SCOTTISH POLICE AUTHORITY

Agenda Item 11

Meeting	**SPA Authority Meeting**
Date	**26 May 2021**
Location	**Video Conference**
Title of Paper	**Preliminary Mental Health Pathway Evaluation**
Presented By	**ACC John Hawkins, Local Policing North**
Recommendation to Members	**For Discussion**
Appendix Attached	**Yes – Appendix A - Preliminary Evaluation of the Mental Health Pathway**

PURPOSE

The purpose of this paper is to provide members with an update following the completion of the preliminary evaluation of the Mental Health Pathway undertaken jointly, led by NHS24 with Police Scotland and supported by Scottish Ambulance Service.

Members are invited to discuss the content of this report.

1. BACKGROUND

1.1 The Mental Health Pathway is a collaboration between NHS 24, Police Scotland and the Scottish Ambulance Service, with the policing element delivered as part of the Contact Assessment Model project in 2020.

1.2 This work resulted in the establishment of a dedicated Mental Health Hub within the NHS24 Service Centre in Glasgow, staffed by Mental Health Nurse Practitioners operating on a 24/7 basis to provide mental health support to callers to NHS 24.

1.3 From August 2020, members of the public contacting Police Scotland on the '101' non-emergency and '999' emergency numbers suffering from a mental health crisis or distress, where appropriate, have been referred directly to the Mental Health Hub by Police Service Advisers to receive the right care and support at the earliest opportunity.

1.4 The Pathway ensures that all relevant callers to Police Scotland now have timely access to professional mental health triage and support to improve outcomes at the time.

1.5 The Mental Health Pathway is the first of its kind in Scotland and not only serves to provide the right care at the right time to individuals, but also contributes to alleviating demand on local policing.

1.6 The scale of mental health related demand is the subject of significant ongoing work between the three emergency services, details of which were previously presented to the Scottish Police Authority Board in November 2020.

1.7 It is anticipated this work will inform a wider understanding of the impact on Policing and inform future considerations and opportunities to build on what has been achieved by the Mental Health Pathway.

1.8 The Scottish Police Authority have had oversight of the Mental Health Pathway from the beginning through the Contact Assessment Model Oversight Group and the Policing Performance Committee in relation to Mental Health demand.

2. FURTHER DETAIL ON THE REPORT TOPIC

2.1 The Mental Health Pathway evaluation report has been compiled jointly between NHS 24, Police Scotland and the Scottish Ambulance Service; with the evaluation work commencing in February 2021 focusing on the first 6 months of operation.

2.2 The Police Scotland element of the evaluation has been carried out by the members of Contact Assessment Model project, who have a detailed understanding of the Pathway, the practices and processes developed to support it and very close ties with the other agencies involved.

2.3 All referrals to the Mental Health Pathway from Police Scotland during the 6-month evaluation period have been reviewed; examining all linked Police systems from first point of contact to actual referral and any related Police incidents and outcomes. The work included continuous engagement with the other agencies to consider all aspects of each referral and the interagency processes and outcomes.

2.4 Co-ordination and tactical oversight of the evaluation work has been carried out through an evaluation short life working group chaired by NHS 24 and the multi-agency Mental Health Pathway Project Group.

2.5 Strategic oversight has been provided through the Mental Health Pathway Strategic Steering Group, with senior officers from all three services taking a rotating chair role.

Next Steps

2.6 As part of the enhancement of the Mental Health Pathway, Scottish Government funding was provided in October 2020 to support Mental Health Nurse Practitioners being co-located into the Police Scotland Control Room at Govan.

2.7 The purpose of this development is to enhance the confidence and scope of referrals to the Pathway to increase their number. In addition, having such expertise co-located will provide operational officers direct access to specialist support when dealing with challenging Police incidents involving mental health crises.

2.8 Recruitment of these staff is under way and it is anticipated that they will commence with Police Scotland in late summer 2021.

2.9 As part of a new project following on from the Contact Assessment Model, designed to build on what has been achieved, one of the work streams will be widening Mental Health Pathway training to all operational officers to increase the numbers of referrals and enhance the level of service the public receives at the point of need.

