Healthcare Improvement Scotland

Mental Health and Substance Use Protocol Programme: National Learning Session

Developing interface guidance

Leading quality health and care for Scotland

NHS SCOTLAND

Welcome and introductions

Introduce yourself in the chat box!

Let us know your name and role

Gregory Hill O'Connor
Strategic Planning Advisor, Mental Health and Substance Use Programme; Healthcare Improvement Scotland

Benjamin McElwee
Senior Improvement Advisor, Mental Health and Substance Use Programme; Healthcare Improvement Scotland

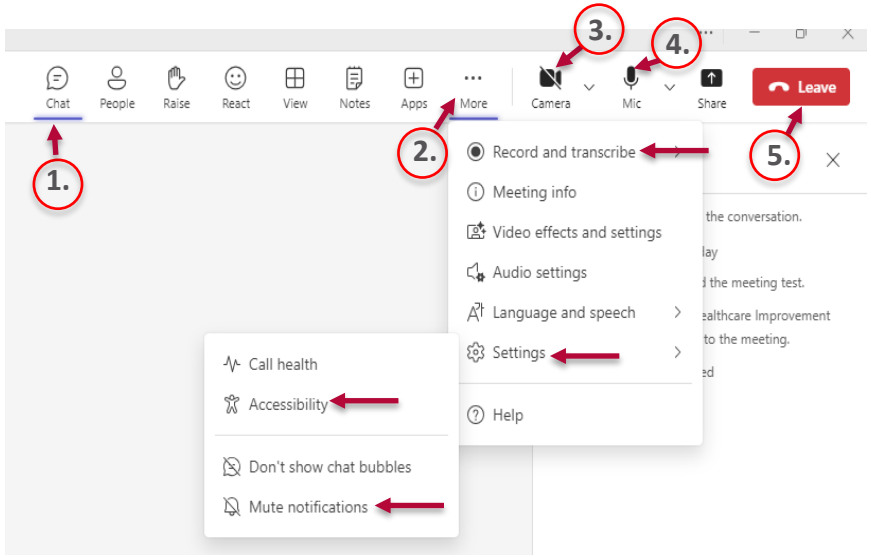
Troubleshooting

Any technical issues, please contact:

Abbie Tomlinson via MS Teams

or abbie.tomlinson@nhs.scot

MS Teams Settings

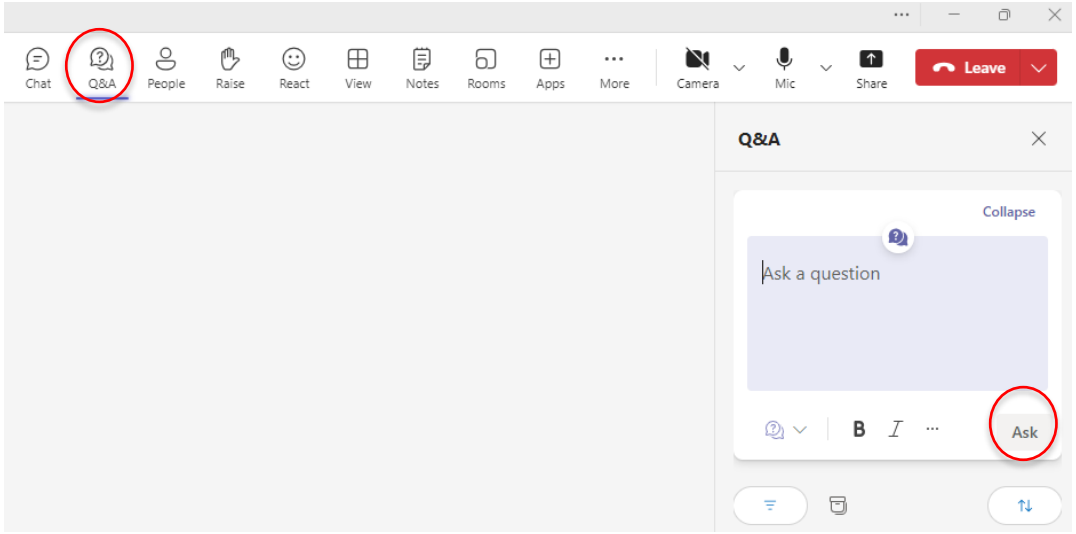


1. **How to open and close the chat panel** – use the chat panel to introduce yourself, raise any questions you may have for the speakers and also post comments.
2. **Under 'more' and then 'record and transcribe'** (highlighted with the arrow) you can access a live transcript of the meeting. By clicking **'settings' and 'accessibility'** (highlighted with the arrow) you can access some further accessibility features such as live captions and mute notifications including chat and lobby (highlighted with the arrow)
3. Your **camera** will be automatically switched **off** except during Q&A sessions
4. Your **microphone** will be automatically switched **off** except during Q&A sessions
5. How to **leave** the meeting

