

# Healthcare Improvement Scotland - Mental Health Reform Webinar:

Looking back, looking forward – renewal and reforming of  
Mental Health services in Scotland

Thursday 1<sup>st</sup> May 2025

# Agenda for Today

Title	Time	Presenter
Welcome and housekeeping	11:00 – 11:05	Ashley Hose, HIS
Looking back, looking forward	11:05 – 11:10	Rachel King, HIS
Future reform and renewal in mental health	11:10 – 11:35	Diana Hekerem, HIS Gavin Gray, Scottish Government
Reflections and Q&A	11:35 – 11:50	Rachel King, HIS Jane Cheeseman, NHS Lothian Suzy Clark NHS Greater Glasgow and Clyde
Updates from: Early Intervention in Psychosis, NHS Tayside Updates from: Early Intervention in Psychosis, NHS Dumfries & Galloway Updates from: Personality Disorder Improvement Programme, NHS Dumfries & Galloway	11:50 – 12:25	Donna Petrie and Annita Tasker Katie Whyte and David Ruddick Esther McKenzie
Polls and Reflections	12:25 – 12:40	Rachel King, HIS Jane Cheeseman, NHS Lothian Suzy Clark NHS Greater Glasgow and Clyde
Final Q&A session	12:40 – 12:55	Rachel King, HIS
Next steps and close	12:55 – 13:00	Rachel King, HIS

# Looking back, looking forward

## Rachel King

Unit Lead – Transformational Change in Mental Health  
Community Engagement and Transformational Change  
Healthcare Improvement Scotland

# Reform 24/25

## Early Intervention in Psychosis

NHS Tayside

NHS Dumfries & Galloway

NHS Ayrshire & Arran

## Personality Disorder

NHS Dumfries & Galloway

HSCP West Lothian

## Delayed Discharge

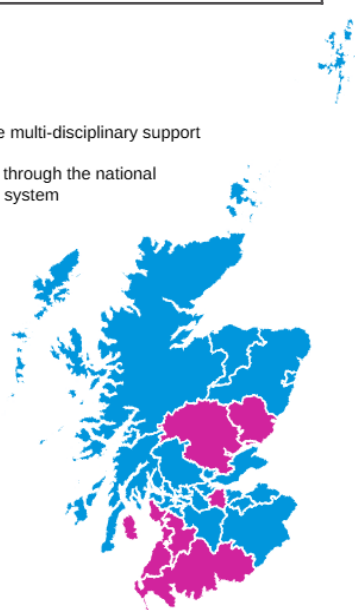
NHS Ayrshire & Arran

NHS Grampian

### Early Intervention in Psychosis and Personality Disorder

Key:

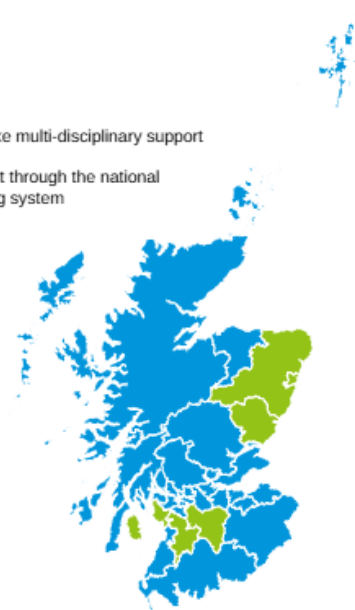
- Bespoke multi-disciplinary support
- Support through the national learning system



### Delayed Discharge

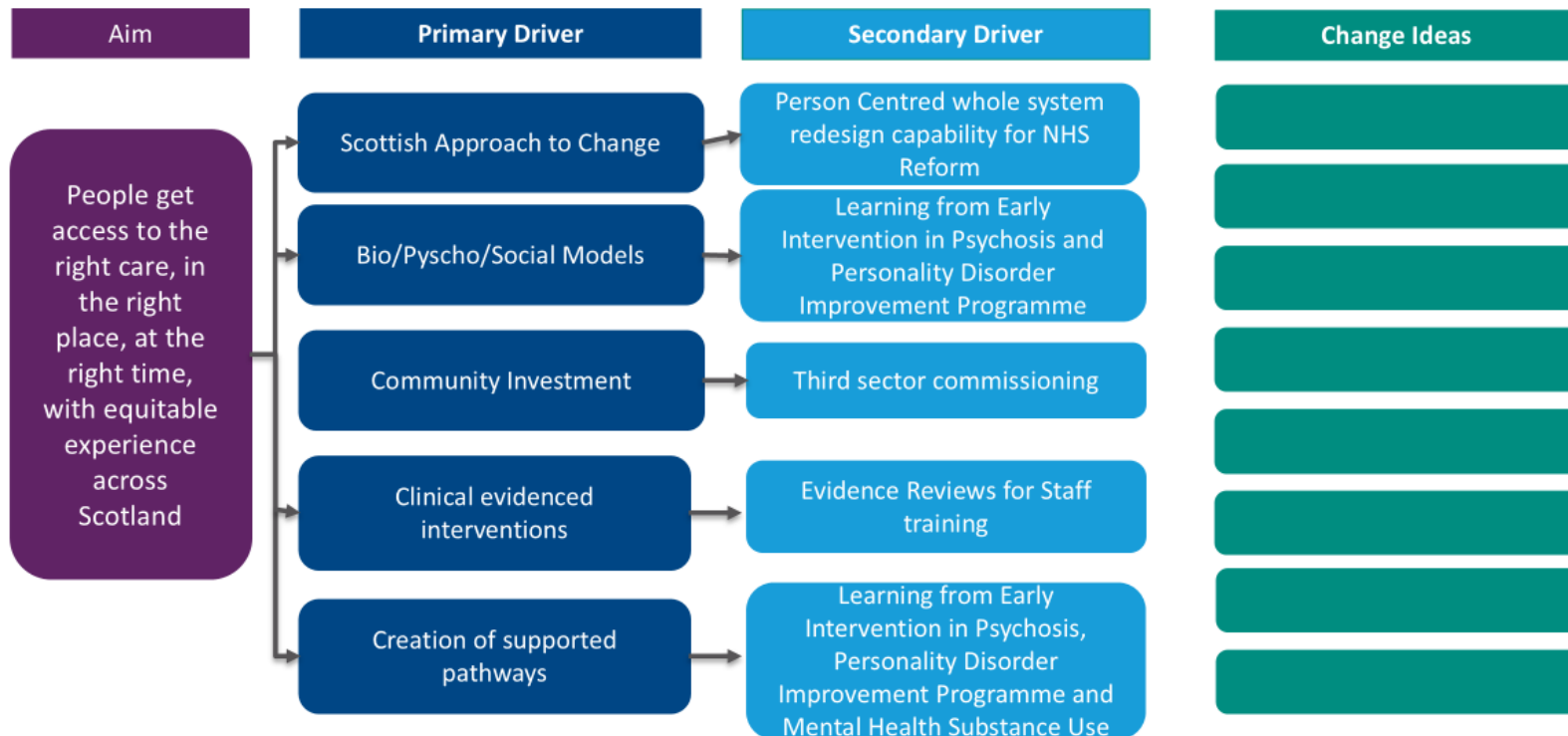
Key:

