

<p>NHS 24 BOARD MEETING</p> <p style="text-align: right;">20 JUNE 2019 FOR ASSURANCE</p> <p style="text-align: center;">MENTAL HEALTH REDESIGN PROGRAMME</p>	
Executive Sponsor:	Director of Service Delivery
Lead Officer/Author:	Director of Service Delivery
Action Required	This update on the work of the mental health redesign programme is provided to the Board for assurance
Key Points	<p>Key points to note are :</p> <ol style="list-style-type: none"> 1) There has been significant progress made in 2018/19 in line with NHS 24's and the Scottish Government's strategic intention and ambitions for mental health. This has been recognised with a significant investment following the Programme for Government commitments for 2019/20. 2) Whilst the first year of the programme has seen a number of key tests of change initiated, it is clear that the work undertaken last year to review the need for redesign of NHS 24's mental health pathways, notably within the 111 service, has been borne out even at an early stage in the evaluation of these tests of change, all of which is informing our workforce planning assumptions moving forward. 3) The response from those accessing the mental health hub and the webchat within Breathing Space, both of which represent a shift in how these services are delivered, has been positive, as has the feedback from staff.
Financial Implications	Financial implications are set out within the Annual Operating Plan for 2019/20. Additional funding is in line with allocation from Programme for Government and Health & Justice Collaboration Board.
Timing	This paper reflects the work done since the programme was formally established in August 2018.
Contribution to NHS 24 strategy	Redesigning our mental health services was a clear commitment set out in our strategy.
Contribution to the 2020 Vision and National Health and Social Care Delivery Plan (Dec 2016)	This programme is aligned to the Scottish Government's Mental Health Strategy and supports the aims and ambitions set out in improving access to care.
Equality and Diversity	This will be included within the evaluation of the respective tests of change, however, there has been considerable engagement with service users and the NHS 24 youth forum to date in the design and evaluation of key aspects of work.

1. BACKGROUND

- 1.1 The Mental Health Redesign programme is one component of the Service Transformation Programme (STP) aligned to the delivery of NHS 24's strategy and ambitions. In developing this programme, NHS 24 has engaged with a wide range of stakeholders to identify the issues that matter to them in accessing and navigating mental health services.
- 1.2 NHS 24 has a clear role in supporting the Scottish Government in delivering its Mental Health Strategy, published in early 2017, and this role has been recognised in terms of Programme for Government funding to facilitate delivery of our Mental Health Redesign programme. This programme is framed within a policy landscape that focuses on delivering significant improvements across the mental health landscape, including:
- Recommendations from the national review of out of hours (2015)
 - NHS Scotland's 2020 vision and Healthcare Quality Strategy
 - The Matrix – a guide to evidence-based psychological therapies in Scotland (2014)
 - NHS Scotland – Good Mental Health for All (2015)
 - The National Clinical Strategy (2016)
 - Scottish Government Mental Health Strategy (2017)
 - Digital Health & Care Strategy (2018)
- 1.3 Following a period of policy review, analysis of current pathways and demand, and significant engagement with those working in and experiencing mental health services, NHS 24 established this programme formally in August 2018 and established the Mental Health Programme Board within the STP. This paper is intended to give the Committee oversight of the work to date and the key deliverable and next steps for the programme.

2. PROGRAMME AIMS

- 2.1 NHS 24's Strategy 2017-22 outlines our intention to review Mental Health Service provision to align service expectations with that of service user needs. Current service provision has grown organically and a review of the patient pathway was required to ensure that the public have access to the right service at a time that meets their needs. The objectives given below stem from organisational and national strategic priorities for Mental Health services.

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- All services must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems. That means improving:
 - prevention, early intervention, and physical wellbeing;
 - access to treatment, and joined up accessible services
 - rights, information use, and planning.
- Develop NHS 24's unscheduled mental health services across a range of channels to complement locally based services (Action 14 of Scottish Government Mental Health strategy).
- Develop more accessible digital psychological self-help resources and national rollout of computerised CBT by 2018 (Action 25).
- Improve Mental Health crisis response, in collaboration with SAS and Police Scotland (Action 15).
- Supporting primary care transformation and integration
- Support physical health improvement for those living with severe Mental Health issues.
- Improve protection for the most vulnerable individuals accessing MH services.
- Work closely with relevant Scottish Government departments to support mental health improvement programmes for Scotland's citizens.

