Thrive Edinburgh is a city where every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community[1]. Our ability to thrive as human beings and as a city is closely tied to our mental health.

[1]Adapted from the World Health Organisation

EDINBURGH

ADULT HEALTH AND SOCIAL CARE COMMISSIONING PLAN

2019-2022

We need to think big and think differently. We should have big ambitions and long-term strategic aims when it comes to mental health. We have made it our goal to promote mental health and protect our citizens resiliency, self-esteem, family strength and joy and reduce the toll of mental illness on individuals, our communities and our city.

The Thrive Collaboration offers a fresh and exciting public health approach to urban mental health, built on explicit principles for action that guide, anchor, and align work along the wide breadth of its vision. Thrive Edinburgh offers an opportunity for the Capital City to not only reduce the toll of mental illness, but also promote and protect the citizens of Edinburgh's mental health, resilience, self-esteem, family strength, and joy.

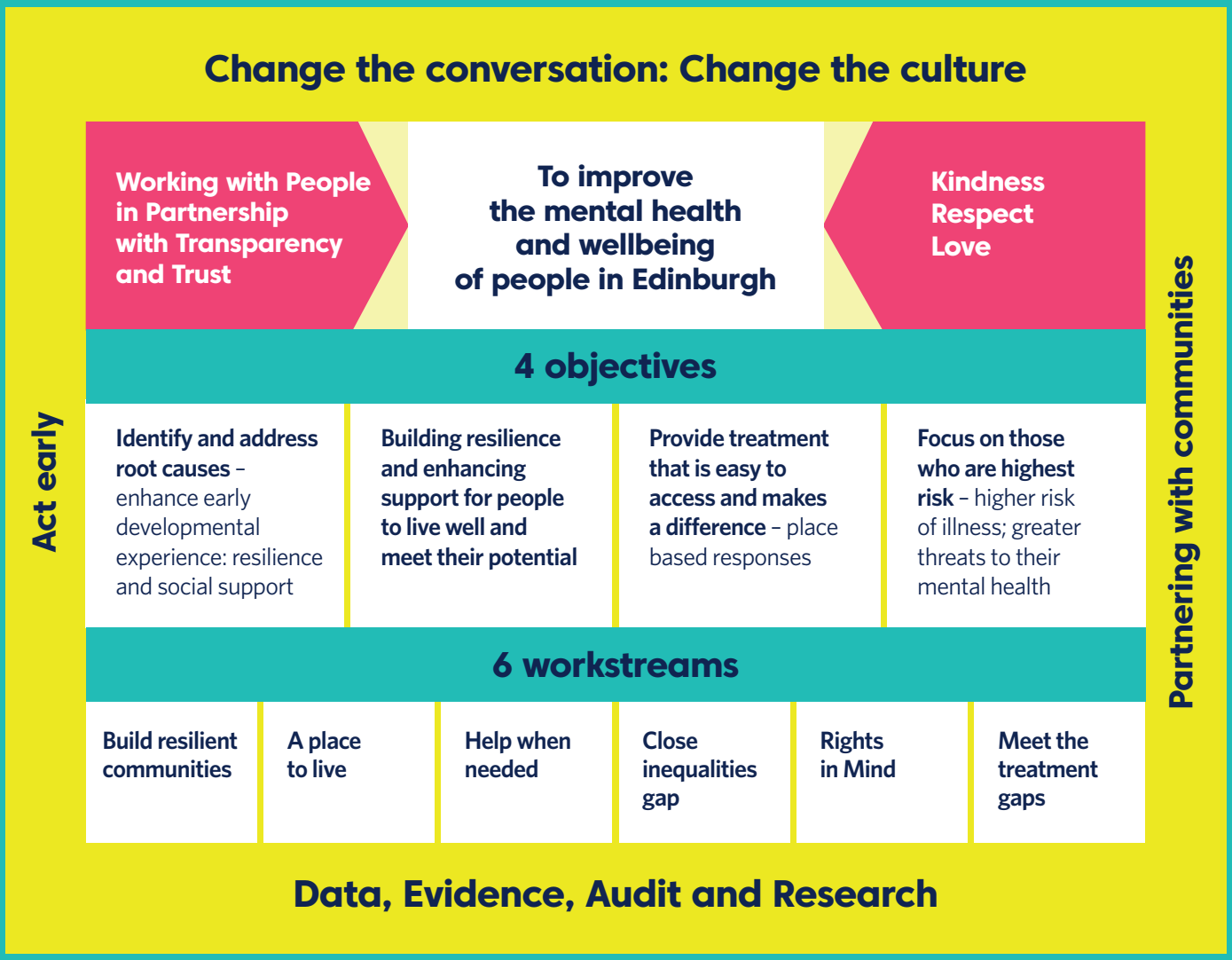
In June 2019, the *Edinburgh Community Partnership* supported Thrive Edinburgh and the opportunities for national and international collaboration and knowledge building. They agreed to accelerate progress with our shared priorities through synergistic and collaborative working.

The establishment of the *Thrive Edinburgh Assembly*, comprising a group of thought leaders gathered together in one place for a common purpose, will serve as a key vehicle for identifying mental health initiatives, policy enactment and collaborative working. It will also ensure that the City is effectively implementing these initiatives, especially those that involve multiple agencies, by tracking their progress and engaging in collaborative problem solving with multiple stakeholders driving the transformational change required to produce inclusive, equitable, community solutions to urban challenges.

The City's commitment to the *Community Plan, Regional City Deal*, the *Poverty Commission* and the pioneering work of the *2050 City Vision* have clearly recognised the value of citywide planning with citizens, academia, the public sector, the third sector, arts and culture and the business community.

The *Thrive Edinburgh Adult Health and Social Care Commissioning Plan* is part of *Edinburgh Health and Social Care Partnership's Strategic Plan 2019- 2023*.

Appendix One: Thrive Edinburgh on a page



1. Understanding the challenge

1.1 The primary causes of health inequalities are rooted in the political and social decisions that result in an unequal distribution of income, power and wealth. This leads to poverty and marginalisation of individuals and groups. These fundamental causes also influence the distribution of wider social determinants of health, such as the availability of good-quality housing, green space, work, education and learning opportunities, access to services and social and cultural opportunities. These determinants all have strong links to mental health. By focusing on these factors we can begin to systemically address health inequalities at a structural, community and individual level.