- Bespoke multi-disciplinary support
- Support through the national learning system



# Reform 25/26

## Improving pathways of care for people with complex mental health



# Future reform and renewal in mental health

## **Gavin Gray**

Deputy Director – Improving Mental Health Services  
Scottish Government

## **Diana Hekerem**

Associate Director – Transformational Change  
Community Engagement and Transformational Change  
Healthcare Improvement Scotland

# Developing the Service Renewal Framework (SRF)

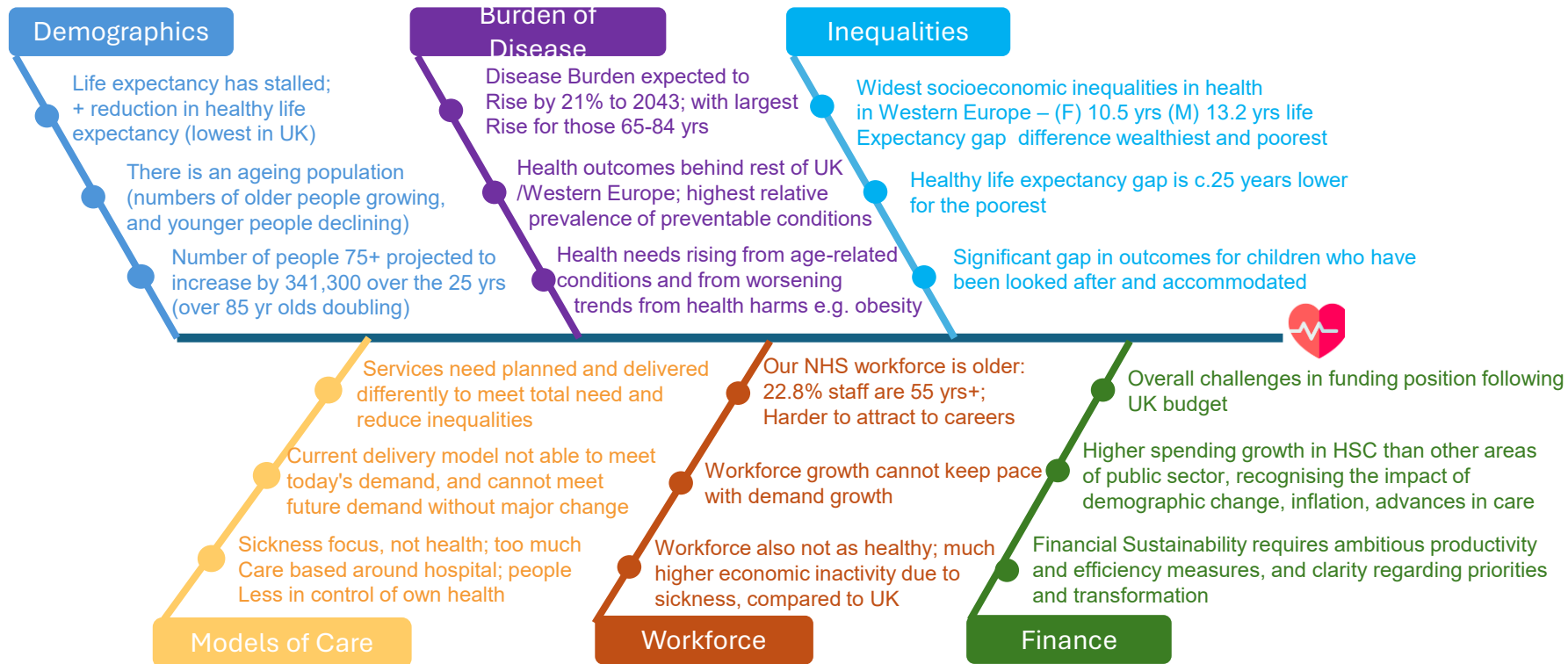
On the 27th of January - a suite of 3 Health and Social Care publications was announced, relating to the vision for health and social care. The Operational Improvement Plan (published 31st March), the Population Health Framework will be published late May; and this SRF will be published late June (likely between 21st-24th)

## **The Purpose of the SRF:**

- To be the high-level strategic policy intent for HSC Services
  - Will set the scene for and begin to introduce the major changes that will lead to the future state of health and social care in Scotland, setting out early priority areas of change, and direction of travel for the medium to long term ( 3, 5 and 10 years)
  - Provide absolute clarity to delivery partners, stakeholders and importantly the general public on how we will best deliver the ambition and scale of the reform needed.
- 
- Publication of the framework is the starting point, not the end point – as then the implementation planning and delivery phase will commence across many levels of HSC systems in Scotland



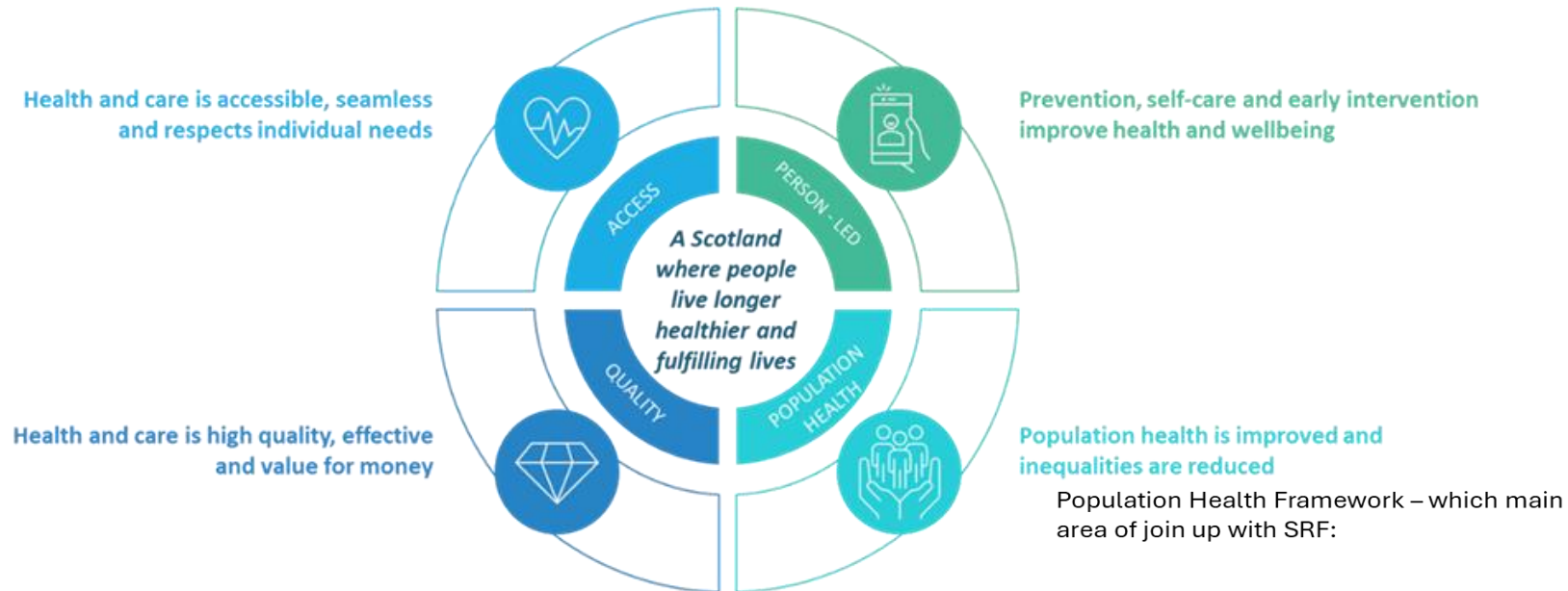
**Scottish Government**  
Riaghaltas na h-Alba



We have the worst health in UK, and in many cases the rest of Western Europe. There is further decline forecast, including widening inequality. Our health and care system cannot meet current and certainly not future demand; our care system is also increasing unaffordable and out of balance.



