



~~2022!~~

SIMH-DC ~~2021~~
WINTER LEARNING DAY

**1. Where are we?
Assessing Readiness
to Develop
IMH Services**

Rachel Fraser
Parent-Infant Foundation in Scotland

What are we aiming for?

"create a multi-agency model of infant mental health provision to meet the needs of families experiencing significant adversity, including infant developmental difficulties, parental substance misuse, domestic abuse and trauma"

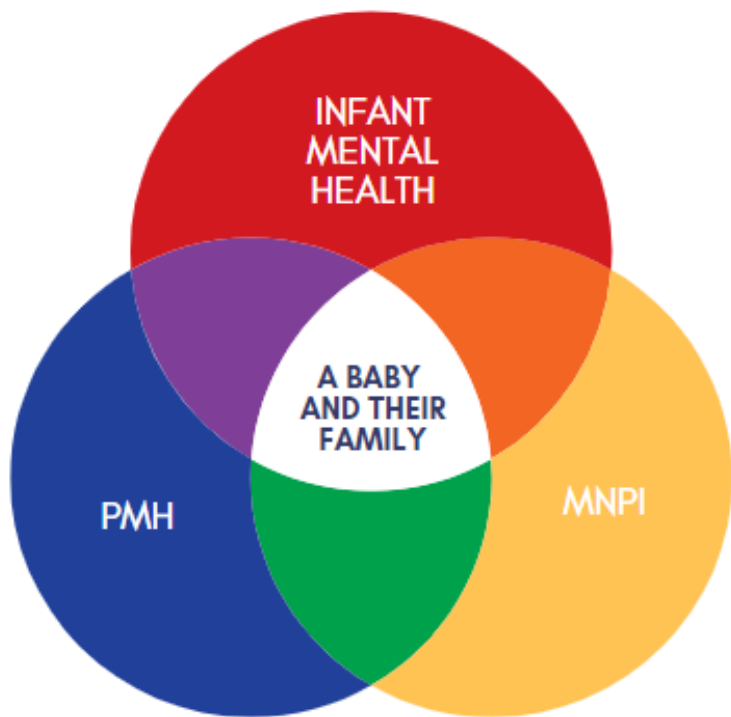
SG Programme for Govt 19/20



- Shared definition and understanding of what IMH is and why it's important
- Positive parent-infant relationships are nurtured and supported
- Prevention of relationship difficulties (and all that come with them downstream)
- Early intervention in Universal services, clear pathways to specialist help



What is and isn't specialist IMH provision?



- "Larger" Boards = standalone teams
- Otherwise = integrated PIMH/MNPI (or other?)

- + autonomy and choice
- - less structure to guide



Overarching Principles

- Motivated people! From across services and including families (steering group)
- Understanding of local need and national priorities
- An overarching vision (nationally and locally) and its aims (Theory of Change)
- A skilled workforce
- Clear pathways & robust governance structure
- Sufficient funding
- Sustainability
- **An understanding of what's needed at Board level to move forward, and how to measure/track that**



What's needed?

- Funding/ financial readiness
- Systems (IT, record keeping)
- Workforce (MD composition, recruitment, training, supervision, staff governance)
- Clinical Vision (pathways, interventions)
- Data (reporting, evaluating, measuring, sustainability)

Other priorities?

- Infrastructure
- Governance (especially if integrated PIMH)

These are over-lapping and interdependent



Funding

- Bid to SG
- Initial clarity about your aims (v1 ToC)
- Governance structure outline
- An idea of what sufficiency might look like in your area, and what you'll choose to prioritise in its absence
- An understanding of what exists and is missing in your local landscape

- Speak to people in similar Boards!
- Speak to us! (SIMH-DC, drop-ins, email)
- Speak to Lizzy Archibald (SG)
- NB: NRAC formula will be applied in future



IT and Systems

- Location of records (tension: dyadic work)
- GDPR in family interventions
- Access to records for staff from inter-agency (e.g. LA, AMH, Acute (paeds), CAMH, 1^o care...)
- How well suited is your record keeping system to non-diagnostic provision?
- Access for remote staff



Workforce

- Who do you need? Are you multi-professional?
- How do you recruit? Time pressure vs. Quality
- Are staff already trained?
- Working extant skill into your interventions
- What training is needed (short, medium, long-term)?
- What supervision is needed? How does this differ from standard professional supervision levels? Who provides this (and what might that cost)?
- Implementation science principles
- How will staff be cared for?
- Plan for longer term sustainability in workforce in IMH





Clinical Vision

- Theory of change: service vision, Board area vision
- What services will you offer (interventions)?
- How will this be structured (levels of care)?
- What issues are you hoping to change?
- What's the clinical governance structure?



