

Item 7.1



MENTAL HEALTH STRATEGIC FRAMEWORK

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STRATEGIC CONTEXT IN NHS SCOTLAND

This section outlines the national strategic context within which NHS 24 has developed this mental health strategic framework and includes both generic health and specific mental health strategies.

Better Health Better Care Action Plan

The Scottish Government set out its vision for the NHS in Scotland in the Better Health Better Care consultation document and subsequent action plan published in December 2007.

It outlined a number of priority areas for action to deliver the Government's aims of helping people to "sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care", namely:-

- Public ownership and mutuality – representing a further move away from a market based approach; and greater emphasis on rights and responsibilities of 'patients' and on the role of staff as partners;
- Improving health and tackling health inequalities – focussing on children and families, substance misuse, obesity, and sexual health;
- Ensuring better, local and faster access to health care – focussing on providing services that are patient-centred, safe, effective, efficient, equally available to all, and delivered in appropriate timescales.

Healthcare Quality Strategy for NHS Scotland

The Healthcare Quality Strategy, which was published in May 2010, builds on the work of Better Health, Better Care. It focuses on driving quality improvements in three areas, namely:-

- Improving *person centeredness* by delivering care based on mutually empathetic relationships between staff, patients, carers and families;
- Continuing to improve the *safety of patients*, no matter where they are receiving care by spreading the Scottish Patient Safety Programme across acute care and building on programmes to improve patient safety in mental health settings and in Primary Care;
- Increasing the *clinical effectiveness* of care and treatment provided by NHS Scotland and in partnership with other public and third sector bodies by sharing and ensuring the best care for every patient, every time, by removing unnecessary variation in treatments and by supporting people to manage their own conditions where possible, particularly those living with long term conditions.

These strategic Healthcare Quality focal points have been created to reflect the needs of the Scottish people and have been designed to align with the 6 dimensions of healthcare quality as recognised by the Institute of Medicine namely the provision of healthcare services that are person centred, safe, effective, efficient, equitable and timely

NATIONAL MENTAL HEALTH POLICY

Improving mental health is a high priority for Scottish Ministers and NHS Scotland. At national level, mental health strategy covers the spectrum from promotion of public mental health, through the prevention of mental illness and its treatment of illness when it does occur, to the implementation of modern mental health legislation.

2003 witnessed the enactment of groundbreaking mental health legislation, which puts rights and treatment at the heart of the mental health system. This legislation has generated interest from countries across the globe who want to learn from Scotland's experience. Internationally recognised work on social inclusion and population mental health is also being taken forward.

"Delivering for Mental Health" is a national delivery plan, approved in December 2006, which built on the national priority afforded mental health and provided clarity about 14 key commitments to be achieved by Health Boards. Particularly relevant within the context of NHS 24, has been development of 2 mental health commitments into specific HEAT targets for NHS Scotland going forward into 2011 and beyond, namely:-

- Commitment 4 which aims to increase the availability of evidence-based psychological therapies for all age groups in a range of settings and through a range of providers;
- Commitment 7 set a target that 50% of staff from key frontline mental health services, primary care and accident and emergency staff would be educated and trained in using suicide assessment tools/suicide prevention training programmes by 2010.

Delivering for Mental Health also signalled that further work would be taken forward to improve services for people with Learning Disability co-morbidity, in the field of addictions and for older people with mental health problems.

The Chief Nursing Officer's review of mental health nursing in Scotland, "Rights, Relationships and Recovery," was published in 2006. Its core purpose was to enhance and develop mental health nursing to deliver continual improvements in patient and carer centred outcomes. It outlined 18 key messages structured around three foundations for action:-

- Strengthening the climate of care through focussing on culture and values, for example, providing mental health care that is rights-based, person-focussed and adopts recovery as a core practice principle;
- Developing the roles of mental health nurses in priority areas including crisis care; in providing early intervention to people at

risk of developing mental health problems and supporting older people with mental health problems;

- Promoting education and development within a National Framework to promote consistency of content and standards across Scotland as well as ensuring mental health nurses are prepared in the right way and continue to learn and develop.

