

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 community¹. Our ability to thrive as human beings and as a city is closely tied to our mental health.



thrive

**A Progress Update on Thrive Pillars
and Workstreams**

EDINBURGH

26 October 2021

Introduction

1. We all recognise the enormous impact that the pandemic has had on people who were already experiencing mental illness or poor mental health, the impact on our young people whose lives have been so curtailed, to people struggling with anxiety and depression; to people whose livelihoods have been threatened, to those who have experienced loss and bereavement; of people who felt lonely and isolated and who have not been able to be with their loved ones - it has been overwhelming and more than ever people have become aware of their mental health and wellbeing; of dealing with anxiety, uncertainty and fear; of being mindful of checking in with ourselves and with other people of being starkly aware of what we have all important kindness and compassion is. It is within this context that we need to reset, renew and refresh our actions that we will take forward over the next three years.
2. This document sets out the aspirations of Thrive Edinburgh, what we have delivered against our Thrive Pillars and our Adult Health and Social Care Workstreams and Change Programmes. There is a short summary of the Government's national mental health strategy and the national Recovery and Renewal plan that is in place, supported with additional funding allocations.
3. We hope that this document provides a helpful overview in advance of our stakeholder session on 29 October where we will begin to renew reset and refresh our priorities considering the pandemic,

Thrive Edinburgh

3. 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.
4. 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.
5. 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.
6. 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.

¹ Adapted from the World Health Organisation

7. The establishment of the Thrive Edinburgh Assembly, comprising a group of thought leaders gathered in one place for a common purpose, serves 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.
8. 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.

9. **Thrive Values**

All services and support commissioned to deliver on behalf of Thrive are 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 people's 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

10. **Thrive Outcomes**

As part of Thrive we have developed an outcomes evaluation framework which reflects both person centred outcomes and system/financial outcomes.

Outcomes for citizens and people using mental health services and 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-centered help, care and support.

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.



11. At the 2nd Thrive Edinburgh Conference in May 2021 the Lord Provost, who chairs Edinburgh Thrive Assembly introduced the conference by reflecting on how he would never have imagined when he chaired the first Conference in November 2019 that the world would have changed so much in this time.
12. As he welcomed the 150 participants to the virtual pace, he noted that if the last year has taught us anything it was our ability to adapt to truly extraordinary circumstances. He spoke of how when the pandemic hit and in the subsequent months, he had been overwhelmed by the immense efforts of citizens and communities responding with kindness and compassion to one another; looking out for our most vulnerable and for one another and how every sector of our city has pulled together. The Lord Provost spoke of how our vibrant 3rd sector organisations had quickly mobilised, and how was heartening to see our public sector colleagues recognising the trusted relationships that 3rd sector organisations have built up with community members and how they could quickly respond to meeting immediate needs particularly around food.
13. **Scottish Government’s Mental Health Response**
 In October 2020 the Scottish Government published the Covid-19 Mental Health Transition and Recovery Plan which captures learning over the early phases of our response, and which commits to a range of actions to further support the mental health recovery

following the pandemic. This made clear that both a whole system population wellbeing response and a mental healthcare response is needed across a range of issues resulting from and exacerbated by the pandemic. In particular the Transition and Recovery Plan set out a specific commitment for a renewal programme for mental health services to support the recovery process.

14. The Transition and Recovery Plan outlined 6 key commitments in relation to mental health services. Working with NHS Boards, mental health professionals and service users we will:
 - Implement a programme of national support to Boards based on key themes emerging from the remobilisation plans
 - Focus on supporting all NHS Boards to respond effectively to the anticipated increase in demand in the months ahead
 - Set out care standards across mental health services which align with the needs and expectations of the people of Scotland
 - Continue work to improve the quality and safety of services
 - Modernise pathways into mental health services from primary and unscheduled care services
 - Continue critical work to address unacceptably long waiting times.
15. Subsequently a draft renewal programme for mental health services outlined was published in March 2021 and this paper provided more detail of how commitments will be taken forward over the next 18 months. It also laid out a longer-term direction to support NHS Boards to respond to anticipated increased demand and to harness innovations which have allowed the NHS and partners to respond and function over this challenging time.
16. This Plan commits to ensuring that at least 10% of frontline health spending will be dedicated to mental health with at least 1% directed specifically to services for children and young people by the end of this parliamentary session. It recognises that mental health staff developed new ways to ensure people were supported with many services moving online.
17. The Mental Health Transition and Recovery Plan is backed by a £120 million Recovery and Renewal Fund over 2021/22. The Plan contains over 100 actions, which focus on four key levels of need:
 - Promoting and supporting the conditions for good mental health and wellbeing at population level.
 - Providing accessible signposting to help, advise and support.
 - Providing a rapid and easily accessible response to those in distress.
 - Ensuring safe, effective treatment and care of people living with mental illness.
18. Allied to the Transition and Recovery Plan are separate plans covering dementia, learning disability and autism.
19. There is a commitment to increase funding for CAMHS and Psychological Therapies to deal with the long waiting lists which have increased over the pandemic.

20. There is also a commitment to invest in Primary Care and by 2026, for every GP Practice will have access to a mental health and wellbeing service, creating 1,000 additional dedicated staff who can help grow community mental health resilience and help direct social prescribing.
21. On 15 October 2021 the Scottish Government launched the New Communities Mental Health and Wellbeing Fund. This is a new fund will help tackle the impact of social isolation, loneliness and the mental health inequalities made worse by the pandemic.
22. The £15 million Communities Mental Health and Wellbeing Fund aims to support adult community-based initiatives across Scotland. Grass roots community groups and organisations will be able to benefit from the funds to deliver activities and programmes to people to re-connect and revitalise communities building on examples of good practice which have emerged throughout the pandemic.
23. TSOs will be allocated the funding and will be expected to work partnership with IJBS. A short briefing on the fund was produced by EVOC and Thrive Edinburgh, this will be followed up with a second briefing as soon as the further guidance is issued by the Scottish Government. It is expected that the commissioning process will commence by the end of November 2021.
24. Appendix One sets out a summary of the new allocations (to date) and the mechanism (s) through which this funding has been / will be allocated. Several tranches of the funding come with clear guidance on expenditure and there has been a focus on the short to medium term priorities (end of 2022/23) in line with the Government's commitment to:
 - Deliver a range of service improvement to CAMHS.
 - Transform the integration of mental health within the unscheduled care setting by enhancing pathways for mental health presentations.
 - Eliminate long waits for CAMHS and Psychological Therapies.
 - Achieve our target of 90% of people referred to CAMHS and Psychological Therapies being seen within 18 weeks.
25. Thrive Edinburgh is part of an international network of cities committed to improving the mental health and wellbeing of cities. This network included Edinburgh, New York, London and Amsterdam. In Edinburgh we have focused on culture change, acting early, partnering with communities, and using evidence to drive change, in effect creating a social movement across the city encouraging talk and actions to promote good mental health and wellbeing for all our citizens.
26. In the pages that follow there is a progress update on the current four pillars of Thrive Edinburgh and the six workstreams detailed in the Adult Health and Social Care Commissioning Plan 2019 – 2022, have been reviewed and refreshed in light of the current and anticipated impact of Covid 19.
27. As we progress, we will continue to work to three values of kindness, respect and love which are at the heart of Thrive Edinburgh and have been so evident this last year, when we have seen citizens and communities mobilizing to support one another reach out to neighbours, colleagues and friends.