2.2 NHS 24 currently provides a range of telephony and digital mental health services including 111, Breathing Space, Living Life, cCBT, and, through NHS Inform, a range of online resources offering advice, guidance and signposting. All these services are within scope of the mental health redesign programme.

2.3 The deliverable for the programme are aligned to the strategic intentions of both NHS 24 and the Scottish Government. The outcome is a service model that meets the requirements of our public/patient and partner groups and that will provide parity of esteem for people with mental health needs. Deliverables for the first phase of the programme in 2018/19 were agreed as:

- Design a test of change (ToC) to enhance support for people accessing 111
- Contribute to Y1 of the new referral pathways work with SAS/Police
- Living Life – extending access to this service, improving assessment and therapeutic treatment offering
- Digital enablement of new services, online self-management and pathways
- Breathing Space webchat test of change
- Extension of cCBT
- All deliverables underpinned by user research and evidence of need

2.4 Funding for 2018/19 came from the Transformation Fund (£500k) and the Health and Justice Collaborative funding for the pathway development with Police Scotland and SAS (£150k), in addition to existing NHS 24 service delivery funding.

2.5 From 2019/20, based on the proposals developed by NHS 24 in line with the aims of this strategic programme, funding has been secured as part of the mental health commitments within the Programme for Government. In addition to the current funding of £1.1 million for Breathing Space and Living Life, NHS 24 will receive further funding to support this programme for the next four years, specifically;

- 2019/20 £1.5 million
- 2020/21 £1.5 million
- 2021/22 £2.6 million
- 2022/23 £2.6 million

This represents a significant endorsement of the redesign programme and the role that NHS 24 can play in supporting improved access to mental health services.

