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 HSCP. 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. **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 West Lothian HSCP

Groundswell of momentum	• **There were emergent conversations regarding the challenges of supporting co-occurring conditions.** • **A small ongoing project around developing joint care plans became a focal point for development.**
Oversight and sponsorship	• **The 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 was done through an audit process, to identify if any further support is needed for implementation.** • **Testing application of the interface guidance was done 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 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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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 result of this strong foundation for understanding, is that the resulting interface guidance is supported 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.

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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 as 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.

Advice

- Go where the energy is
- Start somewhere with the idea of expanding
- Make it a priority
- It doesn't have to be perfect right away