# A Scotland where people live longer, healthier and fulfilling lives



**Scottish Government**  
Riaghaltas na h-Alba

# 'Renewal Design and Delivery Principles' have been created

A focus on long term wellbeing; increasing prevention and early intervention to reduce burden of disease. Citizens, communities and services preventing more together

**(Prevention First – rather than current Sickness first)**

The model of hospital and highly complex services will be a network planned around total population need; focusing on better, safer care that is also more efficient and results in shorter waiting times

**(Population First – rather than structural boundaries)**

More services will be moved from hospital delivery to community delivery – and hospitals will focus on the most acute and complex procedures or levels of care

**(Community First – rather than hospital focused model)**

Citizens will be more in charge of their own health and wellbeing as we support self-care. Services will be equitable, not always equal (i.e. proportionate to need). Pathways of care will be designed around people, rather than the person having to fit around many different teams and systems

**(People first – rather than the 'system' or 'services')**

Our transformation and business as usual delivery are maximised by digital and technological innovation - to support services to work and achieve better

**(Digital First – rather than systems that cannot support services to be their best)**

❖ These principles are part of our logic view - We will use them to:

1. Guide design and planning of services, nationally and locally
2. Guide all our prioritisation and resourcing decisions
3. Build and use a new suite of system wide performance measures

# The Framework

- ❑ Using the principles – and considering the vital components we need to renew for the medium –longer term
- ❑ We propose that we have 4 major change areas, and 2 major enabler shifts required – and this is where years 1-3 actions should commence

1. Redefining Our Hospital Model of Care (& highly complex services)
2. Our future model of care of 'acute' medical care needs will work across three care settings - home, community and hospital
3. Strengthening & enhancing capacity in Primary Care & Community Health incl core General Practice (including GMS), the MDT & Community Pharmacy
4. Citizens more in charge and the growth of self-care

## A . Prioritisation of Resources Use

A clear methodology for ensuring that our existing resources, workforce, infrastructure and finance can be deployed in line with the principles, alongside reform and improvement that increases the efficiency, & effectiveness and our services and creates headroom for additional investment

## B. Systems Performance Measures

A clear methodology for monitoring activity, performance and outcomes at all levels of our system so that we can identify and address variation and be clear that our plans are delivering.

- ❑ Digital First – all of the above need maximised by digital and technological BAU and new innovations – and as such are a 'given' as being priorities for resourcing and within the 4 major change areas
- ❑ Prevention First – again, must also be maximised across the major change areas, in prioritisation of resources and be part of our performance suits to measure improvements in health and our impact on reducing health inequalities
- ❑ From actions 1-4 – there will be refined pathways of care – and they will be created as part of the collective work
- ❑ Staff and Teams are the heartbeat of our services and the changes and opportunities from the changes will be a core and vital element of the planning and delivery of this renewal

# Next Steps

## **April 2025**

- Sprint 2 - Drafting of Framework with input from key partners

## **May / June 2025**

- Draft of SRF – 16 May
- Publication of Service Renewal Framework (21-24 June 2025)

## **June+**

- Implementation planning phase, detailing 'How, By When and Who'

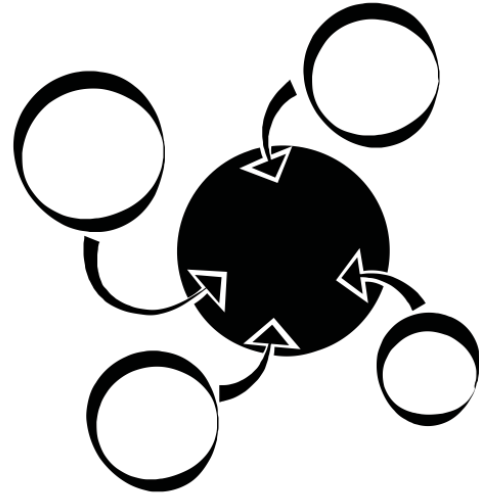
# Delivery Plan – Refresh

- Working through timings with Ministers and COSLA, but likely to be **early 2026**.
- Initial exercise underway to **prioritise our existing commitments** – which to keep, which to pause, and where we could introduce new commitments or go further on existing ones. SG context of path to balance and internal workforce reduction.
- Mandate from the Leadership Board, including a set of principles for this refresh:
  1. Future refreshes of the Delivery Plan and Workforce Action Plan should be closer aligned.
  2. There should be more alignment with cross-portfolio work,
  3. There should be fewer commitments, with a focus on quality rather than quantity. The focus should be on actions which will deliver the greatest impact.
  4. Any actions included in the next Delivery Plan should, as far as possible, contain a clear timescale given for delivery, and a clear description of what the outputs will be.
  5. A set of consistent criteria should be used to inform decisions on prioritisation. These include an assessment of impact, deliverability, sustainability, affordability, and equalities and human rights.
  6. Consultation with stakeholders should be proportionate, including using the networks available through the Executive Group and Leadership Board.

# A system under pressure



Created by Titik Kornia Sari  
from Noun Project



Created by Mileha Soneji  
from Noun Project

# With no easy solutions



# Learning from Early Intervention in Psychosis & Personality Disorder

A NICE concordant EIP service is able to offer and deliver the below NICE recommended treatments. To meet the new standard, at least 50% of people must commence treatment with a NICE recommended care package within 14 days of referral.



ime4recovery.com



Engagement with service 100%

Referral to treatment time median is 4 days

Only 4 readmissions

Reduction in duration of untreated psychosis

60% of people previously using substances have stopped

Assertive outreach methods identified a significant suicide attempt

52% of people back in employment, education or volunteering

Supported 3 people who were homeless into accommodation



# Learning from people



Adam in his late 40s, originally from Glasgow and has a diagnosis with schizophrenia. He has a sister who visits on a regular basis. Adam wishes to live in Glasgow

## Glasgow

## Ayrshire and Arran

## Glasgow

Adam spent most of the past 20 years in hospital, with a diagnosis of schizophrenia under a **Community Compulsion Order**, including nine years at the Leverdale rehabilitation unit in Glasgow.