Underpinning the above is the intention to support and develop new models of service delivery that promote continuity of care for people across different parts of hospital and community-based mental health services.

The principles within the Chief Nursing Officer's review have been incorporated into the development of the NHS 24 mental health strategic framework.

The National Dementia Strategy, which was launched in June 2010, strongly promotes early diagnosis combined with post diagnostic support and work to reduce unnecessary or inappropriate admissions to acute hospital care.

NHS 24 has a key role to play working with partners to support a reduction in inappropriate admissions of patients with mental health conditions including dementia.

Significant progress has been achieved towards achieving the aims articulated within Delivering for Mental Health. Going forward, mental health service improvements will be framed within the context of the Healthcare Quality Strategy.

National Mental Health and Wellbeing Policy

Recent national mental health policy has emphasised the drive to improve the mental health and well-being at the level of the individual and the community. Legislation reinforces this message, ensuring that people with severe and enduring mental illness have equity of access to the health promotion and prevention services available to the general population.

NHS 24 along with its territorial board partners is tasked to embed mental health improvement into all its activities, particularly in respect of those who are at risk of developing mental health problems as a result of substance misuse or other lifestyle issues.

The whole population approach to mental health and wellbeing is captured in the 'Equal Minds National Programme' and 'Towards a Mentally Flourishing Scotland'.

'Towards a Mentally Flourishing Scotland' sets out six strategic priorities and 22 supporting commitments, most of which reflect themes already considered in this document.

Commitments 11 and 12 focus on the employer's legal duty of care to ensure that their employees' mental health is taken into account. 'Towards a Mentally Flourishing Scotland' takes a comprehensive approach and includes working life and the workplace

as a potential protective factor towards positive mental health.

NHS 24's Employee Experience Programme takes account of this duty. Actions to build on this programme to increase awareness of mental health and being are included in the Mental Health Action Plan.

Chief Medical Officer's annual report

The Chief Medical Officer for Scotland published his annual report in December 2010, which detailed the most recent changes in the population's health.

It described substantial falls in premature mortality from heart disease, stroke, and lesser, but still significant falls in early deaths from cancer over the past decade.

Despite these successes, overall mortality has only fallen slightly as the conventional causes of premature death have been replaced by others, such as alcohol, addictions, injury and suicide.

The report also highlights that a number of mental health issues may contribute to chronic stress and increased alcohol abuse. This poses a significant challenge to both society and to the health service. The Chief Medical Officer goes on to state that "There is now a real imperative to develop the knowledge, skills and attitudes of health service staff to view the identification of mental health problems as everyone's business." This provides both challenge and opportunity for mental health services to broaden their delivery channels into mainstream general services.

The development of a dedicated Mental Health Team and a Strategic Mental Health Framework within NHS 24 is therefore very timely.

THE NHS 24 STRATEGIC FRAMEWORK

NHS 24 published its Strategic Framework "Delivering and Moving Forward" in 2009. This framework was developed through discussions with staff, partners such as Health Boards, the Scottish Ambulance Service, local Out of Hours services, the voluntary sector, Scottish Government, and the public across the country.

As a result we committed to delivering and moving forward three areas of work:-

- Improving Health;
- Unscheduled Care;
and
- Improving Access to NHS Services

This approach has been used to develop the Mental Health Strategic Framework. Within each of the three areas of work, we have taken account of the national strategic agenda for mental health.

The key themes arising from the Healthcare Quality Strategy are:-

- Person Centred Services;
- Improving patient safety;
- Supporting the delivery of clinically effective services;
- Tackling inequalities.

Review of mental health policy highlights the following key themes:-

- Improving Dementia care;
- Access to psychological therapies;
- Improving assessment and treatment of suicide risk;
- Improving access to brief alcohol interventions.

