

## CONSULTATION QUESTIONS

### Overall Approach

This consultation reflects a continuation and development of the Scottish Government's current approach for mental health. There is a general consensus that the broad direction is right but **we want to consult on:**

- The overall structure of the Strategy, which has been organised under 14 broad outcomes and whether these are the right outcomes;
- Whether there are any gaps in the key challenges identified;
- In addition to existing work, what further actions should be prioritised to help us to meet these challenges.

The 14 outcomes are weighted towards issues concerning the provision of Health care services. There is less of a focus on the essential requirements to integrate these solutions with Social care and the Third Sector. The outcomes identified are however appropriate and provide a useful strategic framework for taking the mental health agenda forward.

### Improvement Challenge Type 1

**We know where we are trying to get to and what needs to happen to get us there, but there are significant challenges attached to implementing the changes.** An example of this is the implementation of the Dementia Strategy. There is a consensus that services for people with dementia are often not good enough and we already know about a range of actions that will improve outcomes. However some of these changes involve redesigning the way services are provided across organisational boundaries and there are significant challenges attached to doing this.

Question 1: In these situations, we are keen to understand whether there is any additional action that could be taken at a national level to support local areas to implement the required changes.

#### Comments:

Argyll and Bute Council and the Argyll and Bute CHP have strong ties in terms of strategic activity and issues are explored in terms of potential barriers to securing improved outcomes for the people who uptake our services.

One issue that has been discussed a number of times is the absence of a NHS redundancy scheme( voluntary or compulsory) which results in any redesign having a starting point of the required re-deployment of NHS staff. This can be problematic when attempting to redesign services but the partnership will continue to engage in dialogue to secure improvement in services and outcomes for all adults who require care and support.

## **Improvement Challenge Type 2**

**We know we need to improve service provision or that there is a gap in existing provision, but we do not yet know what changes would deliver better outcomes.** Supporting services to improve care for people with developmental disorders or trauma are two areas where further work is needed to identify exactly what needs to happen to deliver improved outcomes.

Question 2: In these situations, we are keen to get your views on what needs to happen next to develop a better understanding of what changes would deliver better outcomes.

Argyll and Bute Council and Partners welcome the ongoing debate concerning the development of a shared framework in relation to outcomes which will allow all statutory agencies to work towards individuals realising their full potential and maximising their opportunities to enjoy improved health and wellbeing.

**Outcome 1: People and communities act to protect and promote their mental health and reduce the likelihood that they will become unwell.**

Question 3: Are there other actions we should be taking nationally to reduce self harm and suicide rates?

In relation to suicide- we believe that 'Choose Life' has made significant strides in working to raise awareness of the issues, and to engage with partners and local communities to work on this agenda. The Choose Life group working across Argyll and Bute have delivered effective training to professionals and raised awareness of the support available to adults when they experience periods of distress or mental illness.

Self harm appears to be less well understood and this area requires further development. There is also more evidence of self harm being a significant issue within the Adult Protection arena.

Question 4: What further action can we take to continue to reduce the stigma of mental illness and ill health and to reduce discrimination?

There are opportunities to perhaps build on the arts and media approach to delivering the messages associated with reducing stigma within communities. A mix of national campaigns and local responses is the preferred way forward to tackle stigma in the West of Scotland concerning mental health.

**Question 5: How do we build on the progress that *see me* has made in addressing stigma to address the challenges in engaging services to address discrimination?**

The "SEE ME" strategy has begun to address stigma. This campaign has in our view been well received by individuals and groups across Argyll and Bute. The use of TV and the message being carried by football teams is viewed as a very effective way of breaking down barriers associated with discrimination.

The Scottish Government should consider further work with Councils and Partners to ensure locality solutions and approaches are developed, including a wider group involving the third sector and voluntary groups.

**Question 6: What other actions should we be taking to support promotion of mental wellbeing for individuals and within communities?**

The move towards a local response should be considered further with joint planning partnerships taking an increased role in the promotion of mental wellbeing for individuals and communities.

**Outcome 2: Action is focused on early years and childhood to respond quickly and to improve both short and long term outcomes.**

**Question 7: What additional actions must we take to meet these challenges and improve access to CAMHS?**

The Council and Partners need to continue to work to identify better transition between child care services and adult services where appropriate.

We would wish to highlight the issue of high functioning autistic disorders, and a general lack of developed services for adults. The link between or separation from autism and mental health services requires to be clarified.

The move towards improved opportunities for talking therapies is most welcome and recent work within Argyll and Bute will result in enhanced opportunities for access to talking therapies which will be available as a result of the redesign of mental health services.

**Question 8: What additional national support do NHS Boards need to support implementation of the HEAT target on access to specialist CAMHS?**

No comment.