2. Social determinants of health

2.1 Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups. They represent thousands of unnecessary premature deaths every year in Scotland, and for men in the most deprived areas nearly 25 fewer years spent in *'good health'* and 22 years for women.

2.2 Low and insecure income and problem debt are associated with an increase in the risk of mental health problems. The relationship between problem debt and mental health problems is likely to be two-way; around one-quarter of people with mental health problems report being in serious debt. Having a mental health problem can affect the ability to manage financial commitments and trigger problem debt, as well as affect the ability to regain financial control, thus contributing to a cycle of deprivation.

2.3 Unemployment has consistently been associated with an increased risk of common mental health problems. This is of particular concern for young people with few qualifications who find it difficult to enter the labour market and those with mental health problems who are often excluded from the workforce. It is important to support people to move into sustainable paid employment which lifts them out of poverty and protects their mental wellbeing. Equally, poor-quality employment which doesn't protect against poverty and offers limited control is associated with an increased risk to mental wellbeing. Jobs need to be sustainable and offer a minimum level of quality. Getting people off benefits and into low-paid, insecure and health-damaging work is not a desirable *Change Programme*. Many people with long-term mental health problems actively want to and can engage with work, training or education. This is important for recovery. Lack of work has significant implications in terms of income, daily routines and choices as well as contributing to social isolation and exclusion.

2.4 There is a strong link between experiencing violence or domestic abuse and mental health problems. Women and girls are often at increased risk of violence, and women living in poverty are disproportionately affected by violence and abuse. The impact of intimate partner violence and abuse can be far-reaching. It can affect the next generation and have a negative impact on a broad range of infant and child health and wellbeing outcomes.

2.5 Poor-quality housing is one example of the physical environment having a negative effect on mental health. Fuel poverty in particular is associated with poor mental health both in childhood and adulthood. While the mechanism that links aspects of poor housing to mental health is unclear, it is possible that either poor-quality housing acts as a direct source of stress or that poor-quality housing is a risk factor that is related to poverty and is therefore associated with other physical and social risk factors.

2.6 The lack of availability of and access to green space is associated with high levels of mental distress. Current thinking suggests that green space might offer psychological benefits for those experiencing stress. However, green space is unevenly distributed in urban areas. Those living in areas of the greatest socio-economic deprivation are less likely to live within walking distance of green space and are less likely to be satisfied with that green space.

2.7 Poor mental health and its associated inequalities are related to loneliness and social isolation. Social networks have an important role in maintaining and improving health and wellbeing, and impact across a person's life course.

2.8 Research suggests that the link between social status and mental health problems is the level, frequency and duration of stressful experiences and the extent to which these are buffered by social and individual resources and sources of support. These stressful experiences which include poverty, family conflict, poor parenting, childhood adversity, unemployment, chronic health problems and poor housing) occur across the life course and contribute to a greater risk of mental health problems if they are multiple in nature and if there are no protective factors to mitigate against their negative impact.

2.9 Mental health problems are not equally distributed across the population. Those who are socially disadvantaged are at increased risk.

[2] 62 consultations vs. 28 per 1,000 patients

2.10 Rates of physical ill health among those with long-term mental health problems are much higher than the general population. Life expectancy for men with a diagnosis of schizophrenia is 20 years less than the general population and for women is 15 years less. Approximately one-fifth of premature deaths are due to suicide and accidental death; however, a large proportion is due to physical illness.

2.11 The prevalence and type of mental health problems also vary by sex and age. For example, recent surveys have identified that young women (16–24 years) are at increased risk of common mental health problems and self-harm. Suicide rates however are differently distributed by gender. In 2017, there were 680 probable deaths by suicide in Scotland. Within this figure, the number of males (522) is three times that of females. Every one of those deaths is a tragedy.

3. Understanding the challenge

Thrive Edinburgh has 4 guiding principles:

3.1 Change the Conversation. Change the Culture

Mental health is everybody's business. *Citizens of Edinburgh* are engaged in an open conversation about mental health. It's infused into our society's core functions including housing, education, culture, health and justice, and when people need help or support there is recognition of the importance of relationships between people receiving health and social care services and the staff delivering them. We will take a whole system approach to maximise independence and choice and provide people with networks of compassionate support that provide easy access rather than crisis having to happen to access support.

3.2 Using and creating evidence and data to drive change

This involves listening and working with all stakeholders, including our academic institutions, to identify and address gaps, improve programmes and create a truly equitable and responsive mental health system, by drawing on a wide range of evidence and creating an inquiring culture which builds evidence from practice.

3.3 Partnering with communities

Listening and learning from each other, making the invisible visible, focusing on social networks, connectivity and relationships with kindness respect and love through active coproduction.

3.4 Act early

Focus on how we capitalise on our opportunities to build resilience and protective factors at all life stages in a range of settings.

4. Thrive Objectives

Thrive Edinburgh has 4 objectives:

4.1 Identify and address root causes

Threats to mental health include lots of things that we can act on – from enhancing early developmental experience, resilience, and ongoing social supports to addressing issues such as stigma, discrimination, poverty, inadequate housing, social isolation, violence and economic instability.

4.2 Focus on those who are at highest risk

Groups of people who are at higher risk of illness face greater threats to their mental health and would benefit from early intervention or prevention.

4.3 Provide treatment that is easy to access and makes difference

High quality services in places where people can easily access them.

4.4 Building resilience and enhancing support for people to live well and meet their potential

Enhance the social, mental and emotional wellbeing of the city.

5. How we will deliver on this

The **Thrive Edinburgh Adult Health and Social Care Commissioning Plan** has **6** commissioning work streams:

Building Resilient Communities	**A Place to Live**
Get Help When Needed	**Closing the Inequalities Gap**
Rights in Mind	**Meeting Treatment Gaps**

5.1 Within each work stream we have set out our aspirations, what is happening now and what needs to happen in the future to achieve these aspirations.

5.2 We will build on the long-established stakeholder group[3] which will meet bi-monthly and will be known as the **Thrive Edinburgh Partnership.** Membership has recently been augmented to include Adult Health and Social Care representatives from Housing and Edinburgh's Universities and College.

