Consultation on ‘Mental Health in Scotland – a 10 year vision’: Healthcare Improvement Scotland response

1. Introduction

Healthcare Improvement Scotland is dedicated to driving improvement in health and social care.

We collaborate with stakeholders in Scotland, the rest of the United Kingdom and internationally to deliver improvement support for health and social care providers, helping them deliver better outcomes for people across the country.

Our focus is on making seven key contributions:

- supporting people to have a say in services.
- assessing the quality of services to inform improvement action.
- supporting the redesign of services.
- helping services to reduce variation in quality.
- independently assessing evidence which may support better outcomes and value for money.
- proactively intervening to support services to improve, and
- supporting leaders to deliver a culture of continuous improvement.

Individually and collectively, these contributions help drive improvement in the care people receive across Scotland.

Healthcare Improvement Scotland is building upon our existing resources and expertise and increasingly looking to work with health and social care partnerships (which include health, social care, third sector, independent sector and housing organizations) and NHS boards to identify and design the support they need, driven by the needs of their local population.

Our response

We welcome the publication of ‘Mental Health in Scotland – a 10 year vision’ and the opportunity to contribute to this consultation. We have chosen to respond to the document both in terms of the overall approach to the strategy, and some more detailed comments on the planned actions. We also see Healthcare Improvement Scotland as a key partner in supporting delivery of the strategy and welcome further opportunities to discuss this involvement.
2. General comments on the new Mental Health Strategy

- We welcome the framework, which sets out an overall vision for the strategy. The framework being organised around the “Start Well, Live Well and Age Well” life stages makes sense. The priorities also feel broadly right. However, in the latter part of the document the differences between the life stages seems less clear (the priorities could apply to any life stage, for example self-management and access are clearly important for young people) and the distinctions could be seen as slightly arbitrary despite the well intentioned approach to organise by life stages.

- The development of the more detailed strategy could benefit from greater clarity on who will be delivering on the actions. In some places ‘we’ is used and in others, no ownership is given. It would be helpful to differentiate between those actions being delivered by Scottish Government, those by national bodies such as Healthcare Improvement Scotland, and those by service providers including both NHS boards and health and social care partnerships.

- The actions outlined in the strategy appear to be fairly service-led, reflecting models and practices already in use. We feel that there is scope for the strategy to be more visionary in terms of a mentally healthy Scotland, and underpinned by a person-centred approach. We know that previous strategies have promoted work to embed recovery models across mental health services, where recovery means the realisation of a meaningful and fulfilling life in the presence or absence of any mental health problems. There is also an increasing emphasis across the whole of health and social care on a personalisation approach which promotes starting with the person as an individual with strengths, preferences and aspirations. We feel strongly that the strategy would benefit from a greater reflection of these approaches.

- In developing the strategy further, a more outcomes focused approach would be appropriate and in line with the integration agenda and the national health and wellbeing outcomes. A re-writing of the priorities, focusing on ‘result’ (outcome) first, then considering the actions required to achieve these, might be a useful approach to achieve this focus. The outcomes should be written from a personal / individual approach not a service basis. As it stands, the actions set out may not automatically lead to the outcomes set out.

- We would welcome a stronger emphasis on a multi-agency approach as the strategy is taken forward – especially around early intervention – education services, social services, third sector organisations are key to the success of this work. The role of carers should also be given greater prominence for this reason.

- The human rights of people with mental health problems should be apparent throughout, and threaded through all activity, rather than a specific priority under ‘live well and age well’. It may be useful for the strategy to make reference to the National Care Standards, which are human rights based and outcomes focused.
At present, there is no reference in the document to eHealth. It will be important to have the right digital infrastructure in place to realise the priorities set out and it may be helpful to cross-reference to the National eHealth Strategy.

It might also be useful to consider, as an area for action, the need for further research in the area of mental health and the role for higher education centres in taking this forward.

3. Comments on specific areas of the strategy

We have set out below some more detailed comments on specific aspects of the strategy.

Priority 1: Focus on Prevention and early intervention for pregnant women and new mothers.

