

Draft Regulations Relating to Public Bodies (Joint Working) (Scotland) Act 2014 –Set 1

Response to specific consultation questions.

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NHS Education for Scotland is content for our response to be made available to the public, and we are happy to be contacted by SG in relation to the response

Annex 3 (D)

Proposals for regulations describing functions that may or that must be delegated by a Health Board under the Public Bodies (Joint Working) (Scotland) Act 2014

Question 3 page 62

3. Are you clear what is meant by the services listed in Schedule 2 (as described in Annex A)

No

We represent the Psychology Directorate in NHS Education for Scotland (NES). NES is the body which commissions the pre-registration training for psychologists in the NHS in Scotland

The entry under 'Clinical Psychology', in the 'who provides the service' column, is somewhat out of date. There have been developments in the range of staff delivering within these services, and in the grades of staff employed.

The following professionals would all be likely to provide care within the Clinical Psychology Service:

Clinical Psychologists

Clinical Associates in Applied Psychology

Counselling Psychologists

Health Psychologists

Clinical Psychology Assistants

Annex 4-National Health and Wellbeing Outcomes

Consultation Questions

- 1. Do you agree with the prescribed National Health and Wellbeing Outcomes?**

Yes

- 2. Do you agree that they cover the right areas?**

No.

- 3. If not, which additional area do you think should be covered by the indicators?**

Broadly the National Health and Wellbeing Outcomes cover the right areas. There would be significant advantages, however, in a change to the wording of Outcome 1. Although the intention may be that the phrase 'health and wellbeing' cover all aspects of physical and mental health, we would anticipate that most people will read it in terms of physical health only. This is a long-standing cultural bias, and it is widely accepted that Mental Health has been overlooked and neglected in the past, and that there has been discrimination in the health system. Making the Mental Health aspect of care explicit will go some way to redressing this cultural imbalance.

Outcome 1 would then read: 'People are able to look after and improve their own physical and mental health and wellbeing, and live in good health for longer.'

From the perspective of the Mental Health Services there is a great deal to be gained from this explicit recognition.

- 4. Do you think that the National Health and Wellbeing Outcomes will be understood by users of services, as well as those planning and delivering them?**

No.

- 5. If not, why not?**

In general the outcomes are clearly worded and should be easily understood by service users, planners and clinicians.

As outlined in the response to question 3 above, however, it is highly likely that, as a result of a historical focus on physical health and lack of recognition of mental health as a significant problem, people will understand Outcome 1 as relating only to physical health rather than to both physical and mental health. Given the prevalence of mental health problems, and the personal, social and economic costs of a failure to focus resources on this area, it would be advisable to include the phrase 'mental health' in the wording. Outcome 1 would then read: 'People are able to look after and improve their own physical and mental health and wellbeing, and live in good health for longer.'

6. Are there any further comments you would like to offer on these draft regulations?

Firstly, we appreciate the opportunity to comment on the Draft Regulations Relating to Public Bodies (Joint Working) (Scotland) Act 2014. We agree that it is essential, in such an ambitious undertaking, to harness the expertise of a wide range of stakeholders, and engage with any concerns that they may express, in the development of the Act and related guidance. This will help to ensure unreserved commitment to the implementation of the proposals in the longer term.

We fully support the adoption of an outcomes based approach, and the proposal to measure the national health and wellbeing outcomes systematically. The ability to collect and compare data nationally will enable us to demonstrate equity of service provision and comparability of care standards across Scotland. We would emphasise the necessity of using statistically valid and reliable outcome measures, with clear implementation guidance, to ensure consistency of definitions and collection methodology across the country.

The high-level outcomes are, however, necessarily general and wide-ranging. This makes meaningful and comparable measurement more difficult. We believe that the development of clear, specific and measurable indicators to sit underneath and complement the higher-level outcomes will be essential to ensure quality and equity of service.

