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Dear Eleana

The legal and practical challenges of the mental health services in Scotland

The Royal College of Nursing (RCN) is the UK's largest professional association and union for nurses with around 420,000 members, of which over 39,000 are in Scotland. Nurses and health care support workers make up the majority of those working in health services and their contribution is vital to delivery of the Scottish Government's health policy objectives.

The RCN welcomes the opportunity to contribute to the discussion on the challenges and opportunities for mental health service provision in Scotland and is delighted that the discussion is set within the context of the sustainability statement we recently published in collaboration with the Academy of Medical Royal Colleges and Faculties in Scotland (AMRCFS).

The Scottish Government states that improving mental health is a priority¹ as mental illness remains one of the major public health challenges in Scotland. The RCN believes that Scotland requires a more long-term approach to ensuring skilled staff and sufficient resources are in place to ensure genuine parity between physical and mental health services and to improve outcomes.

The RCN recently published 'Turning back the clock?'² a report looking at mental health services across the UK. This report highlights the unprecedented strain that mental health services are under and in particular the fall in nurse numbers. The RCN proposed several recommendations within the report, several of which align with the scope of the summit including:

- Governments must ensure there is equal access to mental health services and that the right treatment is available for people when they need it
- Governments and NHS providers must ensure that the commitment to parity of esteem is directly reflected in the funding, commissioning of services, workforce planning, and patient outcomes
- Local commissioners and health boards must make available enough local beds to meet demand

¹ Scottish Government – Mental Health Page – <http://www.gov.scot/Topics/Health/Services/Mental-Health>

² Turning back the clock – http://www.rcn.org.uk/...data/assets/pdf_file/0004/600628/004772.pdf

- There must be a consistent shift across the UK from inpatient acute care to community-based services which recognises that prevention and early intervention results in better outcomes, reduces the pressure on acute services, and reduces the overall cost to the NHS in the long term
- Urgent action must be taken to address the workforce shortages. Resources must be committed to training and recruiting enough mental health nurses who are able to deliver specialist care in the changing health and social care landscape
- NHS providers must invest in the current mental health nursing workforce... mental health nurses should be developed to become advance practitioners to deliver effective recovery-led care in mental health services.
- There must be a sustainable and long-term workforce planning strategy which acknowledges the current challenges facing the mental health nursing workforce.

1) Challenges and solutions in improving mental health provision in the NHS

Although the consultation questions call for solutions in part two, we have chosen to integrate our proposed solutions into the challenges to avoid repetition.

Better access; better outcomes

All service users must be able to access services easily and swiftly whenever they are required. However, there must be a much greater emphasis on supporting better access for those people with mental health care needs who are experiencing health inequalities, particularly given the correlation between poor mental health and poor life circumstance seen across many parts of the country.

Some improvements could be made simply – for example, by changing how services are advertised or appointments made for those with poor literacy skills. Other improvements require more fundamental service change. In a recent RCN campaign, Nursing at the Edge³, the RCN profiled the work of innovative nurses who are creating and delivering health care, including mental health services, to those who are experiencing the effects of health inequalities. The services we highlighted showed that their clients often have chaotic lives and do not fit into the neat arrangements and set opening hours of many current services. If we are to address health inequalities in mental health services, those services must be designed in ways that better suit the users they are trying to reach.

Raising awareness and improving the perception of mental health services remains a key challenge:

- Professionals need to be aware of the services that are available for referral, which includes what is being provided by the third sector. Tools such as ALISS⁴, a search and collaboration tool for health and wellbeing resources in Scotland signposting people to useful community support, is one example of attempts to improve referral options. Evaluations of the impact of such innovations on outcomes, and support for up-scaling success, are essential.
- Services must ensure that their local population are aware of the range of treatment and intervention options available e.g. self-help through reading, through to emergency support from a mental health crisis team. This information must be communicated in various formats, including social media, to improve access.

³ Nursing at the Edge – <http://frontlinefirst.rcn.org.uk/nursingattheedge>

⁴ ALISS – <http://www.aliss.org/>

- Campaigns like See Me⁵ have helped in de-stigmatising mental health care. Politicians should make an ongoing commitment to support such campaigns, which challenge the taboos and negative image of mental health issues and improve the willingness of those with mental health issues to engage with services.

Integration of health and social care

Integration raises some particular challenges and opportunities to improve the sustainability of mental health services, but these are addressed in the next section of this report.

Improved decision making leads to improved care

Delays to decisions about care may lead to more complex mental health needs arising. Service users need to be able to access support and treatment at the right time and in the right place.

One of the ways that nursing is evolving to meet these needs is the development of Advanced Nurse Practitioners (ANPs) who have advanced clinical expertise and the ability to act as a senior clinical decision maker, with the authority and autonomy to make complex decisions about a service user's care. RCN Scotland has launched a report, *Nurse Innovators – Clinical decision making in action*⁶, illustrating the vital contribution of nurses in senior clinical decision-making roles in improving outcomes for patients and the health service as a whole.

