Interface Guidance Development Resource

Healthcare Improvement Scotland

About Interface Guidance

'Interface Guidance' documents outline how mental health and alcohol and drug recovery services will work together to assess, treat and support people who have co-occurring mental health and substance use problems.

Guidance is generally designed to **support clinical judgment.** It can help overcome barriers to care through building relationships between services and enabling collaboration.

About this resource

We engaged with three areas who have developed interface guidance to learn more. This resource supports thinking about how to start developing or implementing interface guidance.

The resource is in two parts, following the journey from the beginning to implementing and monitoring interface guidance. It highlights the benefits, the enabling factors and questions to ask as a starting point.

Interface guidance can be a foundation for your local protocol. It can help:

- Establish roles and responsibilities.
- Agree interventions.
- Establish mechanisms to stratify need and develop flexible responses
- Inform workforce development plans.
- Identify interfaces with other services and how to support complex needs

"Now, rather than having to go through and setting up a CPA that might not meet the threshold, it's just a case of that I can nip along in this meeting and just ask can somebody come along with me and see what we can do together"

– Integrated Mental Health Team Manager

This resource was developed through interviews with stakeholders within NHS Forth Valley, North Ayrshire HSCP and West Lothian HSCP about their experiences developing interface guidance.

Full case studies about how these areas developed and implemented their interface guidance, including details on the activities that supported this, can be found here.

Phases of developing and implementing interface guidance

1. Initiating and Developing

This phase is defined by taking advantage of a 'groundswell' of emergent discussions among staff across the system. Staff recognise the challenges of supporting co-occurring conditions and want to improve the response.

In this phase oversight and structure is provided to these conversations to begin shaping and drafting guidance; and give the issue visibility across the system.

2. Implementing and Monitoring

In this phase thought is given to how to implement guidance in an iterative way, whilst refining and improving it based on experience. Key to this is the role of dialogue between clinical staff, peer support and role modelling behaviours.

Ways to measure and monitor implementation and impact are identified. This includes the use of different methods to understand how new ways of working are progressing and their impact on staff and people accessing care.

Key elements

Within these phases there are key elements and focal points of activity that will be explored throughout this resource.

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Build momentum and focus existing energy positively

1. Take advantage of groundswell

There was early recognition from clinical staff that there are support gaps for people with co-occurring conditions and that something needs to be done. These emerging conversations can be stimulated by:

- Facilitating forums for operational and clinical staff to share common challenges and generate ideas
- Encouraging and creating space for interested staff to work together to produce practical solutions
- Creating a dialogue between mental health and substance use services

2. Give structure to emerging conversations though connections with governance and leadership.

Emergent conversations were championed by managers, who were able to escalate these into existing governance groups. It was important that issues were raised to **clinical and operational leads.** This provided a clear connection between services and senior leadership.

3. Take ownership of the interface problem

Once it was decided to look at the interfaces, groups were set up to take ownership of this and act as a hub for collaboration across interested parties. Typically, these involve:

- Nursing staff
- Occupational therapists
- Consultants
- Service Leads
- Team managers
- Executive sponsor
- Business support
- Data analyst

"It's a hard thing to describe, but I do feel that the quality of relationships and the informal spaces where a lot of work gets done, really helped drive this work"

– Consultant Psychiatrist and Quality Improvement Lead

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Gather ideas

Once there was a clear mandate to develop guidance, with appropriate governance and ownership, there was a process of supporting dialogue between staff to understand different ways to improve care.

1. Embrace informal spaces

There were relationships across services that allowed for case-specific problem solving, which added to developing learning about different ways to support people.

2. Facilitate spaces for bringing learning together

Forums and staff networks became focal points for learning and translating good practice into guidance. For example:

- Small working groups, including local quality improvement projects
- Engagement and feedback sessions with staff
- Workshops exploring how different cases would be supported with under the guidance to 'stress test' it

Benefits

- It ensures collaboration from staff
- There is an early focus on practical discussions between clinical staff about the best way to support people with co-occurring conditions
- There is support for the development of guidance; ensuring it is a priority and has read across the wider strategic environment

Enabling conditions

- Clinically credible leaders shape service-level conversations and escalate these to more senior staff
- Engaged staff who want to make changes are supported
- Engagement and mobilisation of knowledge is well managed to allow for quick development
- Leadership take on role of advocate and troubleshooter, not scrutiny and assurance
- Leadership empower staff instead of dictating activity

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Questions to ask yourself

- What work is going on within services we could support?
- What are the conversations that clinical staff are having about co-occurring conditions? How do we give more space to these?
- Who are your clinically credible leaders who can bridge the gap between clinical staff and management?