- ✗ Ongoing challenges finding a suitable accommodation for Adam as care providers refused to offer due to his behavioral challenges, including self-sabotage.

2020 Oct

Admitted to a psychiatric ward in GG&C



- ✗ Possibly no discussion between the family and RMO in GG&C prior to agreeing the placement.

2022 March

Transferred to Ayrshire



- ✗ Placement found at Arran View Care Home

- ✗ Placement breakdown at Arran View Care Home

"I'm close to my sister—she lives in Milngavie. But since I got sent to Ayrshire, I hardly see my family anymore cause it's such a hassle for them to travel all the way here".

2022 Nov

Admitted as a boarder to Ward 9, Woodland View hospital



- ✗ Local General Adult Services were told the admission would be short-term, lasting a few weeks until alternative accommodation was found.

"I just stayed in the ward, but all I wanted was to get back to Glasgow."

- ✓ Social work contacted GG&C RMO asking to transfer Adam to Glasgow in patient unit

"Adam was placed in Ayrshire because no suitable placements were available in Glasgow despite his wishes. Since he no longer had a Glasgow address, we didn't consider him part of our catchment area". - RMO

- ✗ After the RMO refused Adam's return, Ayrshire and Arran managers were informed, but no further

"I tried going on pass, and while on pass in Glasgow I ended up sleeping outside Gartnavel hospital because I did not want to return".

- ✗ During his admission, Adam twice missed his return from an unescorted pass

- ✗ Spent 11 month in an acute general adult ward with no acute mental illness

- ✗ Involved community contacts: CPN x3, Consultant x12, ICPNT x6 and MDT meeting x2

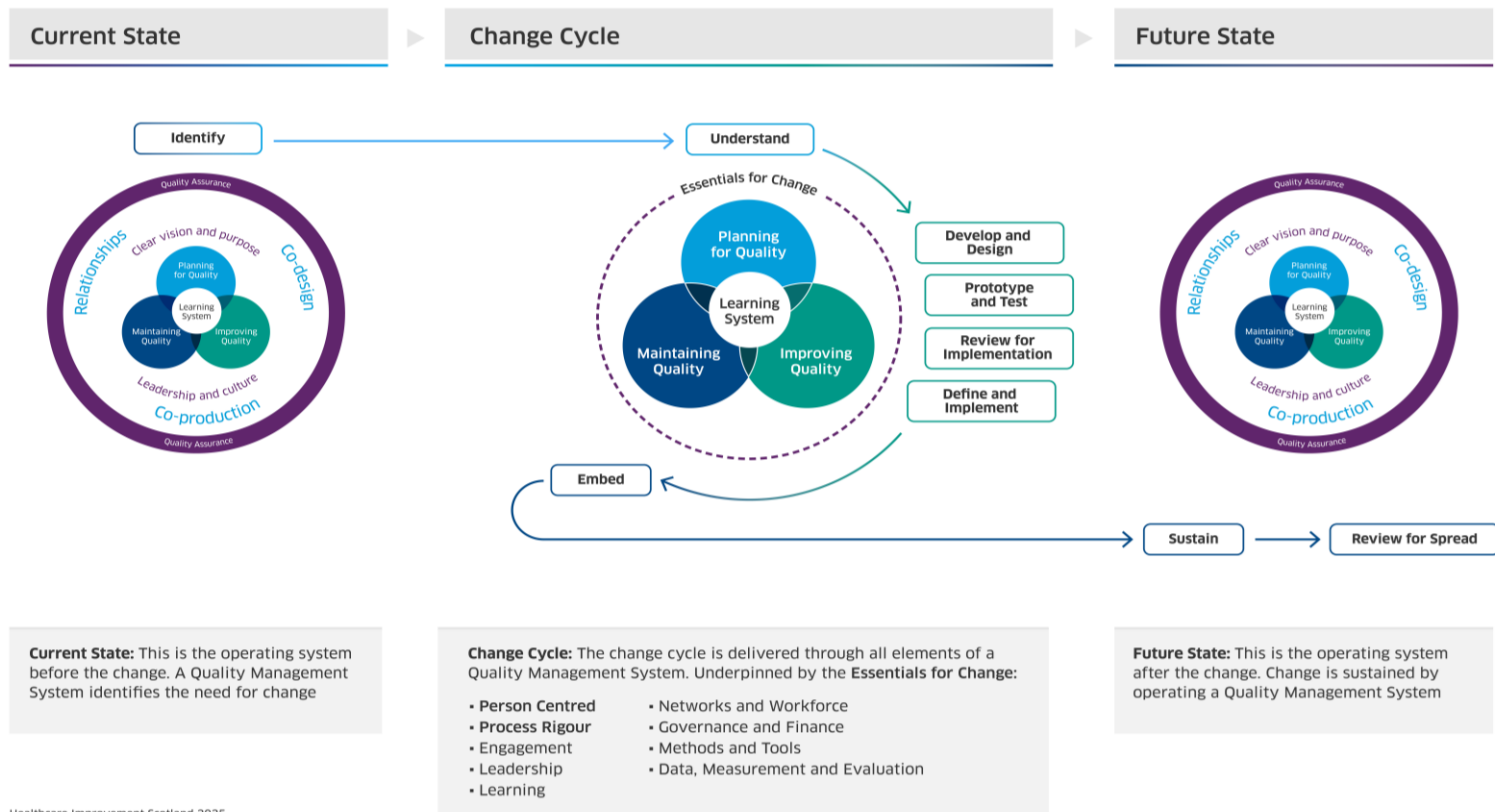
2024 Oct

Discharged to supported accommodation



- Who organized the discharge? What worked well here?

# Learning about change



# How can we help



# Reflections and Q&A

**Dr Jane Cheeseman**

Clinical Lead and Consultant Clinical Psychiatrist  
NHS Lothian

**Dr Suzy Clark**

Clinical Lead and Consultant Clinical Psychologist  
NHS Greater Glasgow and Clyde

**Diana Hekerem**

Associate Director – Transformational Change  
Community Engagement and Transformational Change  
Healthcare Improvement Scotland

**Gavin Gray**

Deputy Director – Improving Mental Health Services  
Scottish Government

# Early Intervention in Psychosis: NHS Tayside

## **Donna Petrie**

Team Lead – Early Intervention for Psychosis service

NHS Tayside

## **Dr Annita Tasker**

Consultant Clinical Psychologist – Early Intervention for Psychosis service

NHS Tayside

Connect  
Early Intervention in Psychosis  
Service  
Dundee, Tayside

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Donna Petrie, Team Lead  
Dr Annita Tasker, Clinical Psychologist