[3] Previously named the *Edinburgh Joint Mental Health and Wellbeing Partnership*

5.3 This plan identifies the changes we can bring about within this partnership but recognising the breadth and complexity of factors influencing our mental health **Thrive Edinburgh** will link with other relevant strategies and plans across Edinburgh – tthose for people with Dsabilities, Older People, Primary Care and Carers, the *Children and Young People's Partnership*, the *Community Safety Partnership* and the Inclusive Edinburgh Board.

5.4 **Thrive Edinburgh** will use collaborative approaches such as *Public Social Partnerships* to coproduce ways to improve outcomes for people. We will together design community based recovery and living well models of support that are not based solely around diagnosis, age, or life stage.

5.5 **Thrive Edinburgh** will support and develop the *Edinburgh Workforce* to work in new ways to deliver our vision recognising the importance to delivering a sustainable whole system approach to mental health. This will include a focus on change management, trauma informed practice and community development and capacity building.

5.6 **Thrive Edinburgh** needs more information to be effective – we still have many questions about where and how mental health threats take root, what positive attributes contribute to resiliency, how to better match what we are doing with where we can make the biggest impact, and the comparative value of treatment and intervention options. We should apply bold thinking to rethink traditional methods of how we gather data and as a priority strengthen our partnerships with academia building on well established partnerships such as the *Transformation Station*[4], *ERRICA*[5], *Prospect International Collaboration*[6], and the newly established *Centre for Homeless and Inclusion Health*.[7]

[4] *Knowledge Tansfer Partnership* established Between Queen Margaret University and NHS Lothian in 2007
[5] *Edinburgh Research and Innovation Centre for Complex and Acute mental health problems (ERICCA)* established in 2017
[6] *Prospect International Collaborative* to build the evidence based for interpersonal psychotherapy adaptations, established in 2016
[7] *Centre for Homeless and Inclusion Health* within the NHS Access Practice in Edinburgh city centre established in 2018.

6. Values

6.1 Thrive Values

All services and support commissioned to deliver on behalf of this plan will be underpinned by shared values and should embrace these during all interactions with people, other staff and colleagues, and organisations:

- We make shared decisions and value peoples skills and experiences
- We always work collaboratively with a flattened hierarchy
- We always build trust and foster empathetic and honest relationships
- We are always person centred
- We show kindness and compassion and treat people with respect and dignity
- We always start with people's strengths and build on these
- We always engage people as citizens in their community and embrace the whole person
- We give permission to try new things, adapt, and learn
- We deeply believe our people are our greatest assets
- We always treat people as equal partners.

7. Thrive Outcomes

7.1 We have developed an outcomes evaluation framework which reflects both person centred outcomes and system/financial outcomes.

7.2 **Outcomes for citizens and people using mental health services & support:**

- People have choice and control
- People are recovering, staying well and can live the life they want to lead
- People feel connected and have positive relationships
- People are living in settled accommodation of their choice where they feel safe and secure
- People have opportunities to learn, work and volunteer
- People receive good quality, person-centred help, care and support.

7.3 **System and financial outcomes:**

- Timely access to high quality person centred help and support when and where it is needed
- Reduced levels of mental and emotional distress
- Reduction in unplanned and crisis health and social care utilisation, including emergency response as well as institutional placements.

Thrive Workstreams

8. Building resilient communities

8.1 What we want to achieve

Health is influenced by how our surroundings make us feel and the opportunities they provide. Good places, spaces and buildings create opportunities to be more physically active; feel safe and secure, socialise and play; connect with people.

We want to use the knowledge and skills of our communities, whether they are communities of interest or geographical communities, to mobilise *Change Programmes* which will promote mental health and wellbeing, address issues such as discrimination, stigma, loneliness and isolation and make sure that Edinburgh's rich cultural assets are accessible to all. We have an increasingly diverse population in terms of gender, age, race, sexuality who have come the city to study, work and live who all add to the social capital of the city.

While mental health problems and the side effects of some medication can contribute to poor health and social outcomes, stigma, injustice and discrimination are significant barriers to achieving the same level of access, health and citizenship.

8.2 What is helping us achieve that now?

Choose Life – education and training programme and community capacity building to increase awareness of the risk factors for suicide, encourage people to talk about suicidal feelings and provide more tailored responses for people in crisis.

Making it Clear – is a framework developed by the *Transformation Station* which offers effective, evidence-based service pathways and interventions to support practitioners and services to better understand the resilience of people with whom they work. It includes a validated self-report questionnaire and intervention manual, which reflect current research evidence about what supports resilience. To date, these are the only resilience focused tools designed to consider both individual and community factors.

Green Active Spaces – our *Edinburgh Wellbeing PSP* is making great use of outdoor spaces and leisure facilities to promote physical activities and help people enjoy the health gain of being outside.

Greening Up – this partnership is creating more green space across the city for people to enjoy, to relax in and to grow food and flowers.

GameChanger – our partnership with *Hibernian Football Club* and *Hibernian Community Foundation* is delivering lunch clubs, exercise classes, a venue for community groups and a new young person's programme which builds on their hope and aspirations.

A Sense of Belonging Arts Programme – this year-long programme offers numerous opportunities for people to explore the arts either as a participant or as an artist, recognising the important role that the arts have in keeping us connected, stimulated and inspired.

LGBT Mind Matters Programme – programme of activities to support the mental health and wellbeing of the LGBTQIA communities and to provide training to agencies to ensure our services are inclusive to all.

8.3 What we want to achieve

8.3.1 Change Programme 1
Provide an increased number of training courses and suicide prevention initiatives targeting specific high risk groups.

8.3.2 Change Programme 2
Improve the pathway for students across colleges and universities to access care and support statutory services.

8.3.3. Change Programme 3
Establish a network of "Thrive" green places across the city which provide sites for a wide range of intergenerational activities which promote health and wellbeing.

9. A Place to Live

9.1 What we want to achieve

We want to ensure that people with mental health problems have a safe place to call home in which they feel safe, receive the support they need and are able to connect to and be part of their local community.

