

# Delivering for Mental Health Leading Change

INPUTS FROM Lothian @ 30 March 07

## 1. Project Description from Application Form

### IMPLEMENTING THE RAPID RESPONSE & TREATMENT SERVICE

Lothian's Joint Mental Health and Wellbeing Strategy 2005 – 2010 confirmed that a plan with all partners across Lothian, would be produced to ensure that the unscheduled care needs of people presenting to services with mental health problems are able to be addressed and that these responses are linked into existing and planned provision for locality mental health services and networks (including out of hours social work provision, community mental health teams and on call psychiatric rotas).

This includes people who present on an unplanned basis at a number of settings across Lothian including:

- ◆ The Royal Edinburgh Hospital
- ◆ The Royal Infirmary Hospital
- ◆ Hermandflat Hospital
- ◆ St John's Hospital
- ◆ Lothian Unscheduled Care Services
- ◆ GP Practices

The Development Plan, detailing a Rapid Response and Treatment Service, will be finalised within the next two months. The **Rapid Response and Treatment Service (RRTS)** will work across the City of Edinburgh day and night (and in Midlothian and East Lothian areas overnight). This will significantly improve both the unplanned service arrangements and the out of hours assessment, treatment, care and support for people with mental health problems – 24 hours a day, 365 days a year.

### Service Change

This service model brings together the functions of two currently distinct services delivered in different locations in Edinburgh – the Psychiatric Emergency Team at the Royal Edinburgh Hospital and the deliberate Self-harm Service at the Royal Infirmary. It also builds in capacity to deliver intensive home treatment to patients who may currently be receiving care and treatment from an existing community mental health team and to people who if they are given this level of intense support may not require to be admitted to an acute psychiatric ward.

### Systemic Change

The new service will require to be an integral part of comprehensive networks of community and hospital mental health services and implies a large scale change programme that will ensure a whole systems approach. The implementation of the development plan will impact on the current configuration of mental health services across these areas and will require to be effectively addressed by localities. In Edinburgh, this will include integrating the new service with the also

## Delivering for Mental Health Leading Change

newly developed Edinburgh Crisis Centre, Community Mental Health Teams and Primary Care Liaison Teams, as well as a range of other services across health and social care.

It is planned that the new service will be managed and led by the Edinburgh CHP and while the new service has particular relevance for the City of Edinburgh, it is clearly acknowledged that the changes will also have wider implications across Lothian.

The effective implementation of the National Crisis Standards published in November 2006 will be a further key aspect of the Change Project. The Joint Implementation Plan for Edinburgh which was developed to support the implementation of the Joint Lothian Mental Health and Wellbeing Strategy, identifies the development of 24/7 emergency assessment, intensive home treatment and crisis resolution as a key priority and has multi agency endorsement, including from service users and carers as a change programme priority.

### Cultural Change

Research by the Sainsbury Centre has shown that service users place high value on personal responses to mental distress and this is borne out by the level of dissatisfaction expressed at what users and carers experience as the gatekeeper response. When experiencing distress many users struggle to articulate their feelings and lack the ability to be assertive in requesting support. Among service users themselves the distinction between labels and symptoms is less important than an over-arching empathy for the expressed levels of distress of an individual. Attitudinal issues have tended to limit the level of empathy expressed by professionals.

The service will not determine its access criteria around diagnoses, recognising that the common issues relating to life stressors for which people may seek help and assistance with can often be precursors, antecedents or symptoms of more pervasive underlying mental disorders.

The assessment by experienced mental health practitioners will focus on the impact on an individual's ability / capacity to function rather than on the perceived seriousness of a diagnosis. This will avoid creating exclusion criteria at service entry point and therefore avoid the situation where a person most requiring help does not receive it as their problems or diagnosis do not "fit". – thus a recovery ethos is inherent within the service model and delivery.

## 2. Additional Info submitted on 23 March

### 2.1 Outline Project Plan – Key Tasks

Indicative Dates	Milestones
June 07	Explore the changes to behaviours and attitudes and employ and develop strategies to manage and deliver these across range of stakeholder groups
Jul 07	Prepared detailed project implementation plan with clear timescales and accountability with robust reporting mechanisms to range of stakeholder groups

## Delivering for Mental Health Leading Change

Aug 07	Prepare draft operational policy which will deliver the aims and objectives of the service model and the national crisis standards
Jul 07	Prepare job descriptions and commence recruitment for three key service leads
Aug 07	Secure premises which meet safety privacy and dignity requirements including
Sept 07	Agree, develop and implement strategy for communication of new service for: patients & potential patients carers public police & other emergency services NHS 24 & LUCS Politicians Workers from statutory and voluntary sector
Nov 07	Develop education and training programme for new service members involving wider range of stakeholder groups
Dec 07	Agree robust evaluation and monitoring frameworks which is focussed on service user defined outcomes

### 2.2 Local Monitoring and Evaluation

There will be a process evaluation, documenting the course of implementation (including the roles and contributions of partners, and how to maximise activity through the use of minimal or existing resources). This will provide substantial knowledge in relation to the service model for promoting public and professional awareness of mental health problems and for developing community and professional partnerships for service delivery.

The Edinburgh Crisis Centre evaluation will be a vital source which will inform the implementation process.

### 2.3 Adding Value Nationally

- Knowledge transfer activities will include:
- a day event for Lothian partners and other Health Boards in Scotland to report on learning from the project and from perspectives of key stakeholders and partners.
- A summary document of key elements required to implement the model including a focus on cultural change, structural barriers and organisational approaches Attendance at key national events and conferences to further disseminate key learning around the implementation, expansion, sustainability and impact of unscheduled and out of hours responses for people with mental health problems