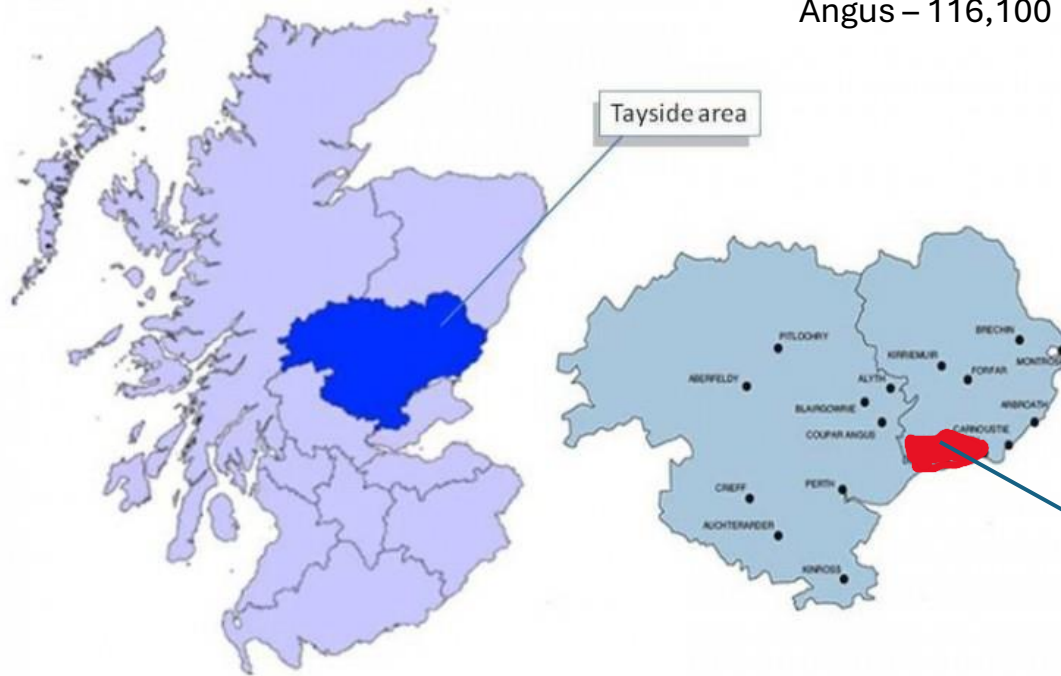


# Population

Dundee – 141,930

Perth and Kinross – 153,800

Angus – 116,100



Hub model currently operating in Dundee



# Hub Model Staffing

- 1.0 Team Leader/RMN
- 1.8 Senior Mental Health Nurse/Key worker
- 1.0 Specialist Occupational Therapist/Key worker
- 0.6 Clinical Psychologist
- 1.0 Health Care Support Worker
- 0.4 Peer Support Worker
- 1.0 Secretary/Administrative Support
- 3 hours per week ST6 Psychiatrist

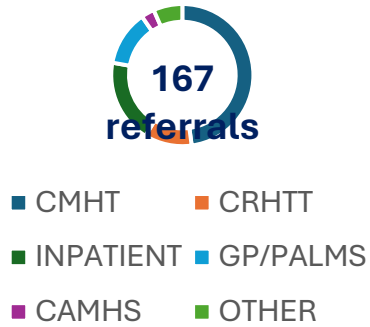




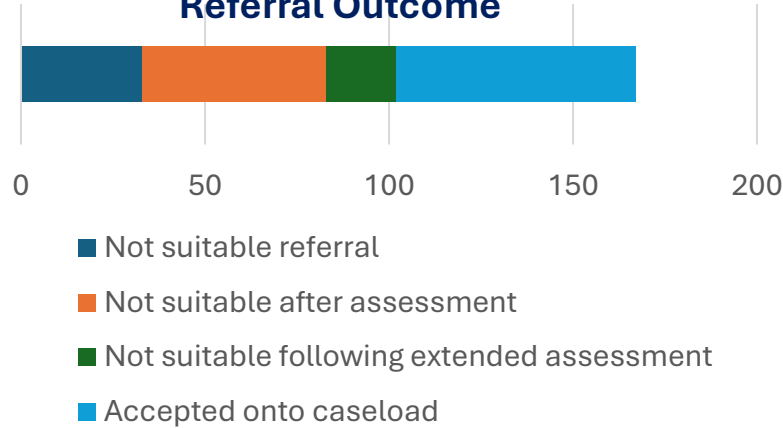
# Caseload Information

(until end March '25)

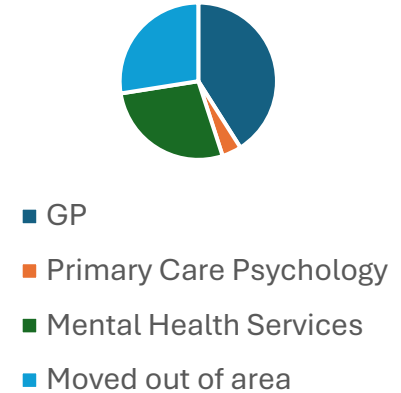
## Referral Source



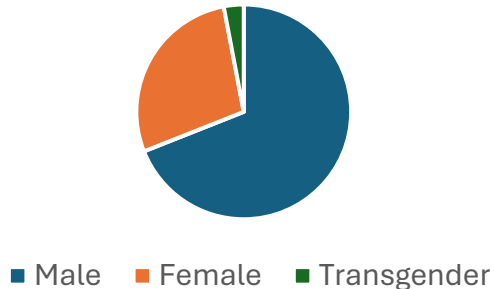
## Referral Outcome



## Discharge Destination

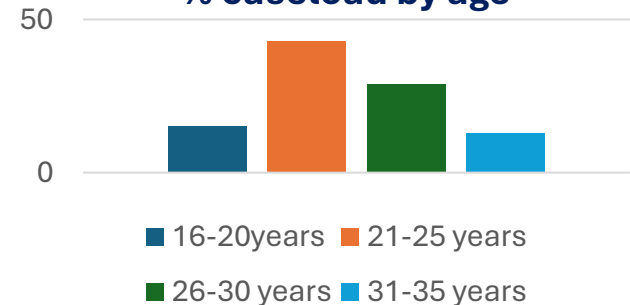


## Gender



**Current  
caseload = 31**

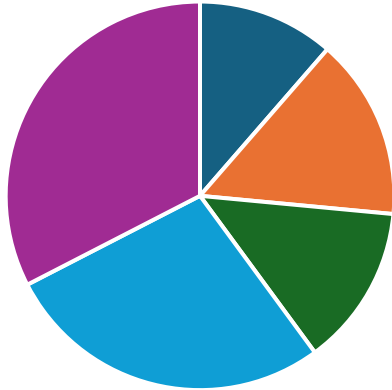
## % caseload by age



# Deprivation Data for Dundee and caseload

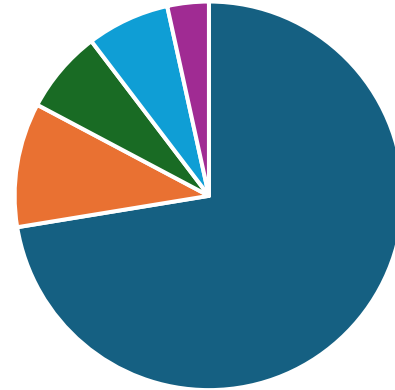
11.4% of Dundee population live in most deprived areas compared to 72% of our caseload who live in the most deprived areas

