

## **CHAPTER 7**

### **SUPPORTING CHANGE**

#### **INTRODUCTION**

7.1 The Framework outlined in Chapters 3 to 6 provides a road map for major reform of mental health services for adults. It will take 10-15 years to achieve and depends on a number of underpinning elements and processes. Four key elements are considered in this section of the Review:

- Workforce requirements, including its magnitude and the necessary skills;
- Financial resource based on a sound economic appraisal;
- Information to support management of services, the Review process and to monitor change;
- Research and development.

#### **DEVELOPING THE WORKFORCE**

##### **Introduction**

7.2 The vision and principles underpinning the Strategic Framework for Adult Mental Health recognise the fundamental importance of the workforce in delivering the aims and goals of the Framework. The Framework is premised on a significant increase in the workforce. The capacity to deliver the vision turns on having an adequate workforce, appropriately trained and working effectively together and in partnership with service users and their carers to achieve meaningful change in the quality and standards of care delivery throughout Northern Ireland. The demands of the workforce to see through the changes and to deliver the Framework require attention to workforce health needs including and need for support and supervision.

7.3 Northern Ireland is fortunate in having a motivated, stable and skilled workforce in most of the disciplines involved in mental health care. Our educational establishments provide quality training and education at further education,

undergraduate and postgraduate levels in a wide range of the areas necessary for skilling the workforce.

7.4 Nevertheless there are a number of challenges in the workforce situation that will need to be addressed as a matter of priority if the Strategic Framework is to achieve its objectives. These challenges include:

- difficulties in recruiting suitably qualified staff;
- the need to recruit unqualified staff and train them;
- pressures on staff to leave for better pay and conditions offered elsewhere;
- the need to develop effective strategies to retain existing staff; and
- reduction in the number of people available to volunteer.

### **Current Work**

7.5 The anticipated need for substantial development in the workforce triggered a joint planning initiative between the Review and the Department. The work of this Group forms an essential pre-requisite to an effective workforce strategy for Adult Mental Health and includes analysis of the current workforce, mapping the skills and competencies, defining the changes required in educational arrangements to address both the demand profiles of the workforce and their skills requirements, including the training needs of non-qualified staff. The emerging findings include evidence of shortage of staff in all areas, problems in relation to career progression, considerable variability in training opportunities, the need for incentives for the retention of staff.

### **Proposals**

7.6 The Review recommends the establishment of a Workforce Strategy for mental health adopting the recommendations emerging from the Workforce Planning Group including:

- the Establishment of a Workforce Development Group;
- the establishment of a central Information and Advisory service about careers;
- collaboration with training providers and regulatory bodies to develop “Fit for Purpose” training;

- agreeing with service providers targets for recruitment and retention across Northern Ireland, across the statutory and voluntary sector; and including the participation of service users;
- ensuring that appraisal systems based on agreed National Occupational Standards are in place to identify staff development and training requirements;
- joint working between the health and social care sector and training sector to ensure appropriate training opportunities to required standards are available accessible;
- the development of a qualifications framework which includes a range of qualifications and an assessment strategy to encourage career progression and flexibility between professional groups; and
- joint working between DHSSPS and service providers on the improvement of organisational culture, including stress reduction and management programmes, increased flexible working and improved work/life balance.

## **INFORMATION**

### **The Role of Information in Mental Health Care**

7.7 Good information is at the heart of high quality mental health care and decision making. It comes in many forms:

- individual data held in personal records (eg a patient file);
- consumer and professional surveys (eg a satisfaction survey of carers);
- service performance reviews from inspection and inquiry reports (eg Mental Health Commission reports);
- governance and risk management reports (eg an estates report on environmental problems within an acute ward);
- needs assessments (eg a research study of the prevalence of psychiatric illness within a city);
- financial information (eg a monthly budget report to managers);
- aggregated activity data (eg how many admissions occurred within a specified period of time);
- service Directories (eg a directory of counselling services); and
- human resource records and reports (a strategic workforce planning report).

- 7.8 Without these sources, clinicians, practitioners, managers, planners and commissioners would be unable to deliver the sort of care and service expected by the general public. Because of advances in information technology and a growing expectation that better information will lead to better services, there is an increasing drive in modern mental health services for:
- fully integrated service user records;
  - routine, anonymised data analysis at population level;
  - widely accessible consumer information on problems and services;
  - speedy dissemination of the evidence base; and
  - continuous service improvement through improving information analysis.
- 7.9 Information gathering will become increasingly important for the evaluation of outcomes, performance management and for population needs, based on aggregated individual assessments. These objectives are likely to represent the future agenda for information management.

