

Mental Health Scrutiny and Assurance Collaborative

November 2024

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Introduction

Following the publication of the Mental Health Scrutiny and Assurance Review in April 2024, the Scottish Government committed to work closely with key stakeholders, including scrutiny bodies, to develop a framework for mental health scrutiny and assurance.

Following discussion with scrutiny bodies, the Scottish Government Mental Health Directorate proposed that a crossbody¹ 'Collaborative' best describes how mental health scrutiny bodies engage on a regular basis to share findings. This concerns each bodies' respective activities and would support cross system knowledge of findings. This in turn supports the identification of emerging themes and aims to support the bodies' planning and prioritisation processes, identify best practice, consideration of collective intelligence and provide a mechanism for strengthening the identification of risk collectively.

This work draws on the recommendations from the above review, as well as from the Scottish Mental Health Law Review (published in September 2022) and the Independent Review of Inspection, Scrutiny and Regulation (published in September 2023). These reviews recommended improvement to scrutiny and assurance of mental health services, and outlined how bodies should work more collaboratively to achieve this. Findings from these wider reviews can be found in Appendix A.

Broadly speaking, these reviews recommended developing an overarching framework that ensures a more cohesive and coordinated approach to external assurance, which optimises efficiency and minimises duplication of work. It was suggested this could involve a formalised network of bodies involved in the regular scrutiny and assurance of mental health services.

It is intended that the Mental Health Scrutiny and Assurance Collaborative will strengthen voluntary sharing of intelligence, help inform the activity and areas of focus of collaborative partners and the Scottish Government and collectively support the delivery of the aims of Ministers. This will also help support collective arrangements to assess and drive progress in the quality and safety of mental health services, while respecting the individual legislative frameworks and accountabilities through which each body operates. The aim is to promote improved outcomes for people, with the intention of reducing inequalities in experience of and access to services.

This paper sets out the aims and benefits of such a Mental Health Scrutiny and Assurance Collaborative (the Collaborative), the initial scope of the Collaborative, Collaborative participants, reporting arrangements and the lead agency. It aims to build upon existing collaboration amongst agencies, and to complement the work of the national Sharing Health and Care Intelligence Network.

¹ For the purpose of this document, a scrutiny body is defined as a body who undertakes inspections or visits in Scotland.

Collaborative Aims, and Benefits

The Collaborative is a joint approach that establishes key principles for cooperation between scrutiny and assurance bodies. It supports defining roles, responsibilities, and actions to improve the scrutiny system, ultimately enhancing care quality, safety, and patient experience and outcomes. We would intend, where appropriate, for intelligence shared via the Collaborative to support scrutiny bodies strategic plans and Scottish Government policy.

Each individual organisation is directly accountable for their own delivery via their Board structures and is accountable for their own planning of core scrutiny, assurance and inspection and visit activities. This includes reporting and raising of concerns. Each scrutiny body will maintain its full statutory independence and decision-making authority and continue to operate as previously agreed with Ministers and Scottish Government sponsorship.

The Collaborative is designed to support coordination and information sharing without compromising the individual mandates or autonomy of participating organisations. There will be:

- Preservation of individual scrutiny and inspection and visit methodologies.
- Retention of separate reporting structures and agreed and approved escalation processes. This will help ensure complementary approaches and a comprehensive assurance of mental health services.
- Maintenance of independent decision-making processes.
- Clear delineation of roles within the Collaborative.

As a minimum, two primary scrutiny bodies will be consistently involved, namely the Mental Welfare Commission and Healthcare Improvement Scotland. The Care Inspectorate will be a secondary stakeholder as their inspections are undertaken in community settings which are not yet within scope.

All three bodies will continue to contribute to strategic discussions on the future of mental health scrutiny. A summary of bodies roles is offered at Appendix B.

Other bodies may be invited to contribute to scrutiny and assurance discussions where required. This may include, for example, Public Health Scotland, NHS Education Scotland, the Scottish Public Services Ombudsman, and Audit Scotland.

The Collaborative **aims to**:

1. Support and enhance existing mechanisms and opportunities for joint planning, coordination and delivery of inspection and visit activity and information/intelligence sharing to inform inspection activity (if appropriate).
2. Enable cross agency learning through sharing of scrutiny and assurance methodologies, findings and follow up to any recommendations made.
3. Support a strategic direction for scrutiny and assurance in mental health by identifying, addressing and escalating any gaps, supporting a pro-active and systematic approach to scrutiny and assurance activities.

4. Further supporting the promotion, protection, and realisation of people's human rights.
5. Further promote the involvement of people with lived experience in scrutiny activity.
6. Identify and highlight to Scottish Government where legislative change may need to be considered to support the above actions, as part of the mental health law reform programme.