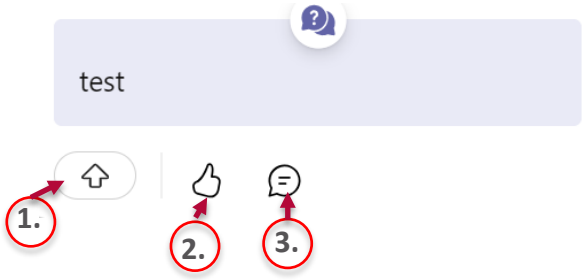
MS Teams Settings – Q&A function

Throughout the session, if you have any questions, please use the 'Q&A' function to post your questions and we will answer these during the panel discussion towards the end of the call.

Select Q&A, type in your question and select 'Ask' to post.



1. **Use the 'vote' option if you would like to hear the answer of another attendee's question, to push it to the top of the list**
2. **Use the thumb option to react to other questions**
3. **Use the comment option to respond to other questions**



MS Teams Settings – recording

This session will be recorded

The link will be shared, so those who are unable to join us today can listen to the session.

During the panel discussion you will have the opportunity to turn your mic and camera on, please note the recording will be stopped and will NOT capture the camera or audio of attendees who speak during this

Agenda

Time	Topic	Lead
2pm	Welcome and introductions	Benjamin McElwee, Healthcare Improvement Scotland
2.10pm	Interface guidance as a starting point for system change	Gregory Hill O'Connor, Healthcare Improvement Scotland
2.20pm	How to make your work a priority	Ross Cheape and Leanne Gauld, NHS Forth Valley
2.35pm	Supporting dialogue and shared understanding	Laura McNab and Lynsey McLean, West Lothian HSCP
2.50pm	Break	
3pm	The role of leadership in implementation	Peter McArthur and James Hill, North Ayrshire HSCP
3.15pm	Breakout discussion	
3.30pm	Panel discussion	All presenters
3.50pm	Call to action	Gregory Hill O'Connor, Healthcare Improvement Scotland
4pm	Close	

Protocol recap

The Five Components of a system of care for mental health and substance use

To develop more joined up approaches in relation to assessment, understanding needs and access to services, roles and responsibilities across services, and how communication should be used to ensure seamless care.

To align activity and priorities with strategies and change occurring within the health and care system.

To create strong leadership that supports ongoing implementation and improvement across services, and a collaborative and enabling culture is actively fostered.

To ensure that processes and changes are embedded and sustained through the development of positive relationships across services and a strong, skilled workforce.

To develop an accountable governance structure focused on learning with robust oversight and auditing, that includes governance systems and processes which are people-led and promote shared decision-making.

Bringing together existing standards and requirements into a protocol for implementation.

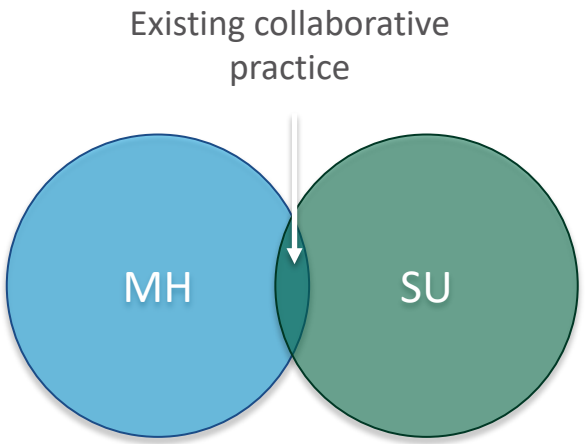
Framework for aligning activity at all levels.

Collective responsibility with a Senior Responsible Officer co-ordinating and directing activity.

Interface guidance and your local protocol

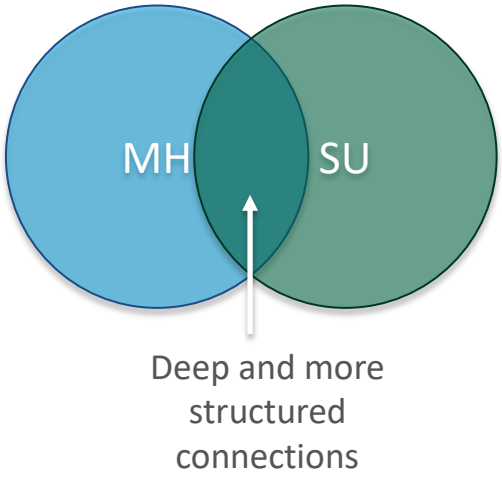
Interface guidance forms one part of a wider mental health and substance use protocol.

