi-agency approach (good to use more) + of the Care Programme Approach it offers a single point of contact

Good practice tools / models to be considered along with Care Programme Approach include Triangle of Care & Health Passports

Extend Care programme approach to other groups being able to initiate, whether its clinicians, statutory or third sector

Good practice tools / models to be considered along with Care Programme Approach include Triangle of Care & Health Passports

Public Health England Mapping is a good example of strengths based assessment and interventions, across biopsychosocial domains, that has an engaging format, and can be used by any agency

What is missing?

Services for young people with complex needs - challenges for those transitioning into adult services

Transition points are variable depending on the persons journey and lots of things can impact on how seamlessly that happens

Services for younger people aged 16 – 21

Gendered services for men who have experienced trauma though sexual exploitation and abuse

Improved and shared awareness of each other's roles to ensure the person is given the same direction and support no matter which service they reach out to

How services will change as part of the transition

We have lots of data on the complexity of need but it is difficult to share and manage it across different systems for practitioners to use it effectively.

Consistent recording of information about the person

Lead coordinator/professional - Care coordination

Appendix.

What is missing (cont.)?

Prevention and breaking inter-generational cycles of vulnerability should be part of this

We also need to address the underlying drivers to many of the intersecting needs that arise

Services are stigmatised too - people don't really want to engage - outreach and drop ins can support this

.

Raised awareness but still work to do across service design

.

People can be worried about engaging with stat services - can't be honest as they are worried about what the consequences might be

Whole family approach. Mental health & substance use has impact on all aspects of a family

Feelings of being passed between services whilst the participant is waiting for support.

The high volume of referrals and complexity of clients leads to a high turnover of staffing within the teams. It feels like constant firefighting and as a result the 'recovery journey' sometimes gets lost.

People can take so long to get to the right service/support that they deteriorate or recovery can be more of an uphill struggle. The bar is set so high for services, and services are s overwhelmed. I don't know how we turn that tank around.

There is a disconnect between substance use and mental wellbeing support for an individual. How do we connect both sides of the equation for the benefit of the individual - patient centric

How will we make this happen?

Improved data sharing with all agencies to improve the person's journey

Connected compassionate collaboration

Holistic health assessments

Trauma work one to one or in groups, gendered specific

Reduce staff caseloads

Increase staff knowledge of violence against women issues

Case loads too big to meet complex needs - you need to work differently

Appendix.

How will we make this happen (cont.)?

Need to stop using information sharing as a barrier

Need more 24/7 access to crisis services

Level of engagement not so good - lots of phonecalls, too many people - not good for building trust

Early intervention

Need to have an awareness of services available and their roles. This might help services work together, rather than competing with each other.

Trigger for use - requires consultant referral. Can this referral be initiated by clinicians going forward?

What are the next steps?

Workforce development - Staff need space to learn

Joined up working with mental health services

Risk quantification for caseloads

Dundee Drug and Alcohol Recovery Service (DDARS), criminal justice, positive steps, hillcrest, health, women's aid - daily NFO huddle

Engage with services that people are already engaged with

Lower threshold criteria for support.

Appendix.

Defining the Future – input from participants to virtual whiteboard

Breakout rooms were used to focus on each of the high level 'what a good system looks like' themes, with participants asked to contribute ideas around. The comments noted below are taken directly from the inputs provided.

Adapting and Responding	
Assets and Opportunities	Areas for Development
<ul style="list-style-type: none">• Strong understanding of the need for change• Appetite for change	<ul style="list-style-type: none">• Using data to inform services• Using service level information (including feedback and complaints) to learn and improve services

What will we build on?

Third sector doing good things around keeping in touch with people - what can we learn from that

Build on the multi agency huddle as described by K Melville pharmacy- NFO group

Case load management - traffic light system - level of intensity of support - similar to tiered approach in Children and Adolescent Mental Health Services (CAHMS)

Would have to say CAMHS service under intense pressure and ability to respond to needs may not be ideal example just now-across the country!

Build on compassion & kindness that we saw at the beginning of the pandemic. Let's not lose that!!

Covid showed collaboration can be done, but that is pulling back now

Embrace skill mix and value third sector partners to address the needs of people for better mental health - When can we really embrace skill mix and value third sector partners to address the needs of people for better mental health

What is missing?

Multi agency teams in localities incl. social work, police, nurses etc - make it more person centred

Understand people's long term motivations - Need to match service to where people are at in their experience

Do all roads lead to DDARS? If you need Opioid Replacement Therapy (ORT), then perhaps yes, BUT there needs to be more than that. What happens when they are stabilised on ORT? Also - DDARS might say no to ORT but there needs to be good explanation of reasons for this

How does the system/processes restrict how we respond to service users, families and carers?