Dundee Population



■ 1st Quintile ■ 2nd Quintile ■ 3rd Quintile  
■ 4th Quintile ■ 5th Quintile

Caseload



■ 1st Quintile ■ 2nd Quintile ■ 3rd Quintile  
■ 4th Quintile ■ 5th Quintile

# Service Impact

Referral to treatment time (RTT) - 98% within 14 days, 82% within 7 days

Duration of untreated psychosis median is < 3 weeks

Potential bed saving cost £535,148

Readmission rate - Connect EIP < 23% & NHST 5-year average 47%

< 5% on compulsory treatment


Monthly engagement 100%, < 3% discharged due to non-engagement

88% families engaged with care planning from the outset

60% of people in work, education, volunteering from 6 months+

# Feedback

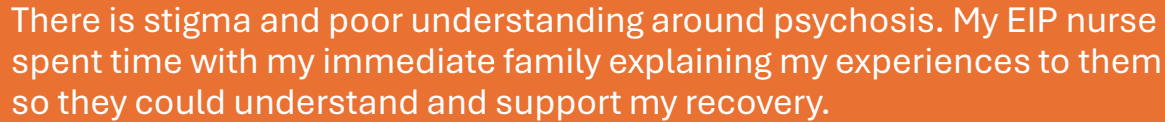
I never expected one of my children to have a serious psychotic illness. The staff very much worked with us as a family, providing reassurance and support. Almost five months on due to the intense, regular input he has had he is reclaiming his life. He has been supported to make more positive social networks, is back at work, and has been supported to break a 10-year cannabis habit (parent feedback on Care Opinion)



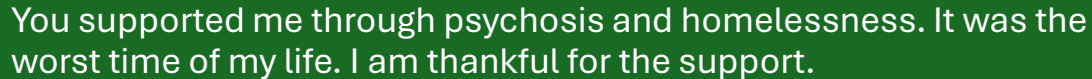
My time in hospital was scary. Connect EIP staff have always treated me as a person and held hope for me until I could for myself. Looking at my journey prior to EIP, I want to tell people, ask for help. With the right support you can recover from psychosis (service user on discharge from the 2 year support, also see patient journey map).

# Feedback

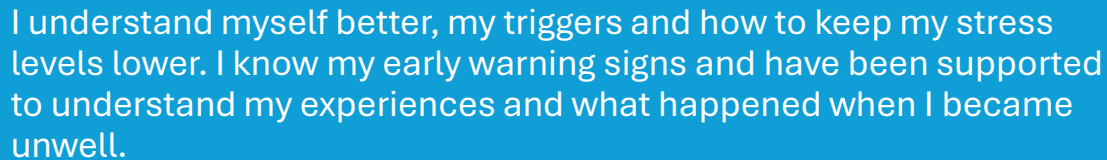
There is stigma and poor understanding around psychosis. My EIP nurse spent time with my immediate family explaining my experiences to them so they could understand and support my recovery.

An orange rounded rectangular box containing the first feedback statement. A light pink arrow points downwards from the bottom right corner of this box towards the green box below.

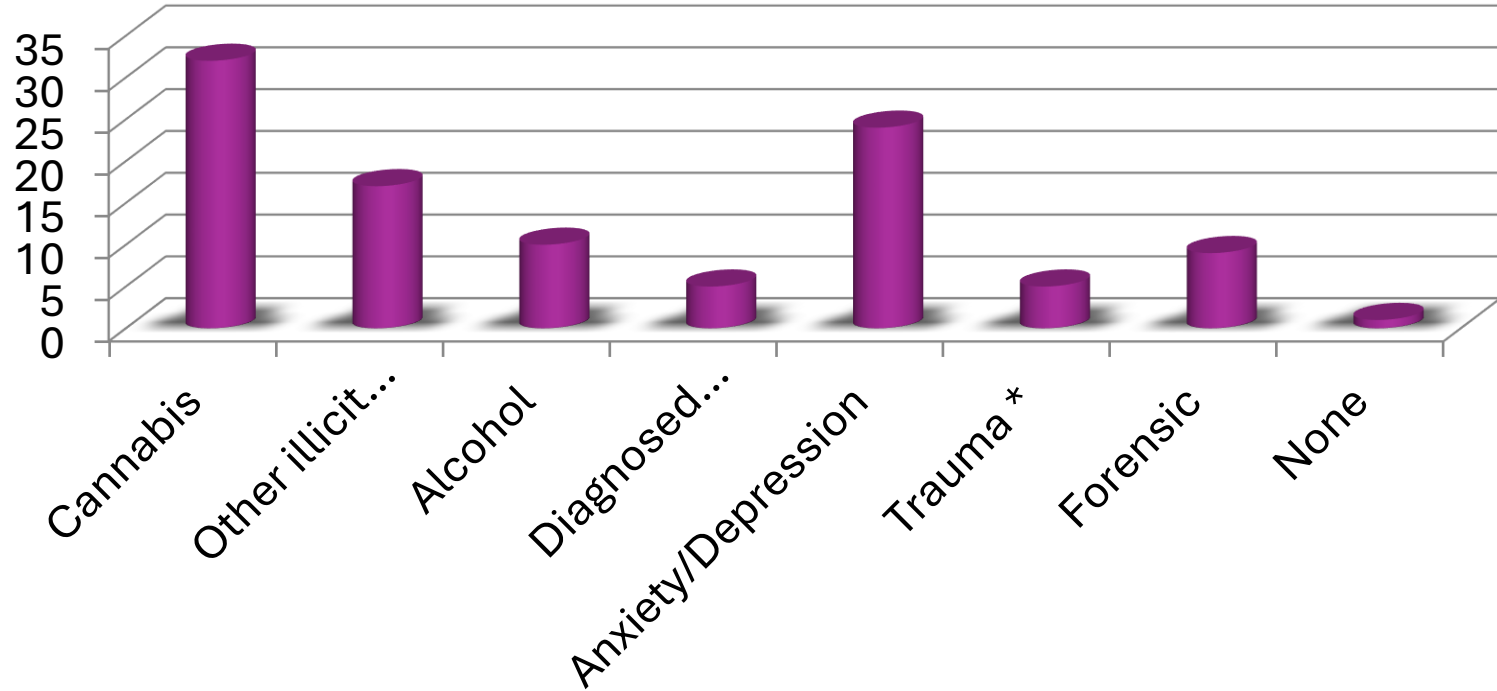
You supported me through psychosis and homelessness. It was the worst time of my life. I am thankful for the support.

A green rounded rectangular box containing the second feedback statement. A light green arrow points downwards from the bottom right corner of this box towards the blue box below.