9.2 What is helping us achieve that now?

9.2.1 The *Wayfinder* model sets out three domains **- Person Centered Choices:** Identifying and supporting the person's needs and strengths to manage mental health and risks, **Graded Support:** making sure the environment *"fits"* the person's needs and supports their sense of identity and competence and **Meaningful Days:** supporting activities of daily living and participation in activities that are meaningful to the individual across five levels of support from own tenancies through to support at home. The sixth grade is hospital care (this is discussed in our *Meeting Treatment Gaps* work stream section).

9.2.2 There are *Wayfinder* supported accommodation places across the city with additional support provided to people across the five *Wayfinder* grades of support. Through Edinburgh's affordable housing allocations policy people ready to leave hospital and Grade 5 supported are prioritised through the application of the gold status award. Newly commissioned grade 5 and grade 4 units in the south west of the city are offering care and support to 16 people. A number of training opportunities for front line staff are offered to contribute to the need to ensure we retain our committed workforce.

9.3 What we want to change

9.3.1 **Change Programme 4**
Provide a framework agreement for *Wayfinder* supported accommodation and support at home services which increases the ability for providers to respond flexibly to fluctuating levels of need, enables providers to carry out reviews and assessments in defined circumstances where longer term adjustments to the levels of support are required, increases level of flexible and collaborative working between providers and health and social care staff around clusters and localities. We hope this will both improve outcomes for people receiving these services by making them more responsive to need, at the same time as increasing efficiency and making the contracts financially viable.

9.3.2 **Change Programme 5**
Technology enabled care service has a major role to play across the *Wayfinder* model. We need to accelerate our *Change Programmes* around this, making maximum use of the opportunities afforded by *Digital Health Scotland.*

9.3.3 **Change Programme 6**
Provide additional *Wayfinder Grade 5* intensive rehabilitation in community settings for women with multiple and complex needs.

9.3.4 **Change Programme 7**
Provide *Wayfinder Grade 5* facility for people who require a high level of support and treatment on a long term basis in an environment which provides and support for meaningful days and person centered choices

9.3.5 **Change Programme 8**
Commission an additional one bed roomed and two bed roomed tenancies with support in each locality (55 additional places) to allow a move towards core and cluster developments which will offer people a tenancy for life with support that can be flexible to meet changing needs.

9.3.6 **Change Programme 9**
There is a wide body of evidence demonstrating impacts on people's mental health and wellbeing, self esteem and connectivity with their community. We need to apply the learning from this research to our current and future accommodation. This will involve partnering with academia and housing providers.

10. Get help when needed

10.1 What we want to achieve

When people need help it's important that they are able to access the support they need in a timely manner, for both planned and unplanned care. We need to reduce barriers to access and ensure that there is clear assessment and formulation which in turn leads to care, support and treatment being matched to the individual's needs. We also need to recognise and respond to the needs that friends, partners, families and carers have in terms of supporting their loved ones.

10.2 What is helping us achieve that now?

10.2.1 **The Edinburgh Wellbeing Public Social Partnership** has created locality and city wide programmes and initiatives which bring together services to support people's mental health and wellbeing. This co-produced work was instrumental in Edinburgh being selected as one of four UK sites (funded by the *Big Lottery*) to implement the lessons learnt for the *Living Well Lambeth* programme which transformed access to mental health services within that London borough.

10.2.2 **The Therapies Team** provides a range of evidence based psychological therapies and operates in each locality, alongside a number of specialist services for people with specific conditions. There has been a consistent increase in the demand for psychological therapies and significant numbers of people are waiting over the recommended Government standard of 18 weeks to receive the treatment they have been assessed as requiring. A number of new initiatives such as *Computerised – Cognitive Behavioural Therapy (C-CBT)* and group psychological therapy programmes have been introduced across the city. There is a need to both accelerate a number of improvement initiatives and meet the gap in provision in order to improve our performance.

10.2.3 **The Edinburgh Crisis Centre** provides community based emotional and practical support at times of crisis, 24 hours a day and 365 days a year. The service was established in direct response to service user demand and is a key part of the landscape in terms of preventing escalation of crisis and hospitalisation.

10.2.4 **The Scottish Government**, through the *National Mental Health Strategy* have committed to improving our response to people experiencing distress by increasing the mental health workforce in all A&Es, all GP practices, every police station custody suite, and to our prisons. While this is to be implemented shortly, the *Prospect Model* - a matched care model for interpersonal psychotherapy - is being implemented in Edinburgh and is making a contribution to this strategic intent.

10.2.5 **The Scottish Government** supported an innovative test of concept for changing the way that people who have experienced trauma access support and treatment. The *Rivers Public Social Partnership* provides a range of support and treatment for people who have experienced trauma who self can refer to the Centre which is based in *Fountainbridge Library*. There has been significant learning from the test and the phase two of Rivers beginning April 2019 will incorporate this within their revised model which will provide a group bases programmes for people with Complex Post Traumatic disorder (C-PTSD).

10.2.6 **Veterans First Point Lothian** was established in 2009 as a one stop for veterans built on three core principles: Coordination; demonstrated by the partnership model; Accessibility; open access and self referral being key aspects of this; and Creditability; the employment of veteran peer workers which ensure an instant connection can be made due to the shared experience of being a veteran.

10.3 What we want to change

10.3.1 **Change Programme 10**
Introduction of open access *"Thrive"* centres across the city comprising multi-professional teams with staff from 3rd sector and statutory services. Multi agency and multi professional team input offering Welcome Teams brief assessment and formulation leading to a jointly agreed plan with the client regarding next steps. Next steps may include support with social problems; distress brief intervention; psycho-education; community connecting; employment and meaningful activities; arts; green activities; group psychological therapy; individual psychological therapy; medication review. This will build on the work of our *Edinburgh Wellbeing Public Social Partnership* programmes.

10.3.2 **Change Programme 11**
Refreshed *DCAQ Improvement* and investment plans to improve access to psychological therapies, this links to the development of *Thrive Centres*.

10.3.3 **Change Programme 12**
Build on the model established by *Street Assist* with our partners in *Police Scotland, NHS Unscheduled Care Services*, the *Scottish Ambulance Service, NHS 24, Social Care Direct, Community Safety Partnership* and the *Chamber of Commerce* to create a safe out of hours place where people who are intoxicated or vulnerable can be kept safe and if appropriate linked into support and services. This will include identification of a physical place and operating hours based on current need and demand.

