

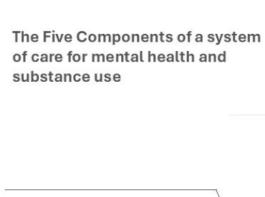
Mental Health and Substance Use Protocol Programme: National Learning Event

Options Appraisal: Supporting informed decision making



Agenda

Time	Topic	Lead	
1pm	Welcome and introductions	Benjamin McElwee, Senior Improvement Advisor, Healthcare Improvement Scotland	
1:05pm	Options Appraisals and The National Mental Health and Substance Use Protocol	Benjamin McElwee, Senior Improvement Advisor, Healthcare Improvement Scotland	
1:15	Overview and discussion of different approaches to collaborative care	Gregory Hill-O'Connor, Strategic Planning Advisor, Healthcare Improvement Scotland	
1:55	Options Appraisals as a way to inform decisions	Clare Hammond, Senior Strategic Planning Advisor, Healthcare Improvement Scotland	
2.05pm	Q & A / Panel discussion	All	
2.25pm	Closing remarks		



To develop more joined up approaches in relation to assessment, understanding needs and access to services, roles and responsibilities across services, and how communication should be used to ensure seamless care.

To align activity and priorities with strategies and change occurring within the health and care system.

Whole system planning and delivery

Leadership and culture change To create strong leadership that supports ongoing implementation and improvement across services, and a collaborative and enabling culture is actively fostered.

To ensure that processes and changes are embedded and sustained through the development of positive relationships across services and a strong, skilled workforce.

Enabling better care

management system

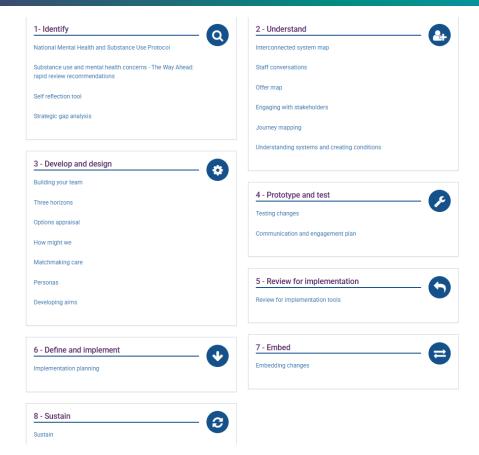
Quality

Joint decision making, joint working and

transitions

To develop an accountable governance structure focused on learning with robust oversight and auditing, that includes governance systems and processes which are people-led and promote shared decision-making.

Mental Health and Substance Use Toolkit





Options Appraisal: Supporting informed decision making

Gregory Hill O'Connor, Strategic Planning Advisor, Healthcare Improvement Scotland

Thinking about integrated delivery

Co-ordinated care – Mental health and substance use professionals **practice separately**

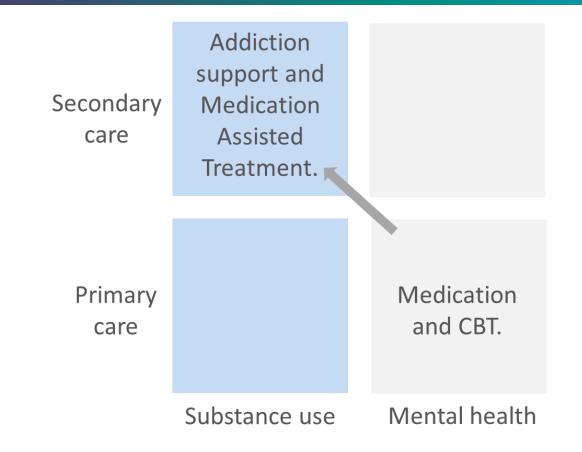
Co-located care – Mental health and substance use professionals **practice in parallel**

Integrated care – Mental health and substance use professionals collaboratively design and implement unified care plans

Thinking about integrated delivery

Funding	Organisational	Service delivery	Clinical
System investment	Inter-agency relationships	Staff training	Screening
Inter-departmental collaboration	Common agency goals	Information sharing	Joint care planning
Integrated working in service specifications	Co-location	Case management	Staff supervision
		Referral	
		Professional networks	

Thinking about integrated delivery



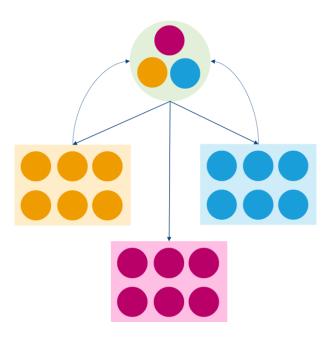
Exploring some options

Think about

- Where are you challenges?
- What is it people want/need?
- What is your culture? Do you want to change or accommodate it?
- How might this work at different levels?
- What does mean for you right now?

