

# NHS 24: Transforming Mental Health Through Partnership Working



# Mental Health Redesign

In March 2017, the Scottish Government produced a 10 year vision for Mental Health with the guiding ambition of:

Ensuring that we must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems.

The vision being that:

People can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma

# Mental Health Redesign

Where do the new developments being taken forward by NHS 24 support the Scottish Government ambition and vision:

#### **Prevention and early intervention**

The development of unscheduled care mental health services to complement locality based services.

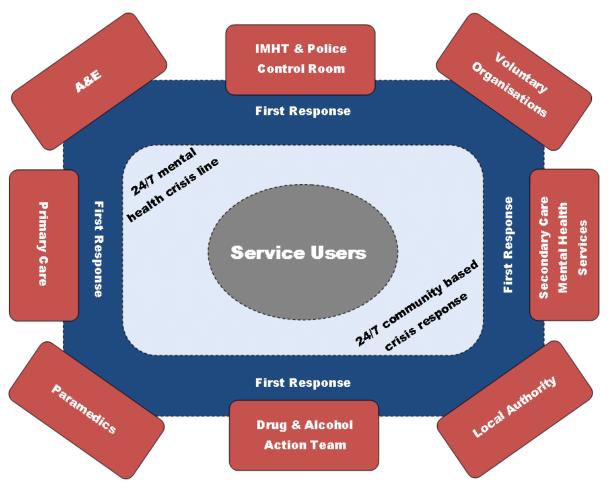
Access to treatment and joined-up, accessible services

Increasing access to dedicated mental health professionals ... for police <a href="https://www.gov.scot/publications/mental-health-strategy-2017-2027">https://www.gov.scot/publications/mental-health-strategy-2017-2027</a>

# What do we already know?

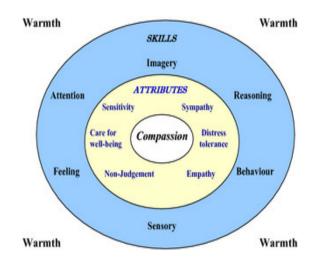
- People with a mental health problem are 3 times more likely than the general population to attend the Emergency Department.
- From a NHS 24 perspective, 65% of all mental health related calls resulted in a primary care OOH consultation.
- About a fifth of MH calls to NHS 24 resulted in an ED attendance, with 12% of patients waiting more than 4 hours.
- Over 60% of patients in mental health crisis contacting NHS 24 in the Out of Hours period are known to local care teams.
- Patients with MH needs are 5 times more likely, than those with physical health needs, to be frequent callers.
- Demographics Average age 46, 57% female and 42% male & 34% living in most deprived area of Scotland.

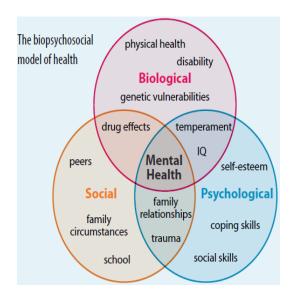
# Learning from Elsewhere



## What did we hear?

- Importance of Team Based Working
- Access to "real time" supportive clinical supervision.
- Compassionate response underpinned by Biopsychosocial Model.







## **Aim of Mental Health Hub**

- Right Care, Right Time, Right Place
- · An effective, safe and solid foundation service
- Develop / evolve service which meets need of users
- To improve the pathway of patients with MH difficulties through NHS 24
- Reduce vulnerability

## Phase 1 Test & Learn

#### Mental Health Hub

Test of Concept Pathway (Phase 1)