10.3.4 **Change Programme 13**
In line with the *Scottish Government's National Mental Health Strategy,* increase the workforce who can respond to distress in A & E departments, police custody and prison settings.

10.3.5 **Change Programme 14**
Introduce Prospect test of concept in primary care settings which may have the potential to transform the primary care workforce.

10.3.6 **Change Programme 15**
Support the continuation of *Rivers PSP* implementing the revised service model building on lessons learnt from the test of concept which include the continuation of open access clinics and the delivery of a rolling group based programmes for people with complex Post Traumatic Disorder (C-PTSD).

10.3.7 **Change Programme 16**
Continue to support *V1P Lothian* and ensure that data is continuing to be collected which demonstrates impact and improved outcomes and cost benefits for veterans and their families.

11. Closing the Inequalities Gap

11.1 What we want to achieve

We want to ensure there are specific programme and projects which address the structural determinants of poor health at an individual and family, community and city-wide level. This is in addition to the responsibility of all elements of this plan being designed and delivered in such a way as to contribute to tackling inequalities.

11.2 What is helping us achieve that now?

11.2.1 Many of the city's wellbeing services assist people with confidence and skills which enable people to at one level develop an interest or at another level build skills which would lead to paid work. **Thrive Edinburgh** will continue to promote lifelong learning, education and employment opportunities for people and provide timely and effective support to help people stay in employment through building on the current *Outlook Programme, Edinburgh Capital City Partnership, Fit for Work* and *The Works Activate Programme.*

11.2.2 **The Inclusive Edinburgh Homeless service** works to provide health, housing and social work support to homeless people who have complex needs. Currently the service is implementing a *Housing First* model of supported accommodation which was primarily developed in New York in the early nineties. The approach stemmed from initiatives to meet the needs of the substantial population of chronically street homeless people with multiple and complex needs. The *Housing First* model operates by taking account of two key convictions: housing is a basic human right, not a reward for clinical success and once the chaos of homelessness is eliminated from a person's life, clinical and social stabilisation occur faster and are more enduring.

11.2.3 **The Re:d Collaborative** innovates as a community of practice to improve the outcomes of people with mental health, problems, substance misuse problems and those who are in contact with the criminal justice system. This has generated new evidence for different approaches and ways of working.

11.2.4 Independent individual advocacy has a key role in assuring that people are more involved in decisions affecting their lives. *Advocard* provide advocacy to all prisoners in Edinburgh Prison dealing with a range of issues including accessing support and services, housing, children and families, and financial.

11.2.5 To help mitigate against the negative impacts of Universal Credit on people with mental health issues, funding was allocated to Advocard to provide independent advocacy to help people claim, attend appointments and assessments for Universal Credit. An additional dimension of this work has been Collective Advocacy which has provided feedback on collective claimants experience to the *Department of Work and Pensions*, the *Scottish Government* and the *Edinburgh Integration Joint Board*.

11.3 What we want to change

11.3.1 **Change Programme 17**
Increase opportunities of supporting, sustaining and achieving paid employment, volunteering and education by increasing the deployment of *Individual Placement Support through the Activate Programme (The Works)*. This will include a number of different settings including prisons and young adult programmes.

11.3.2 **Change Programme 18**
Introduce a range of initiatives which will improve the physical health of people with mental illness. This will include improving access to screening programmes.

11.3.3 **Change Programme 19**
Following the initial two-year period there will be a requirement for the Council and its partners to mainstream the *Housing First* initiative to ensure continuation of the scheme.

11.3.4 **Change Programme 20**
Continue to support the creative solutions and innovations of the *Re:D Community of Practice* which has a specific focus on embedding trauma informed practice, peer support and arts as a vehicle for change.

11.3.5 **Change Programme 21**
Continue with and review independent advocacy support for mitigating against universal credit in light of the national rollout.

12. Rights in Mind

12.1 What we want to achieve

We are committed to ensuring that people understand their overarching human and legal rights and that staff working in mental health statuary and voluntary sector services to ensure that their clients along with their families, friends and carers are afforded their rights. The PANEL principles - Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality need to be embedded in all our Thrive Edinburgh commitments.

12.2 What is helping us achieve that now?

12.2.1 **Supported decision making**

There is work underway to review the legislative frameworks used to manage risk and promote empowerment. It will include a review of current mechanisms to promote Equality, Empowerment, and Human Rights.

12.2.2 **Carers' Rights**

The *Carers Council* are a key member of the *Edinburgh Thrive Partnership* and carer involvement is a crucial component of all the **Thrive Edinburgh** work streams. Current services, including the *Edinburgh Transitions* carer advocacy service which provides for carers of people moving back to Edinburgh from facilities out of area and for carers of people moving between mental health and complex needs services and support to carers of people moving from hospital to Wayfinder Grade 4 and 5 supported living. Under the *Mental Health (Scotland) Act 2015*, where the carer is the nominated *Named Person*, carers are entitled to their own legal representation at a mental health Tribunal hearing and access to full information and reports.

12.2.3 **User led research**

There are three well established active user led research programmes which help to ensure that service users' voices are at the heart of redesigning and informing our services and support for people experiencing first episode psychosis, people who have attracted a diagnosis of personality disorders and people with eating disorders

12.2.4 **Oor Mad History and Mad People's History**

This is a community history, educational and arts advocacy project based at *CAPS*. Set up in 2008, it aims to reclaim and promote the history of activism and collective advocacy by people with mental health issues and for people to have a stronger voice about mental health and the mental health system, build learning and knowledge, challenge assumptions about people who use mental health services and tackle discrimination.

12.3.4 **Lothian Education and Recovery Network (LEARN)**
This network provides learning opportunities about mental health and wellbeing. All of *LEARN'S* educators are people who have experienced mental health issues and all courses are offered free of charge to anyone living within the Lothians.

12.3.5 **Independent Individual Advocacy and Independent Collective Advocacy**
These are key components of rights based care. It is a statutory duty to provide independent advocacy and **Thrive Edinburgh** will ensure we continue to review our provision and accessibility to all communities.