Interface guidance and your local protocol



Interface guidance can be a foundation for your local protocol.

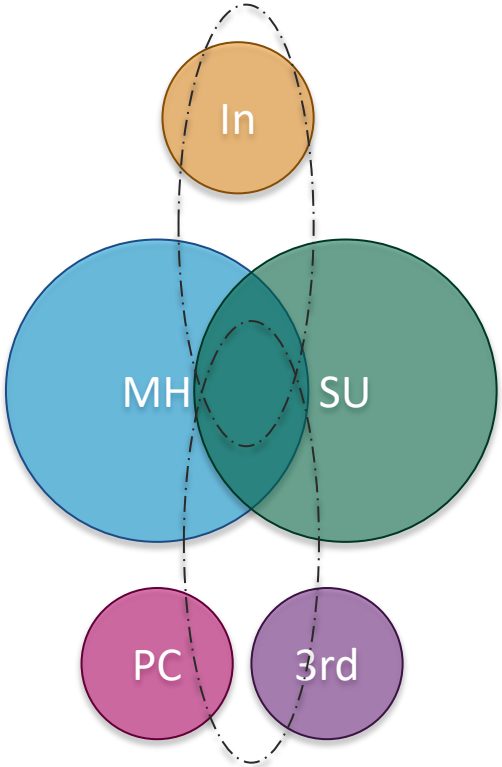
Interface guidance and your local protocol



Interface guidance can be a foundation for your local protocol.

- Establish mechanisms to stratify need and develop flexible responses
- Establish roles and responsibilities.
- Agree interventions.
- Starting point for training plans.

Interface guidance and your local protocol



Interface guidance can be a foundation for your local protocol.

- Establish mechanisms to stratify need and develop flexible responses
- Establish roles and responsibilities.
- Agree interventions.
- Starting point for training plans.
- Exploration of external relationships and how to support complex needs
- Identification of limitations of statutory services and links with primary care and acute care

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How to make your work a priority: Forth Valley the story so far

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Forth Valley

Forth Valley is situated in Central Scotland and serves a population of around 306,000across a diverse geographical area.

We have 2 Health & Social Care Partnerships – Falkirk HSCP and Clackmannanshire & Stirling HSCP with:-

2 Substance Use services
3 CMHTs – Adult
3 CMHTs – Older Adult
1 Acute inpatient unit covering the area
MHAATS – Mental Health Acute Assessment & Treatment Service
Bellsdyke – Low Secure and Rehabilitation

MAT 9

First steps – recognising there is a problem

- Difficulties being raised by the staff team
- Review of drug deaths
- Whose responsibility is it?

What do we do?

- Take responsibility
- Working party
- Staff Training questionnaire
- Interface meetings

MAT 9

Outcome

Joint discussion

Draft Interface Guidance Document created

Clinical Governance – local & higher level

Shared with the teams

Forms the base of our Interface meeting

Next steps

- Meeting arranged re data collection
- Pentana – action plans
- Measuring outcomes
- Coding for Care Partner
- Staff Training
- On-going partnership working across services & HCSPs
- Continuing to evolve

Forth Valley

What are your win(s)?

- Changes were staff led
- Positive leadership
- Improved relationships across services
- Awareness of gaps – skills & confidence
- Underpinned by clinical governance
- Data

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The role of relationships and how you support dialogue and shared understanding between services

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Background

- Previous attempts didn't work
  - Too many people
  - Pressure to get it working fast
  - Too many agendas
  - Limited shared understanding in each other's roles

- Why did this matter?
  - Personal story of supporting people accessing our service
  - MAT 9 standards, ending exclusion

Interface Guidance: West Lothian

West Lothian Health & Social Care Partnership
westlothianhscp.org.uk

Healthcare Improvement Scotland

This case study outlines the process of developing interface guidance in West Lothian. It highlights the importance of relationships between clinical staff and allowing space for conversations. It also demonstrates how things don't have to be perfect to begin testing and building momentum.

Phases of developing Mental Health and Substance Use Services Interface Guidance in West Lothian HSCP

Groundswell of momentum

Emergent conversations regarding the challenges of supporting co-occurring conditions
A small ongoing project around developing joint care plans

Oversight and sponsorship

- Local Ending the Exclusion Board was used to bring together different conversations
- Supported by a Project Charter, setting a vision for change, championed by the integrated service manager

Development and iteration

- A working group drafted the Interface Guidance, with the Ending the Exclusion Board acting as a reference group
- Ideas for improved support were tested out with colleagues, based on current cases, and then incorporated into the guidance.

