MENTAL HEALTH STAKEHOLDER STEERING GROUP
MEETING

Tuesday 9th August 2011
10:30 – 13:00
NES Offices, Hanover Buildings, 66 Rose Street, Edinburgh

Notes of Meeting

Present:

Geraldine Bienkowski  NHS Education for Scotland
Carol Dobson  Mental Welfare Commission
Susanne Forrest (Chair)  NHS Education for Scotland
Gillian Henderson  Prison Service
Anne Joice  NHS Education for Scotland
Hugh Masters  Scottish Government
Graham Monteith  CAMHS Nurse Advisor (SGHD)
John McCormack  Scottish Recovery Network
Gillian McNeil  NHS Highland
Helen Walker  School of Forensic Mental Health
Mary Weir  Support in Mind Scotland
Frances Wiseman  Mental Health Collaborative

In Attendance
Joanne Mayo  NHS Education for Scotland
Gill Walker  NHS Education for Scotland

Apologies
Julie Brechin  Jewel & Esk Valley College
Sean Doherty  Health Improvement Scotland
William Ellis  Scottish Recovery Network
Wendy Halliday  NHS Health Scotland
Nigel Henderson  Penumbra
Patricia Howie  NHS Education for Scotland
Elaine Hunter  Scottish Government
Alyson Kettles  NHS Grampian
Dale Meller  NHS Health Scotland
Robert Parry  NHS Education for Scotland
Tommy Stevenson  NHS Education for Scotland
Erica Stewart-Jones  NHS Health Scotland
Audrey Taylor  NHS Education for Scotland
Judy Thomson  NHS Education for Scotland
Gill Urquhart  The State Hospital
1. Welcome and Apologies

SF chaired this meeting in the absence of Robert Parry. SF welcomed members and a round of introductions was carried out for the benefit of new attendees and apologies were noted as above.

2. Notes of Previous Meeting

The notes of the previous meeting were agreed.

3. Matters Arising

GB advised that the Matrix is now finished and is currently with the designers. The Matrix will be available on both the SGHD and NES websites. Next steps will be to make the Matrix more accessible to users and carers.


4. Substantive Discussion Items

- Reshaping Care for Older People– Gill Walker, NES

The demographic changes facing Scotland are well documented, with the number of people in Scotland aged over 65 projected to be 21% greater in 2016 than in 2006 and 63% greater by 2031; for those over 75, the projected increase is 21% and 83% respectively.

In March 2009, the Ministerial Strategic Group for Health and Wellbeing (MSG) agreed to develop a strategy for reshaping care for older people in the light of a shared aspiration to improve the quality and outcomes of our current models of care; the implications of the projected demographic change which will increase service requirements; and financial pressures, which will reduce available resources.

The Reshaping Care for Older People programme provides a long term and strategic approach to delivering that change so that we can achieve our vision for future care for older people in Scotland. This change needs to be built on a strong and enduring consensus across all sectors and interests.

The Scottish Government has established a Change Fund of £70m for 2011/12 to enable health and social care Partners to implement local plans for making better use of their combined resources for older people’s services. to enable NHS Boards and local authorities, together with voluntary agencies, to redesign services for our growing older population.

Each of the 32 local Partnerships have submitted a short plan that has been agreed by all partners to the Ministerial Strategic Group (MSG) for Health and Community Care. JIT are working directly with them to decide where this money needs to be invested to improve services, under the banner of Reshaping Care. The JIT has made available a set of support materials. More information about this can also be found on the Scottish Government website.

There is a need for Reshaping the workforce to reshape care:

- Change of philosophy – education, training and support;
- Integration across acute, primary and social care;
- Integration across statutory, independent, 3rd sector and volunteers/family carers;
- Support Worker Roles;
Leadership for the future;
Scoping the size and characteristics of the workforce.