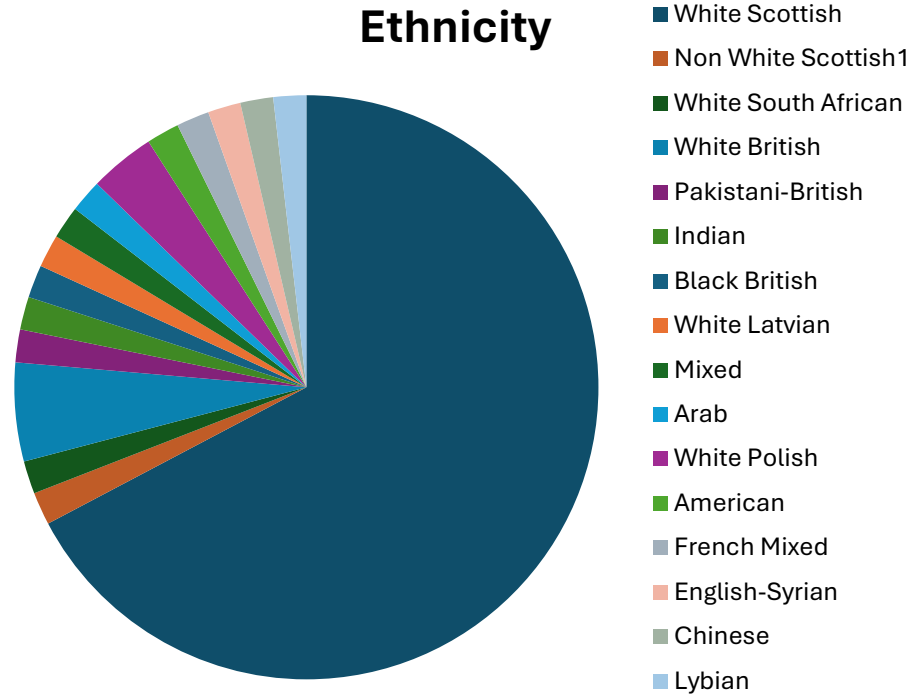
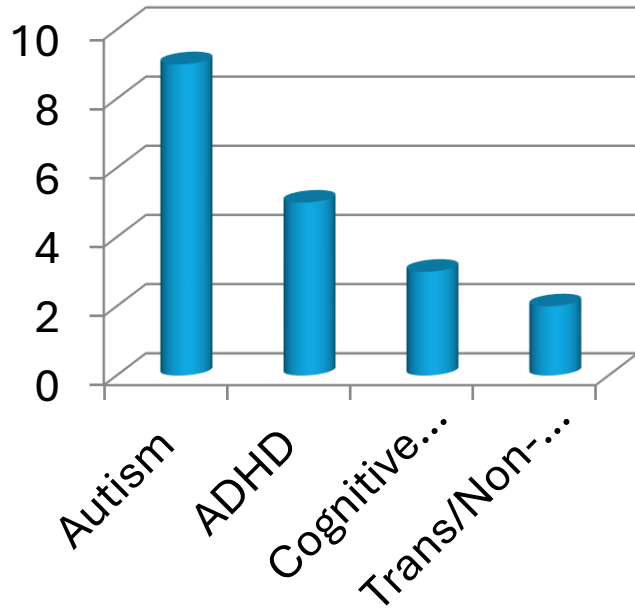
I understand myself better, my triggers and how to keep my stress levels lower. I know my early warning signs and have been supported to understand my experiences and what happened when I became unwell.

A blue rounded rectangular box containing the third feedback statement.

# Comorbidities (No =56)



# Specific factors to consider



# Holding the individual at the centre of our collaborative care

Culture and Ethnicity

First Language

Pre-employment and educational status

Developmental stage

Sexual orientation and gender identity

Family makeup

Trauma factors



# ICEBERG OF PSYCHOLOGY



# Challenges



- Staff recruitment and building team with the core roles for EIP
- Although service started in August 2022, stepped approach due to recruitment challenges, with service fully opening in April 2023
- Integrating a new service into existing structures
- No permanent team psychiatry cover remains a challenge – navigated good links with CMHTs MDT and RMO

# Early Intervention in Psychosis: NHS Dumfries & Galloway

## **Dr Katie Whyte**

Consultant Clinical Psychologist – Early Intervention for Psychosis service  
NHS Dumfries & Galloway