Refine and spread

- Refining the Interface Guidance through an audit process, to identify if any further support is needed for implementation
- Testing application of Interface Guidance with other service interfaces to see what can be copied and what needs adapting, for example, interfaces between substance use and mental health inpatient services.

"It was quite spontaneous from three or four Community Psychiatrist Nurses. The service manager was really the person that supported and enabled it to happen. He very much encouraged them and helped people get together." – General Manager, Mental Health and Addictions

This case study supports the following section of the National Mental Health and Substance Use Protocol.

Joint decision making, joint working and transitions

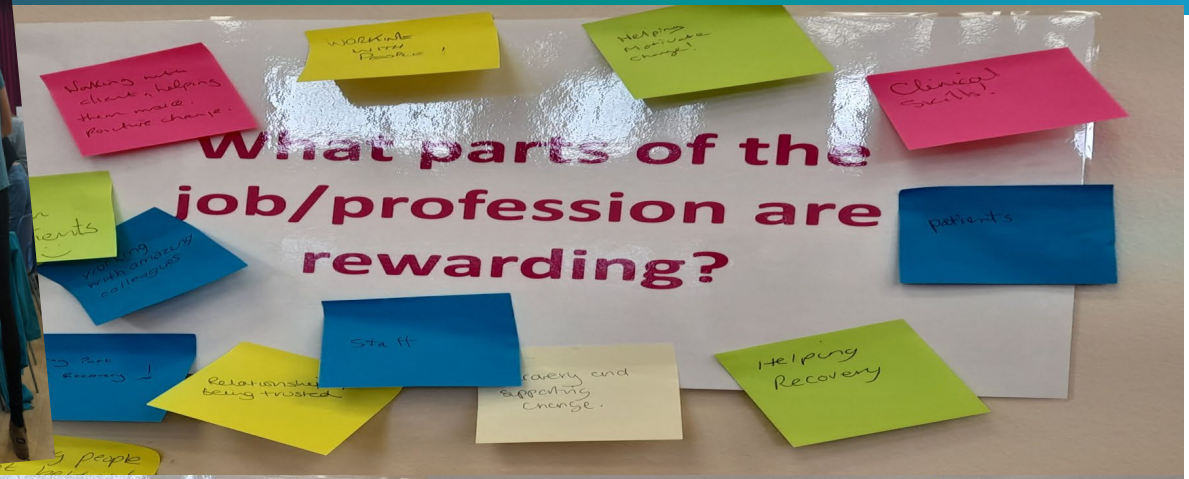
What did we do?

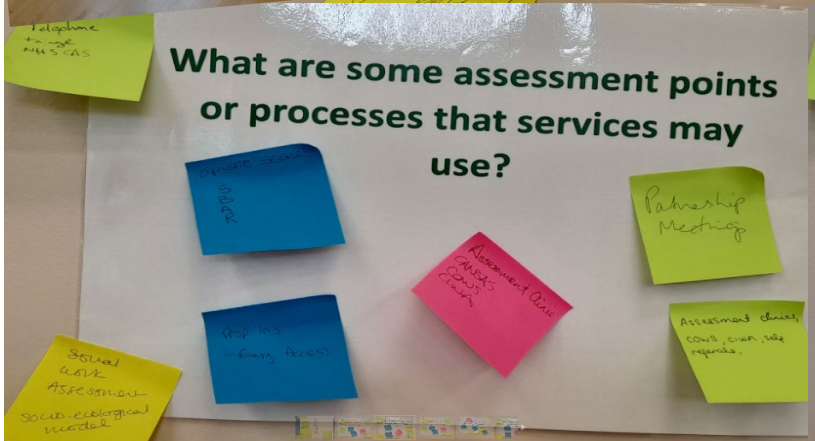
Care plan Development days

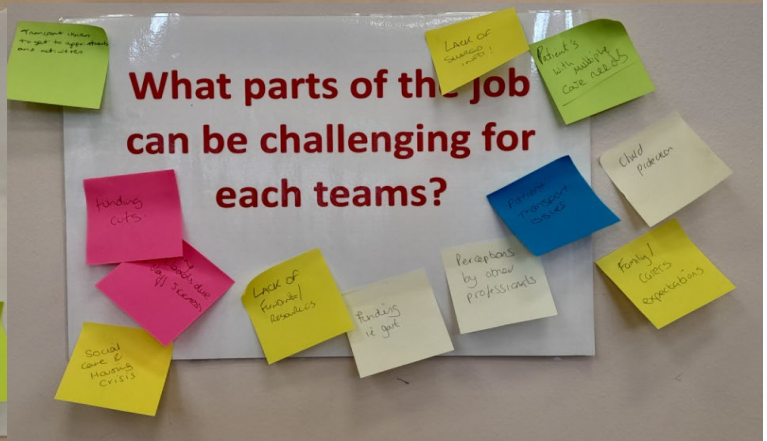
Visits to teams Support clinics

- Introduced by managers and service managers
  - Protected times
  - Shadow opportunities
  - Personal interest in addictions/mental health
- How did that feel within teams?
  - People were interested to hear updates
  - Generated lots of team discussions and reflection
  - It felt like it was something that would help rather than something that needed to be done
- Quality improvement academy
  - Trust in each other
  - Work closely together to pass the competencies
  - Shared goal and understanding