Progress Update: The Thrive Pillars

28. **Thrive Pillar: Change the Conversation, Change the Culture**

Mental health is everybody's business. We want that our citizens of Edinburgh are engaged in an open conversation about mental health; that mental health and wellbeing are 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 are taking 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.

29. There are a number of programmes which are helping to develop the Thrive Social Movement across the city.

30. **Oor Mad History and Mad People's History led by CAPS**

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. Building on the successful undergraduate module we introduced a Masters module in 2020. This was the first of its kind in the world and it now forms a core part of the Masters curriculum at Queen Margaret University. A community course is currently being worked on and we continue to build on our links with Toronto University who were the original inspiration for this work. November 2021 will also see the publication of a new book "Our Mad History". Ten years on from the original publication which told the story of activism in Lothian over a 20-year period this will publication focused on the last ten years.

31. **Thrive on Thursday Dialogue Sessions**

We introduced Thrive on Thursday dialogues sessions last August as a way of bringing people together to discuss a specific topic. Our aspiration was to build alliances and connections between people around and are of shared interest. Since August 2020 there have been 9 'Thrive on Thursday' dialogue sessions, which have covered a wide range of topics including Polish Men's Mental Health, LGBT Health and Wellbeing, Smoking and People led Policy focusing on the Feeley Report. We are keeping an action log so we can ensure follow-up on connections made.

32. **Thrive Website and social media**

The development of the Thrive website² and social media page began in early 2020 and launched shortly after. This contains information around Thrive and the guiding principles, our newsletters and updates. To date there have been over 40 blog posts on the website. Over the last month the Edinburgh Thrive twitter³ has reached 592 followers and had over 2,000 profile views.

² [Thrive Edinburgh \(edinburghthrive.com\)](https://edinburghthrive.com)

³ [Edinburgh Thrive \(@EdinburghThrive\) / Twitter](https://twitter.com/EdinburghThrive)

33. **ithrive and ithrive staff space led by Health in Mind**
ithrive Edinburgh⁴ is the online space for mental health and wellbeing information in Edinburgh and Health in Mind developed this through a robust coproduction process commencing in January 2020. The site provides information about local mental health and wellbeing services and support; a platform to promote positive mental health and wellbeing through connecting citizens to local activities, spaces, and places; resources to support self-help and self-management and is a resource to support the new Edinburgh Thrive Welcome Teams, Thrive Collective, Thrive Network and the wider Thrive community across Edinburgh It is fully accessible using the recite tool which translates in to 90 community languages.
34. A second stage development for ithrive is now underway. This will include a password protected area for staff including Thrive Welcome Teams, Primary Care Mental Health Nurse, and Community Link Workers. The area will allow for more coordinated and timelier referral for citizens as well provide a space for sharing knowledge and learning. This is due for launch in January 2022.
35. **Thrive Newsletters**
Since December 2018 we have distributed over 35 newsletters. Initially these were monthly but as the pandemic hit, we made these more frequent to every two weeks, as we wanted to help bring people information, hints and tips to keep themselves safe and look after their wellbeing. Our newsletters feature a whole variety of information and we invite contributions from all partners and topic areas. Our distribution now reaches over 900 individuals and organisations – we will continue to grow this.
36. **Thrive Assembly**
The Thrive Edinburgh Assembly is a system leadership partnership, with clarity of purpose and an overview of the mental health and wellbeing landscape in Edinburgh. The Assembly focuses on prevention and place, exerting leadership across the council, place, and the health and care system, including member’s individual organisations; provides challenge, support and inspiration to partnership boards across the city that have a direct influence on the social determinants of care; develops and promotes a city voice for mental health and wellbeing which is able to influence beyond organisational and city boundaries, including national and international government bodies and policy.
37. **Stigma and Discrimination**
See Me have an exciting new campaign which Thrive Edinburgh will be supporting. The campaign is calling on the people of Scotland to come together and join the movement to end mental health stigma and discrimination. The campaign is encouraging people across Scotland to make a difference by boosting their understanding of mental health and the impact of stigma. We will get involved through: Sharing the campaign across our network; Encourage people to organise their own local events and download the See Me activity pack; and encourage its use in school, youth, and work settings. We will also be convening a task group to see how we can do more specific and targeted work in Edinburgh.

⁴ [iThrive | Home \(ithriveedinburgh.org.uk\)](https://ithriveedinburgh.org.uk)

38. Thrive Pillar: 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. Data collection and analysis are a key part of any evidence-based decision-making process. When providers routinely use real-time data on individual care outcomes, it can markedly improve their ability to ensure that the patient is receiving the right care in the right order.

39. User led research – led by CAPS

There are four 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 experienced trauma people who have attracted a diagnosis of personality disorders and people with eating disorders.

40. Experiences of Eating Disorders - "Seen but not heard"

In September 2019, the Eating Disorders Collective Advocacy group hosted their own lived experience conference in Edinburgh to identify potential topics in the community needing addressed. From this the following topics were identified:

- The difficulties faced by men trying to access eating disorder services. The interest from the 60 audience members showed the need and desire for more knowledge in this area.
- People from the LGBT+ community facing eating disorder issues
- Transitioning from young people's services to adult services. The two services have very different ethos and cultures which lead to a sudden change in people's experience. The stories told were far from positive but came with ideas and recommendations which would make huge improvements for people.

41. Experiences of trauma

The aim of the project is for people who have experienced trauma to come together, have a collective voice and create change. The group decides what it wants to do (it is experience-led) and has a CAPS staff member to enable/facilitate its decisions. The group have, in the past, been involved in consulting on the redesign of the new Rivers Centre – Lothian's centre for complex trauma and Scotland's ACE aware agenda.

42. Experiences of psychosis

The aim of the project is for people who have experienced psychosis to come together, have a collective voice and create change. The group decides what it wants to do (it is experience-led) and has a CAPS staff member to enable/facilitate its decisions. Ther group have collected the views of people with lived experience of psychosis, used people's views and experiences to create resources and training and explored different ways to get information about people's experiences across.