12.3.6 **The Peer Collaborative**
The Collaborative brings together people who experience mental health challenges in order to aid recovery and understanding. *The Peer Collaborative* share information, learn together and increase capacity for peer support in Edinburgh. New initiatives introduced in 2018 include opportunities for all mental health staff to learn how to use their own recovery experience to support others, workshops for peer workers and a new 5 day Peer Work course.

12.3.7 **Peer led self help groups**
There are a number of groups who meet across the city and provide invaluable support for people in understanding and managing their condition and connecting to others with similar experiences.

12.4 What we want to change and develop

12.4.1 **Change Programme 22**
A Rights Based Care programme hosted by *Advocard* and the *Royal Edinburgh Hospital Patients Council* will be established. This will be a user-led, collective advocacy project which will aim to promote rights-based care to train and raise awareness of rights-based care practice across professionals who work with people using mental health services in the City. This will encompass and further develop the *A&E | All and Equal"* and focus on embedding measures compliant with the *United Nations Convention on the Rights of People with Disabilities (CRPD.)*

12.4.2 **Change Programme 23**
The current provision for carers will be reviewed to reflect new service developments changes to crisis support, the introduction of a matched care model for women with multiple and complex needs; low secure provision and to ensure that we are meeting our statutory obligations to carers under the *Mental Health (Scotland) Act 2015.*

12.4.3 **Change Programme 24**
From 1st April 2018 there are new requirements from *Carers Scotland Act 2016* and as their application to Health and Social Care services which will need to be taken account of and planed for. These duties include giving local authorities a duty to prepare a carers strategy for their area; requiring local authorities to establish and maintain advice and information services for carers, placing a duty on local authorities to prepare an adult carer support plan or young carer statement for anyone they identify as a career, or for any carer who requests one and a requirement for health boards to ensure that, before a cared for person is discharged from hospital, the carer is involved in the discharge process.

12.4.4 **Change Programme 25**
Strengthen and improve access to independent individual and collective advocacy in a range of settings including prison.

12.4.5 **Change Programme 26**
Build the capacity across the city for more peer led self help groups this will include building on established groups such as these provided by *Bipolar Scotland* to trialling groups for different conditions.

13. Meet the Treatment Gaps

13.1 What we want to achieve

13.1.1 **Thrive Edinburgh will work effectively to integrate service provision in localities and across the city to further develop and enhance person, carer and family support to maximise the life opportunities for people with mental health problems and mental illness and to reduce the requirement for acute and long-term care. A clear need has been identified to improve responses for people (and their informal carers, friends and families) when experiencing crisis, or those whom are unable to maximise the potential of intensive home treatment due to their home circumstances. There are comprehensive plans being developed to support people experiencing substance misuse problems.**

13.2 What is helping us achieve that now?

13.2.1 There are well established multi-professional Community Mental Health Teams, Social Work Teams, Mental Health Officer Service, Substance Misuse services and a wide range of third sector agencies, providing a range of biopsychosocial interventions. Over the last few years these services have experienced increasing demand set against a reduced workforce.

13.2.2 **The Mental Health Assessment Service** is available 24 hours a day, seven days a week. And provides an emergency nurse led mental health assessment service based at the Royal Edinburgh. The team also provides a service at the Royal Infirmary from 5pm – 8am Monday to Thursday and from 5pm Friday to 8am Monday. *Positive Steps* provide social support for people in crisis or ready to leave hospital. The *Intensive Home Treatment Team* provides 24/7 care and support for people both to help avoid admission and to shorten admission stays. Inpatient facilities are provided at the Royal Edinburgh Hospital. We have a significant number of people who are treated out with Edinburgh due to local services not being able to meet those people's needs.

13.3 What we want to change

13.3.1 **Change Programme 27**
Explore the potential to introduce the Open Dialogue which is both a philosophical and theoretical approach to people experiencing a mental health crisis and their families/networks, and a system of care in Edinburgh. The Open Dialogue approach is an evidence based alternative to the prevailing medical model, aiming, as it does, to replace systems of *'Substituted Decision Making'* with more progressive methodologies informed by *'Supported Decision Making'.* It incorporates 7 key principles: provision of immediate help; social network perspective, flexibility and mobility; responsibility Psychological continuity; tolerance of uncertainty and dialogism.

13.3.2 **Change Programme 28**
The Seek, Keep, Treat comprehensive plan builds on long established Edinburgh recovery orientated services and support for people with substance misuse problems. The plan has 8 domains: Local needs assessment ensuring we are responding to issues that are specific for Edinburgh's population: Increased involvement of those with lived experience of addiction and recovery in the evaluation, design and delivery of services: Reduced waiting times for treatment and support services, particularly waits for opioid substitution therapy (OST): Improved retention in treatment particularly for those detoxed from alcohol and those accessing OST; Development of advocacy services; Improved access to drug/alcohol treatment services amongst those accessing inpatient hospital services; Whole family approaches to supporting those affected by problem drug/alcohol use; and continued development of recovery communities.

13.3.3 **Change Programme 29**
Integrated Care and Support Pathways review our current pathways (Bipolar, Schizophrenia, Nuero-developmental disorders; Eating disorders, Personality Disorder, Perinatal Mental Health and Depression) to ensure that our services are rights based, provide evidenced based clinical treatment as defined by *SIGN* and *NICE*[8], and there is a comprehensive focus on meaningful days and community connecting. This review is likely to identify a number of gaps without current provision including community mental health team staff and Mental Health officers to enable us to meet our legal requirements.

13.3.4 **Change Programme 30**
Ensure that our unscheduled care and crisis services including *Positive Steps, MHAS* and *IHTT* are working together to respond. *Positive Steps* and *Edinburgh IHTT* to increase capacity to respond to people, enabling earlier discharge and reducing the number of unplanned admissions and length of stay in acute settings.

13.3.5 **Change Programme 31**
Open in Spring 2020, a Grade 5 step up / step down resource for people who require short term stay to avoid admission to hospital setting or to facilitate earlier discharge from acute care.

13.3.6 **Change Programme 32**
Commission and implement the matched care model for women with multiple and complex needs, building on the successful Willow informed model, increasing day place, residential places and training and support and case management across community and inpatient settings.