**Outcome 3: People have an understanding of their own mental health and if they are not well take appropriate action themselves or by seeking help.**

Question 9: What further action do we need to take to enable people to take actions themselves to maintain and improve their mental health?

TAMFS already sets out a clear agenda for promoting mental wellbeing.

In terms of enabling people to take actions themselves, we believe that a shift is still required towards recovery based service provision across all partnerships. The recovery agenda is however growing within the mental health arena and individuals and providers are increasingly moving towards recovery based approaches.

Question 10: What approaches do we need to encourage people to seek help when they need to?

We need to make sure we combine national campaigns with a responsive local service which ensures information regarding access or pathways to secure support are easily understood. This will include good quality public information and easy to access web information.

**Outcome 4: First contact services work well for people seeking help, whether in crisis or otherwise, and people move on to assessment and treatment services quickly.**

Question 11: What changes are needed to the way in which we design services so we can identify mental illness and disorder as early as possible and ensure quick access to treatment?

We believe that there is still a need to offer further opportunities for a range of front line staff to engage in awareness raising training.

Community mental health services remain variable, in shape, degree of integration and location within the wider community. Developing single points of access for a range of psycho-therapeutic assessment/treatment could be very helpful.

**Outcome 5: Appropriate, evidence-based care and treatment for mental illness is available when required and treatments are delivered safely and efficiently.**

Question 12: What support do NHS Boards and key partners need to apply service improvement approaches to reduce the amount of time spent on non-value adding activities?

Need to ensure that good evidence based research is disseminated to all front line staff, and a regular review of practice is undertaken within each local area.

However, given the fact that mental wellbeing is the aim of services, not just treatment of mental illness, then perhaps we need to also ensure that a broader understanding of 'value adding activities' is taken.

Question 13: What support do NHS Boards and key partners need to put Integrated Care Pathways into practice?

We do not feel able to comment on this other than pointing out that integrated care pathways will involve agencies and organisations out with the health boards.

**Outcome 6: Care and treatment is focused on the whole person and their capability for growth, self-management and recovery.**

Question 14: How do we continue to develop service user involvement in service design and delivery and in the care provided?

Service user organisations have a key role to play here- in supporting debate and discussion around service design and delivery that can then contribute to future planning. In Argyll and Bute the ongoing redesign of mental health services has allowed for sustained and effective service user involvement.

The local User and Carer group ( ACUMEN) have been involved in every part of the redesign of services and have three reps on the mental health project board. The input of these reps has been excellent and they have helped to shape the current redesign work in a significant way.

Question 15: What tools are needed to support service users, families, carers and staff to achieve mutually beneficial partnerships?

Training using tools like WRAP are available locally.

Question 16: How do we further embed and demonstrate the outcomes of person-centred and values-based approaches to providing care in mental health settings?

Training led by service users is one potential way of ensuring values based approaches are embedded across mental health settings.

Regular use of SRI tool within services.

**Question 17: How do we encourage implementation of the new Scottish Recovery Indicator (SRI)?**

Suggest that SRI is used at each level of service provision on an annual basis- local teams, hospitals, service wide. Partnerships should be encouraged to ensure a consistent approach is adopted to maximise the effectiveness of SRI.

**Question 18: How can the Scottish Recovery Network develop its effectiveness to support embedding recovery approaches across different professional groups?**

Continue to challenge services and champion alternatives. Services still require considerable development to achieve required change to value base. The continued opportunity for all professional groups training and learning together will assist to secure the shift in practice.

**Outcome 7: The role of family and carers as part of a system of care is understood and supported by professional staff.**

**Question 19: How do we support families and carers to participate meaningfully in care and treatment?**

We need to ensure families and carers understand their role and are encouraged to get involved in decision making and recording their views.

Staff in Adult Care and within the CHP encourage participation currently and professionals will continue to assist families and carers to contribute to meetings and reviews at all stages of the adults care and treatment.

**Question 20: What support do staff need to help them provide information for families and carers to enable families and carers to be involved in their relative's care?**

The most important issue for families and carers is to be afforded time and understanding from staff when family members are unwell. They also need access to good information and be aware of their important role in terms of the recovery process.

**Outcome 8: The balance of community and inpatient services is appropriate to meet the needs of the population safely, efficiently and with good outcomes.**

Question 21: How can we capitalise on the knowledge and experience developed in those areas that have redesigned services to build up a national picture of what works to deliver better outcomes?

We need to determine what common Outcome measures we will use in order to make real comparisons of effectiveness.

We also need qualitative information in the form of creative good practice examples.

**Outcome 9: The reach of mental health services is improved to give better access to minority and high risk groups and those who might not otherwise access services.**

Question 22: How do we ensure that information is used to monitor who is using services and to improve the accessibility of services?