Shared learning, shared skills, safe space to talk







Interface Guidance: West Lothian

West Lothian Health & Social Care Partnership
westlothianhscp.org.uk

Healthcare Improvement Scotland

A foundation for understanding

A key driver of the Interface Guidance in West Lothian were the relationships developed, and a **coming together of a range of conversations** across different networks, that were then coalesced through the Ending the Exclusion Board into the Interface Guidance. This helped build a **shared understanding** of why change was needed, and what this change should look like.

Emergent and organic conversations took place in different spaces:

- **A working group led by Community Psychiatric Nurses** – established to look at the development of joint care plans, supported by a service manager with oversight of both mental health and substance use services.
- **Within service settings** – co-located services enabling discussion and advice around current cases.
- **Clinical and operational groups** – getting input from staff on what to raise in those groups and group reflection on things raised there.
- **Ending the Exclusion Board** – which brought together clinical and operational staff from across services, interested in co-occurring conditions and linked clinical and operational priorities.

"The high-level strategic stuff worked because addictions and community mental health were already connecting" – Consultant Psychiatrist and QI Lead

These conversations supported relationships that allowed for:

- Trying out new approaches at a small scale to understand what works.
- A Project Charter to establish a vision for improvements across the system.
- Deriving knowledge from ongoing dialogue, problem solving and reflection about specific cases.
- An explicit focus on this work which helped bring together a range of conversations that were taking place at different levels.
- Formalising the work that had already been done within the services, to structure existing practice into guidance.

The impact of this strong foundation for understanding, is that the resulting Interface Guidance is underpinned by:

A shared understanding that is grounded within a clinical context.

An engaged workforce, vocal about the need for improvement in this area.

Staff understanding of the roles different services can play in different circumstances.

Constructive and enabling relationships between senior leadership and staff.

Interface Guidance: West Lothian

West Lothian Health & Social Care Partnership
westlothianhscp.org.uk

Healthcare Improvement Scotland

Developing the Guidance

Building on the foundation of shared understanding, the writing of the interface guidance was about **capturing this shared understanding and putting it on paper**. Furthermore, it meant that the Interface Guidance is based on tested ways of working, supporting implementation and sustainability.

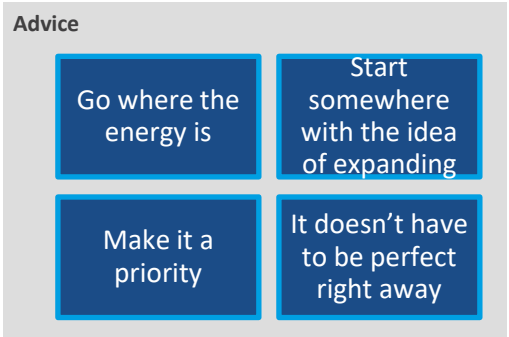
Once it was decided to develop Interface Guidance, there was planned activity to write and iterate the guidance. Such activity built on existing mechanisms, repurposed to explicitly develop Interface Guidance, and centred on:

- **A working group** to develop the guidance, made up of clinical staff, supported by a quality improvement lead and using examples of Interface Guidance from other areas.
- **Regular review in team meetings** where ideas for the guidance were sense checked and any emerging detail was discussed.
- **Relationships between clinical staff** and informal spaces enabling ongoing conversations about how to support people with co-occurring conditions, which were then incorporated into the guidance.
- **Ending the Exclusion Board** with a broad membership to support sign off and provide visibility for the work.

"[Clinical staff] got very quickly into a very ambitious process for how you'd manage joint referrals into the addiction service and the CMHT. They were absolutely owning referrals that would have normally been just sent back." – General Manager, Mental Health and Addictions

Current Status and Next Steps

- There has been a significant increase in the number of shared care plans between mental health and substance use services due to the activity.
- The Interface Guidance has enabled conversations about how to include other elements of support like inpatient and home treatment.
- Further work will be looking at establishing a workforce development plan to ensure that staff are sufficiently upskilled across co-occurring needs, to be able to recognise signs of crisis, have a greater awareness of different needs and provide specific interventions where appropriate.
- There will be an expansion of the Interface Guidance, to look at the interfaces with unscheduled care. This offers fresh challenges linked to the need for rapid responses in high-risk situations and understanding when the right time to have conversations about co-occurring conditions might be.