13.3.7 **Change Programme 33**
Edinburgh will require **15 inpatient beds for people requiring low secure provision and 18 inpatient beds for people** requiring rehabilitation to be reprovided in fit for purpose accommodation as part of the *Business Case for Royal Edinburgh Hospital Redesign Phase 2.* Hospital beds are essential for people for whom the process of assessment, treatment or risk management cannot be safely or effectively be delivered in any other setting.

13.3.8 **Change Programme 34**
Continue to commission 64 acute admission and 7 intensive psychiatric care beds at the Royal Edinburgh Hospital.

13.3.9 **Change Programme 35**
Ensure that young people receiving support for their mental health experience a smooth transition to adult services if this is required. The transition should be considered as part of the individual's person centered outcomes and care plan rather than solely based on calendar age.

[8] *SIGN:* Scottish Intercollegiate Guidelines Network: *NICE* – National Institute for Health and Care Excellence

14. Delivery Mechanisms

14.1 There will be six *Commissioning, Delivery and Review Groups* who will oversee the six workstreams who will report progress to the *Thrive Partnership* (Adult Health and Social Care). *Task and Finish Groups* will be convened or current groups reshaped who will carry out specific time limited work reporting to the *Workstream Commissioning, Delivery and Review Groups.*

References

ANTHONY, W. A., 1993. Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal.* vol. 16, no. 4, pp. 11-23.

ARNSTEIN S., 1969. A ladder of citizen participation. *Journal of the American Institute of Planners.* vol. 35, no. 4, pp. 216-224.

ATKINSON, M., JONES, M. and LAMONT, E., 2007. *Multi-agency working and its implications for practice: A review of the literature.* National Foundation for Educational Research.

AUDIT SCOTLAND., 2012. *Health Inequalities in Scotland.* Edinburgh: The Audit Commission.

BAILEY, J., 2008. First steps in qualitative data analysis: transcribing. *Family Practice.* vol. 25, no. 2, pp. 127-131.

BOWLBY, J., 1973. *Separation: Anxiety & Anger. Attachment and Loss.* vol. 2. London: Hogarth Press

BRAMLEY, G., FITZPATRICK, S., EDWARDS, J., FORD, D., JOHNSEN, S., SOSENKO, F. and **WATKINS, D.,** 2015. *Hard Edges: Mapping severe and multiple disadvantage in England.* England: Lankelly Chase Foundation.

COMMISSION ON THE SOCIAL DETERMINATES OF HEALTH., 2008. *Closing the gap in a generation: health equity through action on the social determinants of health.* Final Report of the Commission on Social Determinants of Health. Geneva: World Health Organization.

CRAIGFORTH, 2016. *Mental health in Scotland – a 10-year vision. Analysis of responses to the public engagement exercise.* Edinburgh: Scottish Government;

DORLING, D., 2010. Against the organization of misery? The Marmot Review of health inequalities. *Social science & medicine.* vol. 71, no. 7, pp.1231-1233.

FITZPATRICK, R., KUMAR S., NKANSA-DWAMENA, O. and **THORNE, L.,** 2014. *Ethnic Inequalities in Mental Health: Promoting Lasting Positive Change*. London: LankellyChase.

GRAY, D., 2014. *Doing research in the real world.* Sage Publications: London

HAM, C. and ALDERWICK, H., 2015. *Place based systems of care; a way forward for the NHS in England.* The King's Fund, London

HARPER, D. J. SPEED, E., 2012. Uncovering recovery: The resistible rise of recovery and resilience. *Studies in Social Justice,* vol. 6, no. 1, pp. 9-26.

MALLER, C., TOWNSEND, M., BROWN, P.St. and **LEGER, L.,** 2006. *Hidden parks healthy people: the health benefit of contact with nature in a park context – a review of current literature [online].* Melbourne Australia Deakin University/Parks Victoria viewed 04.08.17. Available from: www.parkweb.vic.gov.nu/resources/mhphp/.pdf

MARMOT M, ALLEN J, GOLDBLATT P, BOYCE T, MCNEISH D, GRADY M, GEDDES I. 2010. *Fair society, healthy lives: the Marmot review: strategic review of health inequalities in England post-2010.* London: The Marmot Review.

MCADAMS, D. P., 1993. *The stories we live by: Personal myths and the making of the self.* New York, NY: Guilford Press.

MCADAMS, D. P., 2001. The psychology of life stories. *Review of General Psychology.* vol. 5, pp.

MURRAY. CJL, Richards MA, Newton JN, Fenton KA, et al. 2013. UK health performance: Findings of the global burden of disease study 2010. *The Lancet* 381:997–1020.

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH. 2011. *Common mental health disorders: identification and pathways to care.* National Clinical Guidelines Number 123 London: The British Psychological Society and The Royal College of Psychiatrists, 2011.

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH. 2014. *Psychosis and Schizophrenia in Adults: Treatment and Management.* National Clinical Guideline Number 178. London: National Collaborating Centre for Mental Health; 2014.

NATIONAL HEALTH SCOTLAND., 2013. *Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities.* Edinburgh: Edinburgh: Scottish Government,

NATIONAL HEALTH SCOTLAND., 2015. *The Scottish Burden of Disease Study.* Edinburgh: Edinburgh: Scottish Government.

NATIONAL HEALTH SCOTLAND., 2016. *Good Mental Health for All.* Edinburgh: Edinburgh: Scottish Government, p.12

NEALE, J., TOMPKINS, C., WHEELER, C., FINCH, E., MARSDEN, J., MITCHESON, L. and **STRANG, J.,** 2014. "You're all going to hate the word 'recovery' by the end of this": Service users' views of measuring addiction recovery. *Drugs: education, prevention and policy.* vol. 22, no. 1, pp. 26-34.

NUSSBAUM, M. and SEN, A., 1993. The Quality of Life. Oxford: Clarendon Press.

PATTON, M.Q. 2002. *Qualitative Research & Evaluation Methods,* 3rd ed. Thousand Oaks: SAGE

PICKETT, K.E. and DORLING, D., 2010. Against the organization of misery? The Marmot Review of health inequalities. *Social science & medicine.* vol. 71, no. 7, pp.1231-1233.

RANKIN, J. and REGAN, S. 2004. *Meeting Complex Needs: The Future of Social Care.* IPPR and Turning Point.