Annual reports, matching service usage to community audits are the only way to effectively ensure that information is collected and that this information is put to use in planning and targeting services.



Question 23: How do we disseminate learning about what is important to make services accessible?

We need to make better use all existing communication channels for staff managers, service users and carers. The Partnership continue to make sure we improve our ability to communicate key learning through the use of web based information and the development of practitioner forums to allow best practice issues to be discussed across staff groups. Argyll and Bute Council have an active Mental Health Officer Forum which allows MHO's to share best practice.

Question 24: In addition to services for older people, developmental disorders and trauma, are there other significant gaps in service provision?

Autistic spectrum disorders- services require further development and crisis response remains a significant challenge for remote and rural communities. The current redesign of mental health services will address a number of these issues. These issues may also be relevant for other Councils across Scotland.

**Outcome 10: Mental health services work well with other services such as learning disability and substance misuse and are integrated in other settings such as prisons, care homes and general medical settings.**

Question 25: In addition to the work already in place to support the National Dementia Demonstrator sites and Learning Disability CAMHS, what else do you think we should be doing nationally to support NHS Boards and their key partners to work together to deliver person centred care?

Argyll and Bute Council and key Partners are currently working together to improve the assessment framework available for staff across the organisations. It is anticipated the improved assessment framework will assist staff to deliver improved person centred care and support plans which are increasingly outcome focused.

**Question 26:** In addition to the proposed work in acute hospitals around people with dementia and the work identified above with female prisoners, are there any other actions that you think should be national priorities over the next 4 years to meet the challenge of providing an integrated approach to mental health service delivery?

Argyll and Bute Council and Partners welcome the ongoing debate concerning the future of Adult services and the NHS in terms of improving joined up services which will deliver improved outcomes for the adults who require care and support.

The Council recognise that there are a number of different models being considered and are eager to work with the Scottish Government to explore these options through the appropriate channels.

**Outcome 11:** The health and social care workforce has the skills and knowledge to undertake its duties effectively and displays appropriate attitudes and behaviours in their work with service users and carers.

**Question 27:** How do we support implementation of *Promoting Excellence* across all health and social care settings?

Argyll and Bute Council believe that increased opportunities for staff to train together and learn together is a useful way forward.

**Question 28:** In addition to developing a survey to support NHS Boards' workforce planning around the psychological therapies HEAT target – are there any other surveys that would be helpful at a national level?

Nothing further to add.

**Question 29: What are the other priorities for workforce development and planning over the next 4 years? What is needed to support this?**

Opportunities for joint workforce development decision making should be made clear in proposals being put forward regarding integration of health and social care.

**Question 30: How do we ensure that we have sustainable training capacity to deliver better access to psychological therapies?**

Need to make training available to wider range of staff in both hospital and community settings.

**Outcome 12: We know how well the mental health system is functioning on the basis of national and local data on capacity, activity, outputs and outcomes.**

**Question 31: In addition to the current work to further develop national benchmarking resources, is there anything else we should be doing to enable us to meet this challenge.**

**Question 32: What would support services locally in their work to embed clinical outcomes reporting as a routine aspect of care delivery?**

Any guidance brought forward by the Scottish Government would be received positively by the Council and Partners.

**Outcome 13: The process of improvement is supported across all health and social care settings in the knowledge that change is complex and challenging and requires leadership, expertise and investment.**

**Question 33: Is there any other action that should be prioritised for attention in the next 4 years that would support services to meet this challenge?**

Argyll and Bute Council will continue to help build capacity in key leadership posts by encouraging improvement in staff PDR. The partnership will continue to maximise opportunities for joint training and learning opportunities and tap into existing sources of tool kits to ensure our managers become increasingly aware of the joint responsibility to manage change across the partnership.

**Question 34: What specifically needs to happen nationally and locally to ensure we effectively integrate the range of improvement work in mental health?**

We need to ensure that opportunities are taken locally to look at improvement work and that Partners ensure the best use of the appropriate knowledge and skills across the partnership to maximise the impact of all activity. There are good links between the Council and CHP currently and CHP mental health improvement work is linked into the project board for the redesign and modernisation of the service.

**Outcome 14: The legal framework promotes and supports a rights based model in respect of the treatment, care and protection of individuals with mental illness, learning disability and personality disorders.**

**Question 35: How do we ensure that staff are supported so that care and treatment is delivered in line with legislative requirements?**

The Partnership recognises the role independent advocacy has in all aspects of care and treatment. Mental Health Officers in particular are very actively promoting the take up of advocacy services across Argyll and Bute as per statutory obligations.

**Mental Health Officers are also involved in delivering a programme of training which raises awareness of their role and the role of independent advocacy.**