Challenging barriers and moving forward

- Limited medical uptake to embrace changes
- Staffing levels impacted on the working group
- People wanted to come into the working group – VIP list!
- Pressure from other agencies to be included
- Ongoing frustrations – nothings changing!

- Change is slow but steady
- More positive therapeutic working relationships
- Clients feedback they feel it helps when both teams work together

- Expand to other services in mh and substance use agencies
- Continue working groups to not lose momentum
- Continue to review to ensure any work is valued by staff/people using service
- Work on consistency
- Embedding guidance to make it usual practice/natural process

Thank you for listening

Lynsey McLean, Nurse team manager, CMHT (west team), West Lothian Mental health

Laura McNab, Senior nurse, West Lothian Community Addictions service

Break

Please take a 10-minute break, see you back here at 3pm.

North Ayrshire
Health & Social Care Partnership

North Ayrshire – the role of leadership at all levels and how you implemented through role modelling

Peter McArthur
Senior Manager, Alcohol & Drug Services
James Hill
ANP & Service Manager

Interface Guidance webinar Background Information

North Ayrshire – Service set up

- Integrated H&SC secondary care Alcohol & Drug Recovery Service (includes 20+ mental health professionals – RMNs, OTs, ANPs, Psychiatry, Psychology etc.)
- Integrated H&SC secondary care community MH Service
- Community Elderly & LD Service
- MH In-Patient facility which includes an Alcohol & Drug treatment ward (Detox, Rehab and Day Attendance)

All managed and supported within a MH Directorate within the NA H&SCP

Interface guidance document

- Senior organisational level agreement to update existing Interface Guidance document following MWC report & national direction of travel

Aim

- Quick, non-complicated, no barrier easy access to support
- Complimentary to existing support via community-based MH and A&D related support e.g. primary care, commissioned services, recovery groups, recovery college

Essential - involve services & service users/families

- Initial operational group re-established to review Guidance

Leadership and role modelling

- Senior Managers, Team Leaders, Professional Leads reviewed content and language of current guidance (e.g. ‘Dual Diagnosis’ changed to ‘co-occurring mental health and drug and/or alcohol use’)
- Refreshed guidance – sought wider and national review
- New guidance prepared

Leadership – to stress importance of this development

- New Senior Steering Group initiated – sponsored by H&SCP Director & group chaired by MHS Head of Service
- Senior Managers, T/Ls, clinical staff, Professional Leads across all key services, Lived Exp & IM&T & Service Support

Phases

- T/Ls & senior clinical staff across services to test (role model) overall guidance and different scenarios & gather feedback
- ‘Too wordy & overly complicated’ – main feedback
- Steering Group directed operational group to update guidance based on their feedback
- Updated guidance agreed
- Staff awareness sessions organised and delivered jointly by Senior Managers across services (number of sessions over 4+ weeks attended by multi-service staff)
- Instruction to implement & test out new guidance with immediate feedback to the overarching Steering Group of any issues and also examples of good practise

Interface guidance document

- Feedback – minor changes/improvements quickly made
- Number of examples of good practise provided
- Nov 2024 - current implementation phase
- Next steps – audit and review and improve outcomes

Other Improvement Actions agreed by the Steering Group:

- Experiential feedback from service users, families & staff
- Shadowing opportunities across services
- Networking forums across services
- Focus on improving diagnosis recording on systems

Leadership, role modelling → partnership working ↑

Breakout discussion

Reflecting, and sharing your experiences with interface guidance

Who has interface guidance?

Thinking about:

- What stages are people at?
- Where did the decision come from?

What was the process for developing guidance?