3. FINANCIAL IMPLICATIONS

3.1 There are no specific financial implications beyond the body of the paper to be highlighted.

4. PERSONNEL IMPLICATIONS

4.1 There are no specific personnel implications beyond the body of the paper to be highlighted.

5. LEGAL IMPLICATIONS

5.1 There are no specific legal implications relevant to this paper.

6. REPUTATIONAL IMPLICATIONS

6.1 There are no specific reputational implications beyond the body of the paper to be highlighted.

7. SOCIAL IMPLICATIONS

7.1 There are no specific social implications beyond the body of the paper to be highlighted.

8. COMMUNITY IMPACT

8.1 There are no specific community impact implications beyond the body of the paper to be highlighted.

9. EQUALITIES IMPLICATIONS

9.1 There are no specific equalities implications beyond the body of the paper to be highlighted.

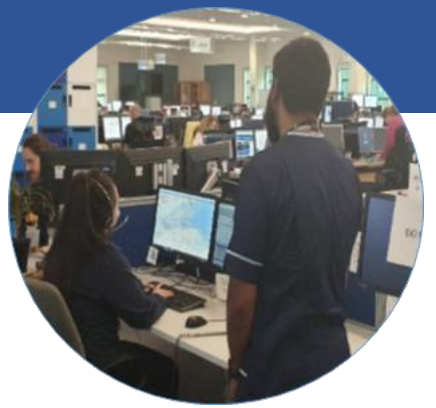
10. ENVIRONMENT IMPLICATIONS

10.1 There are no environmental considerations for this paper.

RECOMMENDATIONS

Members are invited to discuss the content of this report.

Preliminary evaluation of the collaboration between NHS 24 and Police Scotland



Report written by NHS 24 and Police Scotland with assistance from the Scottish Ambulance Service
If you would like to discuss any aspect of this report contact: qi24@nhs24.scot.nhs.uk

Contents

At a Glance

£c2.5m investment by Scottish Government Health and Justice Collaborative Improvement Board^.

777 referrals assessed and managed by NHS 24 Mental Health Hub staff, between August 2020 and February 2021.0

93% of referrals to the NHS 24 Mental Health Hub had a non-emergency outcome endpoint*.

3 innovative initiatives implemented as part of the collaboration.

97% of calls successfully passed from Police Scotland to the NHS 24 Mental Health Hub, between December 2020 and February 2021.

10 recommendations and lessons for the future identified.

^ Over 3 years, excluding investment in SAS

*Self Care; GP Telephone Triage; Contact GP Practice; Distress Brief Intervention

"Working collaboratively with Police Scotland has been a pleasure. It became apparent very early on in this project that we shared exactly the same goals and both services had the patient/caller at the front of all conversations. This has been a genuine collaboration to improve the outcomes for patients/callers. Getting the person the help that they required at the right time and connected to the correct ongoing service. There was a willingness to listen and learn from both services and a brilliant spin off was shared training on many aspects of supporting people with their Mental Health. I look forward to continuing to work with Police Scotland as this collaboration expands and develops."

Janice Houston, Associate Director of Operations and Nursing, NHS 24

Executive Summary

NHS 24 worked with Police Scotland (PS) and the Scottish Ambulance Service (SAS) to undertake a preliminary evaluation of learning from the collaboration between the NHS 24 Mental Health Hub (MHH) and PS. A Short Life Working Group (SLWG) was established in February 2021 to guide the evaluation process and identify learning. The methodology included creating a theory of change for the collaboration, and a review of a suite of data. The collaboration enabled the implementation of three interrelated innovations, (1) collaborative working; (2) a dedicated telephone helpline between MHH and PS, and (3) a new care pathway for people experiencing mental illness /mental distress and poor mental well-being presenting to PS. Findings indicate that the collaboration has been successful in improving the care pathway for people experiencing mental illness /mental distress and poor mental well-being presenting to PS. The NHS 24 MHH fulfils a previously unmet need for people presenting to PS. Recommendations and lessons for the future are included whilst noted limitations have been identified.

Recommendations and Lessons for the Future

Ten recommendations and lessons for the future were identified by this evaluation:

1. Continue the dedicated telephone helpline between MHH and PS.
2. The PS/ NHS 24 care pathway should continue to operate and data should be collected on its impact.
3. Continue to invest in collaborative working to identify new opportunities for innovative ways of working.
4. Further analysis of call wait times may help with identifying additional improvements to service.
5. NHS 24 to continue to recruit and train staff to the MHH.
6. The next stage of the evaluation should look at the full journey of the service user both in relation to their experience of using the helpline and their personal outcome. This should explore more fully the journeys of repeat callers and their unmet needs, and the resource implications for PS.