### **Current Issues**

- 7.10 Increasingly professional staff have access to a database that provides clinical or management support and it is possible, within limits, to gather and analyse information about diagnostic related groups, service activity and unmet need at population level. In addition, the use of geo-mapping (linking postcodes to service activity) is enabling more sophisticated needs assessment analyses. However, there are deficits within the current mental health services within Northern Ireland:
- information systems, particularly in secondary care, vary considerably in design and application and are under-developed in some locations;
  - information collection and analysis is not clinically driven and may reflect a HPSS market culture;
  - staff skills in using currently available information are under-developed;
  - record integration and communication within health and social care across boundaries and beyond is highly variable; and
  - information currently gathered at a regional level may no longer be fit for purpose.

- 7.11 These problems are having an adverse impact on the quality of care. No rationalisation of information demands has occurred for more than 20 years and staff feel increasingly disenfranchised in relation to the ownership of information. They perceive a potential disconnection between data analysis and policy and practice. Some information returns are simply not utilised but continue to be collected. There is a growing desire among professional staff delivering care for a greater focus on information gathering that:
- reflects the complexity of health and social care tasks they are engaged in rather than the volume;
  - supports staff in the provision of care;
  - forms needs assessment and research; and
  - informs the evidence base for improvements in care.

#### **Towards a Vision for Information**

- 7.12 Professional staff and service managers require a vision for information and information management that enables them to see the relevance of data gathering and that will support them in their daily work.
- 7.13 It is proposed that this vision is developed through the production of a comprehensive Regional Information Strategy for Mental Health, with an implementation plan. This strategy must address the following issues:
- outdated data items and methods of collection and terminating their use;
  - a minimum data information set, its relevance to clinicians and practitioners and the new framework for data collection;
  - the use of the Person Centred Information System (PCIS) to provide the optimum clinical and management information;
  - a programme of training that maximises the use of information; and
  - information for service users and carers.
- 7.14 Such a strategy would provide the link between outcome measurement and data collection. It would also give a focus to performance management by clearly identifying critical targets, the timescales for their achievement and the information required to enable decision making on achievement.

7.15 As a first step, it is proposed that the DHSSPS develops a comprehensive understanding of the profile of adult mental health services in Northern Ireland by mapping service provision. This would enable future investment to be targeted towards gaps in the provision of those services identified as critical to achieving the vision of a modernised and properly resourced service.

## **RESOURCING THE CHANGES**

7.16 The programme of change that is required for adult mental health services in Northern Ireland represents major challenges at both regional and local levels. The proposals have major implications for future HPSS Mental Health revenue and capital investment programmes and for future estate requirements.

7.17 These changes cannot occur without protected investment from Government to drive local service development. The need for additional investment is justified on a number of well recognised factors:

- socio-economic deprivation in Northern Ireland is significantly higher than in Great Britain;
- the rurality of our population distribution is contributing to higher costs;
- the health of our population is generally poorer compared to Great Britain;
- the link between deprivation and health and social care need is particularly strong in the mental health programme of care;
- the aftermath of the troubles is still being experienced, for example, in terms of mental health problems and needs and this is likely to continue for many years;
- investment levels in mental health services has not kept pace with other areas of the UK and there are significant gaps in service provision; and
- as a result of a general failure to replace or redevelop aging estate and to address a growing backlog across Northern Ireland, a significant capital investment in mental health services is required.

7.18 This situation has arisen in the context of relatively low HPSS management and administrative costs compared with Great Britain. Although hospital productivity has doubled over the last ten years, the model of care in Northern Ireland is accepted to

be too reliant on in-patient care. New funding needs to be matched by rigorous performance management at all levels to ensure the introduction of the essential new services and to secure a modern service, fit for the needs of our population in the early part of the 21<sup>st</sup> century.

7.19 The Review recommends the establishment of a Mental Health Modernisation Programme, essentially a financial plan that brings together the service recommendations of the Framework and matches them with both the necessary funding streams and the performance milestones that will guide local investment (See Chapter 8).

7.20 The service elements that will require investment include:

- User and Carer Involvement and Support;
- Advocacy Services;
- Voluntary and Community Sector services;
- Mental Health Promotion;
- Primary Care Mental Health services including Early Intervention;
- Community Mental Health services including Crisis Response Teams;
- General Hospital Psychiatric Liaison services including Accident and Emergency and Perinatal services;
- Acute Psychiatric Services including Day Hospital care;
- Rehabilitation and Resettlement including the needs of service users with Challenging Behaviour;
- Dual Diagnosis Services;
- Community Accommodation;
- Homelessness Support;
- Day Care including prevocational training and employment;
- Prescribed Drugs;
- Psychological Therapy Services; and
- Specialist Services including services for people with eating disorders, people with brain disease or injury, personality disorders, able adults with ASD, disorders of gender and sexuality and Deaf people with mental health needs.