Clinical Governance, Quality and Patient Safety in NHS 24

Following the publication of the Healthcare Quality Strategy, NHS 24 formalised 4 programmes of work which aim to realise the 3 quality ambitions published within the strategy - Safe, Effective and Person Centred Care. The formal programmes are the NHS 24 Patient Safety Programme, NHS 24 Clinical Effectiveness Programme, NHS 24 Patient Experience Programme and the NHS 24 Research and Development Programme.

Mental Health service improvement is considered within each of these programmes. As we develop and reshape the mental health services offered by NHS 24 the expertise of the National Clinical Governance Group which is responsible for internally overseeing these activities across the organisation will be utilised. The National Clinical Governance Group reports to the Clinical Governance Committee. Senior representation from the Mental Health Team are included within the clinical governance infrastructure ensuring

visibility of clinical governance, research, quality and patient safety arrangements for the Mental Health Service.

The Nursing and Midwifery Council (NMC) has a role in the professional governance agenda, setting standards for education, training and conduct of nurses and midwives in order to fulfil its primary aim to protect the public. Nurses and midwives have a responsibility to maintain their fitness to practise.

NHS 24 nursing staff work in a clinical area where the pace of change in telehealth is swift and the evidence base is evolving. This poses a challenge to front line staff and the organisation. Patient safety walk rounds have been introduced as part of the NHS 24 Patient Safety Programme. Mental Health calls have been identified as an area of challenge for front line staff.

We will review the Mental Health component of the induction level skill sets to improve safety and the quality of care provided to this client group.

NHS 24 Mental Health Programme

The following section outlines the work which NHS 24 will progress in partnership with territorial boards over the next 2 years to drive improvements in mental health service delivery which meet the aspirations outlined in national policy. The work programme is structured around the NHS 24 themes of Improving access, improving unscheduled care and improving health.

IMPROVING ACCESS TO NHS SERVICES

When people experience mental health problems, their confidence is often adversely affected at an early stage. This loss of confidence can lead to people failing to access services.

Once people have overcome this personal difficulty and choose to access services, they can go on to experience difficulty accessing appropriate services in a timely manner on account of their geographical location or their requirement to access a specialist service which is not available within their Health Board area.

NHS 24 already provides a number of person centred services which improve access to mental health services including:

Mental Health Nurse Practitioners

Over the last 2 years NHS 24 has employed a small cohort of Mental Health Nurse Practitioners whose role includes triage of calls and specialist input into calls identified as having a major mental health component. As this small group of nurses has gained experience it is timely to review the potential contribution they can make to the service in future. A review of the contribution of mental health nurse practitioners is underway and will be concluded in the second quarter of 2011-12

Breathing Space

This is a confidential listening service for people who may be suffering from low mood, depression or who are unusually worried. This freephone service also signposts callers to other statutory and voluntary services. This service is well used. We will review the service to ensure that it continues to meet the assessed need and that we can demonstrate that it provides advice in a safe and effective manner to the population of Scotland.

Telephone Based Cognitive Behaviour Therapy (CBT)

NHS 24 has been leading a 2 year pilot of a telephone based CBT and guided self help service to 5 Health Board areas including NHS Western Isles, Shetland, and parts of NHS Borders, Lothian and Greater Glasgow and Clyde. The project has benefited greatly from the clinical and research expertise in this field of Professor Chris Williams and his team.

Despite initial difficulties with staff and patient recruitment, on going review and reshaping of the project has contributed to a very positive evaluation report. The evaluation identifies that the service is:-

- successfully treating patients with moderate depression and anxiety;
- well received by patients and staff.

The evaluation highlights a number of issues in relation to improving the cost and clinical effectiveness of the service. An action plan will be developed in collaboration with our health board partners and SGHD by March 2011 to take forward improvements in the service and to reach agreement about the future of this service.

Videoconferencing in Mental Health

The Scottish Centre for Telehealth, which joined NHS 24 in 2010, invited Dr Harry Millar, Consultant Psychiatrist in NHS Grampian to carry out a review of Telemental Health in Scotland in 2009. This report, which focused on the use of videoconferencing services, reviewed the research base to support mental health service delivery using this technology. It also highlighted many examples where videoconferencing already enables the provision of mental health services in remote and rural areas such as Shetland, Argyll, Dumfries and Galloway, Highland and the Western Isles.