An indicator for Mental Health

Given the scale of mental health problems (according to the most recent figures from the World Health Organisation they account for nearly 40% of all illness in the developed world, and have a major effect on physical health) we believe it is essential to have one or more mental health indicators in support of the national outcomes.

Taking cognisance of the enormous amount of work which has gone into the development of the Psychological Therapies HEAT Access target, the support which has gone into helping Boards to meet the target and the progress within Boards in relation to systematic data collection and analysis, one obvious option would be to retain the PTs HEAT target as one of the indicators. The current HEAT target acts not only as an indicator of the accessibility of Psychological Therapies, but as a proxy measure for the effective functioning of Mental Health Services more generally.

Another option would be an indicator based on outcomes of Psychological Therapies. Services in Scotland are already moving towards systematic collection and reporting of outcome data, and in England there is currently a target for psychological therapies services based on achieving recovery rates of 50% (In clinical terms this means 50% of patients 'fully recovered' and another 25% 'much improved').

Or again an indicator around offering evidence-based treatment to a percentage of those suffering from mental illness would mean that services activity across the country could track equity of access.

An indicator around Psychological Therapies would support the delivery of a number of the Outcomes:-

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer

- Effective psychological treatment for mental health problems gives people the knowledge and skills to manage their own mental health more effectively, and reduces the relapse rate by 50% compared with pharmacological treatment.
- If left untreated the age-specific death rates for people with depression exceed those of other people by a factor of 1.52. Untreated depression has the same impact on lifespan as smoking, and more than obesity, so people with depression who are treated successfully are likely to live for longer.
- People who have a serious physical illness like cancer or heart disease, and who have untreated depression, are up to 40% more likely to die each year. Effective treatment results in longer life expectancy.

Outcome 2: People, including those with disabilities , long-term conditions, or who are frail, are able to live, as far as reasonable practicable, independently at home or in a homely setting in their community

- Nearly a third of all people with long-term physical conditions have co-morbid mental health problems like depression and anxiety. These co-morbid mental health conditions, if left untreated, make the physical condition more difficult to cope with, and raise the cost of physical healthcare by at least 45%- primarily through unscheduled admissions and premature entry into long-term care. Effective Psychological Therapy can help people to live independently for longer.

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of service users and carers

- Figures from the British Household Panel Survey confirm that 1 in 5 adults are suffering from a mental illness. Recent research across Europe suggests that the presence of a mental illness predicts more of the misery in any population than either physical illness or poverty. Nearly 40% of people who are on disability benefits are there for explicit reasons of mental illness. Timely provision of effective psychological interventions can improve quality of life by reducing misery and improving wellbeing, and by returning people to employment.

Outcome 6: People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing

- Carers of people with long-term conditions, particularly Dementia, are likely to experience prolonged stress which can result in Mental Illness. Speedy access to effective Psychological Interventions can help them to recover quickly, to maintain their own wellbeing, and to resume their caring role.

An indicator around training and competence

Within Health and Social Care services in Scotland our pre-registration professional training is well-regulated and we can be confident that it delivers competent practitioners. A significant amount of training, however, is delivered as Continuing Professional Development to qualified staff, and a proportion of this sits outside of any recognised accreditation framework.

An indicator around training which specified that people should receive evidence-based care from staff with the appropriate training and competences would highlight the need for scrutiny of training and practice, and support the move to accreditation of training and assessment of competence necessary for good governance within the

system. Such an indicator would support all of the National Health and Wellbeing Outcomes. It is particularly relevant to Outcome 8:

People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.

And Outcome 9:

Resources are used effectively in the provision of health and social care services, without waste.

Properly trained staff will increase the efficiency of services by using evidence-based interventions to deliver the right care to the right people, right first time.

Development of Indicators

With respect to the development of the Indicators more generally, it is important that people with appropriate expertise are involved in the process. The Mental Health Division at SGHD, for example, should be involved in the development of any Mental Health Indicator. NHS Education for Scotland should be involved in the development of any indicator around teaching and training.