GDPR being used as a barrier. The information that is being shared will depend on who you are speaking to within that service.

Appendix.

How will we make this happen?

Quantify the individual clients risk factors - use the data to plan care across agencies.

Ongoing assessments

Take service (MDT) to where people are

Project to develop analytical approach to NFO reviews to inform future services

Streamlining processes rather than having to duplicate lots of information.

Third sector being seen as equal partners

Respect different roles in the range of agencies involved.

Mutual respect for all input Statutory and third sector

What are the next steps?

Information for service users - What can the service do for them, what will happen etc

Clear roles and responsibilities for staff/services - Lots of pass ons/backs

Think we do need some real honesty about resourcing and prioritisation around mental health and substance use-there is a lot of lip service to saying these are amongst highest priorities for population health but the £££ don't match that rhetoric!

Entry criteria! - Need to unpick this

How do we ensure that we can capture people's actual need, which may change and provide the right approach for the person at that time

Can have good and honest discussions about expectations from services

Good Commissioning - vital to co-ordinate we

Coordinating the third sector supports? What is the role for commissioning?

Systems thinking and taking account of different worldviews to support the understanding of what is required

Appendix.

Defining the Future – input from participants to virtual whiteboard

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A Collaborative System	
Assets and Opportunities	Areas for Development
<ul style="list-style-type: none">• A wide range of support services• A strong mix of statutory and independent services• Well developed peer support networks	<ul style="list-style-type: none">• Parity of third sector services• Joint working• Communication between staff and services• Clarity over roles and responsibilities• Collective responsibility• Flexible pathways

What will we build on?

Learning from COVID - much more information sharing around people needing support and what sort of support they might want - even informal stuff

Angus - multi-disciplinary service - communications between services

Andy's Man Club - peer support is huge - more natural support networks, not about 'accessing' services. It's shared experiences.

Peer support- how to join up what already exists, and grow what is needed

Hidden Harm group - meeting lots through COVID (education, health and social work) - cross referenced children and used a traffic light system

Examples in Dundee of integrated working in the alcohol pathway that involve a multidisciplinary and multiagency (third sector, statutory and peer support) with good flow and capacity management

In-patients - are bringing in a new multi-disciplinary approach

The exemplar of collaboration is Distress Brief Intervention (DBI) and I think this should be the ethos to be adopted in many more areas. So simple yet so effective

Appendix.

What is missing?

Remember that staff and services are at capacity. Don't want anyone to feel they are not trying or working hard!

Getting support from the highest levels, and support to understand what was needed - currently there is a fear that we might not be supported

The significance of understanding what the day to day reality is for people who are struggling with poverty/ drug or alcohol use/ mental health- peer support is vital for this

Need to remember how far we have come in terms of stigma, in terms of access and inclusion- we need to champion the focus on people as humans, not as a deficit model of people seeking support with their problems in mental health/ substance use

How to grow the community involvement/understanding of what is available, to support friends/ family and share what is happening across Dundee (and Tayside)

Getting support from the highest levels, and support to understand what was needed - currently there is a fear that we might not be supported

Locality based working including mental health and DDARS with clarity over roles

Person centred rather than service led

Culture of continuous improvement

Co-location of services - Keeping them staffed and ensuring availability of services

How will we make this happen?

Redraw the lines of what the system/ the care and health services are- so can include third sector, peer support, the community, pharmacy etc

Need to move away from rigid diagnosis - medical support is just one part of it, there needs to be more to ensure sustained recovery, which needs to be tailored and unique skill mix to address patient need - multi-disciplinary network

Peer support networks

Peer/lived experience involvement - supports trusting relationships

Involvement of people with lived/living experience, families and carers in decision making, support for others, people involved gives richer understanding of what it feels like

Appendix.

How will we make this happen (cont.)?

Well supported opportunities for either peer volunteers / employees brings a richness to any organisation. Vital that the right support is in place to make sure people in recovery do not relapse

Equal the playing the field - collective leadership along with the third sector

Leadership - Empower front line to do what is right! Be less risk averse - Learn from COVID response - Right people in the right positions - Able to have confidence and trust

Need to adapt to changing needs (From a policy context)

Keep people with lived experience involved throughout design and delivery of services

Create a culture of continuous improvement Mechanisms in place to capture service user needs - right info at the right time - Take time to understand the root cause first!