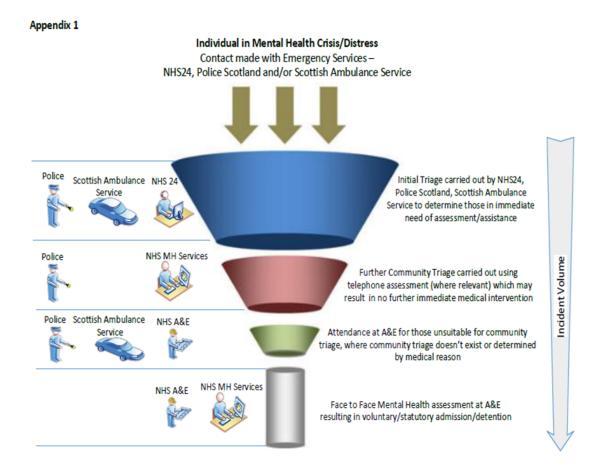
# **Learning to Date**

- Benefit of reflection as well as supervision to improve patient experience and staff well-being.
- Positive impact the enhanced triage model has on outcomes for patient and partners.
- Just over 60% of calls have been safely managed by Psychological Well-being Practitioners, resulting in patients being supported more effectively by NHS24 and a reduction in demand being placed on our partners in the out of hours period.

## **Collaboration Aims:**

- Improve and simplify the care pathway for those suffering from mental illness/distress who present to either Scottish Ambulance (SAS) or Police Service (
- Where possible and clinically acceptable to manage and support the needs of individuals without onward referral to other agencies
- Reduce the deployment of frontline police officers or SAS resources.
- Reduce the emergency demand on locality based emergency services.
- Reduce the number of patients taken to A&E via the provision of better support and access to appropriate services

# **Current Model**



# Phase 2 Test & Learn







#### How will we know what success looks like?

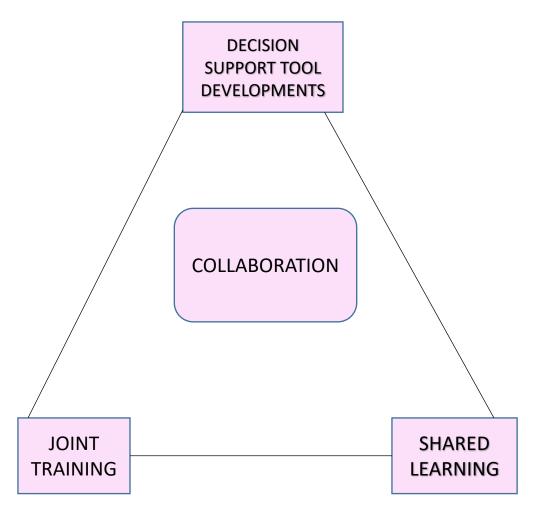
#### **Qualitative Outcome measures:**

- Individual experience in relation to outcomes, satisfaction levels, and any follow up action
- Partner experience in relation to appropriateness of contacts received, and any follow up/re-triage required at a local level
- Staff experience NHS 24 / Police Scotland / Scottish Ambulance Service

#### **Quantitative Outcome measures:**

- Number of contacts transferred from Police Scotland to NHS 24
- Number of contacts transferred by the Scottish Ambulance to NHS 24
- Reduction in demand to emergency services including ED attendance
- Number of contacts signposted to community based services

### **Collaboration Achievements to Date**



# DISCUSSION



# Digital Mental Health and Partnership Working

Demands and pressure always increases.

Using technology is now a necessity.

