

**A FRAMEWORK FOR MENTAL HEALTH  
SERVICES IN SCOTLAND**

**MAKING IT HAPPEN**

# **A Framework for Mental Health Services in Scotland**

## **MAKING IT HAPPEN**

### **Using the Framework for Mental Health Services in Scotland to help in the process, of planning, and implementation of a local comprehensive mental health service**

This paper is intended to be a brief working guide to help those<sup>1</sup> charged with the responsibility for ensuring the development of local comprehensive mental health services throughout Scotland. In a series of four steps it lists the practical actions, arrangements, and expected outcomes extracted from the Framework document necessary to implement a local comprehensive mental health service. It should be seen as no more than a route map, in which the milestones and major destinations are identified. Therefore, it is important that the reader makes reference regularly to the main “atlas”, the Framework document itself.

This paper has been developed with the help and support of the Mental Health Reference Group. This Group was established so that The Scottish Office’s oversight of the development of mental health services in Scotland would be informed by the experience of those involved in planning, commissioning, providing, receiving and caring for those who receive mental health services and to help work through areas of difficulty in practice or organisation. We gratefully acknowledge the contribution of members of the Reference Group to the development of this paper.

A Mental Health Development Fund has also been established for the 3 years 1998-2001 to allow new ways of joint working between agencies to benefit from "start up" funding. Support in each case will be for first year funding only.

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<sup>1</sup> Health boards, NHS trusts, General Practitioners, local authority departments, primarily social work and housing, and voluntary agencies.

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## **STEP 1-THE STARTING POINT**

Informal discussion between the Chief Officers of the relevant health board and local authority:

- on arrangements for obtaining the agreement and commitment of all key stakeholders, including elected members to the agreed aims;
- on the geographical area to be covered by the subsequent planning and implementation process, possibly a health board area but more likely the local authority area. Attention will also have to be paid to ensuring consistency of service provided across other agency boundaries;
- to consider how to go about determining the total financial resource devoted to mental health services from health, local authority and other sources (eg Scottish Homes); and
- to determine who should be invited onto the Strategic Planning Group and how to involve people who use the services, and those who care for them.

### **Outcome of Step 1:**

**A coherent and coterminous area for health and local authorities to plan jointly.**

**A clear way forward to establish a team to make it happen.**

**Agreement about defining the resources available.**

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### **STEP 2 - WITHIN THE PLANNING AREA**

- An initial meeting of the appropriate Chief Officers of:
  - the relevant health board;
  - relevant NHS trust(s);
  - social work department;
  - housing department.
- an appropriate representative of primary care;
- a representative of the voluntary sector;
- a representative of Scottish Homes.

It is assumed that participants in this meeting will have been pre-circulated with copies of the Framework, and will be familiar with its contents. It is further assumed that within the local authority domain there will be general assent to the principle of co-ordinated delivery of mental health services. Within primary care it would be helpful if the general practitioners, in each locality had had a chance to co-ordinate their views on the future pattern of delivery of mental health services.

The agenda for the initial meetings should cover commitment to:

- set up a robust and continuing system to involve those who receive services and those who care for them;
- the philosophy embodied in the Framework and the Government's principles of a public service which tackles inequalities of health and access to services, focuses on better quality and is efficient;
- achieve a single plan for local comprehensive mental health services;
- the use of resources employed in the delivery of existing mental health services in the most effective way, avoiding gaps and overlap;
- the delegation of authority to a joint commissioning team;
- the process of identifying an individual to be both responsible for, and accountable for, the functioning of that commissioning team;
- make explicit the nature of the resource allocation, within health, social work and housing, that it follows the requirements of the implementation of an agreed strategy, and that they have harmonised their internal financial timetables;
- define the amount of previous resource transfer from health to social work, the current spend, and the services specified;
- other sources of resources, eg Scottish Homes.

It will be important for those involved in this meeting to:

- make each other aware of how far their organisations are able and ready to go down the path of joint commissioning at that time. (It may be sensible to pilot the approach in one particular area of the service.);

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- agree the process by which an individual can be identified quickly to assume lead responsibility within the joint commissioning team, including consideration of an independent chair from the Voluntary Sector;
- define a set of core values to be adopted by all concerned, by which the services will be developed and shaped, within the outline set out in the Framework;
- be clear about the function of primary care, specialist mental health services, social work, housing and voluntary agencies, in the delivery of comprehensive mental health services, and the resources which each will be contributing to the comprehensive service in the future;
- consider, in the light of individual circumstances, whether an outside consultancy should be employed to facilitate progress to joint working;
- clarify the relationship between the strategy for developing mental health services, the local community care planning arrangements and children's service plans.

