



SCOTTISH EXECUTIVE

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Dear Colleagues

RIGHTS, RELATIONSHIPS AND RECOVERY: DELIVERING THE ACTION PLAN

It is now a year since I took great pleasure in launching *Rights, Relationships and Recovery*, the National Review of Mental Health Nursing in Scotland. Since then, things have moved on and we have seen the publication of *Delivering for Mental Health in December 2006*

Mental health nurses have a key role to play in delivering the improvements that lie at the heart of both of these reports. *Rights, Relationships and Recovery* set out how their role can be supported and developed to achieve this aim. One year on, the enclosed first annual report charts the progress that has been made and seeks to identify where further efforts are needed to deliver the changes that are required. It concludes that we have made a good start but there is still much to be done to strengthen and support mental health nurses to improve outcomes for service users, carers and their families.

I would like to take this opportunity to pay tribute to Robert Samuel who retired in November last year as Mental Health Nursing Advisor. Robert played a key role in developing the mental health nursing review and in setting the course for the rest of us to follow in the years to come. I am delighted that Alex McMahon has agreed to take over from Robert and assume responsibility for mental health nursing within the Scottish Executive. Alex is also the Head of the Mental Health Delivery and Services Unit. He will be known to most of you and I look forward to NHS Board Nurse Directors and local services working closely with Alex and the Implementation Steering Group to deliver on the action plan.

Thanks also go to Eileen Moir who has made a major contribution through her role as Chair of the Implementation Steering Group. The commitment and enthusiasm of Eileen and her colleagues on the group is a major asset in developing this work. Eileen is now the Director of Nursing at NHS Quality Improvement Scotland, having moved from NHS Borders in June but will continue to chair the Implementation Group.

But the biggest thanks must go to those of you on the front line. You have seized the opportunity and taken on the challenges posed by the review. It is clear that considerable efforts are being made across all the areas identified for action. Like all reviews, it will take time to implement all of the commitments but it is important that we continue to work together to keep the momentum going.



There are areas of real success but there are others where greater effort is needed, for example, in acute care, leadership, services for older people and in the child and adolescent mental health.

Moving the agenda forward

The first annual report that charts progress against these priorities has now been published and is attached with this letter. It shows that services have responded positively to the action plan. There is considerable activity being carried out and progress is being made across all the priority areas identified in the plan. However, no one area is doing everything well and some are making more progress than others.

It is clear that the pace of change needs to increase in some areas if the objectives are to be delivered by the timescales that have been laid down. That means that local services need to develop a robust local structure to take forward this plan and, indeed, that should be being done through the local implementation groups. They also need to tap into the considerable support and expertise that is available from the National Implementation Group, NHS Education for Scotland, the Scottish Recovery Network and the Scottish Executive, among others.

Success is being achieved in all parts of Scotland. The key is to share it and learn from it to drive forward change and improvement.

The national action plan to improve all mental health services *Delivering for Mental Health* has been published in the year since the mental health nursing review. Achieving the aims of *Rights, Relationships and Recovery* will go a long way to helping deliver wider improvements in mental health and in outcomes for those who depend on these services.

Key areas that require attention

- *Sharing good practice and practice development*

There are many examples of good practice across Scotland that are already delivering on the objectives of *Rights, Relationships and Recovery*. Sometimes, however, these can be restricted to single service in an NHS Board area. It is important that such success should be spread locally, regionally and nationally.

Local events can be held to examine issues and develop good practice. Members of the National Implementation Group are available to speak at such events. In addition, the Scottish Executive will be supporting a national event and a number of regional events to foster engagement at a local level and share good practice.

NHS Education for Scotland and NHS Quality Improvement Scotland are also working together to maximise capacity to assist in this area of work.

- *Benchmarking*

It is important to benchmark existing services to help measure the change that is brought about by delivering the objectives. That will help demonstrate that the delivery of plan's objectives produces service improvement and tangible benefits. This will feed into the work programmes around *Delivering for Mental Health*.

Support for change

Change is challenging but can be done. That is why the Scottish Executive is providing financial support to help local services implement the objectives of the plan. In addition, many other forms of support are available.