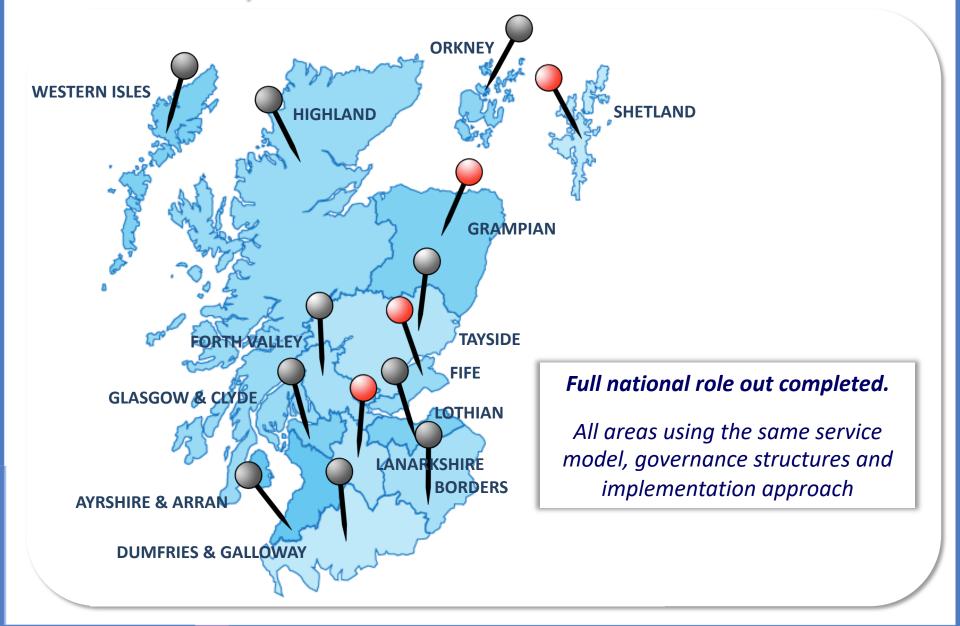
# Digital Mental Health in NHS 24

WORKSTREAM	DESCRIPTION
Digital Therapy	Face to Face, Group Therapy and CBT treatment delivered with the use of technology
Online Self-management & Self-care	Self-management, self-care and self-help tools, information and resource made available through digital channels
Video Conferencing	Video Conference assisted therapy and operational support
Ongoing Evaluation	Evaluation of service effectiveness and outcome
Innovation	The continued process of identifying and testing new technologies and service approaches

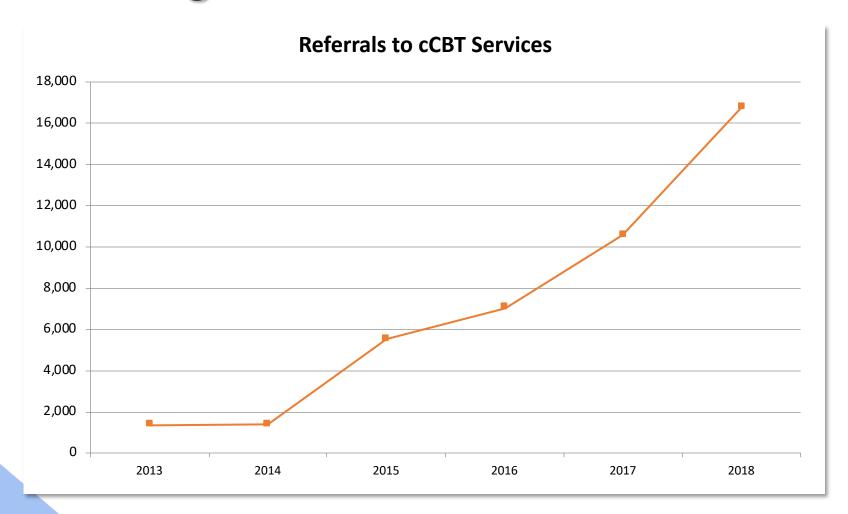
Programme of work developed, co-designed and driven by partnership working

Technology needs to be used at scale. Using unified, common approaches.

# cCBT Implementation at Scale



# Increasing Access to Treatment



**2018** = **16,761** (10,553 in 2017)



### What Has Been Achieved

38,427 referrals received during implementation programme

50 members of staff have expertise in cCBT

Suicide ideation of over 2,300 patients is monitored a month

Patients wait no long than 5 working days

85% come from GPs across all areas of Scotland

Referrals come from 23 different clinical sources

**Action 25** in the 10 year Mental Health Strategy



Partnership at the centre of the approach. Building on partnerships the next step.

# Self-help Guides on NHS Inform

#### 3 phases of development:

March 2019 – Depression & Anxiety online self-help guides

March 2020 – 12 additional online self-help guides

Throughout 2019/20 additional areas of development including service directorate, audio and video content, specialist content i.e. addictions

Paired write session – NHS 24 Content Team with Clinical Psychology

Taken about 6 hours in total, 1 content developer and 2 senior clinicians, ideally completed over no longer than 2 week period

# cCBT for Long Term Conditions

Test of Change across 5 Health Boards, dependant on funding

Using current service infrastructure for delivery

Focused on Chronic Pain and Diabetes

Recruitment targets of 400 for chronic pain and 400 for diabetes, with minimum requirement of 200 in each

