Interface Guidance: North Ayrshire

This case study outlines the process of developing interface guidance in North Ayrshire HSCP. It highlights the role of leadership at all levels, and the importance of clear, consistent messaging around new ways of working to support staff confidence. It also demonstrates the importance of bringing in clinical experience to ensure guidance is relevant across common interfaces/situations. **This case study provides additional detail and examples to the Interface Guidance Development Overview resource, which is designed to support areas to develop and implement local interface guidance.**

Phases of developing Mental Health and Substance Use Services Interface Guidance in North Ayrshire HSCP

Groundswell of momentum	• **Engagement with people accessing services highlighted the complex pathways for people to get the right care and support.** • **Staff were raising challenges linked to transfer of care or getting additional support for people with co-occurring conditions.**
Oversight and sponsorship	• **Review of existing interface guidance overseen by the Head of Mental Health Services, and involving a senior group with different expertise, including clinical, management, data and support functions.** • **Clear and consistent messaging regarding joint responsibility for people with co-occurring conditions from senior leaders to staff in services, and feedback routes.**
Development and iteration	• **First draft of the guidance written by a small group of clinicians and medics, and shared for feedback.** • **The broader workforce raised specific scenarios not covered within the interface guidance for further exploration and development.** • **Feedback was gathered via service user and families to support further learning and service development.**
Refine and spread	• **Peer support networks were established between clinical staff and team leaders to reflect and refine the protocol.** • **Multi-agency awareness events and pop-ups helped inform people about the guidance and provide opportunities for questions and feedback.**

"It was built on a foundation of pre-existing arrangements that we've have refined, refreshed and updated it in line with the kind of changing landscape nationally and locally" – *Senior Manager, North Ayrshire HSCP Adult Community Mental Health*

This case study is part of a series supporting the following section of the National Mental Health and Substance Use Protocol.

Joint decision making, joint working and transitions

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Starting point

There was historic guidance developed locally, at the time of 'Closing the Gaps' which supported a shared understanding about co-occurring mental health and substance use.

Getting into the detail

The Ending the Exclusion report and the Medication Assisted Treatment Standards highlighted the need for more detail within existing guidance, and the inclusion of new interfaces (such as with social care and primary care). These conversations took place in different spaces:

Staff engagement: The refreshed document was sense checked to:

- identify who might not fit into defined categories, using real-life experiences of supporting people with complex needs and ensure the guidance works for them.
- 'stress test' how the guidance might work practically, in high pressure situations, and
- identify gaps and generate ideas for how to fill these.

Adverse Event Reviews: Regular reviews of adverse events allowed for ongoing reflection on practice. This process:

- identified specific situations where there are 'gaps' that people might fall through on their care journey that require focus, and
- highlighted the scale of the need.

"If we had started from the point of 'we need data to inform this', then we wouldn't yet have started because we would still be trying to get the data right" - *Service Manager for Mental Health Services*

Implementation

Awareness raising sessions with staff were delivered, alongside support to help people understand how to operationalise the guidance. These sessions were led by the senior leads from mental health and substance use services. This helped:

- demonstrate it was a high priority
- show senior leaders' commitment to joint working, and
- respond to any questions staff may have.

Role modelling

In addition to awareness raising, there was ongoing role modelling from leaders in the form of:

- joint attendance at team meetings in mental health and substance use services, and
- planning joint activity such as networking sessions with both mental health and substance use staff present.

Role modelling and empowering change in practice

"[The substance use service manager] is out in the Garnock Valley and he would meet up with his colleague from the mental health team from that area, just to do a sense check, to see if they've got the same people in a caseload.

Often they are working in isolation in these small communities. It is important that it is not just the leaders all meeting and having their forums, but the staff on the ground actually meeting in their localities and doing some joint work and joint effort."

– Senior Manager, North Ayrshire HSCP Adult Community Mental Health

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Current Status and Next Steps

The co-occurring conditions oversight group is continuing to monitor current progress and support further development.

Current monitoring processes include:

- Reporting for MAT Standards which show that 100% of people seen in either services are being screened for co-occurring conditions.
- A manual audit of a sample of people with co-occurring conditions to look at their journey through services.
- Continued use of adverse event review process to highlight improvements needed.
- Staff are encouraged to highlight any challenges within team meetings, so far there has been nothing through this route.
- Development of case studies showing the benefits of new ways of working.

There are plans to develop more detailed data and measurement plans. This will be supported by engagement with people who have used the services to be able to see the longer-term impact of new ways of working on people's outcomes.

"Through the steering group we've identified further improvement actions that's not as much about the guidance, but more about how we collaborate better to support individuals. We have set up networks of support and communication, whereby consultant psychiatrists, team leaders and managers across the services are meeting regularly. This allows for us to be responsive and learn about what works." - *Senior Manager, Alcohol and Drug Services*

The benefits of a visible leadership and supporting staff to engage with the guidance have been:

- Staff feeling confident that they will be supported in decisions to involve other services.
- A greater understanding of the implications of the guidance within clinical settings.
- Peer support network building up examples of how to respond to co-occurring conditions in different circumstances.
- Ongoing reinforcement of the approach, and ability to quickly feedback and respond to emerging issues.

Advice

- Invest in champions at all levels
- Make it realistic
- Have a strong vision
- Build supportive oversight