

Tayside MAT-9 Operational Group

Workshop 2: Mapping

Wednesday 25 October 2023

Mental Health and Substance Use: Improving Our Response

November 2023

MAT-9 Operational Group

The Operational Group has been set up to bring together key stakeholders who can take forward the activities and work required to implement MAT 9. It will be a collective space to discuss, develop and share operational plans for making change across services.

Key aims of the group are to:

- identify the questions that need answering (e.g. “what are the local mental health and substance use treatment pathways”)
- identify the people who will be able to provide answers, and
- agree focus areas and membership of Working Groups.

Introduction

Thank you to those who attended the second workshop for the Mental Health and Substance Use Tayside MAT 9 Operational Group.

Workshop 2 was an opportunity for stakeholders to come together to look at specific cases of people supported by mental health and substance use services.

By mapping out pathways of care via case histories, together we were able to identify opportunities for improvement, such as:

- How people are jointly supported,
- Good practice that could be shared/made consistent, and
- Learning from where things have gone well.

Mental Health and Substance Use: Improving our Response

Healthcare Improvement Scotland has been funded by the Scottish Government to improve quality of care and health outcomes for people with mental health and substance use support needs.

The Mental Health and Substance Use: Improving our Response Programme aims to support improvements in:

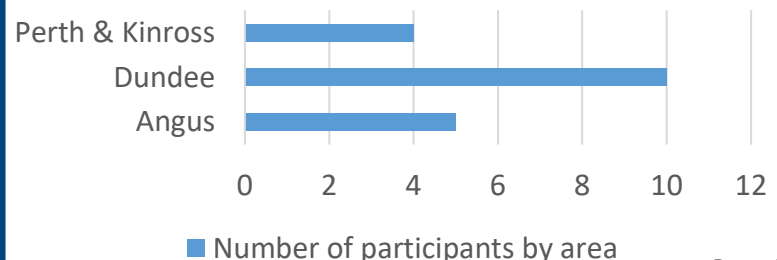
- Quality of care
- Access to treatment
- Overall health outcomes

Join the MS Teams group

To access resources relating to the MAT 9 Operational Group, receive updates on activity for the group and to network with others involved between meetings, request to join the MS Teams group via [this link](#) or scan the QR code:



Thank you for your participation!



Understanding need

Challenge: when information emerges or is disclosed and how to build a full picture of a person and their needs over time.

Assessment: Individuals may not reveal the full extent of their needs during initial assessments, and their situations can change often. Thus assessing need is difficult due to the timing of when service users choose to disclose information and the evolving nature of a person's circumstances.

Trust: It takes time to establish trust with service users who may not initially disclose crucial information due to fear of judgment or stigma or it affecting their ability to access certain services.

Family/carer involvement: Carers often understand the needs of the individual and play a key role in supporting them to engage in treatment. Carers' support can enable them to better care for themselves and be an asset for the person.

Information sharing: Different services may hold pieces of information about a service user's needs and history, but without effective sharing mechanisms, services will not have a whole picture of the individual.

Good practice was seen in the benefits of having a consistent key worker who maintained a long-term relationship with a service user. This continuity reduced the need for the person to repeatedly explain their situation to new services, allowing stronger relationships with the person and family, and enabled the key worker to make more accurate risk assessments due to their deep understanding of the individual's needs.

Responding to need

Challenge: how services respond to needs outside of their own specialisms or competencies.

Access to services: Delays in accessing specialist services can result in disjointed care and unmet needs for those requiring multidisciplinary support, as services feel more confident operating within their own designated specialisms or competencies.

Staff upskilling/peer support: Discussions around the cases indicated that to provide effective support, staff may require additional training and cross-disciplinary skills to encompass a better understanding of how different needs intersect.

Good practice could be seen by an ADRS key worker with a mental health background. This experience enables continuity of care whilst seamlessly integrating mental health support when required and understanding when to escalate risk.

Joint working

Challenge: how services work together in a complementary way.

Communication: Effective communication was highlighted as important throughout all cases as this ensures that all relevant services involved in an individual's care are well-informed about their needs, progress, and any changes in their situation.

Anticipating changes in need/situation: The cases also identified that services should aim to take a proactive approach in foreseeing and planning for potential changes in an individual's situation or need, rather than reacting to crises as they occur.

Good practice was identified through the cases which saw positive, proactive conversations and problem-solving efforts with other services. Instead of relying solely on third-sector services, service providers engaged in discussions to explore alternative options. This highlights a more flexible, holistic, and individualised approach.

Walking through the example cases sparked conversations about where good practice could be better embedded and where improvements might be made. Within each local area and context, this resulted in a series of 'how might we?' questions for further exploration.

Angus

Through the lens of the Integrated Hub Model

- **Building on relationships within the Hub:** How might we further enhance joint working and formalise collaborative practices outside of the Hub?
- **Enhance capabilities across the workforce:** How might we use opportunities for cross-service training and cross-service supervision to enhance capabilities and confidence around supporting dual needs?
- **Waiting times:** How might we understand how we can improve waiting times within the context of the hub and increase collaborative working to enable waiting well?
- **Risk thresholds:** How might we agree levels of risks for individuals across a range of services?

Dundee

Considering a wide range of work and testing of change in development

- **Getting the right services for people at the right time:** How might we understand need and make connections at a time that is right for people within the context of care planning?
- **Building a comprehensive picture of someone:** How might we assess and understand need on an ongoing basis, and appropriately share information?
- **Collective responsibility and decision-making:** How might we bring multidisciplinary specialists together to collaborate around the care of a person?

Perth & Kinross

Creating a coordinated vision to bring services together

- **Collaborating to provide different levels of support:** How might we develop a more flexible approach to joint working?
- **Trusting risk assessments:** How might we develop an approach to assessing risk and understanding holistic needs that is trusted across services?
- **Moving from firefighting to planning:** How might we enable staff to reflect and plan after a period of crisis?

Get in touch



Website: <https://ihub.scot/improvement-programmes/mental-health-portfolio/mental-health-and-substance-use-programme/>



Email:
his.mhportfolio@nhs.scot