Recommendations and Lessons for the Future

7. The next stage of the evaluation should look in-depth at partner experience in relation to appropriateness of contacts received, and any follow up/re-triage required at a local level.
8. The next stage of the evaluation should look in-depth at the experience of senior managers in both PS and NHS 24, and NHS 24 MHH/ PS frontline staff in relation to the new care pathway.
9. To assist future planning, coordination and delivery of optimum service it is recommended that consideration should be given to strengthening data and measurement within the collaboration including:
    - develop a systematic, routine and ongoing method of collecting, analysing and monitoring of key indicators developed from the PID;
    - in-depth analysis of repeat caller data to look at their unmet needs;
    - in-depth analysis of the demographic profile of referrals from PS, and comparison with 111 calls;
    - how NHS 24 and PS data can be better connected to follow the person level journey through the mental health pathway e.g. use of the PS STORM identification number by NHS 24 systems.
10. PS identified that in the future they would like to explore how the pathway can support people who have been through the police custody system. For example, adding details about the MHH to their release papers.

Introduction and Background

From February 2021 to March 2021, NHS 24 and PS completed a preliminary evaluation of the collaboration work between each service, leading to the implementation of the new care pathway in the period from August 2020 to February 2021. The overall aim was to understand the impact of key innovations on ways of working, service models, quality of care, and stakeholder experience*. Figure 1. offers a timeline of events for the collaboration.

Action 15 of the Scottish Mental Health Strategy 2017-2027 includes a recommendation for NHS 24, PS and SAS to improve their mental health crisis response in collaboration. In addition, section 5 of the Adult Support and Protection (Scotland) Act 2007 places a legal obligation on relevant public bodies, including Local Authorities, Police Scotland and Health Boards to co-operate with one another in order to protect adults who are at risk from harm.

In 2018, PS, NHS 24 and the SAS established a collaborative working group in response to the apparent gap in existing service provision and the legislative requirement arising from the Adult Support and Protection (Scotland) Act 2007. The aim of the group was to develop a model to improve the management of and response to mental health support and care for those presenting in the community.

In March 2018, the working group presented a proposal to the Scottish Government Health and Justice Collaborative Improvement Board (HJCIB) to deploy mental health practitioners within the NHS 24 contact centre environment, in order to provide a compassionate telephone service to individuals suffering from mental health distress. This service would be directly accessible by PS and the SAS to refer appropriate callers from their respective control rooms. The proposal was approved by the HJCIB, which agreed to fund the development of a local 'test of change' trial, with the aim of assessing the proposals suitability for rollout to the rest of Scotland.

* A separate report will be developed between NHS 24 and the Scottish Ambulance Service.

Introduction and Background - continued

In December 2020, PS completed the roll out of the Contact Assessment Model (CAM) Project to contact centres, with the aim of transforming the way that PS assesses and responds to vulnerability. In addition to adopting the THRIVE assessment (THRIVE - Threat, Harm, Risk, Investigation, Vulnerability and Engagement) methodology, which is widely recognised as best practice across police forces in England and Wales, the CAM Project also sought to introduce a range of alternate resolution options, designed around meeting the needs of the caller.

NHS 24's MHH is a telephone based mental health service that was launched in March 2019, as a 'test of change', operating Sunday to Thursday from 6.00 pm to 2.00 am. In March 2020, the MHH opened seven evening per week from 6.00 pm to 2.00 am. Also in March 2020, at the start of the COVID-19 pandemic lockdown period, NHS 24 received extra funding of £2.6 million to expand the service by recruiting additional capacity to develop the MHH to cope with further demand as a result of the COVID-19 pandemic. This resulted in growth in the MHHs total staffing establishment and the service model expanding to a 24/7 service, from July 2020. In August 2020, PS and NHS 24 began to implement the new mental health pathway, referring appropriate calls to the NHS 24 MHH.

The aims of the new Mental Health Pathway were:

1. Improve and simplify the care pathway for people experiencing mental illness/distress and poor mental health well-being who present to either SAS or PS.
2. Where possible and clinically acceptable mental health professionals within NHS 24 MHH to manage and support the needs of individuals without onward referral to other agencies.
3. Reduce deployment of frontline PS and SAS staff to help people experiencing mental illness/distress and poor mental health well-being who present to either SAS or PS.
4. Reduce the emergency demand on locality based emergency services.
5. Reduce the number of patients taken to Emergency Department (ED) via the provision of better support and access to appropriate services.