A current example of how ANPs are improving mental health services is highlighted in one of our case studies on the NHS Grampian Moray Mental Health Service ANP team⁷. Since 2004 it has built a respected reputation for its depth of knowledge, comprehensive clinical skills and impressive problem-solving abilities.

The report and case studies identify the clear need to invest in the development of our ANP workforce to ensure sustainable, multi-disciplinary services, fit for the future.

Making the best use of available funds

Funding new ways of working in a sustainable way can be challenging within the realistic assessment of the current funding settlement. We need to be creative when designing mental health services and nurses are well placed to do this. The RCN profiled an example of effective nursing innovation, in collaboration with the Office of Public Management, in an economic assessment of the NHS Fife Child & Adolescent Mental Health Intensive Therapy Service⁸ which highlights the efficiencies made by the introduction of this service.

While this CAMHS service clearly demonstrated best value, the RCN noted in running this programme with OPM that very little robust evaluation of value and outcomes is built into service design, so it is not always clear how any investment in new services has provided value for money. This is ever more important in the current economic climate and more focus must be put into robust evaluation and avoiding constant short term funding of innovations that aren't supported to become sustainable community solutions.

⁵ See Me – <https://www.seemescotland.org/>

⁶ Nurse Innovators – <http://www.rcn.org.uk/aboutus/scotland/professionalissues/nursinginnovations>

⁷ Leading the way for mental health – http://www.rcn.org.uk/_data/assets/pdf_file/0011/633485/SC0511-Nursing-Innovators-Case-Study-Moray.pdf

⁸ RCN/OPM Case Study – http://www.rcn.org.uk/_data/assets/pdf_file/0019/529120/Lee_Cowie_Fife_CAMHS_summary_final_-_June_2013.pdf

Improving performance management

While NHS targets on treatment times have helped to raise the profile of mental health, there needs to be more of a focus on outcomes rather than the numbers of 'people through the door'. The RCN, in partnership with the AMRCFS, recently launched its call for action to build a more sustainable NHS in Scotland⁹, within which we focus on the need for a new approach to targets. Although initially delivering real improvements, the current performance culture within the NHS has become unsustainable and can skew clinical priorities. We need to take a mature approach as to how targets, standards and other performance measures are used to drive improvements in services in a sustainable way. The RCN is undertaking further work on this issue in 2015 to support a new dialogue to take place.

Staff support for sustainable services

For professionals working in mental health services, there are also major challenges in acquiring skills in the new challenges that present on a daily basis e.g. new psychoactive substances, legal highs or people with extremely challenging behaviours and personality disorders. One of the nurses profiled in our Nursing at the Edge campaign¹⁰ has created and implemented a nurse led service in the custody suite of a police station. This is uncharted territory for nursing and the criminal justice system, but it is demonstrating success because of the very high-level of staff support that has been put in place to modernise custody health care in collaboration with the NHS and Police Scotland.

The pressure and toll on mental health professionals can be intense when working with the challenging service users on a daily basis. This can have adverse effects on the professionals' own physical and mental health. The Boorman review¹¹ of NHS Health and Well-Being in 2009 found that "Organisations that prioritised staff health and well-being performed better, with improved patient satisfaction, stronger quality scores, better outcomes, higher levels of staff retention and lower rates of sickness absence." In terms of developing sustainability of mental health services, supporting staff's health is key to ensuring a healthy workforce.

2) Integration of health and social care

The integration of health and social care in Scotland is a real opportunity to improve how mental health services are delivered. Mental health nursing has a vital role to play in looking at how things can be done differently and in leading change in mental health service provision. Within the RCN/AMRCFS call for action for a sustainable NHS, we highlight the need to think differently about how services are configured to capitalise on the full potential of the NHS. Integration is one of the opportunities we have to think outside the box.

Sustainable service change requires genuine involvement

There is potential within the transition to integration for there to be heightened feelings of uncertainty and fear of the unknown. Many health professionals working in acute services are not sufficiently aware of the potential impact of the integrated partnerships on current processes and future service provision. Those working in the community are grappling with

⁹ Building a more sustainable NHS in Scotland –

http://www.rcn.org.uk/_data/assets/pdf_file/0011/626528/Externally-designed-final-statement-no-embargo-3-June-2015.pdf

¹⁰ Nursing at the Edge – Jess Davidson Case Study –

http://royalnursing.3cdn.net/3d0b3c2e44a84c402f_ntm6vukzl.pdf

¹¹ NHS Health and Well Being –

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108907.pdf

the beginnings of radical reform. There is a need to ensure that professionals are genuinely involved in the reforms and are fully aware of the changes being made to services across the health service.

The RCN in 2012, launched our *Principles for Delivering the Integration of Care*¹² which are still relevant today as we transition to integrated services by April 2016. A recurring theme throughout the principles is that we need to ensure all the reasons, aims and outcomes for integration are communicated to everyone. Service users, the public and staff need to be engaged proportionately throughout, to shape and influence the aims and configuration of integrated services in their area.