Health Boards, working together on a regional or national basis, have established Managed Clinical Networks to improve access to specialist services for Eating Disorders, Forensic Mental Health, Child and Adolescent inpatient services and some psychotherapy. Some specialist services already use video conferencing to improve access to their services.

The report identified the keys areas in which videoconferencing should support mental health service delivery in future, namely:-

- The provision of general and specialist services to remote and rural areas;
- The development and operation of Obligate Networks in mental health;
- The provision of specialist services in all health board areas.

Videoconferencing can be used to provide direct clinical services, to access to education and to improve the cost effectiveness of clinical management meetings such as Care Programme approach.

The Mental Health Team within NHS 24 will work with Mental Health managerial and clinical leads across Scotland to develop and implement a comprehensive plan to support the use of video conferencing in general and specialist mental health services tailored to the requirements of each area with the clear aim of improving access to person centred services.

As NHS Scotland assumes responsibility for prisoner health care in October 2011, we will work with Forensic psychiatry colleagues to explore opportunities to improve access by using videoconferencing equipment.

Computerised CBT

The variability of access to psychological therapies across Scotland has been acknowledged. A new HEAT target has been established which will improve access to mental health services by delivering 26 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services from March 2013; and 18 weeks referral to treatment for Psychological Therapies from December 2014.

Computerised CBT is a treatment modality with the potential to significantly improve access to CBT and to support territorial Boards deliver this target.

There is an extensive research evidence base confirming the effectiveness of this treatment modality which is recommended by SIGN and NICE as a treatment option in mild to moderate depression with or without anxiety.

Some Health Boards have introduced Computerised CBT as a treatment option within a stepped care model of psychological treatments. NHS Forth Valley has implemented a comprehensive computerised CBT service which is managed within the psychological service and delivered in primary care. This service has contributed to a significant reduction in the waiting times for psychological therapies in Forth Valley.

The Scottish Clinical Psychology community is supportive of developing such a service across Scotland.

NHS 24 has established a national group to develop a service model in collaboration with NHS Boards which could lead to national service hosted within NHS 24.

Mobile Mood Monitoring using Text Messaging

Mood disorders such as Depression and Bipolar Affective Disorder are common conditions with high rates of morbidity and mortality, disproportionately affecting the most vulnerable in our society.

Self-monitoring of mood is a key component of care for mood disorders. Paper systems have been used in the past, but cannot be used for remote monitoring or for identifying long-term patterns. Previous electronic solutions have proved expensive or difficult to use.

It is now possible to automatically send weekly text messages or emails which support up to date monitoring of patients at high risk of relapse using validated scales for both depression and manic symptoms. Data from individual patients can be emailed to the patient's psychiatrist, the GP and back to the patient in numerical and graphical form, including a visual rating of the severity of individual symptoms.

A system which is in use in Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust (in collaboration with Oxford University's Department of Psychiatry) has been very successful and in 2008 won the national NHS Live award.

NHS 24 will work with NHS Lothian to develop this service and evaluate its appropriateness for deployment across Scotland.

IMPROVING UNSCHEDULED MENTAL HEALTH CARE

Most admissions to psychiatric inpatient care occur on an emergency basis with approximately 30% occurring in the out of hours period.

Local Health Boards are responsible for the provision of primary care services in the out of hours period. Community psychiatric nurses are members of the primary care emergency teams in four Health Boards (Greater Glasgow and Clyde, Tayside, Grampian and Highland).

NHS Tayside plans to amalgamate its community psychiatric nursing resource into the local mental health emergency teams thereby separating the CPNs from the Primary Care service.

The variation in primary care mental health service provision offered by Health Boards leads to inequity of access and service delivery. Review of the work of the CPNs working within Primary Care Emergency Services indicates that 80% of interventions are concluded with a telephone based intervention.