Joint Benefits of the Project

A range of joint benefits were identified as having the potential to be realised through this project:

- Improved understanding about demand being placed on each organisation.
- Improved understanding of the needs of an individual and of the tiered response.
- Staff were satisfied with the process and considered it helpful.
- Building confidence in staff to deal with calls and transfer.
- To reduce return callers.
- Streamlined journey for people experiencing mental illness/distress and poor mental health well-being who present to PS.
- Improved communication and understanding between NHS 24, PS and wider partners.
- Shared learning between the organisations.
- Increased access to dedicated mental health professionals for people in crisis situations.
- Improved care pathways for patients living with mental illness and / or mental distress.
- Improved triage for individuals in mental health distress which better recognise the complex range of needs and streamlined access to the right level of support.
- Reduced non-emergency call outs for both SAS and PS.
- Improved planning and communication between SAS, NHS 24 and PS.
- Increased safe and effective self-care outcomes.
- Public communication and engagement for the purpose of co-designing the collaboration.

Benefits to Each Organisation

Police Scotland

Benefits identified for PS as having the potential to be realised through this project:

- early referral of callers with apparent mental illness / distress to the most appropriate care services.
- Increased access for PS service centre and control room staff to designated mental health professionals within NHS 24.
- Improved working with NHS 24 and locality based care and support services, to provide an appropriate and enhanced mental health triage and assessment of need service.
- Reduced demand for the PS service centre and area control rooms.
- Reduced deployment of frontline PS and staff to manage patients in mental health distress/ suffering from poor mental health or mental well-being (PS estimated that 7 hours and 20 minutes is the combined time it takes to deal with a mental health related incident).

NHS 24

Benefits identified for NHS 24 (and the PS) as having the potential to be realised through this project:

- Improved care pathway for people experiencing mental illness / distress.
- Increased access for PS control room staff to designated mental health professionals within NHS 24
- Improved working with locality based care and support services, to provide an appropriate and enhanced mental health triage and assessment of need service.
- Reduced deployment of frontline Police Scotland to manage patients in mental distress/ experiencing poor mental health or mental well-being.
- Reduced demand placed on locality based ED services to manage individuals in mental health crisis / mental distress.

Figure 1- Timeline

Aug& Dec 2017
Mental Health Services Development Stakeholder Engagement Forum meetings convened by NHS 24

Jul& Oct 2018
- NHS 24 workshop with 'See Me'
- Mental health collaboration – designing the optimum pathway workshop

Aug& Oct 2019
- NHS 24 and Police Scotland present at the Law Enforcement and Public Health International Conference, Edinburgh
- Collaborative training between NHS 24 and Police Scotland

May 2020
- Live scenario test takes place

2017 — **2021**

Mar 2017
- Scottish Government publishes the Mental Health Strategy 2017-2021. Action 15 states: Improve mental health crisis response in collaboration with NHS 24, Police Scotland and the Scottish Ambulance Service
- Collaborative Working Group established

Mar 2018
Working group presents a proposal to the Scottish Government Health and Justice Collaborative Improvement Board

Jan, Mar& May 2019
- Collaborative meetings begin between 3 partners
- NHS 24 MHH opens Sun-Thur, 6.00 pm – 2.00 am
- SAS, NHS 24 and Police Scotland present at the NHS Scotland Event 2019, Glasgow (Fig 2.)

Feb& Mar 2020
- NHS 24 MHH opens seven evenings per week, 6.00 pm – 2.00 am
- Test exercises commence using scenarios

Jul& Aug 2020
- NHS 24 MHH opens 24/7
- A dedicated collaboration telephone line goes live on 26th August