- 7.21 Detailed comparator work has been undertaken with regional and local adult mental health services in England. Comprehensive and detailed costings have been prepared to advise the DHSSPS of the resource costs necessary to achieve the Strategic Framework.

## **RESEARCH AND DEVELOPMENT**

### **Background**

- 7.22 While the work of the Review has been founded on the best current research evidence on clinical and service effectiveness there are many gaps in our knowledge base at the present time. High quality research and information is needed on learning disability, mental health, and mental ill-health and their determinants, effectiveness of interventions and on closing the gap between research information and service implementation of new research evidence.

### **Local Research and Development**

- 7.23 Within Northern Ireland there have been several recent research investigations into aspects of mental health. However, in the absence of any clear centrally-led strategy for mental health and learning disability there has been no clear vision of research and development needs and no co-ordination of existing research effort. There are notable deficiencies in the range, quality and reliability of information on mental ill-health and service needs for Northern Ireland as a whole. The lack of detailed prevalence information on mental is a particular problem at the beginning of a new strategy for service reform.
- 7.24 Nevertheless, the time is right for the establishment of a coherent research and development strategy for mental health in Northern Ireland. The Review as a whole covering policy, services, legislation; and including the entire range of service users and carers – provides a strong signal for a Research & Development Strategy to underpin the work of the Review and its implementation. In addition, there have been recent initiatives within Ireland and the UK which provide new opportunities for collaboration and networking for research and development work and for the sharing of new information and new knowledge.

- 7.25 The National Disability Authority in Ireland has established a Research Advisory Committee to advise on matters pertaining to disability research. It has recently recommended a National Strategy for Mental Health Research to ensure that research in this area is prioritised, commissioned and managed in a collaborative, strategic manner with the participation of the complete range of stakeholders, including service users.
- 7.26 A Mental Health Research Network has recently been established for England and Wales with a commitment to collaboration across the UK. The development of effective research networks across the UK and Ireland provides timely opportunities not only for research collaboration, support and information sharing but also for the development and delivery of large scale trials and studies necessary to address many of the questions relating to clinical service effectiveness in mental health and learning disability.

#### **A NORTHERN IRELAND RESEARCH AND DEVELOPMENT (R&D) STRATEGY**

- 7.27 The Review recommends the establishment of a broad based R&D Strategy to underpin the Review as a whole and its implementation. The aims of the Strategy are threefold:
- To deliver high quality research and provide quality research information on mental health and learning disability, prioritising areas of greatest need and areas of highest information deficiency. Research information is required on a range of issues including mental health morbidity, the needs of users and carers, effectiveness of current and emerging interventions at both the individual and service levels;
  - Closing the gap between research knowledge and service uptake. Research and development initiatives are required to close the existing gap between established research knowledge and service uptake of such knowledge. New initiatives are required to translate research knowledge into health and social care practice at both the individual and service levels and so to contribute to the quality and effectiveness of services and better outcomes for individuals, for carers and families;

- The establishment and contribution to UK and Ireland research networks in mental health and learning disability. This is essential to strengthen the research base, share knowledge, and provide support for the health and social care research community in mental health and learning disability.

7.28 One of the first steps in the development of an R&D Strategy is the establishment of a small Strategy Group with input from both the service side, including user and carer representation, and the academic community. An early requirement of this Group will be to set priorities for research and development. The principal initial funding support for health and social care research is the DHSSPS R&D Office. A first step is the submission of an outline R&D Strategy. This should be followed by a detailed strategy with prioritised project proposals.

7.29 Within Adult Mental Health a number of research priorities are likely to include:

- Specific interventions:
  - The effectiveness and cost effectiveness under usual service conditions of psychological therapies and psychosocial interventions;
  - Service user satisfaction with specific services including service interventions; and
  - the development of agreed outcome measures.
- Service delivery and organisation:
  - variations in the use of individual services and their impact on service user outcomes including satisfaction;
  - investigations into staff morale, retention and performance and their impact on service effectiveness; and
  - assessing the barriers to the implementation of research evidence.
- Service user involvement
  - evaluating service users' views on services and how services can best meet their needs.

7.30 The Development aspect of R&D should focus on the barriers to implementation of research knowledge. New roles are likely to be required to support the implementation of research conclusions as part of service improvement at local level.