It is important that actions around this priority reflect that a shared understanding, joined up communication and information sharing systems between education, social care, children’s health services and the third sector are essential to identify mental health issues early on and provide easy access routes to assessment and treatment to young women and new mothers. More collaborative working between the statutory services and third sector organisations is especially important. Some voluntary sector services can support relationship based interventions, where trust has been built up with young women over a longer period of time. This can make it easier to sign post and facilitate access to services for vulnerable young women who may be unwilling or incapable of doing so without additional specialist support.

It is also worth noting that the Scottish Patient Safety Programme – Mental Health has just begun working with perinatal services to understand what the safety priorities in that area are, and scoping of which of the safety principles might carry across.

Priority 2: Focus on prevention and early intervention for infants, children and young people.

We welcome the recognised need to support children and families at risk of developing mental health problems from an early stage. As noted in the previous section, it is important that this takes a multi-agency approach, otherwise there is a risk that the strategy becomes too focused on clinical and specialist services. From the outset, the strategy should reflect that in certain circumstances, young people might not need to have accessed mental health services if an alternative and more holistic service was on offer. In view of this, it would be helpful to have an indication of the linkages with the planned development of the Child and Adolescent Health and Wellbeing Strategy.

One of the actions is to ‘develop a range of evidence-based programmes’; is there work proposed to assess how effective existing programmes are? It is important to know what is already out there and working well.
Priority 3: Introduce new models of supporting mental health in primary care.

As part of having ‘tested and evaluated the most effective and sustainable models of supporting mental health in primary care’, it will be important to assess whether these programmes and models lead to achieving the outcomes set out.

As noted under our general comments, the ‘roll out’ of models does not fit with an approach where planning and improvement are designed at a local level to meet the needs of the local population. The Primary Care Transformation Fund allows for services to bid for support where they need to test, implement and plan initiatives at a local level. The Strategy will need to reflect local strategic commissioning, planning, and service redesign approaches.

It is also worth noting that the Distress Brief Intervention applies across all settings and not just primary care.

We would also welcome stronger focus on out of hours services as the strategy is developed.

Further there is concern that the priorities as set out do not recognise the issues associated with transition from CAMHS into adult mental health services. Boards have a duty of care to ensure this transition takes place safely and in an effective well managed way. It is not clear from the actions how this will be supported. Without a national focus on the transition between services, learning is being lost and services are not benefitting from improvements.

Related to this, there is also a need to improve and support more effective and efficient data sharing between agencies and services.

Priority 4: Support people to manage their own mental health.

This is a very welcome priority, however we feel it could be strengthened by a more holistic, whole person approach – at present there is a risk that it is largely defined by clinical services and the need for third sector involvement and partnerships between agencies and services should also be acknowledged, particularly in the context of self-directed support.

We also note that within this priority, the terms ‘mental health’ and ‘mental wellbeing’ appear to be used interchangeably, when there is a different inference between the two.

Priority 5: Improve access to mental health services and make them more efficient, effective and safe, which is also part of early intervention.

As noted above, there is a lack of clarity within the document on who is responsible for which actions. Healthcare Improvement Scotland is responsible for delivering a programme of work on improving access to mental health services; we also run the Scottish Patient Safety Programme in Mental Health. We feel that the final strategy would benefit from greater detail on the planned objectives of these areas of work and that the ‘results’ column, as it currently stands, does not fully reflect these. Our stated objectives for these workstreams are given below.
The Mental Health Access Improvement Support Team (MHAIST) has been established to support improved access to both psychological therapy interventions and Child and Adolescent Mental Health Services. It will work with NHS Boards and IJBs to support a ‘deep dive’ diagnostic to understand the barriers to meeting the target of treatment within 18 weeks of referral and on the basis of this then agree an improvement plan to enable reliable delivery of this access target.

Support NHS Boards to improve outcomes for people with mental illness through a focus on reducing harm including restraint and seclusion, improving medicine safety risk assessment and safety planning at key transition points.