REPPER, J. and PERKINS, R., 2003. *Social inclusion and recovery: A model for mental health practice.* London: Elsevier Science.

REVOLVING DOORS AGENCY AND CENTRE FOR MENTAL HEALTH., 2015. *Comprehensive services for complex needs: assessing the evidence for three approaches.* London: Revolving Doors Agency.

THE SCOTTISH GOVERNMENT., *Equally well: report of the Ministerial Taskforce on Health Inequalities.* Edinburgh: Scottish Government.

THE SCOTTISH GOVERNMENT., 2015. *Pulling Together: Transforming Urgent Care for the People of Scotland: National Review of Primary Care Out of Hours Services*, p.32. Edinburgh: Scottish Government.

THE SCOTTISH GOVERNMENT., 2016. *Fairer Scotland Action Plan.* Edinburgh: Scottish Government

THE SCOTTISH GOVERNMENT., 2016a. *National Clinical Strategy for Scotland.* Edinburgh: Publisher. Scottish Government. – as 2016a and 2016b

THE SCOTTISH GOVERNMENT., 2016b. *Health and Social Care Delivery Plan "Preventing Offending: Getting it Right for Children and Young People (2015)".* Edinburgh: Scottish Government

THE SCOTTISH GOVERNMENT., 2017. *Justice, Vision and Priorities – Delivery Plan 2017-2018.* Edinburgh: The Scottish Government.

THE SCOTTISH GOVERNMENT., 2018. *Delivering for today, investing for tomorrow: the Government's programme for Scotland 2018-2019.* Edinburgh: Scottish Government.

THE SCOTTISH GOVERNMENT., 2018a. *Age, Home and Community.* Edinburgh: The Scottish Government.

THE SCOTTISH GOVERNMENT., 2018b. *A Connected Scotland: Tackling social isolation and loneliness and building stronger social connections.* Edinburgh: Scottish Government.

THE SCOTTISH GOVERNMENT., 2018c. *A More Active Scotland: Scotland's Physical Activity Plan.* Edinburgh: Scottish Government. 188

THE SCOTTISH GOVERNMENT., 2018d. *Suicide prevention action plan: every life matters.* Edinburgh: Scottish Government.

THE SCOTTISH GOVERNMENT., 2018e. *A Culture Strategy for Scotland; draft for consultation.* Edinburgh: Scottish Government.

THE SCOTTISH GOVERNMENT., 2018f. *Rights, respect and recovery: alcohol and drug treatment strategy.* Edinburgh: Scottish Government.

SCOTTISH INTERCOLLEGIATE GUIDELINES NETWORK (SIGN). 2013. *Management of schizophrenia.* Edinburgh: SIGN; 2013. (SIGN publication no. 131).

SCOTTISH INTERCOLLEGIATE GUIDELINES NETWORK (SIGN) 2010. *Non-pharmaceutical management of depression in adults.* Edinburgh: SIGN; 2010. (SIGN publication no. 114).

STEVENS, A., 2011. Telling policy stories: an ethnographic study of the use of evidence in policy-making in the UK. *Journal of Social Policy.* vol. 40, no. 2, pp.237-255.

STONE, A., JASON, L.A., STEVENS, E. and LIGHT, J.M., 2014. *Factors affecting the stability of social net Aspen Institute on Comprehensive Community Initiatives for Children and Families., 1997. Voices from the field: Learning from the Early Work of Comprehensive Community Initiatives.* Washington D.C.: Aspen Institute.

STRAUSS, A. and CORBIN, J. M., 1990. *Basics of qualitative research: Grounded theory procedures and techniques.* Thousand Oaks: Sage.

STRINGER, E., 2007. *Action research,* 3rd ed. Los Angeles: Sage.

TRICKETT, E. J. and BEEHLER, S. 2013., The Ecology of Multilevel Interventions to Reduce Social Inequalities in Health. *American Behavioral Scientist. vol. 57, no. 8, p. 1227. WHITEHEAD, M. and DAHLGREN, G., 2006. Concepts and principles for tackling social inequities in health: Levelling up Part 1. World Health Organization: Studies on social and economic determinants of population health 2*. Geneva: WHO.

WILKINSON, R., 1996. *Unhealthy Societies: The Afflictions of Inequality.* London: Routledge.

WILKINSON , R. G. and PICKETT, K., 2010. *The Spirit Level: Why equality is good for everyone.* London: Penguin

WILKINSON , R. G. and PICKETT, K., 2018. *The Inner Level: How more equal societies reduce stress, restore sanity and improve everyone's well-being.* London: Penguin.

WIMSATT, W.C., 2007. *Re-engineering philosophy for limited beings: Piecewise approximations to reality.* Cambridge, MA: Harvard University Press.

WINT, E., 2011. Reflexivity in practice: developing a new attitude as part of teaching and engaging in participatory research and development. *Journal of Progressive Human Services.* vol. 22, no. 1, pp.68-83.

WITBRODT, J., KASKUTAS, L. A. and GRELLA, C. E., 2015. How do recovery definitions distinguish recovering individuals? Five typologies. *Drug and alcohol dependence.* vol. 148, pp. 109-117.

WONG, G., GREENHALGH, T., WESTHORP, G., BUCKINGHAM, J., PAWSON, R., 2003. RAMESES publication standards: realist syntheses. *J Adv Nurs* vol. 69, no, 5, pp1005-1022

WORLD HEALTH ORGANISATION., 2005. *Mental Health Action Plan for Europe: Facing Challenges, Building Solutions*. Geneva: World health Organisation.

WORLD HEALTH ORGANISATION., 2009. *Mental health, resilience and inequalities.* Geneva: World health Organisation.

WORLD HEALTH ORGANISATION., 2010. Prevention of acute drug-related mortality in prison populations during the immediate post-release period. Geneva: World health Organisation.
ZUKIN, S., 1995. *The Cultures of Cities.* Oxford: Blackwell.

Find out more and keep in touch:

Website: https://www.edinburghthrive.com
Twitter: @EdinburghThrive
Email: linda.irvinefitzpatrick@nhslothian.scot.nhs.uk

thrive
EDINBURGH

MARCH 2020