

Interface Guidance: Forth Valley



This case study outlines the process for developing interface guidance in NHS Forth Valley. It highlights the importance of good relationships at a senior level and having managers across services who role model collaboration for clinical staff. It also demonstrates the value of escalation pathways for challenges identified at service level, to get exposure at a more strategic level. **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 NHS Forth Valley:

Groundswell of momentum	<ul style="list-style-type: none">• There were emergent conversations across services regarding responsibilities in supporting individuals with co-occurring conditions.• Clinical managers reviewing drug-related deaths highlighted the high prevalence of people with co-occurring conditions within them.
Oversight and sponsorship	<ul style="list-style-type: none">• Specific escalation by a senior clinician who was working closely with teams and heard about challenges from staff.• Operational leaders brought staff together to discuss the challenges around supporting people jointly.• Supported by the senior leadership team for mental health and learning disabilities to start developing interface guidance.
Development and iteration	<ul style="list-style-type: none">• A working group drafted the interface guidance.• Several testing cycles and iteration based on staff feedback.
Refine and spread	<ul style="list-style-type: none">• Team leads in mental health and substance use services working together to demonstrate practical collaboration; highlighting the guidance in case discussions to suggest opportunities for joint working or advice.• Relationships built through formal meetings, developing into more routine collaboration.

“[Supporting change] is about creating that culture where it's welcomed to identify ideas where we can improve and also to give people the space to come up with their ideas on how to do better. They know better how to make it work.”

– Director of Psychological Services

This case study is part of a [series](#) that supports the following section of the National Mental Health and Substance Use Protocol.

Joint decision making, joint working and transitions

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Groundswell of momentum

Within NHS Forth Valley there was a **drive to understand where collaboration across services needed to be improved**, due to an emerging consensus that ‘we could be doing more’ for people with co-occurring conditions. There was an understanding across different groups that **there were gaps within services** and so people were not achieving the outcomes they could be. A range of activities fed into identifying a focus for change and improvement, which then developed into interface guidance.

These included:

Drug death reviews: Regular meetings to review individual drug-related deaths to explore where a person might have received better care.

- Included service managers, service leads, senior clinicians and pharmacists, along with third sector services and the police.
- Identified a high proportion of people getting seen by mental health and substance use services, with little joined up support provided.
- In 2022 74% of drug related deaths in Forth Valley had a known mental health history.

Review of existing mental health and substance use policy: A workshop with mental health and substance use staff to explore gaps within existing policy.

- Sparked by ongoing tensions between the services regarding roles and responsibilities.
- Raised key practical issues within transition points and allowed for detailed exploration of these.
- Highlighted limited awareness of what each service did, and which types of support/interventions offered within other services might be useful to people they are supporting.
- Allowed mental health and substance use staff to get on the same page with regards to the problems they want to solve.

Development of the Interface Guidance

A working group was established to draft the interface guidance, this included:

- mental health and substance use service managers
- nursing staff, and
- medical staff.

The working group provided **ownership** over the challenges raised and provided a **focal point for collaboration**. It also provided a space that linked clinical and operational staff/priorities.

The conversations and insights from the above activities were brought into this working group, who were able to **quickly get into the details** about the processes and communication that would **support the vision** that had developed.

This process was enabled by **ongoing operational and clinical forums** such as:

- service MDT meetings
- unit meetings, and
- operational meetings with all consultants, senior nurses and senior Ots.

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Iterating the guidance

Services began to use the interface guidance, **to test it and review its impact** as a team. The guidance was then adapted via ongoing feedback for three months. It is now being reviewed based on feedback on a six-monthly basis by the oversight group. Review and implementation was supported by:

- **Staff engagement events** to sense check the practicality of the interface guidance.
- **Peer support networks** to facilitate conversations about implementation and raise any questions or gaps in the guidance.
- **Role modelling from service managers** within team meetings to encourage new ways of thinking and ‘find more ways to say yes’.

By identifying challenges and then focusing them down to the practical elements, the following impact was made:

Collaboration between clinical staff establishing this as a priority at all levels.

Trusting relationships between services that supports more informal communication.

Realistic, practical interface guidance, with a focus on implementation.

Current status and next steps

- The interface guidance is being used within services, with ongoing discussions around how to measure and monitor the impact of the guidance.
- Managers are collecting positive stories to use to demonstrate the benefit and keep momentum and focus while awaiting evaluation of impact.
- Upskilling staff within mental health services about how to respond to high levels of cocaine use. The senior charge nurse within the substance use service is developing a teaching session on this.
- Engaging with social work to explore what the interface with their services should look like.

Advice

Listen to the staff - they know when something is not right

Make sure Operational leaders are talking to each other

Role model the behaviours you want to see

Just do it

“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]... people getting together and understanding more about the services... for example substance use nurses didn't know what the Community Psychiatrist Nurses did or how they could access therapy groups here.”

– Integrated Mental Health Team Manager