One of the most important of these is the direct support available from the National Implementation Group and a list of its members is attached to this report. They can answer questions, point to potential solutions and help services with any difficulties they may be encountering.

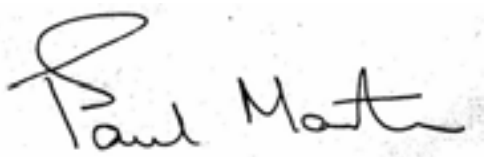
NHS Education for Scotland (NES) is making good progress in developing educational resources that will support the development of mental health nurses. As mentioned earlier, NES is also working with NHS Quality Improvement Scotland to develop Acute Care Forums through regional networks. In addition, connections are being made between the mental health nursing review and the implementation process for *Delivering for Mental Health*. The Scottish Mental Health Nursing Forum continues to meet and is linked in to the Implementation Steering Group. All this enables good cross fertilisation of ideas and practices and offers scope for development and collaboration.

Further support includes:

- providing funding for NES to take forward work around recovery and education;
- supporting an annual event and a number of regional events to foster engagement at local level;
- continuing to offer participation in local events;
- developing communication tools to keep stakeholders informed of progress of the delivery plan;
- working with the Scottish Mental Health Nursing Forum on developing work around research in mental health, prescribing and older people;
- developing collaboration and support through the national programmes being set up to implement *Delivering for Mental Health* which include the Collaborative Change Programme; Leadership Programme; Benchmarking; development of availability of psychological therapies; standards for ICPs and other work with partners
- providing resources through NES and *Delivering for Mental Health* websites.

Working together is the key to success. It is essential that activity at a local level is well co-ordinated and linked in to the national support network to deliver the changes that are needed. That includes ensuring that local implementation groups are working well, with a nominated chair and producing minutes of meetings that can be made available to others. It includes holding events locally, regionally and nationally to build on the success that is already being achieved in some areas and learning the lessons from such developments. It also includes sharing successes and challenges with the national steering group which can help provide solutions and assist local services in moving forward.

A good start has been made and there is a clear commitment to develop and support the role of mental health nurses in improving services for users, carers and their families. Let us build on that to deliver the better outcomes we all want to see.



Paul Martin

Rights, Relationships and Recovery

The National Review of Mental Health Nursing in Scotland

Annual Report of Progress prepared by the National
Implementation Group for the Chief Nursing Officer

Rights, Relationships and Recovery

The National Review of Mental Health Nursing in Scotland

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Foreword

Rights, Relationships and Recovery, the report of the first national review of mental health nursing in Scotland was launched in April 2006 and marked a real turning point for the profession. It provided us with a vision for the future, grounded in legislative, policy and service development agendas and a map in the form of the 5-year delivery action plan of how to get there. It has been encouraging to see how widely the report has been welcomed and the extent of the commitment across Scotland to turning them into reality.

The past year has seen a great deal of activity and a lot of momentum, including the publication of *Delivering for Mental Health* which absorbed a lot of the issues and commitments within *Rights, Relationships and Recovery*. Mental health nurses across the country are embracing the agenda we set out and are working hard to deliver improved and new types of services which should lead to better outcomes, and importantly experiences, for those who use our services and their families and carers. We are enormously grateful for the efforts of those working both locally and regionally to achieve the action plan's objectives.

Each NHS Board has now established a local implementation group and some Boards are joining up to undertake work on a regional level. This, along with funding to support delivery that the Scottish Executive has made available, is helping all Boards to deliver results.

That said, it is important to keep the momentum going. The National Implementation Group (NIG) is looking for positive ways of working with local and regional groups to support efforts in driving forward improvements. The national Group has been constructed to reflect those who were involved in the development of the review and we are keen to help in any way we can and a list of NIG members is included with this report for your information.

This report has been written by the group for Paul Martin, Chief Nursing Officer, and it captures the progress that has been made in the past year against the main themes and actions. It highlights and celebrates where we are making progress and where further focussing of efforts and support is needed. The report explores the common themes that are encouraging and challenging us and is deliberately short to keep it focused, readable and of interest.

We hope you will find it instructive and that it will stimulate further activity to help mental health nursing meet the challenges of the future. I commend this report to you and look forward to working with you and colleagues over the course of 2007/08 and beyond in delivering this agenda.