Better joint commissioning approaches

We will make this happen by "grown up" conversations taking our own emotions from the discussions but almost looking at this from above and moving service provisions in the same direction

Again information sharing is failing progress and this needs to be improved upon. I know this has been talked about for years and now is the time for action for the better of the people in our communities

Integrated strategic plans

Longer funding periods - 12 months is not enough!

Big issue with recruitment and retention

What are the next steps?

Understanding immediate risks - creating a sense of urgency

Be brave in calling out when we are unable to meet someone's needs - explore how we can improve this

Celebrating successes - building shared culture

Looking at job roles differently

Quick tests of change - Do it quick, learn and go!

Appendix.

What are the next steps (cont.)?

Embed Lived Experience in strategic groups, commissioning etc

Shared conversations, action being taken

Sharing challenges and working on solutions - Take the emotion out of it

Sharing of good practice - Learning from 3rd sector - Why do people favor services over different services

Next steps; None of us can forget this is all about the person in crisis and communication is vital

Next steps; Turn talk into actions

Collaboration at a strategic level

We have done this type of work before - We need action on the known issues!

Appendix.

Defining the Future – input from participants to virtual whiteboard

Breakout rooms were used to focus on each of the high level 'what a good system looks like' themes, with participants asked to contribute ideas around. The comments noted below are taken directly from the inputs provided.

Workforce and Capacity	
Assets and Opportunities	Areas for Development
<ul style="list-style-type: none">• Staff willingness to develop new skills• Resilient workforce	<ul style="list-style-type: none">• Staffing levels• Ongoing development• Wellbeing support• Empowerment

What will we build on?

Using learning from Covid- need the folk who can get decisions taken and have them involved and able to decide

NHS Statutory services staffing are imbalanced in favour of inpatient services. Living Life Well will address that and rebalance services into the community.

Teams training is more accessible than ever.

Continue to use virtual training to upskill all levels of supporting staff

Living life well strategy - recognising the imbalance in statutory services staffing, Working to rebalance acute/community workforce

What is missing?

Need to work with services and staff to create some space - firefighting isn't progress - frustrating for everyone

Are we driven by the constraints of the services? Or the needs of the people?

Vicarious trauma - need to support staff and recognise the very challenging role they are working in

How can we move from where we are to the leadership we need? What can we invest in to make the change happen

Staff need to be supported - Doing great work in difficult circumstances - Make staff feel valued across the city

Comms not supportive by definition for staff working in the system across Tayside - so Dundee Drugs Commission and Independent Inquiry felt like another blow for an already challenged service

Appendix.

What is missing?

Financial structures present barriers to supporting staff movement around the service

IT systems are needed to support sharing information between agencies - GDPR and Consent can be a challenge to sharing between sectors

Training sessions eg learning on how to support people with EUPD can be beneficial to ensuring the right support at the right time

Accessibility to training - whole Multi-agency team

Part timeness of the work force has a huge impact on service delivery - understanding this is essential

How can we be innovative in skill mix in the design of service delivery

Skill mix needs to be right to address both collaborative system and workforce planning

When we make a referral to a service that then says the person doesn't meet the criteria, how do the original referrer maintain their wellbeing if they felt they didn't have the knowledge/expertise in the first instance

How will we make this happen?

Make sure we are doing the fundamentals right not just always looking for a new magic bullet. Tests of change can help us find new ways of working, but need a stable base of established, high quality interventions to build on

Rapid testing of new ways of working would be useful - as long as it is collaborative and solution focussed

'Impact' needs to be measured across the whole system

Skill mix is important

Leadership culture- having people's backs, feeling supported

Valuing our workforce- how do people in Dundee value the services around?

Staff need to be supported - Doing great work in difficult circumstances - Make staff feel valued across the city

Public Health approach - same as smoking cessation for example

Appendix.

How will we make this happen (cont.)?

Public Health approach - same as smoking cessation for example

Carers and support workers need to be more invested in. To identify triggers for MHSU. Avoid escalation to crisis

Simulation is a good way to support development of team trust in multi-disciplinary working

How do we take time out to develop staff/collaborative teams when everything is so busy?

Leadership decisions to support development

What are the next steps?

Stop overthinking things - too much planning and strategy to develop complex services to simple problems

Support for staff to be person centred and be reflective on their practice

Need to make sure that there is full access to all training for staff and space given to attend. Provide good opportunities for career advancement and fund external training to maintain that.

Staff have to be kept well informed and encouraged to take ownership of the changes. Rather than have changes imposed on them.

Can we articulate the additional tasks that staff are taking on to keep service users safe? Can we articulate the volume of extra hours that are routinely undertaken to keep service users safe?