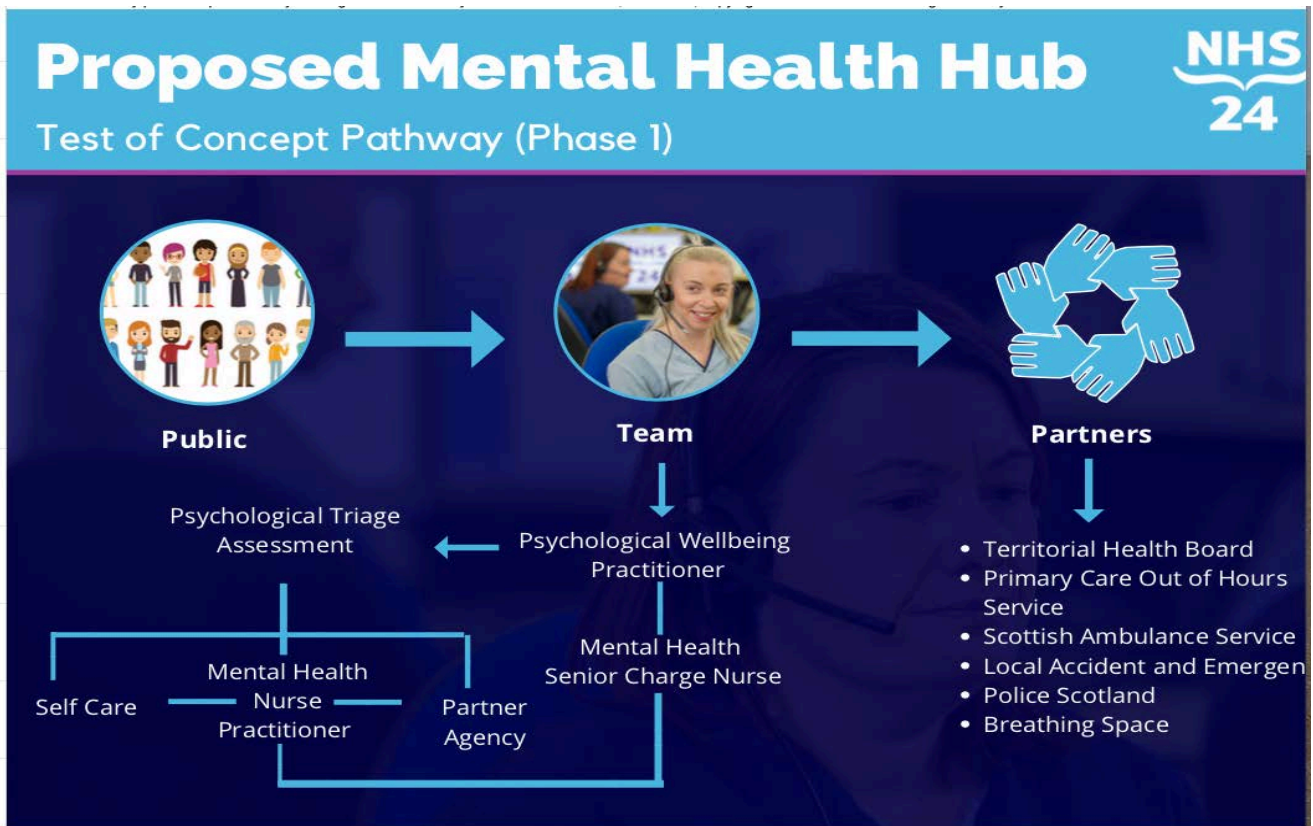
3. PROGRESS TO DATE

3.1 Improving the unscheduled care pathway has been a key focus of the work of the programme to date, specifically the establishment of a dedicated mental health hub within the 111 service. As with all calls to the 111 service, those calling with mental health needs would traditionally be taken through call streaming with a predominantly clinical response to what is often a more nuanced requirement widely influenced by social issues. This tends to result in a more acute response than required i.e. A&E, ambulance or Police for those in acute distress, or onward referral to the primary care out of hours services within Boards where there may or may not be appropriate mental health specialist services available. This pathway, we recognised, did not address the range of mental health needs and often resulted in callers being transferred around the system, delaying access to care and increasing anxiety in navigating access to care. It was also evident that there was significant under-recording of mental health demand through this pathway, with only 3% of calls specifically identified as mental health, where we know, for instance, that around 17% of the calls transferred to us from SAS have a mental health need.

3.2 Having engaged with service users and those delivering services, we developed the concept of a mental health hub, embedded within the 111 service, but offering an entirely new approach. This was based on evidence from similar models in London and Cambridgeshire which we visited and that gave us a right insight into this approach.

3.3 The hub was successfully launched in March 2019, including a new skillset for NHS 24, Psychological Wellbeing Practitioners (PWPs), changes to the IVR so that callers self-select mental health as the reason for their call and are routed

directly to the hub, and a new approach to assessing need based on a psycho-social assessment. The hub model is described in the diagram below.



- 3.4 The hub initially operated Fri-Sun from 6pm to 2am, however, we have recently extended this to Thursdays. We currently have 7 PWP, 6 MHNPs and 3 SCNs in post but recruitment is underway to increase this to 15 PWP, 10 MHNPs, with additional support from a mental health CSM as well as the SCNs.
- 3.5 Demand to the hub has been fairly consistent, with around 300 calls across the 4 evenings. This represents around 70% of the calls coming in through the IVR, with the remainder being picked up by staff in the 111 service as normal. This demonstrates the demand for the service and once full staffing is in place, we would anticipate both expansion across the week and fewer calls picked up outwith the hub. Of the calls answered within the hub, around 25% of them are being transferred into the 111 service as not mental health related calls; we expect this to reduce as familiarity with the IVR increases.
- 3.6 The PWP role is proving extremely effective, with around 90% of the calls they receive endpointed by these staff. This was a key aim of the hub as we developed the model. Between 50 and 60% of the calls endpointed require no onward referral or partner action, a significant increase compared to the 111 service generally. The bulk of the remainder are routed to a speak to doctor or speak to CPN outcome with less than 10% being passed to A&E, 999, home visit

or PCEC; by contrast, these four outcomes account for around 60% of outcomes generally within the 111 service.