**RCOP Operational Group:** This work will be strongly influenced and informed by the views and experiences of service users and carers. The group is chaired by a member of the Ministerial Strategic Group and membership has been drawn from a wide range of health and social care sector representatives including:

- Scottish Social Services Council
- NHS Education for Scotland
- Scottish Government Joint Improvement Team
- Scottish Workforce Advisory Group Partners
- Association of Community Health Care Partnerships
- Association of Directors of Social Work
- Scottish Care
- Coalition of Care and Support Providers
- Modernising Community Nursing Programme
- HR Directors – Health / Local Authorities
- SCISWIS
- NHS Quality Improvement Scotland

In order to promote effective progress the SGHD recommendations have been categorised under three main headings – **Demographics, Skills, Learning Provision and Support** with subgroups to progress the work.

**Demographics Sub-Group**
- Identify key individuals from health and social care to analyse the impact of the shifting demographics on the workforce.
- Identify scope and set up small working group with those individuals to be project managed jointly by NES/SSSC.
- Liaise with co-production and community capacity building workstream to assess impact of increased volunteering.

**Skills Sub-Group**
- Submit a statement of influence regarding outcomes focussed care for the National Occupational Standards (NOS) Review.
- Identification of emerging skills required by the workforce to work to current policy and strategy.
- Seminar meeting to be held in July with key representatives from relevant strategies (as identified in the Transformational Plan) to identify core skills e.g. Carers Strategy, Living and Dying Well, Self Directed Support and Talking Points.
- Alignment of requirements extracting the skills required for outcomes focussed care to inform future work on employer’s guidance.

**Learning Provision & Support Sub-Group**
- Establish wider reference pool for engagement/consultation purposes as the work develops.
- Circulate (i) Sector Skills Assessment for information, (ii) suggestions for membership of reference pool
- Update on current leadership activity within members’ area of influence
- Action learning Sets
Actions Learning Sets have been jointly commissioned for managers in CHPs and CHCPs to promote the development of individual and collaborative leadership. The project identified that most leadership development is happening separately, which in the context of working jointly on often complex issues, is unlikely to really support managers in CHPs and CHCPs to work skilfully and collaboratively.

In response NES and the SSSC wanted to promote opportunities for managers to think and work together on complex/wicked issues related to ‘Reshaping the Care of Older People’. At the end of the programme they reported many benefits including improved working relationships and partnership approaches, more effective communication and more meaningful ways of moving forward. They urged us to continue to invest in the Action Learning Programme.

Pilot ALS were delivered in 2010-11 and we are currently in the process of commissioning the further development of an Action Learning Programme for managers in CHPs and CHCPs.

**Sliding Doors to Personal Futures’ Reshaping Care for Older People Regional Engagement Events 2011** (flyer tabled): Events will be delivered in Aberdeen, Glasgow and Edinburgh During September and October 2011. The aim of the events is to:

- **inform** delegates about the joint work being undertaken by the above agencies;
- **engage** delegates in discussion about the contribution of the above agencies to the training, learning and workforce development agenda;
- **excite** delegates about the direction of travel.

Workshops will be run for frontline staff working with older people in the mornings and operational and strategic managers and practice development leads in the afternoon.


**Discussion**

MW questioned how these activities are cross-cutting pre-existing conditions and learning disability (and physical). RCOP is outcomes focussed and promotes individualised care and partnership working.

CD highlighted that there is an ‘artificial’ divide between health and social care. The Highland model of health and social care integration goes some way to address this. It is also encouraging to note that the ‘change fund’ monies will be given to ‘partnerships’.

FW commented that older people with mental health issues are often those who fall between the net of health and social care.

GB emphasised that ‘psychological literacy’ skills are needed. Discussions to date have focussed on ‘core’ skills rather than specifics. The next steps are to connect ‘core’ skills to all of the strategies. GW will take this discussion to the Skills sub-group.

HM pointed out the need to align education and training between health and social services. The Demographics sub-group will identify the needs of the workforce.

SF asked if volunteers were being considered in the RCOP initiative. This will be taken back to the Demographics sub-group.
5. **NES Project Updates – Matters Arising**

The Project Team Update Report for August 2011 was previously circulated to group members.