Eileen Moir – Chair of the National Implementation Group

Progress to date

The aim of Rights, Relationships and Recovery is to enhance and develop mental health nursing in Scotland and produce continual improvements in the experiences and outcomes of care of service users, their families and carers. To that end, a detailed Delivery Action Plan has been drawn up listing 24 specific actions that require to be completed between now and 2010. This requires input from the Scottish Executive, NHS Education for Scotland (NES), NHS Quality Improvement Scotland (QIS), NHS Board Nurse Directors, Higher Education Institutions (HEIs), and mental health nurses themselves.

Progress against these actions is to be measured twice yearly from returns submitted by the various stakeholders. This report is based on the information that we received from the stakeholders after the first six months of activity. It therefore only provides us with an initial 'sense' of where developments have taken place but it is nonetheless a useful baseline to work from. This is, therefore, the first of a series of annual reports that will summarise the position each year between now and 2010.

Cultures and values

Mental health nursing is focused on developing and maintaining helpful relationships with service users, their families and carers. Practice needs to be based solidly on values and principles. Care and intervention should focus on recovery, particularly in supporting people with long standing mental health problems.

Actions that will promote this work include:

- ensuring all nurses have access to values-based training;
- using recovery audit tools to review service delivery;
- developing training in recovery based practice;
- developing models of care that build strong therapeutic relationships; between nurses and service users.

A positive start has been made in providing the tools that can be used locally to support these objectives. NES has developed learning materials for use in Scotland to provide values-based training. These are based on the 10 Essential Shared Capabilities that have already been extensively piloted and positively evaluated in England. Issues covered include: values based practice; the meaningful involvement of service users and carers; socially inclusive practice; and equality and diversity issues. The materials are available to download from <http://www.nes.scot.nhs.uk/mentalhealth/work/#values>. NES will also be supporting roll out of these materials via a training for trainers initiative that will act as the building blocks for higher level training in recovery focused practice.

The Scottish Executive's Mental Health Delivery and Services Unit and the Scottish Recovery Network is working on producing an audit tool (Scottish Recovery Indicator) that will be used to assess the degree to which organisations and programmes meet expectations with regard to equality, social inclusion, recovery and rights. The tool will be piloted this year and a working group has been established to review this work. With this change in emphasis and timing it is important to note that the actions within the mental health nursing review in respect of timescale will now

follow that of Delivering for Mental Health and therefore a timescale of delivery of 2010 should be worked towards.

Progress is also being made in developing a national framework for training in relation to recovery. This work is being taken forward by the Scottish Recovery Network and NES and has involved user groups being asked what they think nurses need to learn to embrace recovery-related practice. Staff are already receiving recovery-based training in some parts of Scotland and lessons learned from these approaches will be used to develop the framework.

It is encouraging to see that NHS Greater Glasgow and Clyde have already implemented recovery-based models in some of their services and others, including NHS Borders, Forth Valley, Fife, Lothian and Lanarkshire, are redesigning services to support a recovery based approach.

There are few values-based training programmes in place although some areas have developed training packages and others have established working groups to take this forward. Many NHS Boards reported that they are waiting for the learning materials and audit tools before proceeding with training. However, Boards are starting to make plans and there is an attempt to take this forward in a collaborative way and we understand that some Boards are discussing joint training opportunities..

Values-based training is now available to nursing staff in a number of areas and some are also considering using the Wellness Recovery Action Plan (WRAP) system in the future. WRAP is a self-management and recovery system developed by a group of people with experiences of mental health problems. It is a structured system to monitor uncomfortable and distressing symptoms and can help to reduce, modify or eliminate those symptoms by using planned responses.

Practice and services

There is a need to support and develop roles that mental health nurses perform in number of areas including acute inpatient care; crisis care and intensive home treatment services. Other priorities include supporting people with long term and complex mental health problems, improving the care of older people, and providing early intervention to people at risk of developing mental health problems. There is a further need to develop “talking therapies” such as psychosocial interventions and psychological therapies. Nurse prescribing also requires further thought in terms of benefits to users and the wider service delivery agenda..

