

Delivering for Mental Health Leading Change

INPUTS FROM GREATER GLASGOW & CLYDE @ 30 March 07

1. Project Description from Application Form

DEVELOPING A TOOL RE EQUALITY AND SOCIAL INCLUSION

This project will make a significant contribution to the ability of mental health services to address equality, social inclusion, rights and recovery dimensions for service users. It will do this in three ways: (i) offer major development support and local piloting and refinement opportunity to the national assessment tool outlined in Delivery Plan Commitment 1; (ii) the project will help identify staff learning and development issues – including behavioural requirements for effective practice; (iii) it will also generate and disseminate additional learning on inclusive and recovery-oriented approaches to mental health service delivery, working in close conjunction with a range of user, carer and voluntary sector stakeholders and based on emerging models of practice in the Greater Glasgow and Clyde mental health system.

The project will draw on significant pre-existing networks of activity and development work (summarised below – further details available). It will have a focus on providing detailed developmental support to the national assessment tool highlighted in Delivery Plan Commitment 1 and the associated requirements for staff development. We are proposing an initial focus on the areas of: (i) social inclusion approaches within mental health services; (ii) race equality / black and ethnic minority communities and their engagement with mental health services (iii) deaf communities' engagement with mental health services. However, by negotiation with the national team, the range of elements of the tool that can be actively considered could be readily expanded to include other equalities issues (such as gender and other aspects of physical disability), specific social inclusion dimensions such as employability, and other aspects of the recovery agenda, drawing on existing networks and programmes.

The project will be a blend of existing programmes, coupled with newer, more emerging areas of activity, such as developing connections with the deaf community. We would expect to agree a number of specific phases to the work with the national team, including a series of rounds of development and consultation work on aspects of the national assessment tool and training needs analyses. This would conclude with a final package of recommendations on the tool, on staff development and on allied inclusion work in MH services. We would aim to jointly develop a package of support materials suitable for wide dissemination. We would propose to review progress of the project in early 2008 in conjunction with national partners with a view to assessing potential future phases of work.

The work programmes that form this project will closely link with the Partnership's Equalities Scheme Action Planning and implementation of overall NHS Greater Glasgow and Clyde Planning and Priorities Guidance - particularly the corporate objectives relating to tackling health inequalities. As highlighted above, this change project makes a very close connection and contribution to Delivery Plan Commitment 1 and also connects with various strands of the National Programme for Mental Health and Wellbeing.

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2. Additional Info submitted on 23 March

Draft project plan

1. Introduction

Greater Glasgow and Clyde Health Board has received Scottish Executive approval for a leadership bid focussed on Commitment Area 1 of Delivering for Mental Health – “Improve patient and carer experience of mental health services”, with an emphasis on equality, social inclusion, recovery and rights in the mental health sphere¹. This leadership project is being coordinated by the Greater Glasgow and Clyde Mental Health Partnership.

This leadership project intends to make a significant contribution to the ability of mental health services to address equality, social inclusion, rights and recovery dimensions for service users, and will address this challenge in three interlinked ways:

- Offer major developmental support and local piloting and refinement opportunity to the national assessment tool outlined in Delivery Plan Commitment 1
- Help identify staff learning and development issues in this arena – including behavioural requirements for effective practice
- Generate and disseminate additional learning on inclusive and recovery-oriented approaches to mental health service delivery, working in close conjunction with a range of user, carer and voluntary sector stakeholders and based on emerging models of practice in the Greater Glasgow and Clyde mental health system.

See full bid document for further details of the approach and context of the bid, plus project team membership.

2. Draft project development timeline and key elements

Stage 1: April-May 2007	Focus on team formation and more detailed scoping / planning work for year's project work; connection with national OD support arrangements; detailed engagement and negotiation with relevant national colleagues and development processes, in particular the development process for the Scottish Recovery Index and associated work, including options for piloting of draft tools and associated approaches	
Stage 2: May-June 2007	Active identification of a wider network of local development partners and relevant innovative practice developments that can contribute to the project area; agreement on local communication channels to	

¹ subject to clarification of certain bid details

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	<p>maximise system involvement in project learning.</p> <p>Examples of the kinds of wider structures that the project will actively connect with include: Renfrewshire Joint Planning and Implementation Group & Inverclyde Mental Health Development Group (both multi-agency groups including user representation), Anti-Stigma Partnership's Black and Ethnic Minority Mental Health Programme – Mosaics of Meaning (see separate summary sheet), development process around deaf community and mental health services, formal PFPI processes for user engagement</p>	
Stage 3: June-December 2007	<p>Piloting of equality, social inclusion, recovery based tools and development approaches, in conjunction with national partners; exploration through multiple means of emerging practice issues, support resources, barriers and challenges – with an emphasis throughout on regular feedback to management structures, partnership / multi-agency forums and within the national leadership programme. This work will seek to make active links with a variety of allied areas, including the implementation of the Partnership's Equalities Scheme (currently produced in consultation draft format)</p>	
Stage 4: December 07-March 08	<p>Analysing and summarising emerging learning points, useful support resources, key challenge areas, both locally and nationally. Active dissemination of project learning, through variety of means – website, newsletter, articles and summary papers, seminars and workshops</p>	
Stage 5: March 08 and beyond	<p>Consideration and decision about any longer term development processes emerging from the project work</p>	

3. Progress monitoring and evaluation

The project team will use the above staged plan (once finalised) as an outline structure to guide project monitoring and evaluation and the team will carefully document progress throughout these stages. It is not possible to provide full details at this stage, but we will work with the national programme and OD facilitators to finalise these arrangements during stage 1.