The Collaborative has the potential to enable a series of **benefits**:

1. Regular sharing of unique organisational perspectives with scrutiny and assurance partners to ensure broad 'micro to macro' understanding.
2. Improve and strengthen broader intelligence sharing, particularly with the Sharing Health and Care Intelligence Network through offering stronger 'thematic cluster' feedback as it relates to mental health services. Consideration of collective intelligence as a potential early warning system and thus enable a proactive response to emergent risks or concerns.
3. Where appropriate, inform planning and focus of scrutiny and inspection activities by individual bodies.
4. Consideration and planning of joint scrutiny and inspections, where intelligence indicates this may be of benefit.
5. Where appropriate, leverage the statutory powers of individual bodies in response to concerns.
6. Where appropriate, identify and discuss examples of best practice gleaned through scrutiny and assurance activities, sharing with other relevant bodies.
7. Consider a collective response to published reviews which have set out a clear case for changes to scrutiny and assurance activities and strategically consider how to address gaps in assurance of mental health services.
8. Improved policy influence because of collective intelligence.
9. Strengthen the voice of lived experience.
10. Improve sharing of information from Scottish Government.

The **Mental Welfare Commission** will contribute to Collaborative discussions through:

1. Feeding back on specific findings from local visits, including areas identified for improvement and areas of positive/innovative practice.
2. Offering analysis of recurring themes from visits and associated recommendations.
3. Sharing learning from thematic reviews and investigations that have been published.
4. Sharing analysis of patterns/trends/themes from contact with the Mental Welfare Commission from professionals and members of the public (including people with lived experience and carers).

Healthcare Improvement Scotland will contribute to Collaborative discussions through:

1. The Quality Improvement Directorate will share relevant risks and intelligence.

2. Sharing relevant feedback from assurance activity that concern (secondary) mental health services within the agreed scope of this Collaborative.
3. Sharing analysis of patterns/trends/themes from contact with Healthcare Improvement Scotland from healthcare professionals and members of the public.
4. Reporting themes emerging from analysis of Significant Adverse Event Reviews in MH.
5. Sharing findings from the new national programme of Safe Delivery of Care inspections.

The Care Inspectorate will initially contribute to the Collaborative as a secondary stakeholder on an as required basis:

1. Sharing relevant feedback from regulatory visits that concern (secondary) mental health services within the agreed scope of this Collaborative.
2. Sharing analysis of patterns/trends/themes from contact with the Care Inspectorate from social work/care professionals and members of the public (including people with lived experience and carers).

Scope of the Collaborative

The **initial scope** of the Collaborative will focus on adult secondary care inpatient mental health services. This aligns with the Core Mental Health Standards which were published in 2023, and the Mental Health Scrutiny and Assurance Review, published in 2024.

This focus will be kept under review and may extend to fully include other services as and when capacity allows. Relevant feedback concerning, for example, community-based services would not be specifically excluded however – for example, where there is important learning to be shared regarding the transition between in patient and community-based care or CAMHS and adult services

Scrutiny bodies will share information and intelligence only as far as their agreed remits permit.

Appendix C sets out the Collaborative components and the activities associated with each.

Delivery of the Collaborative

Collaborative partners will meet bi-monthly and will focus on sharing intelligence and information gleaned through their respective activities and against criteria, consideration of risks and issues, sharing of good practice examples, and planning for scrutiny and assurance activities over the next 2 months. Concerns identified, and the handling of these will also be discussed.

They will also consider the involvement of people with lived experience in scrutiny and assurance activities, sharing examples of this, impacts and plans for development.

Each partner will continue to apply their own methodology to their respective scrutiny and assurance activities and the collaborative aims to compliment these methodologies. These criteria are intended to provide a standardised framework for considering, theming and reporting on feedback that is considered at each Collaborative meeting.

The criteria align with and build upon the published core MH standards and are:

1. Access to MH services
2. Assessment, care planning, treatment and support
3. Moving between and out of services (transitions of care)
4. Workforce
5. Governance and accountability
6. Patient and carer involvement and experience
7. Patient safety
8. Physical health and wellbeing
9. Application of legislation and patients' rights
10. Public protection
11. Built environment

The lead organisation for this work will have responsibility for the planning, co-ordination and delivery of Collaborative meetings. Healthcare Improvement Scotland have offered to lead this for the first 12 months.

Business transacted at each meeting will be considered sensitive/confidential, and the minutes of each meeting will reflect this. Circulation of the minute will be restricted to Collaborative parties and Scottish Government.

Actions will be agreed at each meeting, and an action log maintained. This will be reviewed at each meeting by the Chair.

Any feedback from the collaborative that is determined to be a significant concern or higher risk, and has not been reported by individual scrutiny bodies, will be considered as a wider concern to be raised. The chair of the Collaborative will raise this with Scottish Government Care Quality and Standards Unit Head in the first instance.

The Collaborative will be subject to review with Scottish Government and scrutiny bodies after 12 months from its initial meeting, at which point the Collaborative members will be invited to make recommendations on improvements to the Collaborative, and the roles/responsibilities of the scrutiny bodies in this activity.

The lead organisation and Scottish Government will engage in a quarterly review process every three months after the initial meeting of the collaborative.

The Collaborative will also have a connection to the wider Sharing Health and Care Intelligence Network as a 'thematic cluster' which will help ensure that mental health has greater voice and visibility.