NHS 24 will explore with Health Boards the potential to provide a specialist CPN service across Scotland and on behalf of the territorial Boards. This has the potential to improve access to psychological support to people experiencing a mental health crisis and to reduce the inequity in service provision across Scotland while maximising efficiency.

Improving access to NHS 24 services for people with Learning Disabilities and Dementia

Contacting NHS 24 in an emergency situation could be stressful. We recognise that people living with learning disabilities or a condition such as dementia can find the experience even more stressful than the general population. In view of this NHS 24 has been working with the Scottish Consortium for Learning Disabilities using a focus group approach to identify service changes that will improve the experience for people with learning disabilities and their carers when they require to contact NHS 24.

This work which is nearing completion will lead to an action plan for service improvement.

NHS 24 plans to use this methodology and to work collaboratively with Alzheimer's Scotland Action on Dementia to identify ways to improve the experience for people with dementia and their carers when they require to contact NHS 24. This work will also explore the potential uses of new telehealth technology to support dementia sufferers and their carers with care planning, prompting and the delivery of tailored information and education.

The aim of the Equally Well Project is to improve telephony access to NHS 24 for people with learning disabilities and / or people on the autistic disorder spectrum. NHS 24 in collaboration with the Scottish Consortium for Learning Disability and the NHS Greater Glasgow and Clyde Nurse Consultant for Learning Disabilities, facilitated focus groups across Scotland to listen to peoples experiences of using NHS 24. The feedback from the focus groups led to the development of materials with the NHS 24 number e.g. cards, a key ring, a fridge magnet and a booklet with information about what happens when people with learning disabilities or their carers need to call NHS 24. These materials are now being piloted in collaboration with ENABLE. The project has been very successful with focus group participants reporting a strong sense of involvement in helping to shape improvements in accessing NHS 24.

Fig.1 Equally Well Project

Working With Partners to Reduce Inappropriate Admissions to Acute Hospital Care

NHS Scotland is shifting the balance of care towards community provision at a time when increasing numbers of people with multiple co-morbidities. The people of Scotland have clearly articulated their wish to remain at home or as close to their community as possible while receiving NHS care for complex conditions.

In response to this NHS Scotland has committed to reducing the number of inappropriate admissions to acute hospital care.

Clear, concise yet comprehensive information summaries, available electronically, to support decision making in emergency situations is a pre-requisite to delivering these objectives.

The Emergency Care Summary which provides basic demographic information, information about allergies and current medications was an initial development to support decision making in the out of hours period. The Emergency Care Summary Board has recently approved a development to the Emergency Care Summary to be known as the Key Information Summary. This comprehensive summary which will be developed in consultation with individual patients contains information to help inform decisions in the out of hours periods for people who suffer from multiple co-morbidities and who are at risk of readmission to hospital.

The NHS 24 Mental Health Team will work with mental health clinical and managerial leads across Scotland to pilot the use of the Key Information Summary with patients suffering from mental health problems which render them high risk of readmission. The NHS 24 Mental Health team will liaise closely with the Emergency Care Summary Team to ensure that learning from the pilot is used in the further development of the Key Information Summary.

Child and Adolescent Mental Health

The National Delivery Plan for Children and Young People's Specialist Services builds on a consistent policy framework developed over the last 10 years and is consistent with the wider mental health and well being agenda. It is founded on the belief that promoting and sustaining good mental health should be an underpinning principle for all who come into contact with children and young people.

The National Delivery Plan recognises that some children and young people are at greater risk of developing mental health problems than others. These risks can be related to the child's personality, family, socio-economic status and environment. Children and young people with learning difficulties and/or disabilities can be at even greater risk. For these children and their parents or carers, the provision of early intervention may make a significant difference.

NHS 24 is committed to providing services which best meet the mental health needs of vulnerable children and young people. The organisation already has well developed processes to identify and appropriately manage child protection issues. We will work to ensure that NHS 24 provides children and young people experiencing mental health problems with a service similar to the one presently provided to children who may be at risk of abuse or neglect.