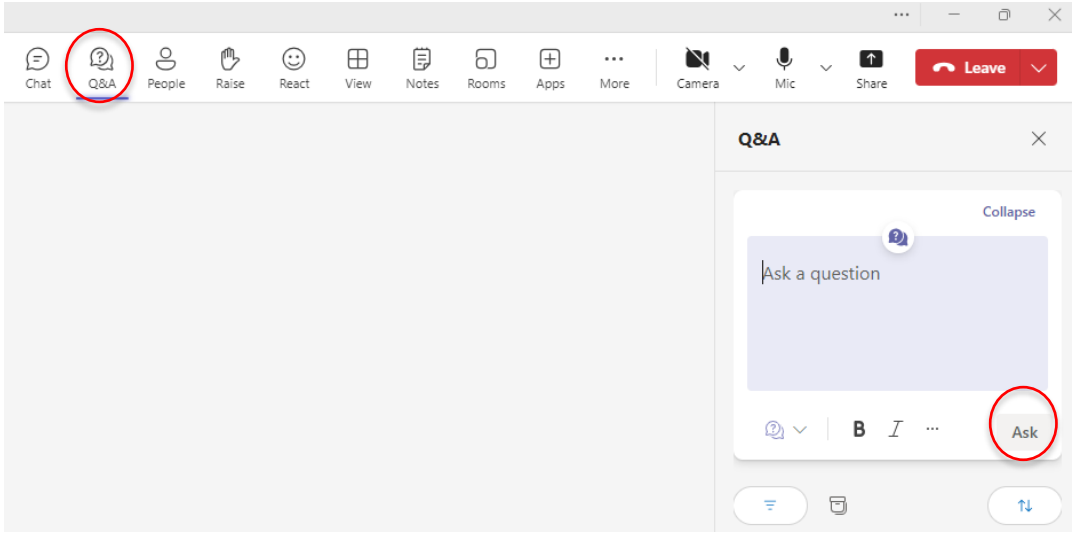
Thinking about:

- Which services were involved?
- Where were decisions made?

Panel discussion

Please use the ‘Q&A’ function to post any questions you may have.

Select Q&A, type in your question and select ‘Ask’ to post.



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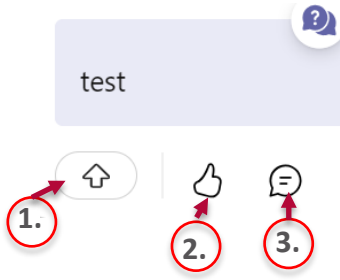
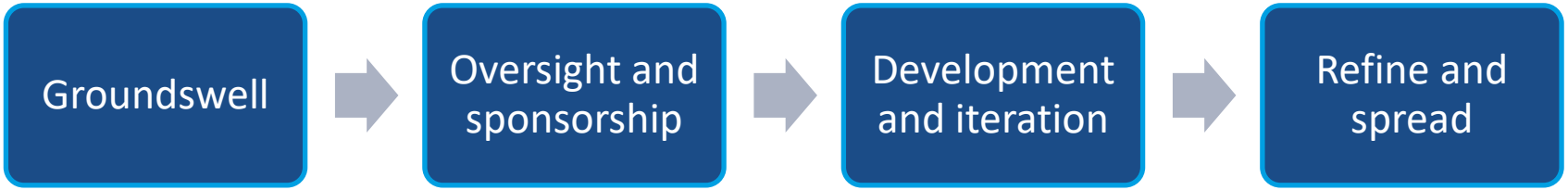
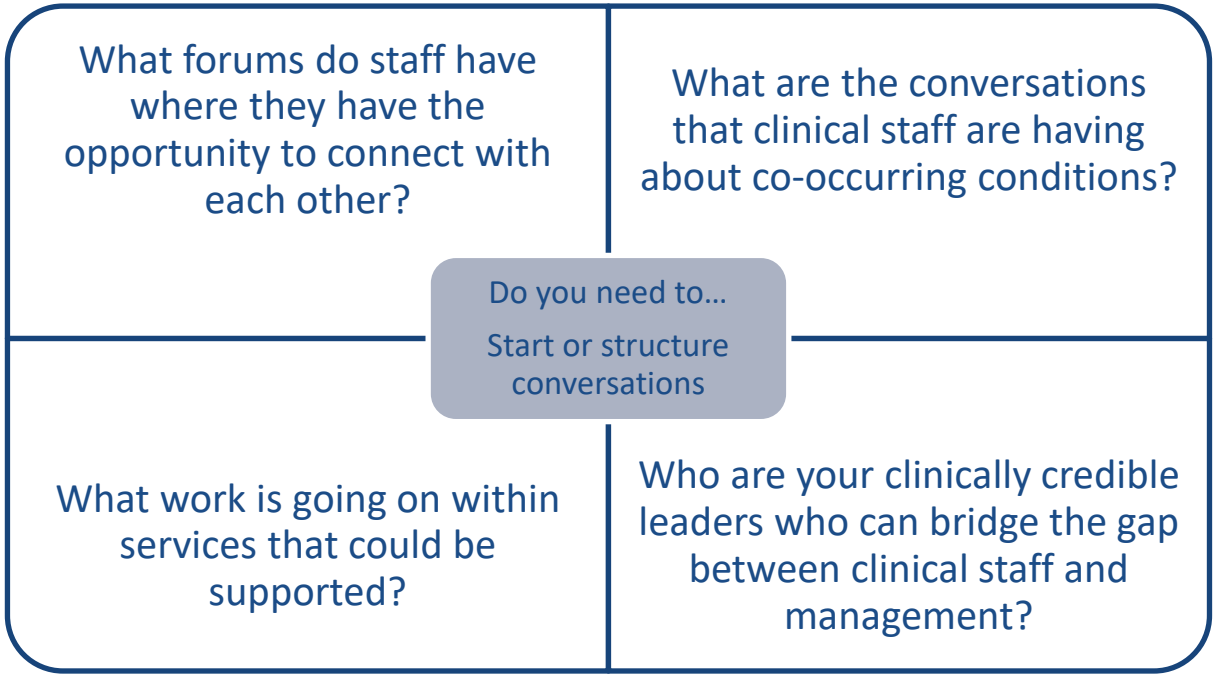