Examples of the kinds of progress monitoring indicators we are likely to use would be:

For stage 2:

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- summary of the range of specific networks and partnerships that the leadership project has actively connected with – including analysis of likely added value
- summary of the range of agreed pilot sites agreed for work with recovery index and allied work
- analysis of the range of relevant innovative practice developments identified to inform the project work

In a move that will aid the latter of these points (mapping of innovative practice developments) the Mental Health Partnership has already developed a Mental Health Improvement Framework and formally issued this to CH(C)Ps across the Board area as part of its mental health governance role for the system. This includes activity mapping tools that will aid in capturing planned activity in areas such as social inclusion, equalities and recovery (further details available on request).

In terms of evaluation approaches, the emphasis will be on careful monitoring of input process, and output across all the stages of the work, with documentation of practice reflections (e.g. emerging from piloting work on equality, social inclusion and recovery tools and analyses) and key learning points; outputs would include refined analysis tools, training / learning packages, and tracked dissemination of project outputs internally within mental health and allied services, with local statutory, voluntary, user and carer partners and with national partners. We will explore and decide with OD facilitation support which practical means the project team utilise to document learning – e.g. considering use of practice reflection diaries / logs.

The Greater Glasgow and Clyde team would see significant added value from close development work with the Programme, including the chance to share experiences with the other successful bid teams (there appears to be ground for close working with a number of these on allied themes), the input of experienced OD facilitation and guidance, the opportunity for close working with national structures such as the Scottish Recovery Network and enhanced ability for debate and discussion which should help generate major learning opportunities for our local system.

4. Sharing learning from the Programme

A variety of means will be utilised for sharing of learning from the programme – the team comprises members with extensive experience of learning dissemination across multiple settings, and this expertise will be fully utilised throughout the project work. Methods will include:

- formal management channels, such as regular updates and discussions via the Mental Health Partnership's Senior Management Team and allied management structures, and via team briefings and other regular staff communications
 - active development of practice networks for dissemination, debate and refinement of the work – this will include use of interactive web developments, linked to the Greater Glasgow and Clyde Mental Health Improvement Network – which will allow interested parties to sign up for email alerts, get easy access to emerging documentation and contribute new material
 - use of range of more traditional communication media – newsletters and briefings, articles etc

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- arrangement of seminars, discussion sessions and workshops as appropriate, plus inputs to pre-existing networks and structures – at both national and local level by negotiation
- within stages 4 and 5 of the programme, there may be opportunity for joint development of practice guides, resource and support tools and similar materials drawing together key learning points from the work – the Greater Glasgow and Clyde team would actively participate in such work, which could then be disseminated in a variety of ways – e.g. as support materials in nationally sponsored training programmes, as downloadable web resources (we are using this latter approach with a range of our mental health improvement work linked to national structures like 'see me').

5. Intro to Glasgow BME Stigma Project

Between late 2005 and 2007, a group of partners led by NHS Greater Glasgow & Clyde has worked to develop a programme of social marketing around mental health stigma in the four largest black and minority ethnic (BME) communities in Glasgow. Those communities are: Pakistani (easily the largest), Chinese, Indian and African / Caribbean. The project is one element in a broader programme of anti-stigma work being developed in Glasgow.

This initiative is also intended as a pilot for appropriate approaches which can be evaluated for use in other parts of Scotland. As such, the work is sponsored by the national "see me" mental health stigma programme as one of the key partners. "see me" and other partners have sponsored this work on the understanding that cultural background is a key determinant of attitudes towards mental health and mental illness. This assumption has been validated during the project where BME communities have found the standard "see me" materials to be in many ways inappropriate to them.

From the start, the lead partners in this work have proceeded from an assumption that the project had most likelihood of success and real impact if it could be developed in partnership with the communities concerned. The project is then predicated on supporting communities to address stigma rather than attempting to dictate solutions. Much of the work then has concentrated on building capacity and knowledge in community organisations for them to deliver on elements of the social marketing programme.

The work has been managed by a steering group including representatives from two NHS Boards, the "see me" campaign and local and national mental health organisations. The process for the project has been as follows:

1. Project planning
2. Literature review
3. Action research through local community organisations
4. Design and testing of the social marketing approaches
5. Delivery by community organisations

The final stage which is scheduled for 2007-2008 will be evaluation and production of a report with recommendations. This report will be the basis for considering how the pilot work could be used in other parts of Scotland.

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Prior to the final evaluation and report, initial feedback from the many project partners has been very positive. A wide range of BME community organisations has become involved. The literature review and action research uncovered rich seams of information on attitudes towards mental health. Partners have participated with enthusiasm in the design and testing of new approaches, based on the findings of the research, and delivery is now taking place during the course of 2007.

A conference to discuss the findings of the project to date will be held in Glasgow on Thursday 24th May 2007. For further details please contact Christopher.Homfray@health.scot.nhs.uk 0141 300 1038