Data

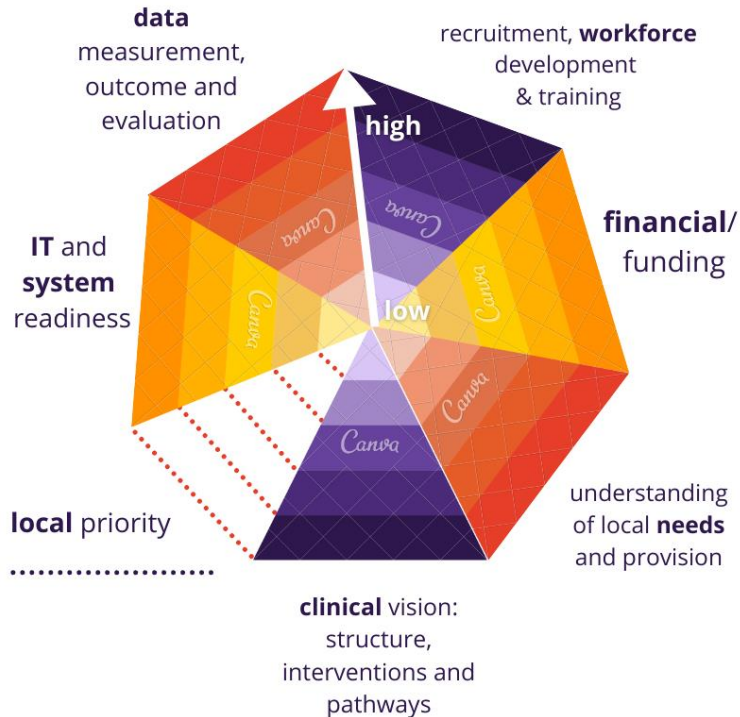
- Plan for output *and* outcome
- Knowing what reporting is required internally, professionally, SG?
- Short, medium and long term outcomes/outputs?

- What are you hoping to change? Can it be measured (by the staff you have)?
- Matching outcome measurement to intervention
- What financial and training requirements come with data measurement?



readiness

This chart maps key domains of service development, and provides a structure to consider how they relate to each other for you locally.

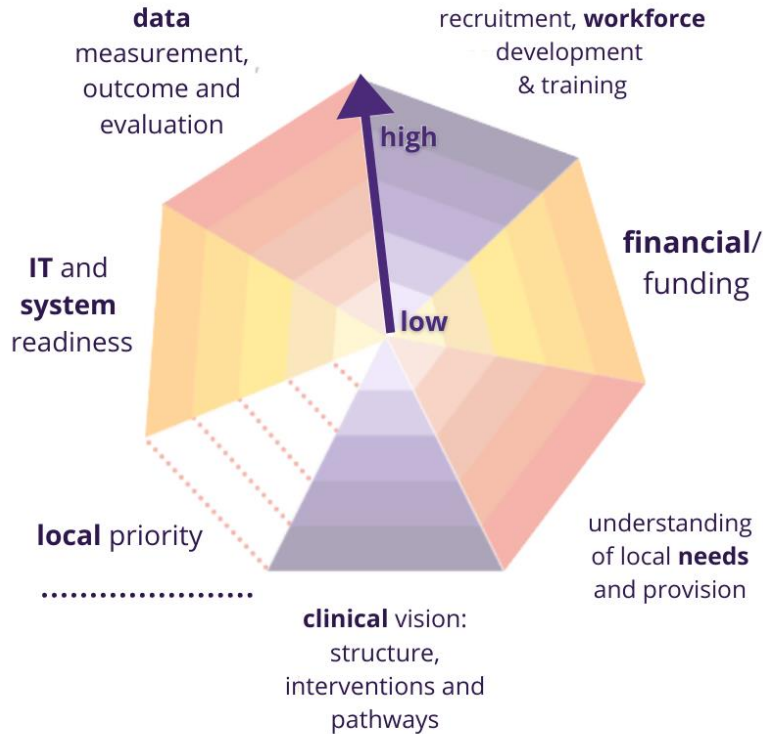


1. Think domain by domain at single time-point
2. Define additional/irrelevant domains
3. Resist multi-tasking



your assessment

block out where you feel you are in your service development journey in each domain. If relevant, define an additional local dimension



4. Find a way to record/visualise progress for each domain

5. Ensure this allows comparison

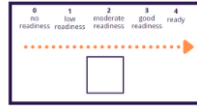
6. Define priorities for next time period



your assessment

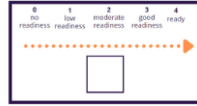
another way to think about each domain is to score each- this also brings priorities to the fore

data measurement, outcome and evaluation



low medium high

recruitment, **workforce** development & training



low medium high

IT and system readiness



low medium high

understanding of local **needs** and provision



low medium high

clinical vision: structure, interventions and pathways



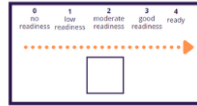
low medium high

financial/ funding



low medium high

local priority:



low medium high

prioritisation

what are the most pressing high priorities? maximum 3



low medium high



readiness progression

SERVICE DEVELOPMENT AREA		NOTES
PRIORITY LEVEL <i>(low med high)</i>		
LOCAL STRENGTHS		
BARRIERS/ OBSTACLES		
RESOURCES/ INFORMATION REQUIRED TO OVERCOME		

7. Define tasks, inputs and barriers to progress

8. Agree responsibility and time frame



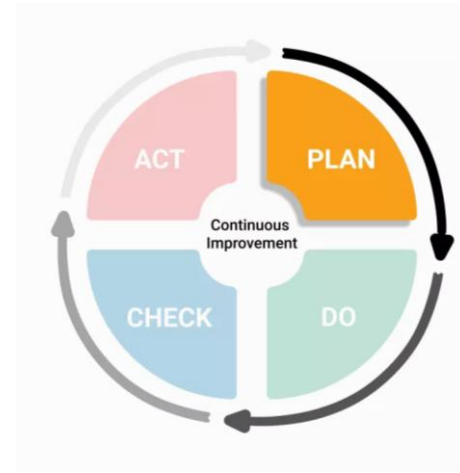
actions from assessment

action	by whom	by when	review date

7. Define tasks, inputs and barriers to progress .

8. Agree responsibility and time frame





- Define and refine
- Shared view of responsibility
- Continual triangulation between domains
- Record progress, obstacles and solutions
- **Find a way to do it which works for you**
(this is not necessarily mine!)





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