- 3.7 Clearly, this is early days and the test of change will be formally evaluated as part of the programme. Early indications are positive, nevertheless and planning is underway to determine the scale of the hub required. Funding for the expansion of the hub is aligned to the PfG commitments previously detailed.
- 3.8 As part of the Health and Justice Collaboration Board, NHS 24, Police Scotland and SAS have been working to review and develop the pathway for people in distress contacting all 3 organisations. The aim of this work is to improve the response to these callers, regardless of their initial access route, reducing the number of times both patients and police officers are ending up in ED, which is more often than not, the least appropriate outcome for these callers.
- 3.9 NHS 24 is working with Police Scotland and SAS to facilitate the safe transfer of these callers to the mental health hub within NHS 24. Subject to anticipated approval by the Information Commissioner's Office (ICO), Police Scotland will begin to transfer appropriate calls to their 101 service to the mental health hub. This work is aligned to PS's new contact assessment model (CAM), which is a radical departure from their current response model, and, as such, the initial test of change will focus on the Lanarkshire and potentially Dumfries and Galloway only. Currently, there is no ability to transfer 999 calls anywhere in the UK. This is an agreed code of practice with BT which prevents 999 lines being blocked by subsequent onward transfer, however, we are working with SAS to identify the calls transferred via the stacker currently and developing procedures whereby the PWP's will be able to pick these calls up specifically.
- 3.10 There has been excellent collaboration with Police Scotland and SAS as part of this work, with joint training taking place call reviews, and shared learning across our respective contact centres. In addition, we have developed a guide to mental health services that will evolve as we continue with the redesign work, but this will support improved access to the right service.
- 3.11 Another significant development has been the introduction of webchat as a test of change within Breathing Space, successfully launched in February 2019. We currently have 1 FTE within the Breathing Space team designated at any time to the webchat with a number of staff trained to provide tis cover. With no advertising we are seeing a steady demand for the webchat with around 60/70 chats per week initiated. With the staffing currently available, we are able to respond to between 25 and 50 of these and already, it is clear that we will need to revisit the capacity within the team to be able to meet the demand.
- 3.12 Early evaluation shows that those accessing via webchat are predominantly aged 16-35, the majority of whom are female, and two-thirds of whom have told us they would not have telephoned for help and prefer the webchat as a channel.

This represents new demand for Breathing Space, and is clearly meeting a need amongst this age group in often distressing circumstances. It is also worth noting that these interactions can take twice as long as a telephone call and flow less consistently throughout that. A capacity plan is currently being developed to understand the requirements going forward and, whilst there will be a fuller evaluation of this work, early indications are that this is likely to be a service we would want to expand moving forward.

- 3.13 There has also been considerable progress made in terms of our digital mental health offering beyond the Breathing Space webchat test of change. New self-help guides for depression and anxiety were launched in March 2019 as we continue to review and embed moodjuice into NHS inform. A plan is in place to complete this work by March 2020, with guidance around social anxiety being the next area of focus.
- 3.14 Following the successful roll out of cCBT across all Boards last year, NHS 24 has secured funding to develop and build the technical system platform and functionality of the cCBT system, including the development of internet enabled CBT. NHS Western Isles have completed their service implementation and NHS Highland and NHS Lothian due to being implementation in May 2019 and planning is underway with other territorial Boards. Work is also underway to explore VC options for those accessing support for mental health and to develop online content as part of the national suicide prevention strategy and work.

4. NEXT STEPS

- 4.1 This paper has highlighted the significant progress made since the programme was formally established in August last year. Plans for 2019/20 are in line with the commitments set out as part of the Programme for Government allocation, including;
- Expansion of the mental health hub following evaluation;
 - Testing and evaluation of the Police Scotland/SAS pathways and national roll out;
 - Expansion of Breathing Space webchat capability and capacity following evaluation and consideration of wider opportunities for this access channel within 111 and potentially the mental health hub;
 - Further development of digital and online resources and services

5. RECOMMENDATIONS

- 5.1 The Board are asked to note the work of the mental health redesign programme and the plans in place for 2019/20.