43. **Experiences of personality disorder – “Much More than a label”**
 This long standing group have produce wealth of material over the years including a comprehensive toolbox and short film. They have been a key part in developing the recently launched national network for personality disorder.
44. **Thrive Collective – new service user led research by Media Education and CAPS**
 As part of the Thrive Collective commissioned services which commenced in December 2020, CAPS have employed a new part time collective advocacy worker to facilitate two new areas of work with black and minority ethnic communities and young parents. Media Education will collaborate with people with lived experience of mental health issues from specific communities of identity and interest to form a Lived Experience Advisory Group and two Lived Experience Media Teams in voluntary and paid roles. The project will be based at The Space in Dalry, Edinburgh - a cross-cultural community venue.
45. **The Thrive Exchange**
 The Thrive Exchange was launched in the summer of 2020 with 55 people joining this Community of Practice. The Thrive Exchange is a group of people with an interest in research who are committed to changing practice through evidence; harnessing the expertise we have in Edinburgh; building a sustainable research culture; promoting the role of research and development in securing mental health and wellbeing improvements across Edinburgh.
46. The group have met on 3 occasions to explore Mad Studies research led by Dr Elaine Ballentyne, Empathy Anomalies in Borderline Personality Disorder led by Dr David Hayward and the experience of patients at the Royal Edinburgh Hospital led by Mark Sommerville. These exchanges have provided a space to discuss different approaches to research and have led to interesting and though provoking discussions
- 47 **Lothian Education and Recovery Network (LEARN)**
 This well-established network provides learning opportunities about mental health and wellbeing. These workshops are one of many ways people with lived experience of mental health issues can speak up about what matters to them, which is why we describe LEARN as Education as Advocacy. Members of CAPS’ Collective Advocacy groups develop and deliver the workshops and anyone who works, lives or studies in the NHS Lothian area. People with lived experiences, carers, students, workers are all welcome to take part in a workshop.
48. There are several workshops running including:
- A Human Experience: Living with mental health issues.
 - Exploring Experiences of Psychosis: The Experiences of Psychosis collective advocacy group have developed a unique day-long workshop which uses creative expressions to provide an opportunity for shared learning and discussion on what it’s like to experience psychosis.
 - Seen But Not Heard: Understanding Eating Disorders: This is a half-day session by the Eating Disorder collective advocacy group which helps participants understand a little of the experience of people with a range of eating disorders and gives them the opportunity to think about how they can help people they know and themselves.

- Much More Than A Label: Understanding Borderline Personality Disorder - This is a two-day course based on a big piece of research the Personality Disorder group did a few years ago about what the experiences of people who get this diagnosis are, what they consider helpful from services and others and what can get in the way of them recovering.
- CAPS are developing a new online workshop, based on the Oor Mad History project, which is a community history of the user movement and collective advocacy in the Lothians. We'll talk about how people with lived experience of mental health issues have been actively involved in changing mental health services, policy and perceptions.

49. Partnership PhD Programmes with Strathclyde, Queen Margaret, Yale and City of New York Universities

Over the years we have established jointly funded PhD partnerships with Queen Margaret and Strathclyde Universities. The later having an international dimension with our New York City Thrive partner. These have been focused on establishing robust research and evidence for practice-based developments. We will continue to grow this unique programme.

50. Partnering with Communities

Mental health is a deeply personal issue, and when people are ready to seek help, they often turn to the people with whom they are closest, both emotionally and geographically. This could include family members, friends, faith leaders, neighbourhood elders, or a friendly staff member at a local civic organisation. These are the same people who are often our most important sources of support, well-being, and mental health.

51. If we want to improve the mental health of the citizens of Edinburgh, then we must help both community organisations and individual community members connect with each other. We must provide them with the options and information they need to be of service when one of their neighbours is dealing with a mental illness and recognize that strengthening social ties and creating vibrant communities is the foundation for mental health. We must speak their language, in every sense. And we must respect and enhance the central — and often driving — role they can play when it comes to designing, targeting, prioritizing, testing, and implementing mental health solutions.
52. We have a long tradition in Edinburgh of partnering with community stakeholders and organisations to provide the resources, training, and planning methods they need to both help individuals and also engage entire communities. This work recognizes that the stigma of mental health is real, and if we want to expand the range of treatment and promotion options, promotion options, then we must also broaden the range of people who are able to act.
53. Our success in this work will be judged according to two factors:
Community resilience characterizes the extent to which a community as a whole can respond to the emotional challenges, traumas, or burdens it faces. A community's resilience is linked to its schools, organisations, economic fabric, social places, and physical space.

Collective efficacy is the mutual support and social cohesion that exists among people living in a community.

54. Both factors shape, but can also be shaped by, the presence of social supports, securely bonded families, and the value placed on emotional self-care in communities — all of which can be purposefully supported and nurtured. In this interaction community resilience and collective efficacy protect community members from threats to mental health and are themselves bolstered by efforts that improve and promote the mental health of individuals. Mental health specialists can therefore play a crucial role in supporting this virtuous cycle by helping communities promote mental health activities and government can also support policies that address income inequality and insecurity, discrimination, and social instability. We will continue with and develop more develop initiatives across the city to build community resilience and collective efficacy.
55. **Thrive Line**
Over the past 3 years we have been developing the Thrive Line – a network of spaces and places across our city that can promote positive mental wellbeing. This has included providing training to partners (101 to date) across settings for places and spaces awareness training which has been developed using attachment theory as a basis.
56. **Thrive Arts Programme**
The Thrive Arts Programme has been going from strength to strength. Edinburgh has been a major partner in the Scottish Mental Health Arts Festival (SMHAF) since its infancy. The pandemic may have challenged how people participate but it hasn't blunted people's enthusiasm and love of the arts which is evident through SMHAF. We continue to support people to host events for SMHAF with our small grants programme. Every year we have new artists and organisers join us creating new connections and conversations in our communities and challenging the stigma around mental health. We have recently finalised our 2021 report from SMHAF which is full of inspiration and sparks to ignite further.
57. The Out of Sight, Out of Mind has now returned for its ninth year with an inspiring and beautiful exhibition being hosted at Summerhall in real and in the outline space⁵. The exhibition presents 100 artworks made by people who have lived experience of mental health issues.
58. The exhibition is organised by people who have lived experience of mental health issues and the organising committee have always viewed it as 'an exhibition for all'. With mental health and wellbeing having been discussed so widely in the public realm during the past 18 months, the exhibition returns this year with even more relevance
59. As part of the Thrive Collective commissioning process Arts for Advocacy (CAPS) will, to administer and coordinate our participation in SMHAF and OOSOOM, this commitment emphasises our commitment to participatory arts.
60. To celebrate World Mental Health Awareness Day, which happens on 10 October every year, in 2020 created Thrive Fest and have just finished hosting our second one. hosted

⁵ <https://www.outofsightoutofmind.scot/>

our second one. The first year due to the pandemic all events were hosted online. The benefit to this was that it made it easier for us to join and celebrate with our sister Thrive cities London and Amsterdam. This year we had the opportunity for some physical events. Like SMHAF we support artists and event organisers to participate through our small grants programme. Each year we are learning which will be taken into next year's events.