As noted above, the outcome in relation to access should also not just focus on improving access by older people to support for mental health problems - this is an issue that needs to be addressed for all ages.

It is worth highlighting that the SPSP – Pharmacy in Primary Care programme also has aspects which are relevant to the safety of mental health services.

**Priority 6: Improve the physical health of people with severe and enduring mental health problems to address premature mortality.**

We recognise the importance of prevention programmes and the monitoring of physical health and focus on improving the health of people with mental health problems. Again, however, we would also advocate a personal outcomes approach. We need to be asking what is important to the individual, and understanding their perspective, as well as considering the medical advice, and focus on supporting that, which can subsequently lead to physical improvements. A focus on recovery, with an improved quality of life, and a person-centred care approach, is central to this.

**Priority 7: Focus on All of Me: Ensure parity between mental health and physical health.**

Again we would advocate a person-centred approach to this priority area.

**Priority 8: Realise the human rights of people with mental health problems.**

The commitment to a human rights based approach is welcome but, as noted above, should be an underpinning theme across all of the strategy. It also requires a more holistic view of mental health promotion, and should be considered in the wider context of health inequalities and the social determinants of health (including things like housing, income, education, social support etc), offering a joined up approach across the public sector, working in partnership with third sector.

It would also be useful to see a clear connection being made re Scotland’s National Action Plan for Human Rights (SNAP) and the work of the Scottish Human Rights Commission.

It is also worth highlighting that people can only exercise their rights if they know what those rights are – this requires easily accessible information/advice and provision of independent support (including services like the Patient Advice and Support Service and advocacy) for
those who need it. It would be helpful to see more emphasis on this i.e. greater awareness raising about rights with service users, carers and staff, as well as clear monitoring of this in practice.

While we recognise that the work to review how deaths of patients in hospital for mental health care and treatment are investigated has emerged from legislation, it is difficult to say how this contributes to the desired results as stated.

**Making a difference:**

**Our Voice**

Patient experience is central to knowing whether a difference has been made. Healthcare Improvement Scotland is developing the Our Voice framework, which is based on a vision where:

*people who use health and care services, carers and the public will be enabled to engage purposefully with health and social care providers to continuously improve and transform services. People will be provided with feedback on the impact of their engagement, or a demonstration of how their views have been considered.*

This should operate at all levels of the system – in terms of people’s individual care and treatment, at local level re service planning and delivery, and at national level. The work that we, and other delivery partners, are doing to develop and implement the framework, will help support this approach.

**Measurement**

We welcome the development of indicators that measure both clinical and personal mental health outcomes and that these will reference the national health and wellbeing outcomes. It will be challenging but essential for a broader view to be taken of measuring outcomes in mental health, beyond those which are clinically orientated. In addition, a greater emphasis on the national outcomes, rather than specific targets, supports the need for people to access the support they need, when they need it.

The work of our Mental Health Access Improvement Support Team will include supporting the service to build and use datasets, with clinical outcomes data, as part of their work.

**Quality of Care Reviews**

Healthcare Improvement Scotland is taking a new approach to reviewing the quality of care in Scotland, to be rolled out from 2017. One aspect of this is national thematic quality assurance work related to major priority areas, which could include aspects of mental health services. A feature of this new approach is a much stronger emphasis on bringing together the range of Healthcare Improvement Scotland’s functions to better support and drive quality improvement.

Additionally, the new approach places a stronger emphasis on healthcare providers regularly self assessing against a shared quality framework and reflecting on the quality of the care that they provide. Healthcare Improvement Scotland will provide external quality assurance
and validation of this on an ongoing basis and work more collaboratively with services to identify ‘amber’ warning signs. This will allow earlier supportive and tailored intervention to address any emerging issues.

In the shorter term, we will be testing our new approach in a range of service settings. One of the planned testing exercises is a full pilot thematic review within one NHS Board area. The pilot will focus on an aspect of child and adolescent mental health services. This will test the quality framework, the proposed measures, the review methodology and the effectiveness of the outputs. The pilot will also inform our thematic quality assurance work in mental health moving forward.