### **Outcome of Step 2**

**The major statutory participants have agreed to work to a joint strategy for the delivery of comprehensive mental health services, developed in the light of local circumstances, with commitment to the changes in practice and accountability which are involved and to continue to meet as a strategy overview group.**

**There will be clarity about the resources which each agency will be contributing to the comprehensive service.**

**There will be a provisional implementation mechanism, in the shape of a joint, local, commissioning team, with a lead individual responsible for operational implementation who has delegated powers to take decisions and commit resources.**

**The local commissioning team will consist of representatives from health board, social work, housing, primary care, relevant community and mental health trusts, people who receive services and those who care for them, and the voluntary sector. Representatives of education, employment and the police may be invited to participate in respect of specific issues.**

**Reporting systems, and a sequence of review meetings, will be established.**

**There will be explicit links - planning and implementation - between the local mental health strategy, the community care planning process, and local authority housing plans and children's service plans, so that there is no conflict.**

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### **STEP 3 - THE JOINT COMMISSIONING TEAM**

The chair of the local joint commissioning team will convene its first meeting, with the membership as outlined above. Initially this team will be charged with developing a local strategy for the delivery of comprehensive mental health services, to which all participating organisations and interested parties can sign up without reserve.

Such a strategy may already be in existence. If so, it would be important that the team compared it, in detail, with the Framework document, particularly the matrix section to ensure that all issues have been considered.

- It will be important that all members of the team understand its structure, the nature of its leadership, the reporting mechanism, the role and function of the strategic overview group, and the financial limits within which services will have to be delivered.
- The team members need to understand the importance of reaching agreement, that no group, professional or lay, has the right of veto over the process or decisions made. The team needs to be sensible of, and sensitive to, local feelings and the need to take a proactive approach. This may include the introduction of arbitration mechanisms if significant differences are identified.
- The team will have to work out a communication strategy to ensure that all key stakeholders, including elected members, are kept in touch with its deliberations and decisions.
- A timetable will be established for milestones towards completion of the strategy, any consultation process, and implementation.
- The team should agree on a policy of appropriate access to each agency's individual records, and of compliance with national legislation and guidance on access to their records for people receiving services.
- The team should contribute to an assessment of local need and the development of a profile of existing accommodation and services. This will include the current spend, the current activity, the current layout of services, and will examine gaps and overlap in provision. Local demographic data, including the existence of areas of deprivation, or where services are lacking, must be identified.
- Agreement will be reached on the management, supervision and joint membership of community mental health teams.
- On the basis of this process, the joint commissioning team should consider what need it will have for a common set of data, to inform future planning. Audit of individual care plans and the care planning process will probably show up certain needs identified for individual groups of people who receive services which have been met poorly hitherto.
- One of the most difficult tasks for the team will be to agree a common set of priorities for delivery of mental health services taking account of paragraph 25 in the Framework document.
- In the implementation process, it is important that arrangements made by the joint commissioning team clarify issues such as prioritisation, protocols for admission and discharge, compliance with mental health legislation, care management, the care programme approach, and Community Care Orders, measures of the quality of the process, expected outcomes, and staff development.

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### **Outcome of Step 3**

**The existence of a joint mental health strategy, signed up to by health boards, trusts and primary care, local authority agencies, users, carers, voluntary and professional groups.**

**Clarity about the resources available and the priorities to which they will be put.**

**A critical pathway mapped out for implementation of the strategy.**

**Potential barriers to joint working will be dismantled.**

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### **STEP 4 - IMPLEMENTATION**

The task of implementation starts with regular meetings of the joint commissioning team. Measures of its effectiveness include:

- publication and wide circulation of a local mental health strategy, leading through structured consultation to the definitive document;
- a robust, timetabled, implementation plan taking account of resources, and priorities, with flexibility to deal with unforeseen circumstances;
- the establishment of monitoring, and audit structures, with verifiable checkpoints, to measure standards of service delivery and outcomes (including those defined by people who receive services);
- a continued cross reference against the implementation timetable set out in the Framework document;
- internal cross referencing with health, social work, and housing procedures; and
- a process of self-evaluation using criteria which include:
  - ◇ a public education programme to keep it informed about service changes, to address any anxieties and to promote positive attitudes to mental health;
  - ◇ effective two-way communication throughout the service;
  - ◇ involvement of clinical and care staff, integration of primary care with secondary and tertiary services, and joint training across agencies;
  - ◇ housing and other accommodation that is fit for its purpose and suitable to meet individual needs;
  - ◇ effective involvement of those who receive services and of those who care for them;
  - ◇ involvement of local voluntary and independent sector organisations;
  - ◇ the development of advocacy;
  - ◇ the installation of adequate and coherent management structures within organisations delivering services which give responsibility to teams and minimise bureaucracy;
  - ◇ the development of an information system, usable by all participating agencies, maintaining confidentiality, providing timely and accurate data;
  - ◇ the use of the system for audit and quality control;
  - ◇ continuing assessment of needs and a linkage to resource allocation;
  - ◇ evidence that the care needs of special groups have been identified and met reasonably within the existing financial resources;
  - ◇ a joint training strategy.

The Framework document has been designed to facilitate the process outlined above. Its usefulness as a template will depend on local openness to its philosophy and concepts. A useful guide to monitoring the process is “Effective Partnerships - Developing Key Indicators for Joint Working in Mental Health”<sup>2</sup>.

**The Scottish Office  
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<sup>2</sup> Sainsbury Centre for Mental Health (1997)