61. **Strange Town Theatre Company**

As part of Thrive Get into Summer Programme, Strange Town created an opportunity for 14–18-year-olds to work with directors and young writers to create four new plays. The city of Edinburgh was a backdrop/character in the new plays. The project began in late June and the plays were shown as rehearsed readings by Strange Town young actors at the end of August. The four new plays were performed, and these performances filmed.

62. **Strange Town Touring Company**

This has led to a new programme of inspiring challenging and uplifting theatre for secondary school audiences in Edinburgh. This is new programme will enable young people to; access an affordable opportunity to experience high quality theatre; engage with theatre that is pertinent to their lives; Start discussions on topics raised through watching the plays; Enjoy a different learning experience during the school day; Learn about other potential career paths and think differently about their world. This will be delivered by creating an annual programme of inspiring, challenging, and uplifting theatre for young audiences with a minimum of two plays a year over three years to Edinburgh secondary schools. Programme will develop networks with youth organisations to ensure we create theatre that is relevant to young people and where appropriate seek to form partnerships with other organisations to widen and deepen the learning experience of the young people. Finally, we will create a legacy of high-quality scripts and productions

63. **Thrive Film Club**

We are so delighted to be partnering with the Filmhouse on the Thrive Film Club which will be an opportunity for film lovers to come together to watch, discuss and debate films – local to international!

64. **Thrive public information stalls**

Building on our partnership working over suicide awareness week, and hate crime week we will hold information and public awareness stalls in local communities and at targeted larger events beginning in December 2021 with a focus on looking after with mental health and wellbeing during the winter season, Throughout the calendar year we have many national weeks and awareness days such as mental health week, eating disorders week, and we will coordinate our stalls around these working with relevant partners and stakeholders from across the city.

65. **Greening Up**

Thrive Edinburgh are currently working with partners including the Thriving Green Spaces 2030 Team, the Botanical Gardens Network Rail to secure space to create more urban gardens and spaces for people to use for meaningful activities. More and more throughout our city we want to see little plots of gardening popping up which people can not only use for recreation but nourishment too.

66. Act Early

Prevention and promotion must be at the core of any public health campaign and strategy. Broadly speaking, promotion efforts focus on helping people develop resilience, strong attachments and protective factors, and mindfulness. Prevention efforts are designed to help people avoid illness before they get sick, or to treat problems early. Acting early is about helping our citizens to promote their emotional fitness and resilience — which means that more of us will develop positive coping skills, fewer of us will develop mental illness, and those who do will recover more quickly and completely. We are focusing on two key areas early childhood support and early diagnosis and linkages to care for vulnerable populations.

67. Game On - Thrive Edinburgh, Hibernian Community Foundation, the Through Care After Care Service, Cyrenians and Hibernian Football Club

This new innovative will support care experienced young people engaged with the City of Edinburgh Council's Through Care After Care service. Game On has been built around the power of football and will deliver a programme framed on seven domains (Communication; Confidence & Agency; Planning and Problem Solving; Relationships & Leadership; Creativity; Resilience & Determination; and Managing Feelings) which will offer skills building and experiential learning on different career and educational opportunities within the game and business of football. Young people will develop their learning plans with a named worker from the Game On Team and a 'supporter' will be identified from the Hibernian 'family' who can support the young person to progress with their personal learning and development plan. There will be three different age cohorts for this programme and the first cohort is scheduled to begin in late October.

68. Get into summer

As part of the Scottish Government's 'Get into Summer' Programme, Thrive partnered with the Mental Health Foundation to secure funding to support young people's mental health and wellbeing. We were able to provide grants to 22 community organisations across the city to support them in delivering summer activities that promoted opportunity for the young people to play, socialise and connect and provide that wellbeing focus. 72 staff from the involved organisations took part in the StressLESS training delivered by the Mental Health Foundation which they adapted for use within their own activities as it provided engaging and interactive ways to open up the dialogue around mental health and wellbeing. There were around 2,400 young people who participated in the programme, many of which were experiencing living with complex needs, being care experienced, living with disabilities, experiencing mental health problems and much more. In order to address these inequalities, the organisations provided over 50 activities which included trips, sports, arts, music and outdoor and also ensuring hot meals across the city.

69. Beyond Summer – plans for building on the collaborative efforts to date

Thrive Edinburgh, the Mental Health Foundation and the delivery organisations came together in September to celebrate the success of the 'Get Into Summer' programme and explore how best to continue the extensive collaborative working. In light of some underspend from the Scottish Government funding, it has been agreed that there will be 3 programmes developed with Cyrenians, Scran Academy and Strange Town which will continue to support young people's mental health and wellbeing.

70. Scran Academy

The work of Scran Academy is going from strength to strength and helping to create a network of support for children and young people across the city. This is an innovative skills and employability programme specifically for young people experiencing exclusion and wider life barriers in Edinburgh. They have seen a growing need for services that support young people to be successful in learning and work. Whilst they have previously supported many young people to transition into work and industry training, the Scransitions programme will be Scran Academy's first dedicated employability offer. This partnership offers immediate and exciting opportunities to ensure youth skills and employability support can be central to the work that we are doing. Thrive has recently agreed a 3-year SLA for Scransitions.

71. Something to eat, Someone to eat with- Cyrenians

There is very strong evidence that suggests that family mealtimes play an important part in building young people's social skills; aid development of resilience and improve mental well-being. Thrive has partnered with Cyrenians to develop Something to Eat, Someone to Eat which aims to develop greater levels of social cohesion by promoting the links between food and physical/mental wellbeing. This new partnership will focus on young people learning new skills and abilities; developing a sense of belonging and self-worth; enjoying the 'here and now'; creating new friendships and relationships; Improve awareness of the world around us.

72. We are also beginning conversations with the City of Edinburgh Council and Capital City Partnership on how we can develop specific support and served for 16 – 25 age group.

73. **Making it Clear** – is a resilience framework 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.

Thrive Adult Health and Social Care Workstreams

We have six workstreams covering 35 change programmes.

74. Workstream 1: Building resilient communities

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.