Locality planning has been identified by the Scottish Government as a central part of delivering the integration of health and social care. Localities are meant to bring together health and social care professionals, service users, carers, third and independent sectors all focusing on delivering care and support to their local areas. However, a recent RCN report showed that localities are developing differently in the way in which boundaries are drawn and how they contribute to the integration process¹³. There needs to be a clear commitment to ensure all relevant mental health professionals have protected time to participate in the processes relating to new integrated service provision. More time should also be made available to help all mental health staff fully understand the locality planning process as well the responsibilities of those operating within it.

Service users deserve robust assurance of care quality

Professionals working in mental health are the people best placed to give advice and assurance when developing new ways of working. The RCN presented a series of robust arguments to civil servants and politicians over the last two years to have nursing expertise in integration recognised. The Scottish Government agreed and legislation was passed that guarantees a nursing seat on the integration boards to give advice and support to ensure services in integrated partnerships are safely and effective. However, these strategic roles must be implemented in a way that will ensure nursing staff at the frontline are connected to the integration joint board with a clear line of sight.

Clear and robust clinical and care governance arrangements for health and social care staff are needed to ensure strong professional support and accountability for services provided, but also to give service users assurances on the quality of the services being delivered. The RCN will continue to monitor the implementation of clinical governance and professional structures as Integration Joint Boards are established.

Integration requires joined up services from the user's perspective

As a result of the very condition they present with, mental health service users can often lack resilience and experience high levels of anxiety. However complex the care and treatment an individual with mental ill health requires, from their perspective, this care must be understandable, simple to navigate and as stress-free to engage with as possible. Better joined up services will improve the flow and continuity of care.

¹² RCN in Scotland Principles of Integration –

http://www.rcn.org.uk/_data/assets/pdf_file/0016/442132/RCN_in_Scotland_integration_principles.pdf

¹³ RCN Nursing and the engine room of integration –

http://www.rcn.org.uk/_data/assets/pdf_file/0003/626358/Nursing-and-the-engine-room-of-integration-2015.pdf

The Public Bodies (Joint Working) (Scotland) Act states the principles of how services should be planned and delivered¹⁴. It is important to fully implement the full range of the principles to ensure that services are integrated from the perspective of the service user, taking account of their individual needs, rights and safety. Mental health nurses have a long tradition of working within a context of supporting a human rights approach in healthcare and their experience will be an important contribution to changing the culture of service delivery in the future.

Delivering more care close to home

Across the UK, over the last 5 years, there has been a significant reduction in the number of available beds in mental health services.

Although this reduction appears to be a natural consequence of government policies focused on shifting more care into the community, if community services are not also reconfigured and expanded many people will not be able to access the assertive outreach or early intervention services they need, risking them presenting with more complex needs later on and requiring inpatient care.

We have not seen the concerted shift in resources and investment in the community workforce needed to underpin a move away from acute care and in some areas there are simply not enough beds to meet acute inpatient demand¹⁵. A recent Audit Scotland review of Reshaping Care for Older People¹⁶ found little evidence of progress in moving money to community-based services. Pressures on budgets are putting the sustainability of services at risk, as Audit Scotland highlighted in its overview of NHS finances published in October 2014¹⁷. Moving services to the community will increase the activity in these areas and, without sufficient funding, community capacity pressures will increase.

It should also be noted that, whilst integration should enable more patients to be treated in the community, the patients that will require inpatient services are then likely to have more complex health needs impacting on the numbers and skills sets of nurses needed on mental health wards to cope with the increase in patient acuity.

3) Legislative framework for supporting mental health services

In Northern Ireland, the Government has proposed a new single mental capacity act, which the RCN has supported.¹⁸

In Scotland, we are mindful that we have just undertaken a significant overhaul of our extensive, pre-existing mental health legislation. Given the significant resources that would be required to re-visit this in the next parliament – and the emphasis of this Liberal Democrat debate on improved sustainability - the RCN would assess any future proposals for further amendment or amalgamation, in consultation with our members, on the basis of how

¹⁴ Public Bodies (Joint Working) (Scotland) Act – Principles for integration –

<http://www.gov.scot/Resource/0046/00466005.pdf>

¹⁵ Turning back the clock – http://www.rcn.org.uk/_data/assets/pdf_file/0004/600628/004772.pdf

¹⁶ Audit Scotland – Reshaping care for older people – http://www.audit-scotland.gov.uk/docs/central/2014/nr_140206_resaping_care.pdf

¹⁷ Audit Scotland – NHS Financial Performance 2013/14 – http://www.audit-scotland.gov.uk/docs/health/2014/nr_141030_nhs_finances.pdf

¹⁸ Proposals for new mental capacity legislation in Northern Ireland: September 2014

http://www.rcn.org.uk/_data/assets/word_doc/0007/606985/Mental-capacity-legislation-September-2014.docx

effectively and proportionately any suggested changes would address identified issues with existing provisions and improve services for service users.

For further information or to discuss any of the points raised please contact David Liddle on 0131 662 6176 or at david.liddle@rcn.org.uk

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Theresa', is shown next to a circular blue ink stamp. The stamp contains illegible text, likely a professional registration number or organizational affiliation.

Theresa Fyffe
Director