Shared decision making model

This option sees the creation of a separate hub meeting, made up of members from mental health services, substance use services, and the third sector, to jointly assess need and decide most appropriate services to provide care.

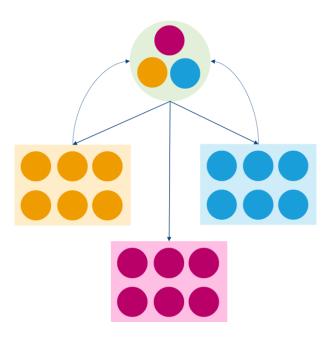


Core features

- Incoming referrals are discussed and allocated to appropriate services.
- Staff can bring cases where needs might have changed and require additional input.
- Option to invite additional services into the hub such as housing where deemed important.
- Commissioned, case holding third sector services equipped to provide psycho-social interventions and key working support are involved.

Shared decision making model

This option sees the creation of a separate hub meeting, made up of members from mental health services, substance use services, and the third sector, to jointly assess need and decide most appropriate services to provide care.



Strengths

- Improved access
- Collaboration with third sector services
- 'Network' effect

Limitations

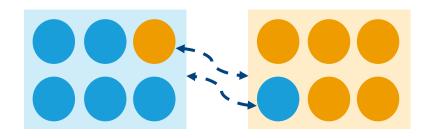
- Does not extend to joint delivery
- Thresholds with services remain a challenge

Considerations

- Supports horizontal integration
- Focussed on access
- Relies on existing staff/services

In-house support provision

This option centred on planned input into each other's services, including direct delivery of support from a specialist who retains clinical links between services.

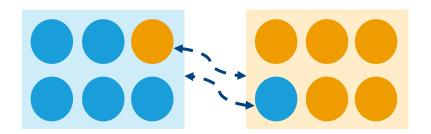


Core features

- Agreed screening to allocate between core service and additional specialist support
- Agreed interventions and support to be provided by the additional specialist support
- Clinical supervision across services
- Protected time to provide reflective practice and internal capacity building activities

In-house support provision

This option centred on planned input into each other's services, including direct delivery of support from a specialist who retains clinical links between services.



Strengths

- Clinical integration
- Greater choice
- Supporting transitions

Limitations

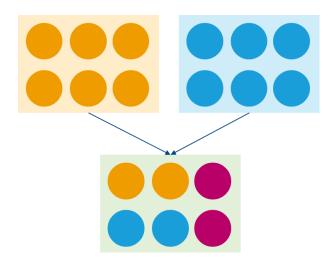
- High level of cultural readiness required
- Risk of over-reliance of the specialists

Considerations

- Supports continuity of care
- Structured approach to clinical relationships

Co-occurring conditions team

This option relates to the creation of a specific team that provides care for people with concurrent mental health and substance use support need.

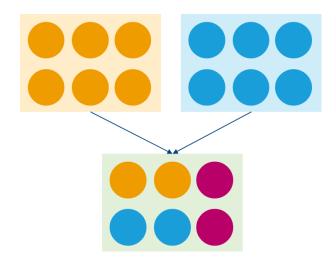


Core features

- Team includes nurse consultant, recovery worker, specialist dual diagnosis worker, peer mentor and link worker
- Communication pathways with core services, including sharing care plans
- Clear processes for identifying and agreeing people to be supported by the team
- Potential for inclusion of third sector workers within the team

Co-occurring conditions team

This option relates to the creation of a specific team that provides care for people with concurrent mental health and substance use support need.



Strengths

- Joint delivery of support
- Staff supported to build specific expertise around cooccurring conditions
- Flexible support as needs fluctuate

Limitations

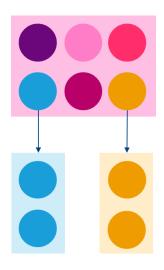
- Risk of over-reliance on the team for all people using substances
- Not recommended by 'The Way Ahead'

Considerations

- Can provide wrap around support for complex needs
- Integrated funding

Third sector keyworking

This option relates to the commissioning of a third sector service that will be responsible for key working and care coordination, includes clinical roles and is able to bring in more specialist support when required.