Start date early 2019, duration 12 months

# Internet Enabled CBT (ieCBT)

Test of Change across 3 Health Boards

Using IESO internet enabled CBT (text based CBT) testing integration into existing services and patient experience

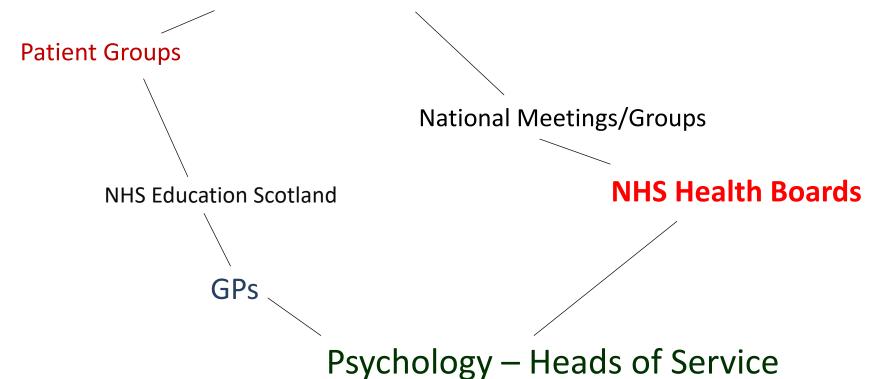
Recruitment target of 250

Starts early 2019, duration 12 months

Implementation at scale can only be achieved through partnership and collaborative working.

### Network of Partners is Needed

**Government Policy Makers** 



3<sup>rd</sup> Sector Organisations

**NHS 24** 

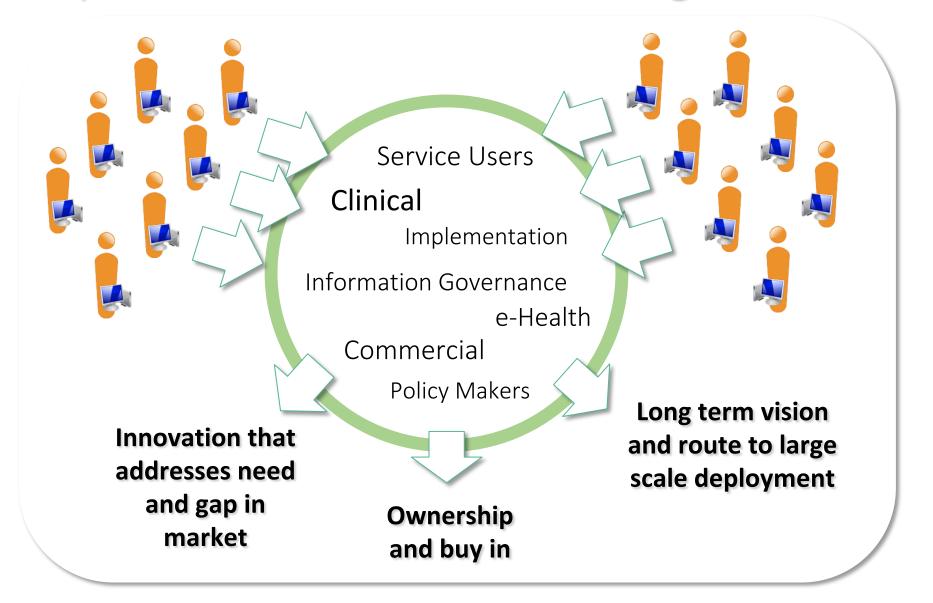
NHS National Services Scotland







# Importance of Service Co-Design



# Share and Define Responsibilities

Strategic Technical Expertise Clinical

Information Governance Development

Marketing Evaluation Policy

Achievement Drive and Commitment

Maximise impact of partnership through the application of skill, expertise and experience in the right areas



# **Building Successful Partnerships**

Build common goals and aims

Learn about your partners

Develop a clear understanding of need

And the restricted or limitation of partners

Respond and react

Build trust through transparency

Share knowledge, learn together

Partnership working can enable large scale change and improved patient care.

Interested?

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