75. **Change Programme 1 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.
76. Currently training is provided by Living Works Start for front line staff and it is hoped that ASIST training may come back on stream soon. The Mental Health Improvement, Self-Harm and Suicide Prevention team at Public Health Scotland and NHS Education for Scotland will host four one-hour Masterclasses across mental health, self-harm and suicide prevention between November 2021 and March 2022. Building on the 'Ask, Tell, Respond' resources, the masterclasses are aimed at those working at Enhanced and Specialist levels in health, social care and the wider public workforce (levels as set out in the mental health improvement and suicide prevention framework⁶).
77. **New suicide prevention strategy and action plan**
In June 2021, the Minister for Mental Wellbeing and Social Care announced that a new suicide prevention strategy and action plan would be published jointly by the Scottish Government and COSLA in September 2022. They are now reaching out to people across Scotland, to hear about what is working well and about what could work better to help reduce suicide. This will help shape the new Suicide Prevention Strategy. A new national strategy on suicide prevention for Scotland is currently being developed. On 28 September a session with Edinburgh stakeholders was held. This was facilitated by Public Health Scotland and COSLA and the outputs are being written up and will be shared with the steering group and fed into the national work
78. **Change Programme 2** - Improve the pathway for students across colleges and universities to access care and support statutory services.
79. We continue to host Thrive Students which have representation from across College and University settings across Edinburgh as well as statutory, and voluntary sector colleagues. The main aim is to promote positive mental health and wellbeing through our student populations.
80. One particular piece of work we are developing is around creating better pathways of support for our students and ensuring services and supports are joined up effectively to facilitate this. A big part of this is ensuring we have good, shared communications across the system and for students and developing a data sharing agreement between the partners. This has been challenging but we continue to work on this.
81. We are currently exploring opportunities in providing staff within wellbeing services with Interpersonal Psychotherapy Counselling training.
82. Many students have engaged and participated in our Thrive Arts programme which we can build upon.

⁶ [Mental health improvement and suicide prevention framework | Turas | Learn \(nhs.scot\)](#)

83. We continue to host the Thrive Students Network which have representation from across College and University settings across Edinburgh as well as statutory, and voluntary sector colleagues.
84. **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.
85. Our Edinburgh Wellbeing PSP commissioning came to an end in November 2020. During its time it brought together a variety of partners who had a commitment for promoting physical activity and greenspaces for our citizens. The relationships built over this time have continued and now and as part of our Thrive Collective Procurement we were delighted to commission the physical and green collective for the next 5 (plus 3) years. The partnership is formed of Edinburgh Leisure, Edinburgh Lothian Greenspace Trust, Cyrenians, and SAMH. They are committed to ensuring that everyone can get active and connect with their natural environment to protect their physical and mental health. The types of activities they are delivering include: knowledge of greenspace and locations; Supporting people to physically connect with their environment; Walking and Jogging; Conservation activities; Community Gardens
- 86. A Place to Live**
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.
87. **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.
88. The commissioning of Supported Living Services and Visiting Support Services are underway with comprehensive procurement timeline and Service Specifications developed by a Co-Production group. The tender is now live, and submissions are currently being evaluated.
89. **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.
90. “Bringing Tech Home’ pilot at Wayfinder Grade 4 supported accommodation services. The pilot was conducted between Cyrenians, Support for ordinary living (SOL) and Edinburgh Council. The pilot was a success with clients able to live independently and a new responder service was set up replacing the Sleep Over service.

91. Living Digitally – An Evaluation of the CleverCogs™ Digital Care and support System’ commissioned by the Carnegie UK Trust and conducted by Just Economics, funded by the Scottish Government. The report includes key findings which have been shared with “A Place to Live” commissioning and review group for future developments.
92. **Change Programme 6** - Provide additional Wayfinder Grade 5 intensive rehabilitation in community settings for women with multiple and complex needs.
93. Please see paragraph 177.
94. **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
95. We are working with colleagues to develop a service specification for this much needed development.
96. **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.
97. Within the last three years we have 22 new tenancies with support at Firrhill and St Stephen’s Court. We have been working closely with Housing Colleague to identify spaces within the Council’s new housing builds and developments.
98. **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.
99. PHD studentship has resumed to analyse the data collection for grades 4, 3 and 2 supported accommodation which had to be put on hold due to C ovid-19 pandemic.
100. **Get help when needed**
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.
101. **Change Programme 10** - Introduction of open access “Thrive” centres across the city with multi agency and multi professional team input offering 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; psychoeducation; 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.

102. As part of Living Well UK, supported by the Big Lottery, we have developed the Thrive Welcome Teams – our new multi-disciplinary, multi skilled teams in the community for mental health and wellbeing support. The process of designing these teams has been truly collaborative and continues to be. We began prototyping these teams in February 2020 and despite the pandemic, small multi -agency and multi-professional teams have worked with over 500 clients using the Thrive Conversation and tools – beginning the conversation what can we help you with.
103. Acceleration of Thrive Welcome Teams - The four prototype Thrive Welcome Teams were established between February and June 2020. The integrated statutory and third sector teams working with people in distress and experiencing mental health problems were established during the pandemic (February to June 2020) and staff have worked tirelessly and innovatively to create a single team working to shared values and a shared practice model. Prototyping has been limited to the teams working with people currently on waiting lists for secondary mental health treatment i.e., who had been referred by GPs initially to locality mental health services who assessed and triaged and assigned to treatment waiting lists. The statutory staff were seconded from current roles to the prototyping team was small (2.5 WTE per team), however staff were often unable to commit to this to service pressures with Primary Care Liaison Teams.
104. In July the EHSCP's Executive Management Team agreed that the acceleration of the Thrive Welcome Teams be enacted a year earlier than originally planned (PCLT Staff referring into Thrive Welcome Teams through a formal organisational review process). Following due governance, this process began in late August and is expected by be completed by mid-November. This will increase the statutory input to approximately 11.5 WTE and 6.00 WTE 3rd sector staff per locality Thrive Welcome Team
105. The Thrive Collective – As the Edinburgh Wellbeing PSP was coming to an end and in parrel to the designing of the Thrive Welcome Team we undertook our new commissioning cycle – Thrive collective Procurement. The journey took us from September 2019, through a pandemic, to June 2020, with new contracts beginning December 2020. This was a challenging but productive process with lots of learning. The newly commissioned 3rd services commenced on 1 December 2021. In addition to the input to the Thrive Welcome Teams 3rd sector staffing (peer workers and senior support workers) this includes:
 - Thrive Locality Teams - a range of flexible, person centred emotional, psychological and social support
 - Places and Spaces - Providing safe places for people to connect that are inclusive but not exclusive; maximising use of the city's assets; include a focus on evening and weekend opening
 - Physical Activity and Green Spaces - Maximising city's green and community assets to improve peoples' physical and mental health

106. Direct referrals to these services can be made by the Primary Care Mental Improvement Funded Mental Health Practice Nurses and Link Workers; referrals are not required to be routed through the Thrive Welcome Team.
107. Thrive Information Stations - Building on the successful Mental Health information Station it has been agreed that Thrive Information Stations will be developed in each cluster. Work is underway to finalise the spaces where these will happen which will be weekly at a consistent time and day of the week. Staffing for these will be drawn from the Thrive Collective services.
108. During this last year we have been working closely with our Primary Care Colleagues and are currently finalising plans for training for link workers and nurse practitioners in Decider training and IP, further development of the national Distress Brief Intervention programme.
109. **Change Programme 11** - Refreshed DCAQ Improvement and investment plans to improve access to psychological therapies, this links to the development of Thrive Centres.
110. We continue to have significant numbers of people waiting over 18 weeks for psychological therapies. Detailed trajectories of how we will ensure that no patients wait longer than 18 weeks by March 2023 have been agreed by NHS Lothian and signed off by the Scottish Government. Additional funding has been allocated to recruit more staff to focus on those who have waited longest.
111. We are working closely with our psychology colleagues to ensure that there is a clear pathway between Thrive Welcome Teams and Psychology Services for people who require a formal psychological therapy.
112. **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.
113. With stakeholders we have developed the Edinburgh Thrive Redesign Urgent Care Plan and over the next three months we will:
 - Convene a session to create an implementation plan
 - Set up a knowledge exchange session with staff trained in Interpersonal Psychotherapy – Acute Crisis (IPT-AC) with staff from MHAS/ IHTT
 - Develop peer support as part of the model and link this with our peer community of practice.
114. Connected to this is the future direction of the Crisis Centre, currently it continues to provide 24/7 support. We intend to extend the contract to take time to look at how we use it as part of the whole system approach to urgent unscheduled care. We have an opportunity to ensure our services and support meet the needs for all citizens experiencing distress and crisis.