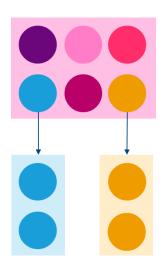


Core features

- Integrated workforce that provides high level therapeutic interventions alongside social/emotional support
- Specialists support the team to allow for 'step up' care
- Agreed thresholds for involvement in secondary services
- No discharge' policies within secondary care to allow for flexibility around re-accessing services

Third sector keyworking

This option relates to the commissioning of a third sector service that will be responsible for key working and care coordination, includes clinical roles and is able to bring in more specialist support when required.



Strengths

- Supports complex needs with formal integration of services
- Flexible support with clear roles around care coordination
- Inclusion of non-clinical outcomes in care planning

Limitations

- High investment costs linked to third sector commissioning
- Lack of digital infrastructure for information sharing

Considerations

- Strengthens third sector support
- Centres care within communities



All about Options Appraisal

Clare Hammond, Senior Strategic Planning Advisor, Healthcare Improvement Scotland

Population needs assessments



Population needs assessments





Legislation, policy and strategy

Population needs assessments



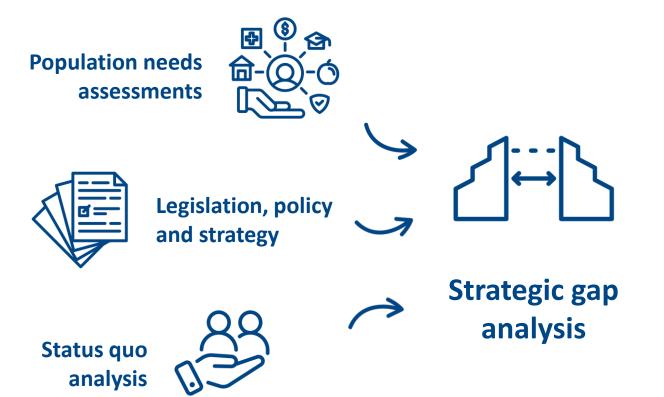


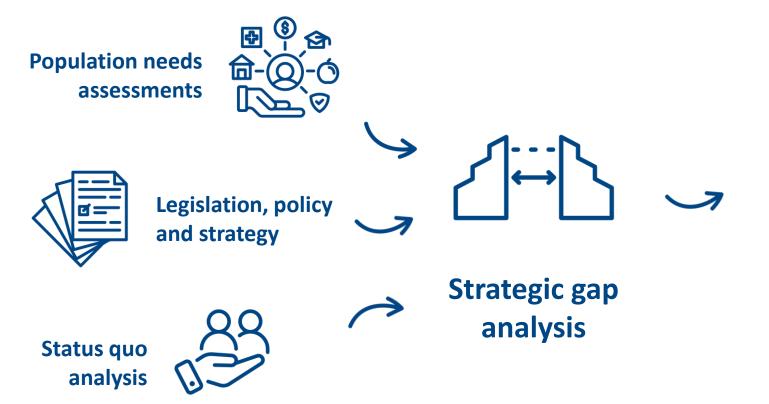
Legislation, policy and strategy

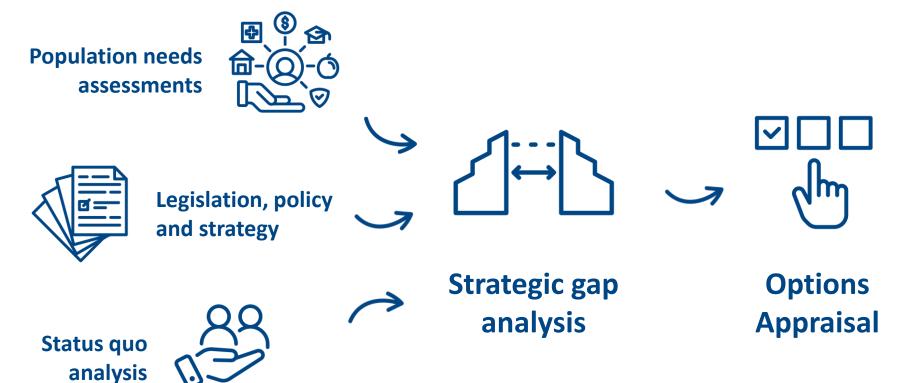
Status quo analysis













Aims and objectives







Identify criteria



Identify criteria

Avoid generic criteria – be specific to your context

 Make sure everyone has the same understanding of what they mean

- 1. Effectiveness
- 2. Cost effectiveness
- 3. Access and accessibility
- 4. Service quality and delivery
- 5. Organisational feasibility and sustainability

- 1. Effectiveness
- 2. Cost effectiveness
- 3. Access and accessibility
- 4. Service quality and delivery
- 5. Organisational feasibility and sustainability

- Improved mental health and substance use outcomes eg
- symptom reduction
- increased abstinence
- decreased hospitalisations.