IMPROVING MENTAL HEALTH

The NHS Inform Service

The availability of health and well being information to the patients of Scotland is a recognised public health priority. NHS 24 is working with partner organisations to develop the web based NHS Inform service which will utilise a number of channels including web, telephone, face to face and digital television.

The mental health team within NHS 24 will work with the NHS Inform team to develop the mental health zone using different channels to widen access.

Taking Measures

Alcohol misuse is a major public health issue in Scotland. Health Boards are committed to achieving an agreed number of screenings using the setting-appropriate screening tool and alcohol brief intervention, in line with SIGN guideline 74 during 2011-12.

To support territorial Boards meet this commitment NHS 24, working with SGHD, has established “Taking Measures” which is a telephone based advice and signposting service for people who have been identified by their GP or local Accident and emergency service as appropriate for the service. The service is being piloted in two health board areas. Take up of the service has been low to date.

NHS 24 will work with SGHD colleagues to review and reshape the service and to reach a decision about the future of this service.

Suicide Assessment/Suicide Prevention Training Programme

Suicide assessment is a key activity within NHS 24. The clinical algorithm supporting suicide assessment is the most frequently

used mental health algorithm within NHS 24 accounting for 72% of the mental health algorithms used. Commitment 7 of Delivering for Mental Health set a target that 50% of staff from key frontline mental health services, primary care and accident and emergency staff would be educated and trained using suicide assessment tools/suicide assessment training programmes.

NHS 24 is committed to ensuring that it meets this HEAT target through participation in 'ASIST' training and similarly evaluated training programmes.

Evidence Based Decision Support

NHS 24 has a robust clinical governance system to review all decision support tools which frontline staff use to support their clinical decisions. The NHS 24 mental health team will join this process to ensure specialist input to the development and review of mental health algorithms and call streaming.

Implementation of this Framework

Table 1 outlines the key components of the mental health strategic framework each of which has a detailed supporting action plan to ensure delivery. Indicative timescales have been added to Table 1 where appropriate. Progress towards implementation will be monitored by regular reports to the Executive Team and the development of an annual report which will be presented to the Clinical Governance Committee.

Table 1 – Key Components of the Mental Health Strategic Framework

	Improving Health	Improving Access	Improving Unscheduled Care
Person Centred Care	<ul style="list-style-type: none"> • Establish Mental Health Zone on NHS Inform (Q1 2011/12) • Support Boards in providing access to assessment and alcohol brief interventions (Specific piece of work Q4 2011) 	<ul style="list-style-type: none"> • Telephone CBT (Q3 2011/12) • Telephone guided self help (Q1 2011/12) • Computerised CBT (Q4 2011/12) • Videoconferencing to support the delivery of mental health services to the prison population (Q4 2011/12) 	<ul style="list-style-type: none"> • Learning Disability Pilot with Scottish Consortium on Learning Disabilities (Q1 d011/12) • Pilot with Alzheimer’s Scotland to improve service provision (Q2 2011/12) • Supporting reduction in inappropriate admissions (Q4 2011/12)
Improving Patient Safety	<ul style="list-style-type: none"> • Ongoing review of NHS 24 mental health algorithms for key mental health diagnoses • Ongoing development of call streaming to MHNPS 	<ul style="list-style-type: none"> • Breathing Space (Q1 2011/12) • Improving the care pathway for frequent A&E attendees with Mental Health Conditions (Q3 2011/12) 	<ul style="list-style-type: none"> • Pilot use of the Key Information Summary in mental health • Review the role of the Mental Health Nurse Practitioner role in NHS 24 (Q1 2011/12) • Improving the care pathway for frequent callers to NHS 24
Improving Clinical Effectiveness	<ul style="list-style-type: none"> • Ensure 50% frontline staff trained in suicide prevention • Mental Health& Well Being training needs analysis 	<ul style="list-style-type: none"> • Mood monitoring using text messaging (Q3 2011/12) 	<ul style="list-style-type: none"> • Regular review of mental health service provision involving partners • Explore the development of a specialist Out of Hours CPN Service