Mental Health and Substance Use Learning System: Options Appraisal

Q&A

1. **Q: Is there anywhere in Scotland that is using the shared decision-making model now? And how frequent are the hub meetings, if so? Who sits in those meetings?**

A: Many hub meetings start with it being the multi-disciplinary team between Alcohol and Drug Recovery Services and the Community Mental Health Team in attendance and can vary between it being monthly/weekly. However, membership can vary and may include wider services and practitioners depending on the person being discussed for example, GPs, commissioned third sector organisations, housing, Women's Aid.

It can be useful in starting conversations – when cases get taken a lot of it is workers thinking they need a bit of extra support, by using specific screening tools. Dundee HSCP use the ASSIST-Lite tool to identify people that would be appropriate to take for a conversation at a multi-agency hub.

Angus HSCP are an example of being further ahead with it – they screen every case/referral that includes mental health and substance use involvement that comes in, meet daily and has a range of practitioners who may drop in twice weekly or weekly.

2. **Q: Commissioning of 3rd sector services – how are interventions delivered within the 3rd sector clinically governed?**

A: Consider the model that needs to be used to meet the needs of people before the technical element of how it's delivered. It's important to consider when the conversation needs to happen and what the limitations are and identify if it's completely restrictive or if we can be creative to think of solutions. How are we mobilising the workforce? When there has been 3rd sector collaboration with statutory services, clinical responsibility has sat with the registered person, but the person is managed within a 3rd sector service. There are some elements that the third sector may be better positioned to delivered, for example enhanced key-working that includes motivational interviewing with trauma informed care.

3. **Q: 'High investment cost linked to Third Sector commissioning' – surely commissioning third sector services is cheaper than statutory services?**

A: While Third Sector services can be an effective investment, with lower running costs, the perceived initial investment in setting up a new service can be a barrier to setting something

up. This is the case if the service you are wanting to provide is not something that is currently provided. For example, there will be costs relating to recruitment of new staff. However, there can be ways to reduce these costs through building partnerships with existing Third Sector services operating in the area. For example, incorporating existing Third Sector staff into a new model through partnership agreements or TUPE arrangements to deliver new services within existing contract frameworks.

4. **Q – is it the case that we could use a range of the different models presented, rather than pick one?**

A – Yes. The models presented are based on examples of practice that are designed to embed collaboration at different points in the system. Therefore, looking at your whole system, you might want to adapt the models to address barriers to collaboration, or use one in part to enhance the effectiveness of another approach in a different part.

For example, the 'hub' model describes an approach to making shared decisions about where care should be centred. A limitation of the model is that it doesn't embed shared delivery. However, the 'in-house support provision' model centred joint delivery. Taken together, these models start to describe a comprehensive approach to collaboration from decision making to delivery.

5. **Q: Do any (or all?) of the proposed models provide for co-prescribing for substance use needs?**

The 'in-house support provision' model would provide for co-prescribing as prescribing can be held within the substance use service, while support is delivered by the mental health services and prescribing monitored by the in-house substance use specialist (who has clinical governance from the substance use service).

Similarly, there is an example of the 'third sector key working' model which is situated within Primary Care and offers an 'enhanced shared care' service – where the GP is sub-contracted for prescribing but most day-to-day support is delivered by third sector staff.