- 1. Effectiveness
- 2. Cost effectiveness
- 3. Access and accessibility
- 4. Service quality and delivery
- 5. Organisational feasibility and sustainability

- Financial cost per client/cost-benefit analysis considering potential longterm cost savings.
- Wider system savings related to reduced demand for other services, such as Emergency Department attendance and blue light service involvement.

- 1. Effectiveness
- 2. Cost effectiveness
- 3. Access and accessibility
- 4. Service quality and delivery
- 5. Organisational feasibility and sustainability

- Service availability/convenience (location, hours, transportation, wait times).
- Access to additional services for escalated need and ease of transitions.
- Integration with existing health and social services.

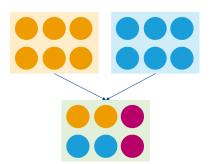








- From evidence
- From policy and standards
- From other areas
- Use ours as a starting point





Aims and objectives



Identify criteria



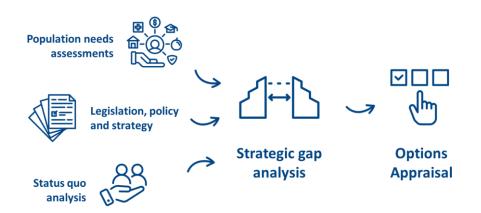
Identify options



Gather information

- From a wide range of sources and triangulate
- Your prior analysis will help







Aims and objectives



Identify criteria



Identify options



Gather information



Appraise options



Aims and objectives



Identify criteria



Identify options



Gather information



Appraise options



Make recommendation



Adds rigour to the decision you make



Adds rigour to the decision you make



Drag and drop doesn't often work



Adds rigour to the decision you make



Drag and drop doesn't often work



Provides structure to engagement



Adds rigour to the decision you make



Drag and drop doesn't often work



Provides structure to engagement



Agreeing criteria to reach consensus





Analysis quality and credibility



Shared and realistic expectations



Analysis quality and credibility



Shared and realistic expectations



Appraising options together



Analysis quality and credibility



Shared and realistic expectations



Appraising options together



Create environment open to challenge



Analysis quality and credibility



Shared and realistic expectations



Appraising options together



Create environment open to challenge

Open discussion and Q&A



Feedback

Use the link in the chat box or scan the QR code

Mental Health and Substance Use: **Options Appraisal**

Peer Network workshop

Join the Mental Heath and Substance Use Peer Network....

- To build knowledge and accelerate improved outcomes,
- Connect with people to share learning, successes and challenges,
- Develop an understanding of co-occurring mental health and substance use needs within the health and social care system.

Our next workshop is taking place on **22 October at 14:00** to continue the discussions held today, join the network to take part:

https://tinyurl.com/mpt3hnh6

Mental Health and Substance Use: Toolkit

- We have launched a new Mental Health and Substance Use Toolkit
- It shares tools that can help staff with the process of designing and delivering services.
- Using the framework of the Scottish Approach to Change, it can support and guide teams on how to approach and make changes, from initial planning through to implementation and sustainment.



Toolkit

Register for upcoming event

Mental Health and Substance Use: National Learning Event - Primary Care & Missingness

30 October, 1-2.30pm

This event will focus on **primary care responses** and **why 'missingness' matters,** and will explore:

- Applying a 'missingness' lens; addressing 'missingness' of people with mental health and substance use conditions
- Different primary care models of responding to mental health and substance use concerns



Next steps





Use the link in the chat box to sign up to our distribution list to ensure you receive all communication around future mental health and substance use events, including how to register

Keep in touch

Twitter: @online_his

Email: his.transformationalchangementalhealth@nhs.scot

Web: healthcareimprovementscotland.scot

Find out more:

https://ihub.testing.nhsscotland.net/ihub.scot/improvement -programmes/mental-health-portfolio/mental-health-and-substance-use-protocol-programme/

Leading quality health and care for Scotland