Actions that will promote this work include

- developing progressive competency based frameworks and education that will enhance the role of mental health nurses in acute care and older peoples mental health;
- developing models of care based on the recovery approach;
- supporting nurses in delivering psychosocial and psychological interventions;
- creating nurse consultant posts to lead the development of services.

NES has made progress on a number of fronts to support the development of the mental health nursing workforce. It organised a national conference in 2006 to explore the type of network that is needed to support staff working in acute care.

This has led to an options appraisal document being prepared for consideration and the network will be established this year in the light of the responses received.

A capability framework in acute and crisis care is being developed and has been issued for wide consultation this month. A similar process has led to the development of another capability framework for older peoples mental health. Both of these cover the entire spectrum of nursing experience from initial registration to consultant level practice.

Planning is continuing in a number of areas to develop models of care based on recovery. There is interest from NHS Lothian and NHS Grampian in using the TIDAL model which is already in use in NHS Greater Glasgow and Clyde and NHS Fife. The TIDAL Model builds upon the nursing profession's core concepts of caring about people and is based on collaborative working that promotes peoples strengths and attributes to bring about change in their own lives. The values of the model link well to the principles of the Mental Health (Care and Treatment) (Scotland) Act 2003. Focused individual and group work promotes recovery-centred working.

Nurse consultant posts have been agreed in NHS Greater Glasgow and Clyde (eating disorders), NHS Ayrshire and Arran (psychosocial/psychological interventions with discussion underway on a post in older people's services), NHS Forth Valley (older people) and funding has been identified in NHS Lanarkshire for one post (psychosocial interventions) and for two posts in NHS Lothian (crisis home intervention and psychosocial interventions). However, progress has been slow in developing this role in some areas and we need to review this within the context of delivering services.

Similarly, access to training in psychosocial and psychological therapies is extremely variable. Staff are being trained in NHS Borders and NHS Forth Valley and training is being planned in NHS Dumfries and Galloway. NHS Greater Glasgow and Clyde has developed a strategy on psychosocial interventions which is not yet implemented. Disappointingly, a number of areas reported little or no progress. Therefore, we need to make sure that there is connection at Board level. Each Board now has a psychological therapies plan and colleagues at NES have published a 'Phase 1' paper highlighting the additional support that they will offer in supporting access to the CBT courses and supervision, as well as funding additional part-time posts in each Board for supervision.

The same is true for nurse prescribing. There are good examples of progress such as prescribing in the crisis and addictions service in NHS Borders and the development of a local nurse prescribing strategy. NHS Highland also have a local protocol for mental health nurse prescribing. At the same time we are being informed that there are a lot of barriers that are put in front of nurses once they have trained to become prescribers. We need to address these issues locally and nationally in order to progress this agenda.

Education and development

It is important that the right people are attracted into mental health nursing and they are prepared in the right way. That includes maximising opportunities to help nurses learn and develop. A more robust learning environment needs to be created to allow innovations and solutions to be developed and shared. Strong and effective leadership is vital to realising the potential of mental health nursing in Scotland.

Actions that will promote this work include

- redesigning programmes that prepare people to be mental health nurses;
- developing the role of support workers;
- supporting newly qualified mental health nurses;
- strengthening and enhancing leadership;
- ensuring regular opportunities are provided for clinical supervision.

NES is facilitating the development of a new national framework for pre-registration mental health nursing programmes working with representatives of HEIs and other stakeholders. A draft framework is being prepared which will be shared at events with student nurses and service users and carers, among others.

NES is also working on an education and training framework for mental health support workers. Meanwhile, some boards such as NHS Lanarkshire and NHS Forth Valley already have education programmes in place but a number of other areas are still at the planning stage. NHS Lanarkshire intends to assist all support workers to gain an SVQ qualification and to continue on to HNC study, as appropriate. At the moment, 18% of support workers have been trained to SVQ2 level and 10% to SVQ3 in Lanarkshire and we know that other Boards such as Highland, Ayrshire and Arran and Lothian are also doing work in relation to progressing the support worker role.