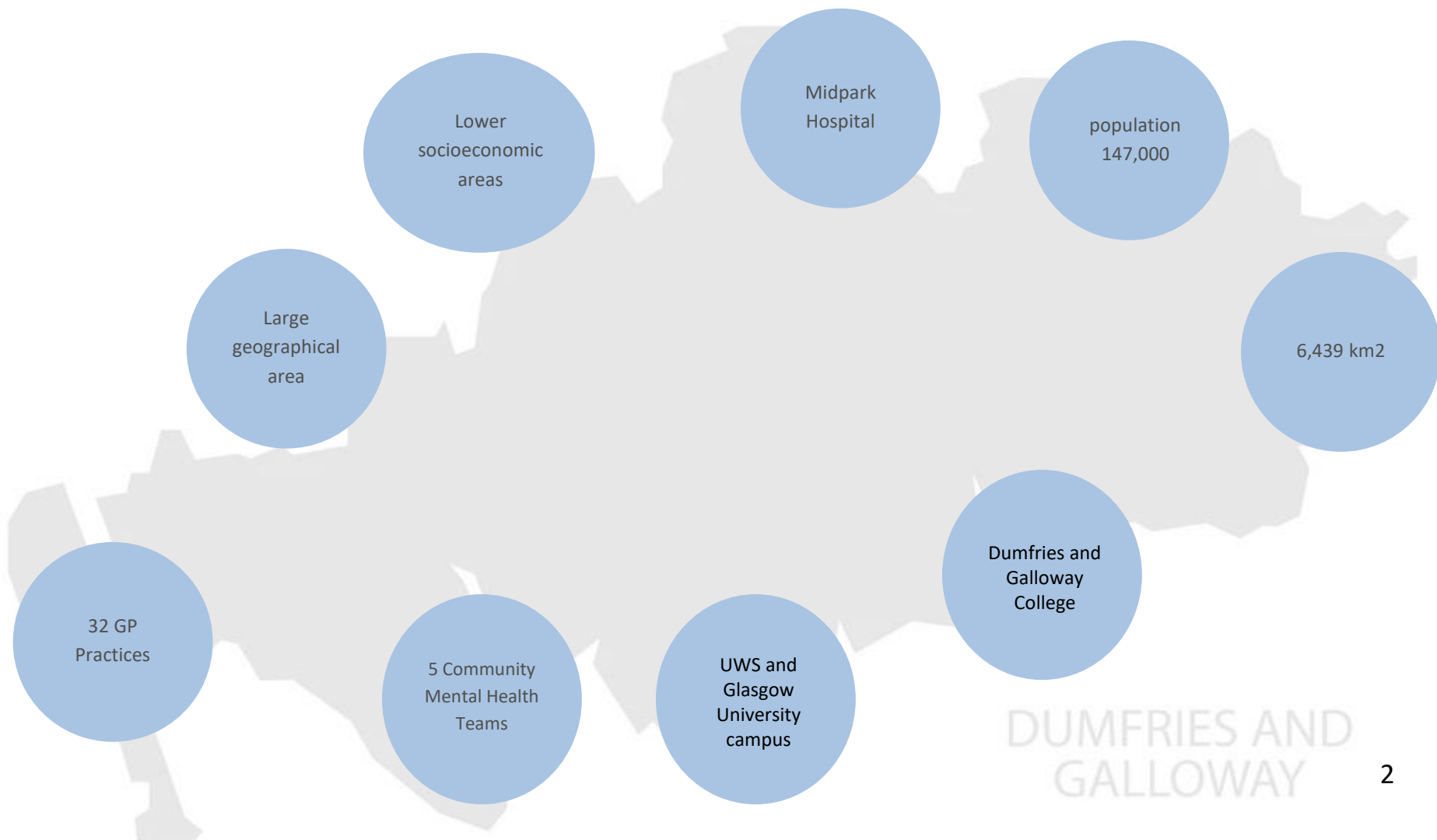
## **David Ruddick**

Service Manager – Mental Health Unscheduled Care  
NHS Dumfries & Galloway

NHS Dumfries and Galloway

# Early intervention for Psychosis Service

DUMFRIES AND  
GALLOWAY



DUMFRIES AND  
GALLOWAY

# Challenges

Large Geographical area – 5 Locality CMHNTs

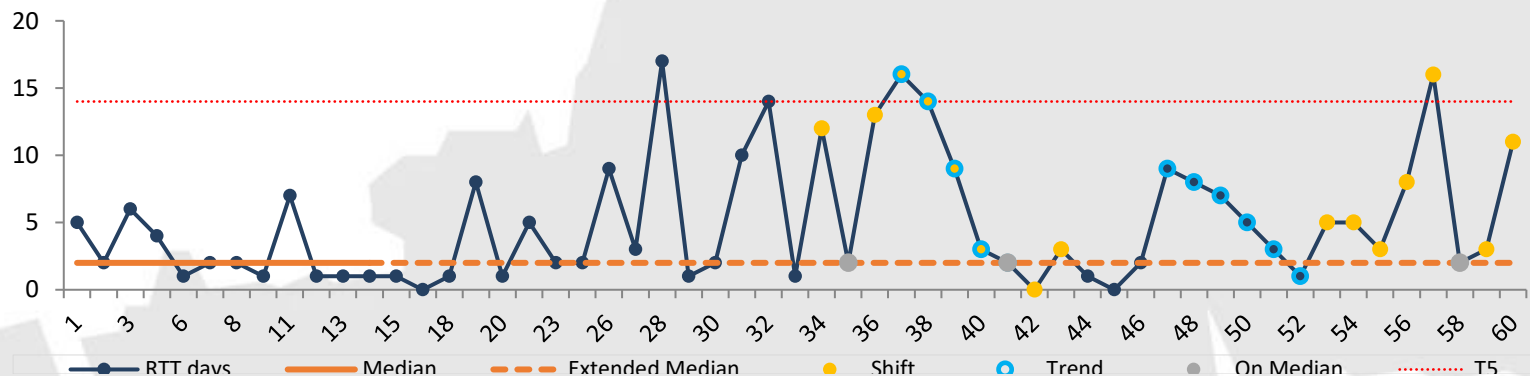
Consultant Psychiatrist capacity

Timely Referrals

DUMFRIES AND  
GALLOWAY

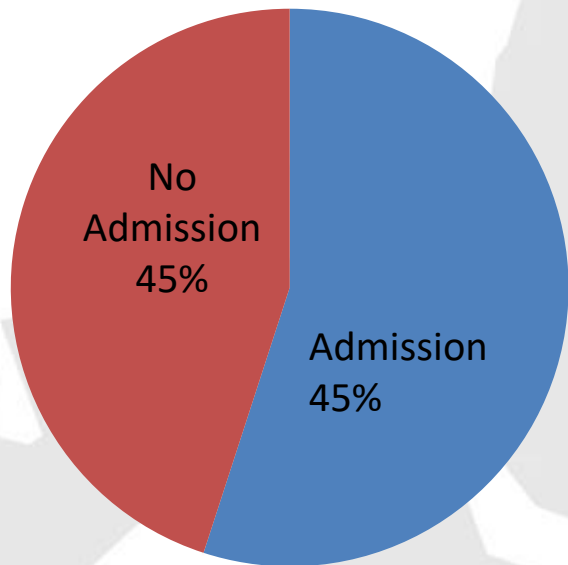
# Impact

97 referrals- 47 accepted for EIP

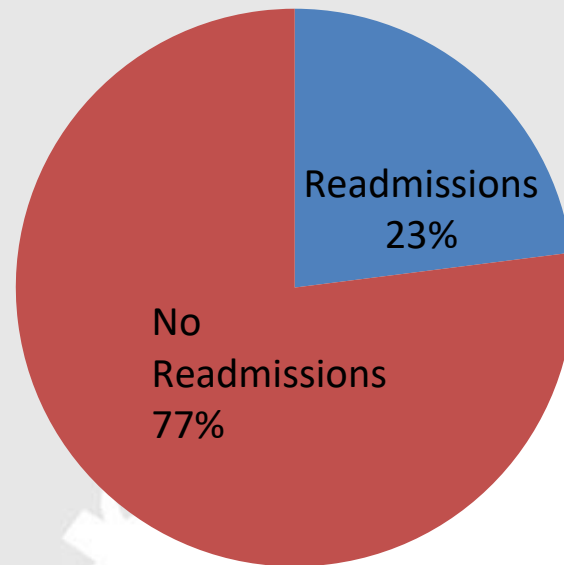


# Impact

## Hospital admission



## Readmission Rates



DUMFRIES AND  
GALLOWAY



# Impact

55% of EIP caseload in employment, education or volunteering.

47% of people supported by EIP have received or are receiving psychological therapies.

# Feedback

*"Once [my son] began to receive the correct support and care, his road to recovery started. It wasn't straight forward, however he and I believe the Early Intervention Psychosis Team in D&G, in particular, Katie, Esther, Jamie and Freya, played a huge part in my sons recovery."*

*"I would just like to say how wonderful the EIP (Early Intervention Team for Psychosis) have been. It has been a very difficult year for us when our 16 year old grandson (who is on our kinship care) developed psychosis..... Our grandson seems to be recovering and we are getting the support from the team that has been amazing..... it is an essential service and has helped to keep us and out grandson well."*

*"During one of the most challenging times of my life, when I experienced an episode of psychosis, this service became a lifeline for me. Their compassionate, expert care helped me navigate a frightening and disorienting experience, providing not only medical and psychological support but also the reassurance that recovery was possible."*

# Personality Disorder Improvement Programme: NHS Dumfries & Galloway

**Dr Esther McKenzie**

Consultant Clinical Psychiatrist – Mental Health services  
NHS Dumfries & Galloway

# Polls



# Reflections and Q&A

## **Dr Jane Cheeseman**

Clinical Lead and Consultant Clinical Psychiatrist  
NHS Lothian

## **Dr Suzy Clark**

Clinical Lead and Consultant Clinical Psychologist  
NHS Greater Glasgow and Clyde

# Stay connected

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**Web:** <https://ihub.scot/improvement-programmes/mental-health-portfolio/early-intervention-in-psychosis/>