Appendix A – Findings from reviews

The Mental Health Scrutiny and Assurance Review highlighted the importance of improving co-ordination and information sharing between scrutiny bodies. These findings and recommendations are also reflecting in wider reviews:

Mental Health Law Review and Sue Bruce Review Findings

Duplication:

Sue Bruce Review: Called for a "more streamlined system of scrutiny and assurance" to "reduce duplication, increase consistency, and support high-quality service." Recommendation 18 calls for streamlining inspection activity and reducing duplication.

Mental Health Law Review (MHLR): "Recommendation 11.2: There should be a formalised network of bodies involved in the scrutiny of mental health services."

Coordination:

Mental Health Law Review (MHLR): Stated that "scope for joint working has not reached its full potential"

Sue Bruce Review: Found support for "an improved partnership approach and greater use of joint inspections."

Information Sharing:

Mental Health Law Review (MHLR): Recommended identifying and removing "unnecessary constraints on sharing information."

Sue Bruce Review: Recommendation 18 calls for streamlining inspection activity and reducing duplication.

Appendix B – Summary of roles of the main scrutiny bodies

Mental Welfare Commission (MWC)

The MWC has a range of powers and duties in connection with protecting the interests of individuals who have a mental disorder. The duties of the MWC include bringing matters of general or specific concern to the attention of Scottish Ministers and others.

Scrutiny is achieved by visiting people to check that they are receiving appropriate care and completing investigations if there are indications that appropriate care and treatment /is not being received. The MWC aims to visit each hospital once a year and The State Hospital twice per year. The MWC undertake an increasing number of themed visits and produce closure reports to follow up on recommendations and to check progress, which are now published for transparency.

Alongside the investigative duty, the MWC also has several other duties to discharge such as visiting individuals and services, providing information and advice, and influencing and challenging. The MWC is specific to mental health in their scope and remit, scrutinising services who deliver care to people with mental health conditions.

The MWC does not have powers of access and right of entry or the power to close a ward to new admissions where there is a serious risk to the life, health, or wellbeing of persons.

Healthcare Improvement Scotland (HIS)

HIS is a national improvement organisation providing independent assurance of the quality and safety of the care provided by Scotland's health and care system. Our strategy is to secure lasting, positive and sustainable improvements across the whole health and care system.

HIS has the power to exercise the functions of Scottish Ministers to support, ensure, and monitor the quality of healthcare provided or secured by the health service and the discharge of the duty on NHS boards to encourage public involvement. HIS has several statutory powers including:

Powers of access and right of entry (for the purposes of inspection) in relation to the health service and independent healthcare services.

Power to direct a Health Board to close a ward to new admissions where there is a serious risk to the life, health, or wellbeing of persons.

Regulatory powers in relation to the independent healthcare sector.

HIS may inspect the planning, organisation or co-ordination of any service provided under the health service in pursuance of its general duty of furthering improvement in the quality of health care in Scotland. HIS also has a statutory responsibility to jointly inspect adult health and social care services with the Care Inspectorate, and to cooperate and work jointly with other inspection bodies in respect of other joint inspection activity.

HIS also lead the delivery of several national quality improvement programmes including The Scottish Patient Safety Programme (SPSP), and work on mental health reform including work on Early Intervention in Psychosis, Personality Disorder, and Mental Health/Substance Use.

The Care inspectorate (CI)

Although now known colloquially as the “Care Inspectorate”, the legal name of this regulatory body is “Social Care and Social Work Improvement Scotland”.

The CI is the national body that is responsible for regulating social care and social work services in Scotland and also have duties and powers to carry out joint inspections with other scrutiny bodies. They focus on the planning and delivery of social work and social care services by local authorities and partnerships and on the outcomes that services achieve for children and adults.

Through their scrutiny and inspection practices, the CI looks to ensure care services meet the correct standards and works collaboratively with the services they regulate to support their improvement and the overall quality of care being delivered.

Appendix C - Components and activities of a Scrutiny and Assurance Collaborative

Component	Activity
Collaboration and co-ordination	<p>Collaborating and coordinating of scrutiny and assurance activities through sharing of intelligence and sharing of scheduled and unscheduled events.</p> <p>Establishing appropriate collective leadership.</p>
Governance and Oversight	<p>Establishing clearer lines of accountability and responsibility for scrutiny and assurance.</p> <p>Collective reporting of activities through scrutiny bodies and SG.</p> <p>Considering gaps in current activity and making proposals to address same, including defining roles and responsibilities.</p>
Standards and Guidelines	<p>Using MH core standards to provide a shared framework to underpin reporting on scrutiny and assurance activities.</p>
Quality Assurance and Improvement	<p>Supporting regular visits, inspections, audits, and evaluations to identify areas for improvement.</p> <p>Sharing best practice.</p>
Patient and Public Involvement	<p>Engaging patients, service users, and their families in the evaluation of services.</p> <p>Ensuring that their perspectives and experiences inform decision-making</p>
Data Collection and Reporting	<p>Collecting relevant data on service performance, outcomes, and patient experiences.</p> <p>Supports improving data and information sharing between scrutiny bodies by establishing principles and protocols.</p> <p>Reporting this information transparently to stakeholders, including the public.</p>
Risk Management	<p>Collective identifying, managing and consideration of raising concerns related to patient safety, service delivery, and workforce issues.</p>



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