The national education programme 'Flying Start' was launched in 2005 to support newly qualified nurses as they enter the NHS workforce. It is a web-based programme and the learning units cover topics such as clinical skills, teamwork, safe practice, communication and research. Participation levels vary across Scotland however NHS Lothian, NHS Tayside and the State Hospital report that all newly qualified nurses are engaged in the programme while participation is encouraged in other Board areas. We would like to see all Boards ensuring that newly qualified nurses take up the 'flying start' programme.

Good leadership is essential to help mental health nursing meet the challenges of the future. A number of NHS Boards already provide access to leadership courses although these are often confined to senior staff and charge nurses and do not extend to staff nurses.

The quality of clinical supervision and access to it is acknowledged by many NHS Boards to be inconsistent and variable within their services. A more structured approach is recognised as being required and a number of Boards are reviewing current provision as the first step towards making improvements.

Links have been developed between a number of services and Scottish universities to help foster learning and research. NHS Borders is going further by encouraging all nurses to participate in research. It is also planning a number of events to highlight the importance of this aspect of mental health nursing.

Next steps: Strengthening the change process

It is clear from the submitted returns that services have responded positively to the action plan. There is considerable activity being carried out and progress is being made across all the priority areas identified in the plan. However, no one area is doing everything well and some are making more progress than others. The overall conclusion is that progress towards the objectives is variable.

That is an observation, not a criticism. It is recognised that services have not had long since the action plan was published to organise their response. That is why the plan has set a five-year timescale for achieving its objectives. However, it is already clear that we need to work together and support action local in order to step up the pace in the months and years ahead.

Key areas that require attention include:

- sharing good practice and practice development;
- leadership development
- Acute Care Forums/Networks
- prescribing;
- community referrals;
- piloting the regulation of support workers in mental health;
- benchmarking – this is needed to help measure change and demonstrate that that the delivery of plan's objectives produces service improvement and tangible benefits. This will feed into the work programmes around *Delivering for Mental Health*. We recognise that Boards will be at different levels but this work is to enable all Boards to get to the same level and should be viewed positively..

Services are not being asked to achieve this on their own. Support is available centrally from both the Scottish Executive and the National Implementation Group as well as local Implementation Groups in each Board. It is essential that activity at a local level is well co-ordinated and linked in to the national support network to deliver the changes that are needed. That includes ensuring that every local implementation group are working well, with a nominated chair and producing minutes of meetings that can be made available to others. It includes holding events locally, regionally and nationally to build on the success that is already being achieved in some areas and learning the lessons from such developments. It also includes sharing successes and challenges with the national implementation group which can help provide solutions and assist local services in moving forward.

Individual NHS Boards will receive a further financial allocation in 2007/08 to support this work, which totals almost £300,000. Once again, the distribution will be based on the Arbutnott formula. It is important that this money is spent in the most effective way possible to achieve the objectives of the delivery action plan. One encouraging development has been the amount of work undertaken on a regional basis in 2006/07 and we look forward to seeing that continue and strengthen in the coming years.

Joint working is also taking place at a national level. NES and NHS Quality Improvement Scotland are working together to develop regional acute care learning

and practice development networks. Equally, connections have been made between the mental health nursing review and the implementation process for *Delivering for Mental Health*. The Scottish Mental Health Nursing Forum continues to meet and is linked in to the National Implementation Group. This enables good cross fertilisation of ideas and practices and offers scope for development and collaboration.

Further support includes:

- Providing funding for NES to take forward work around recovery and education;
- supporting an annual event and a number of regional events to foster engagement at local level;
- continuing to offer participation in local events;
- developing communication tools to keep stakeholders informed of progress of the delivery plan;
- working with the Scottish Mental Health Nursing Forum on developing work around research in mental health, prescribing and older people;
- developing collaboration and support through the national programmes being set up to implement *Delivering for Mental Health*.

Change is never easy but it can be achieved if we work together and maximise our capacity, capability and energy to deliver the better outcomes we all want to see.

NATIONAL REVIEW OF MENTAL HEALTH NURSING IN SCOTLAND –
Implementation Steering Group

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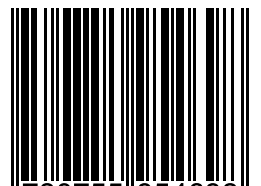
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