Developing your interface guidance

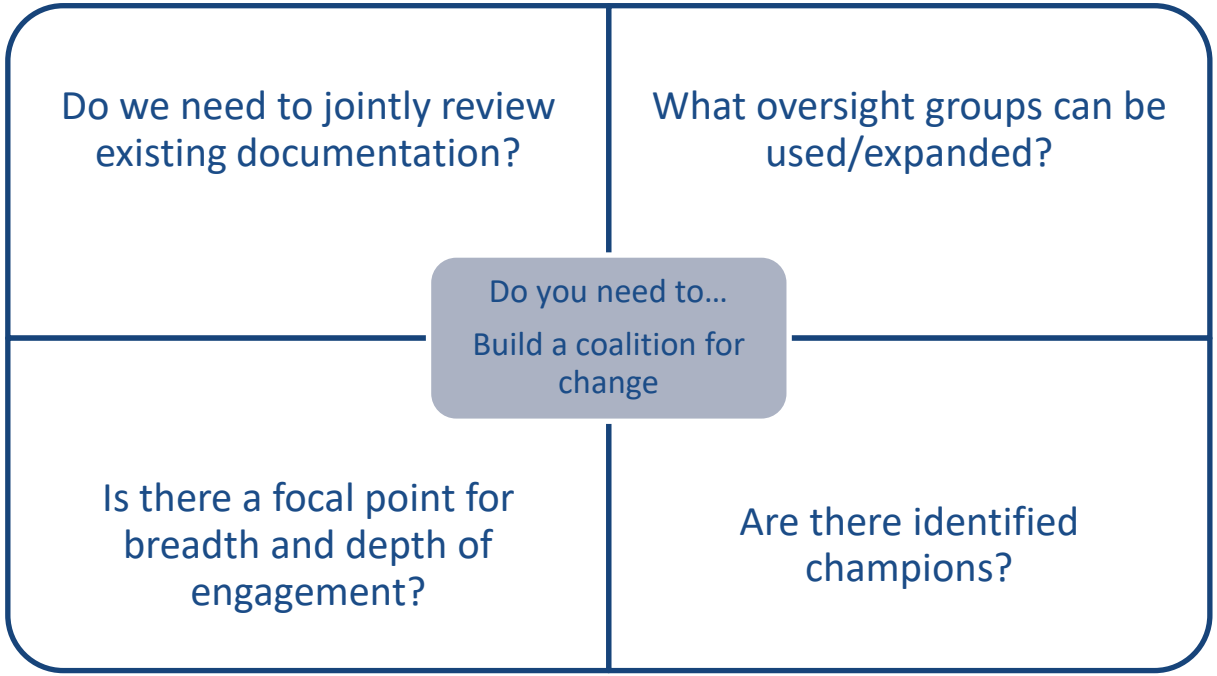
Where are you and your colleagues?



Developing your interface guidance



Developing your interface guidance

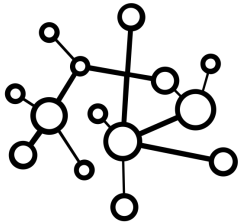


Developing your interface guidance

Call to action.

Talk…

- Create spaces at all levels
- Deep dive into priorities
- Share conversations



Connect…

- Create routes for advice
- Bring people together around action
- Consolidate conversations

Test…

- Try things out and reflect
- Empower people to ‘say yes more’
- Don’t wait for a ‘big bang’

Next Steps

Use the link in the chat box to register

Mental Health and Substance Use Clinical Network: Responding to Stimulant use

Monday 16 December 2024
1– 3pm

MS Teams

Mental Health and Substance Use Learning Event

Keep in touch

Twitter: @online_his

Email: his.transformationalchangementalhealth@nhs.scot

Web: healthcareimprovementscotland.scot

Find out more: https://ihub.scot/improvement-programmes/mental-health-portfolio/mental-health-and-substance-use-programme/