"We sometimes just focus on the joint assessments, which are of course the right thing to do. But equally as important was the advice [between staff in different services] and people getting together"

- Integrated Mental Health Team Manager, NHS Forth Valley

How you might do this – a potential plan for kicking off conversations to help surface and structure emergent issues.

1. **Multi-agency discussion sessions –** broad conversations centred on known challenges. With a focus on networking and agreeing key challenges/issues from a staff perspective.

2. **Joint management representation –** getting service managers and leads from both mental health and substance use services to attend team meetings/events together to talk about what changes are needed.

3. **Joint training –** planning in-person training for staff in both mental health and substance use services to attend. This could be condition specific, such as training on stimulant use; intervention specific such as an introduction to motivational interviewing; or something broader such as trauma-informed practice.

4. **Joint practice –** Creating opportunities for staff to shadow; be embedded within another service; or have services co-located.

All overseen by a group that:

- Takes ownership of the development process, supported by senior leaders
- Has a remit to bring together learning and insights developed across activities and produce interface guidance.

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Build awareness and dialogue

Support for staff to understand the principles and pathways outlined in the guidance, and their role in it.

Ongoing support with how to apply the guidance in different situations.

1. Be intentional in raising awareness

General **awareness raising** with staff was done through:

- Specific drop-in sessions across teams
- Presentations within team meetings that included joint representation from service managers from both mental health and substance use

2. Centre implementation staff development.

Awareness was then reinforced by **ongoing dialogue** about **applying the guidance**, especially in more challenging circumstances that might not be explicitly covered within the guidance. This was done through:

- Giving space in team meetings to have conversations about cases and how staff might use the guidance to provide the right support
- Developing a range of forums and networks, including peer networks at different levels

"[Mental health] staff are now noticing if there's an increase in substance use, recognising their own limitations within it and asking for support from those in that more specialist area"

– Senior Manager, North Ayrshire HSCP Adult Community Mental Health

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3. Role model the behaviours you want to see across teams

The activities and processes highlighted in this case study are underpinned by good role modelling from leaders at different levels.

It is important for managers to demonstrate new ways of working that reinforce the principles of the guidance.

Enabling an open and reflective culture where staff reflect on their practice can help affirm roles and responsibilities.

Benefits

- It helps develop a culture of trust whereby staff are encouraged to find their own solutions to issues, knowing that they have the support from managers
- Change is responsive as both development and implementation are done within services, emphasising making the guidance work for the people they are supporting
- There are a mix of perspectives on the outcomes of changes
- Peer networks as part of implementation ensure staff development is integrated into the approach.

"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

Enabling conditions

- Good relationships where constructive challenge is possible
- Sense of shared responsibility for implementation
- Senior Leadership as champions for the approach, sharing good examples while more detailed measurement is collected/collated

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Questions to ask yourself

- What forums do you have for staff to get together and discuss their work?
- What information are you already collecting about how services work together?
- What planned engagement activities could be used?

"In discussions I'm hearing a lot more about joined working or advice, it's become quite routine"

– Senior Manager, North Ayrshire HSCP Adult Community Mental Health

Create a way to measure and monitor implementation

For interface guidance in the early stages of implementation there are different ways to understand how the guidance is being used and its impact.

1. Use different and complementary methods and sources of information. A potential plan for measuring and monitoring you interface guidance implementation

Process measures: A suite of measures that monitor things like:

- Percentage of screenings resulting in additional support
- Number of joint care plans
- Number of rejected referrals

Ongoing reviews through existing processes: Interpreting existing data/information, such as adverse event reviews, service feedback mechanisms, routine engagement (including through MAT Standards)

Additional data collection (usually qualitative but also audit): Focused, short-term research via a range of methods such as staff surveys, case studies and case audits/journey mapping to understand the impact of new ways of working on the care provided and resulting outcomes for people

Acknowledgements

The Mental Health and Substance Use Team would like to extend a big thank you to colleagues in NHS Forth Valley, North Ayrshire HSCP and West Lothian for their time in sharing their experiences with developing interface guidance.

"You have the aspirational policy. But it's actually the practical nuts and bolts of how are you going to make this operational...We said, how can we practically make this work and what do we actually want to achieve from this"
- Senior Manager, Adult Community Mental Health

"[Clinical staff] got very quickly into a very ambitious process for how you'd manage joint referrals into addiction service and community mental health teams - they were absolutely owning referrals that would have normally been just sent back."
- General Manager, Mental Health and Addictions

"The overall ethos is to make this uncomplicated and straightforward for individuals seeking support for co-occurring mental health and alcohol and drug use."
- Senior Manager, Addiction Services

For more information about the National Mental Health and Substance Use Protocol please visit our website.