**Items Highlighted:**

- 10 Essential Shared Capabilities – 2 additional resources are being developed in 2011-12 – the General Workforce and Children and Young People.
- All HEIs are developing new programmes as a result of the NMC Standards.
- Psychological Interventions Training Programme 2011-12 was tabled. The training is open to both the health and social care workforce. Online details can be found at [http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/training-programme-2011-12.aspx](http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/training-programme-2011-12.aspx)

6. **Strategic Updates from Group Members**

**6.1 Forensic Developments – Helen Walker, SoFMH**

- The next stage of the educational programme is the development of an MSC in Forensic Mental Health, funded by NES, which will comprise of 6 modules. These are:
  - mental disorder and the law
  - risk assessment and risk management
  - personality disorder
  - sex offending
  - treatments and interventions for mentally disordered offenders
  - research methods
- Low Secure Care Standards are currently being piloted.
- The new prospectus for short courses will be available online from end of August 2011.

**6.2 Mental Welfare Commission** provided an update on its activities.

Right to Treat a good practice guidance on delivering physical healthcare to people who lack capacity and refuse or resist treatment is now available online - [http://www.mwcscot.org.uk/web/FILES/MWC_RightToTreat_prf2.pdf](http://www.mwcscot.org.uk/web/FILES/MWC_RightToTreat_prf2.pdf)

**6.3 Support in Mind Scotland** – This was Mary Weir’s last meeting before her retirement. One of the key areas which still needs addressing is communication with mental health carers. This is still not being reflected in practice. Mary will be presenting at a Forensic Carers conference in September 2011 and will highlight this point.


Dementia – HEAT target validated data from health boards will be available in September 2011.

Releasing Time to Care was rolled out to 10 health boards. Results have shown that the aims and objectives for those trained were unrealistic and service improvement has not been achieved. Next steps is to make this initiative more ‘mental health’ friendly by using tools such as SRI 2.
Psychological Therapies – There is currently a resistance within health boards to the various levels within psychological therapies training and some confusion around what ‘complex’ needs actually means.

6.5 Scottish Government reported that structural reorganisation has led to Mental Health being shifted into the Division of Health and Social Care Integration. Denise Coia and Kevin Hirst have left their positions. Denise Coia will be replaced by Moira Connelly and Kevin Hirst will not be replaced.

The Consultation on the Mental Health Draft Strategy will be available online from September 2011. It is expected it will be open for 3 months. 

CAMHS Child Psychotherapy – There is currently six trainees and there are no plans to train any more at this stage. There is a growing lobby to train more. At present there are 15 wte trained Child Psychotherapist in Scotland compared to 500 in England. To date the Health Boards have funded the posts and NES has funded the training. There needs to be new ways of approaching this programme.

The SGHD is meeting with mental health clinical leads to begin to look at dementia services in place and what is required in hospitals.

An inspection programme is currently being developed against older people’s standards in hospitals. This work is being led by Health Improvement Scotland. This work is linked to the Clinical Standards 2004. Seven of the Standards relate specifically to General Hospitals.

RRRs – Communication will be sent to Health Boards soon to look at Older People Services and Dementia. Stephen Molloy is now chairing.

An announcement expected on the integration of health and social care.

6.7 Scottish Recovery Network (SRN) On 31st October, Michael Matheson MSP, Minister for Public Health, will officially launch the Scottish Recovery Indicator 2 (SRI 2) – the tool designed by the Scottish Recovery Network to help mental health services deliver recovery focused practice. The SRI 2 focus is much more about ‘how to do’. Teams are encouraged to reflect on practice and how to move from a strategic idea to practice ie what would it look like?

6.8 Prison Service - Clinical Prison staff are in the process of transferring to the NHS and Non-Clinical to SPS.

7. AOCB
SF thanked Mary Weir for her contribution and commitment to the group over the past few years.

8. Date of next meeting
The next meeting will take place on Monday 21st November 2011 from 10:30 to 13:00 at NES Offices, Hanover Buildings, Rose Street, Edinburgh.

Future meetings:
- Wednesday 08 February 2012