115. Similarly, we have an opportunity to ensure we have a vision of where Street Assist support our night time economy and ensuring people are kept safe and feel safe at night time.
116. **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
117. Additional staff to deliver psychological therapies and create a more psychologically informed environment were recruited to work in Edinburgh Prison. Funding was also allocated to create an Occupational Therapy service within the prison setting
118. Capacity of senior nursing staff at the Royal Infirmary of Edinburgh to deliver a brief four session psychological intervention (Interpersonal Psychotherapy- Acute Crisis) was enhanced.
119. Action 15 funding was also allocated to the Custody Services to ensure that people could in custody had access to mental health staff for assessment.
120. **Change Programme 14** - Introduce Prospect test of concept in primary care settings which may have the potential to transform the primary care workforce.
121. In order to test the concept of embedding a clinical psychologist within a GP practice, action 15 funding was allocated for two consultant clinical psychologists across two separate practices in Edinburgh. The psychologists had direct patient contact via rapid open access clinics where they were able to conduct assessment and formulation. Additionally, they offered reflective practice, advice and consultancy for GP staff, as well as timely input to reduce levels of mental and emotional distress. Impact for this was assessed through clinical activity, patient satisfaction and semi-structured interviews with patients, staff and psychologists.
122. It was found that the psychologists allowed rapid and easier access to psychology appointments which addressed health inequalities and often prevented the need for secondary care. This integrated approach reduced concerns around waiting times, provided the ability to deal with more complex mental and physical health presentations across the lifespan, and added benefit of on-site psychological expertise in terms of advice and consultancy around the psychological aspects of complex and hard to help patients who needed to be managed in general practice.
123. The test of concept evaluation and recommendations on embedding psychologists in primary care are currently being considered by Primary Care leads.
124. **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).
125. The Psychological Therapies Governance Board will be reviewing the Rivers model early in the new year.

126. **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
127. Work is currently underway within the Scottish Veterans Care Network (SVCN) to develop a Mental Health Action Plan to ensure that all veterans in Scotland can lead a healthy, positive life and reach their full potential through access to high quality mental health and wellbeing services that are tailored to meet their bespoke needs. The SVCN have worked extensively with veterans, the health and wellbeing working group, NHS and 3rd sector partners, Integration Joint boards and the Ministry of Defence nationally to develop the action plan. They understand that there is a need for access to veteran specific mental health and wellbeing services, peer support, a central resource hub and support for those supporting veterans.
128. The Live Life partnership is based on the principle that stress and mental and physical health difficulties can affect not just a veteran but the whole family unit. They use their collective expertise, in areas such as mental health, mediation, coaching, drama and horsemanship to reduce the stress often experienced by veterans and their families. The aims of the partnership are to promote positive family relationships, reduce family conflict, promote positive communication, and build resilience. To date the partnership have provided support to 219 individuals; 110 of which are aged under 16.
129. Presently, funding is being sought under the Places, Pathways and People grant fund to develop the Scottish Veterans Wellbeing Alliance which will provide spaces and places across Scotland where veterans and families can connect, receive and provide support, learn new skills and benefit from activities delivered by a compassionate workforce striving to nurture relationships with all who have an interest in veterans' health and wellbeing.

130. **Closing the Inequalities Gap**

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. 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

131. **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.

132. The Works continues to be delivered to adults with mental health problems in Edinburgh. Their recent external validation demonstrated the effectiveness and success of IPS for this client group.
133. In January 2022 we will commence a review of support available for people with mental health problems in relation to education, employment and volunteering the employability. We will work with our colleagues in the Capital City Partnership and the City's Regional Deal on this review.
134. **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
135. We are beginning to work closer with colleagues in long term conditions and are exploring how we can strengthen our approach to people with long term physical conditions and mental health problems.
136. We recently held a very interesting "Thrive on Thursday" which explored smoking and mental health and the impact of tobacco on medication. This session demonstrated the importance of ensuring we are linking with a wide range of colleagues in terms of improving people's physical health.
137. A service level agreement with EARS to provide independent advocacy support and representation to those people in Edinburgh, West Lothian, East Lothian and Midlothian who have survived a Stroke is in place and being renewed for a further three years
138. **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.
139. New arrangements have been put in place for Housing First delivery in Edinburgh. We are keen to develop this further and would like to explore ideas around this further with colleagues.
140. **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
141. The Re:D Community of Practice has not been active in a while however the work led to a number of innovative service development across substance misuses, community justice and mental health services which have now been mainstreamed. This includes clinical psychology within the Willow Service, psychology within prison settings and peer workers at Cyrenians.
142. The Government's welcomed focus on ensuring the whole of the Scottish workforce is trauma informed and how we are taking forward this in Edinburgh should build on the work that Re:D did.

143. Rights in Mind

We are committed to ensuring that people understand their overarching human and legal rights and that staff working in mental health statutory 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

144. **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.)
145. **Mind Our Rights – experience led education programme led by Patients Council: Edinburgh Carers Council and CAPS**

This newly commissioned programme builds on earlier innovative approaches such as the Lothian Recovery Network, the LEARN experience led education programme, the development of Oor Mad History social history project and accredited under-graduate and Masters programme, and the Changing Lives narrative research. This innovative project will meet the PANEL principle requirements by ensuring that users and carers are fully participating in human rights training, are helping hold professionals to account, promoting non-discrimination and equality approaches, are actively engaged in their own empowerment, and are promoting better understanding of legality and rights.
146. The MOR team will raise awareness of the practical implications of human rights amongst health and social care staff across Edinburgh’s community and hospital settings. Bottom-up approaches to human rights education, which begin with the experiences of users and carers and then connect these up to the key principles and concepts of modern human rights will provide the basis for accessible and effective training of frontline staff and raising awareness of their duties. This should lead to a fairer and more compassionate local mental health system. The promotion of rights-based care and what this means in practice can most effectively be delivered by people with lived experience of using services or caring for someone who does.
147. The Rights in Mind Partnership have been meeting over the last 18 months and have developed a comprehensive action plan which multiagency and multi professional task groups are taking forward.
148. The participation event which informed the action plan highlighted that in health and social care settings, staff need to reframe the question of what is the highest standard of “health” which includes both physical and mental health to “how satisfied are you with your health?” Outcome measures are being reviewed to identify how we can best measure this.
149. The Action Plan recognised that communication and language are important. If human rights are universal there should also be a universal understanding with accessible

language reflected in all published information on support and access to services. We are in the final stages of preparing wide distribution of information to stakeholders.

- 150.. Detention under the Mental Health Act (Scotland) is often used to bring about emergency care in response to distress and need, rather than sticking to the grounds for detention. We are in the process of producing a report on the use of detention in the city to allow for a better understanding and monitoring of the use of detention.
151. **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
152. A Service Level agreement with Edinburgh Carers Council is in place to provide individual and collective advocacy and information to carers who support someone who uses mental health services or who has mental health difficulties and is experiencing a period of transition. For example, people they support may be moving from hospital rehabilitation wards to community living or from children's (CAMHS) to adult mental health services. The service is also for carers of people in mental health settings who will be returning to Lothian from 'out of area' placements or for those moving from Lothian to 'out of area' placements This is being renewed for a further three years.
153. A service level agreement is in place with Edinburgh Carers Council which supports mental health carers in collective advocacy and consultation regarding services and service planning and increasing joint working with mental health carers issues in partnership with a range of statutory and voluntary agencies.
154. **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, it involves the carer in the discharge planning process.
155. Through the Carers Strategy and commissioning process there has been new investment in a range of support for carers.
156. VOCAL have been funded through our Thrive Collective procurement for 5 years (plus3). The focus of the project is to encourage carers and mental health professionals to work in co-production, to develop a Carer Engagement Service. An independent service which will support mental health services to develop or improve the involvement of carers in shaping Edinburgh's mental health services for the future.

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

158 A service level agreement with Advocard to provide Individual advocacy services for any prisoners in HMP Edinburgh is in place and being renewed for a further three years.

159 The co-production to commission individual advocacy has now commenced.

160 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.

161. Thrive Edinburgh is committed to building the capacity of peer support across the city. Over the past couple of years through the peer collaborative and now commissioned as part of our Thrive Collective Procurement.

162 The areas we are focussing on as a community are: Building awareness and understanding of peer practice, challenging stigma, promoting accessibility; Providing opportunities for sharing and exploring ideas together

163 A stakeholder event took place at the end of September. This explored further the role of the peer worker and how it could be developed further within a range of mental health services.

164. Meeting the Treatments Gaps

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 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.

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

165. **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.
166. We have not really explored this further but are keen to check in and see if this is still an approach that people want to explore.
167. **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.
168. There is an opportunity to work with Health Improvement Scotland as a pathway site to support mental health and drug and alcohol services - including both public and third sector organisations - to develop more person-centred approaches. The aim of this work is to support local areas to develop a model that suits local needs, is developed through partnership and ensures people are put at the heart of design and delivery. It is important that people with lived and living experience are able to input and contribute to the design of services, ensuring no door is the wrong door particularly for those at most risk.
169. **Change Programme 29** - Integrated Care and Support Pathways
Review our current pathways (Bipolar, Schizophrenia, Neuro-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 NICE⁷, 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.
170. **Eating Disorders** - As part of Thrive Edinburgh we have been supporting continued service user research in Edinburgh through CAPS Advocacy. This will continue with a new focus on:
 - The difficulties faced by men trying to access eating disorder services.
 - People from the LGBT community facing eating disorder issues

⁷ [SIGN: Scottish Intercollegiate Guidelines Network: NICE – National Institute for Health and Care Excellence](#)

- Transitioning from young people’s services to adult services. The two services have very different ethos and cultures which lead to a sudden change in people’s experience.

171 The Scottish Government recently announced new funding for eating disorders. A pan Lothian group are working on plans for this funding in line with criteria outlined.

172. **Personality Disorder**

A new National Network for personality disorder was launched in October 2021. Through the Meeting Treatment Gaps Review and Commissioning Group improving our responses for people with personality disorder has been identified as a priority. A task group will be set up and meet in December to take forward service improvement work.

173. **Perinatal Mental Health**

The Scottish Government published the Perinatal mental health services needs assessment and recommendations in March 2019. The report makes recommendations across all tiers of service delivery, with the aim of ensuring that Scotland has the best services for women with, or at risk of, mental ill health in pregnancy or the postnatal period, their infants, partners and families. It places particular emphasis on the development of expertise by all professionals involved in maternal and infant mental health care and the importance of close working links between different services that women encounter. It aims to ensure that women receive the right level of clinical expertise and seamless care, wherever they live in Scotland. It recognises the need not only to care for the woman experiencing ill health, but also to promote best outcomes for her infant and support for fathers, and others who are parents. A pan-Lothian action plan has been developed to take forward the recommendations and new investments in the mother and baby unit, community services and infant mental health are underway.

174. **Bipolar Disorder**

In Edinburgh we have very active peer groups supported by Bipolar Scotland (for both young adults and adults above 25). We would like to commit to doing further work with this care pathway and invite the peers groups to lead on this.

175. **Neurodevelopmental disorders**

The Scottish Government recently published the development of principles and standards of Care for Children and Young People which sets out seven standards for services to support children and young people who have neurodevelopmental profiles with support needs and require more support than currently available. We are anticipating the publication of the adult standards shortly. A Task Group to take forward work in this area will be established and meet for the first time in late November.

176. **Schizophrenia**

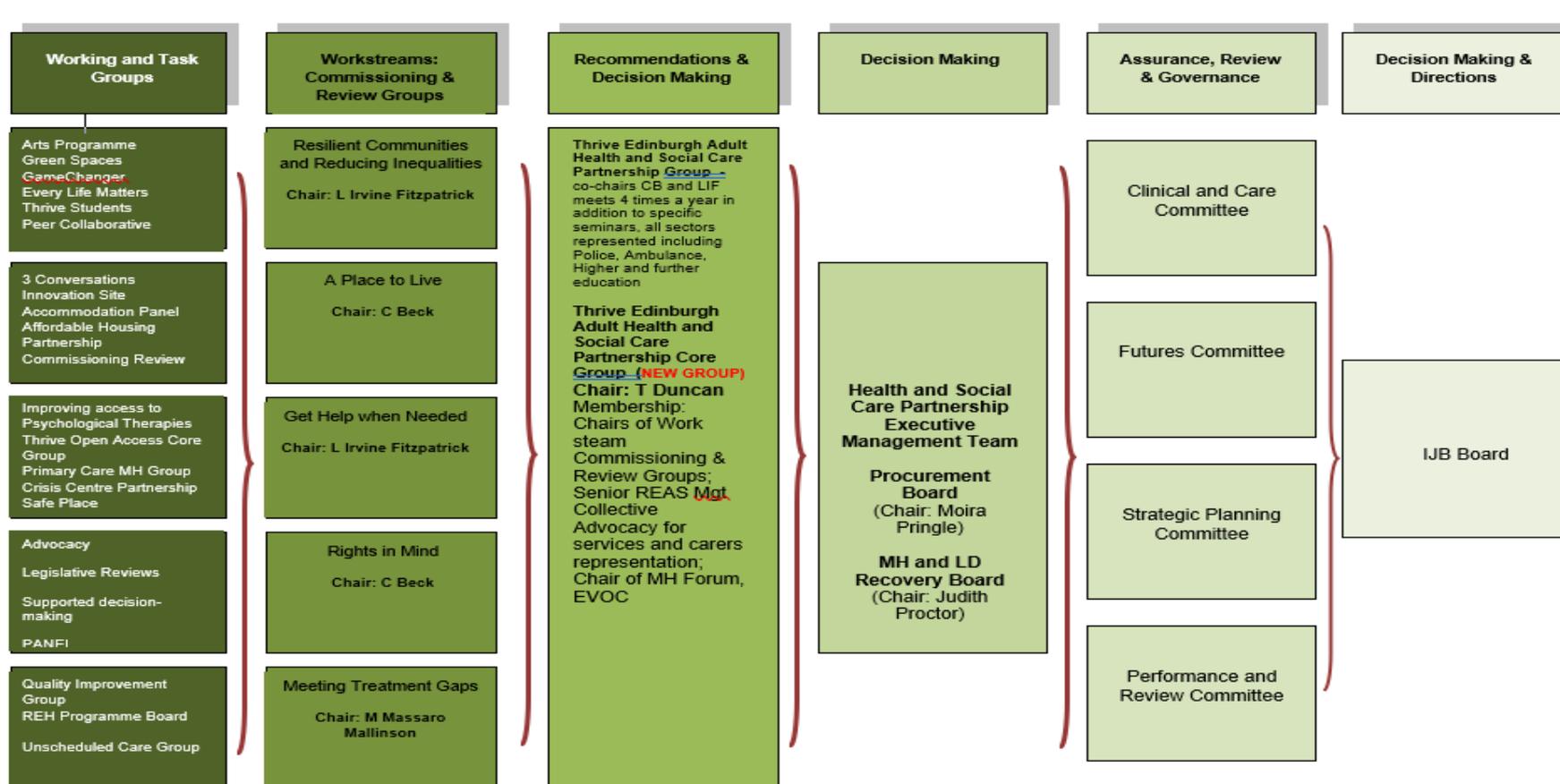
We are committed to reviewing our provision of for people experiencing first episode psychosis. The national event planned by the Scottish Government on 1 December will provide a launch pad for this work.

177 **Change Programme 30** - Integrate 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.

178. Discussions will commence to consider the establishment of a Home First Edinburgh Team.
179. **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.
180. We have not been able to progress this but the need to develop this resource is clearly there and indeed intensified by the pandemic. We should progress this as a priority.
181. **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
182. We now have a commitment to progress with the women's unit and have identified a funding source. A planning group will be set up to take this forward.
183. **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 re-provided 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.
184. The Integrated Joint Board has agreed these bed numbers for Phase Two and the Initial Agreement for Phase Two is being progressed through the appropriate governance channels.
185. **Change Programme 34** -Continue to commission 64 acute admission and 7 intensive psychiatric care beds at the Royal Edinburgh Hospital.
186. An additional 15 acute beds were opened up the Royal Edinburgh to manage increased demand.
187. We are delighted that we were selected to be one of three pathway sites for the Health Improvement Scotland Reducing Reliance of Inpatient Care. Our programme will focus on understanding better the reasons and decision-making process of why people are admitted to acute psychiatric hospital and how these reasons then inform the delivery of care and treatment within the inpatient setting.
188. **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-centred outcomes and care plan rather than solely based on calendar age.
189. A working group is currently considering how the transition pathway for young adults can be improved and is reporting the Rights in Mind Commissioning and Review Group.

190. Delivery Mechanisms

There are five Commissioning, Delivery and Review Groups who oversee the six workstreams who report progress to the Thrive Partnership (Adult Health and Social Care).



Thrive Adult Health and Social Care Planning and Governance Structure

Appendix One: Mental Health Recovery and Renewal Funding

<p>Additional funding for CAMHS - to NHS Lothian FYE £2,238,111 CAMHS Specification FYE £639,161 Wait List FYE £1,278,322 CAMHS extend to age 25</p>
<p>CAMHS Liaison Funding – to NHS Lothian FYE - £449,141 - to NHS Lothian</p>
<p>CAMHS Unscheduled Care – to NHS Lothian FYE £229,427</p>
<p>CAMHS – Intensive Home Treatment Teams – to NHS Lothian FYE £449,141</p>
<p>CAMHS – Intensive Psychiatric Care Units – to NHS Lothian FYE £494,055 (ref 6)</p>
<p>CAMHS – Neurodevelopmental Professionals – to NHS Lothian FYE £785,997 (</p>
<p>CAMHS – LD< Forensic and Secure – NHS Lothian FYE £179,656</p>
<p>Eating Disorders - NHS Lothian FYE 666,226 for priorities:</p> <ul style="list-style-type: none"> • To enable expansion of medical, nursing, dietetic and therapist time, and additional support workers (including peer and carer support workers) in this financial year. • To contract the third sector to provide support services to work alongside NHS eating disorder services if necessary. • To purchase essential equipment and resources, such as IT equipment and books to support individuals and families. • To refurbish rooms to allow for the physical monitoring of patients. • To provide further and relevant training for staff, such as Family Based Treatment for Anorexia Nervosa, Adolescent Focused Therapy and Cognitive Behavioural Therapy for Eating Disorders for example. • To prioritise the physical health of patients and reduce risk, this could include commissioning additional specialist inpatient beds if necessary.
<p>Psychological Therapies NHS Lothian Additional funding for psychological therapies to address waiting lists by March 2023 – £751,954</p>
<p>Community Mental Health – EVOG The overarching aim of the Fund is to support community based initiatives that promote and develop good mental health and wellbeing and/or mitigate and protect against the impact of distress and mental ill health within the adult population, with a particular focus in 2021/22 on:</p> <ul style="list-style-type: none"> • Tackling priority issues within the Transition and Recovery Plan such as suicide prevention, social isolation and loneliness, prevention and early intervention • Addressing the mental health inequalities exacerbated by the pandemic and the needs of a range of ‘at risk’ groups1 locally • Supporting small ‘grass roots’ community groups and organisations to deliver such activities • Providing opportunities for people to connect with each other, build trusted relationships and revitalise communities • Supporting recovery and creativity locally by building on what is already there, what was achieved through the pandemic, and by investing in creative solutions

**Update Produced by
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