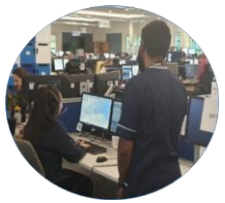


Figure 2.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Methods

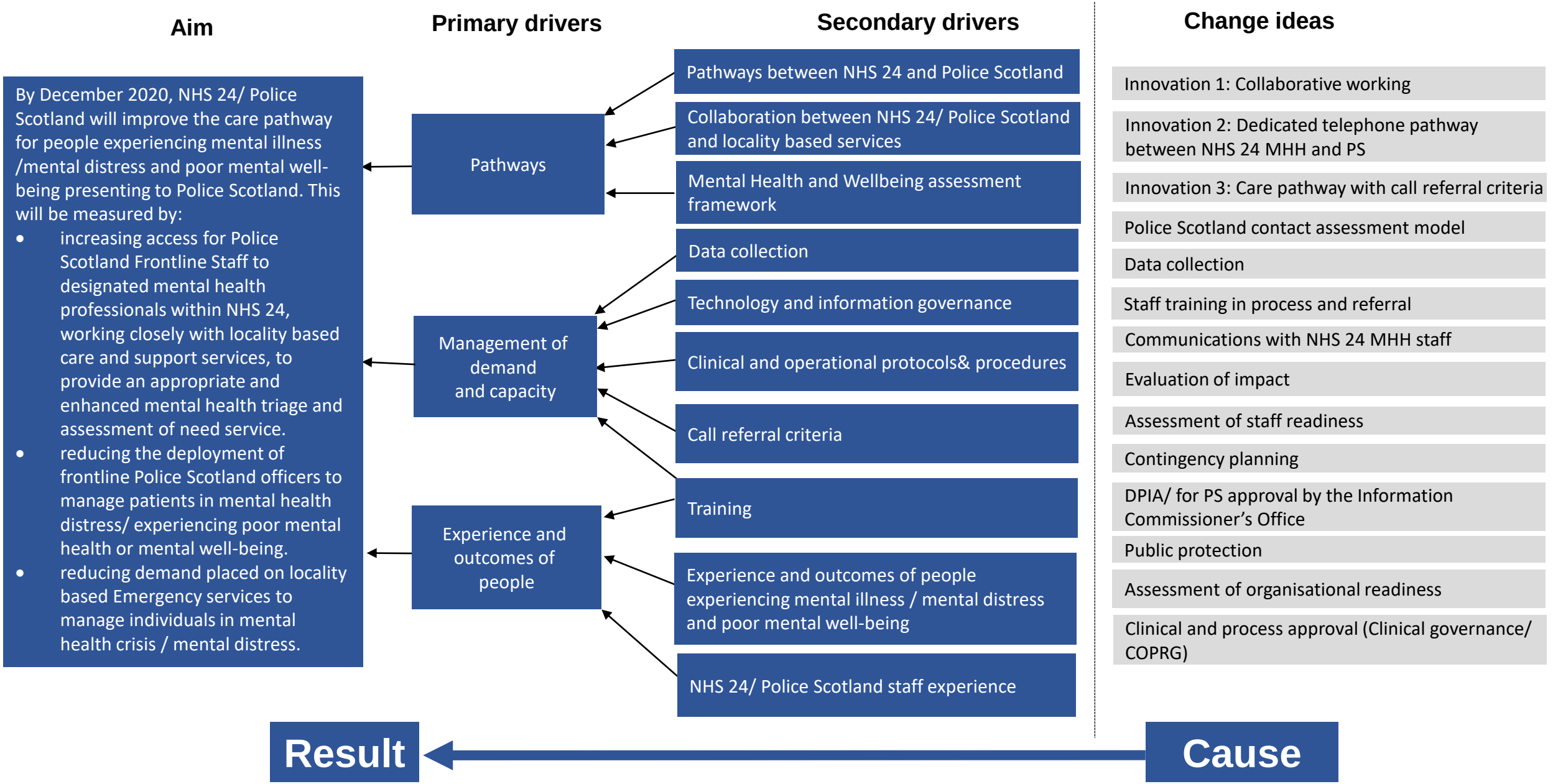
A SLWG was formed comprising members from PS, NHS 24 and the SAS, in February 2021. During the evaluation process the SLWG analysed and reviewed a suite of quantitative and qualitative data from PS and NHS 24, which was then discussed at a set of exploratory discussion meetings. Through consensus the SLWG created a Driver Diagram (see figure 3) to visually model the hypothesis of the changes introduced through the collaboration along with their impact on NHS 24/ PS ways of working, service models, quality of care, and stakeholder experience. The Driver Diagram defines an overall improvement goal for the project, the key drivers that contributed directly to achieving the goal, the secondary drivers that are components of the primary drivers, and specific change ideas implemented. The diagram was then tested by the partners to ensure it captured all relevant high level change ideas. The Driver Diagram helped to identify the following evaluation questions:

1. What was the impact of the innovation?
2. What are the limitations of the innovation?
3. What learning has taken place?
4. What recommendations can be made from the learning?

A list of key measures were analysed. These included: feedback from NHS 24 senior managers and service development staff; feedback from PS senior managers; feedback from PS frontline staff; feedback from NHS 24 frontline staff; percentage of PS calls successfully passed to the NHS 24 MHH; percentage of NHS 24 calls classified as 'non-emergency service impacting' outcomes; count of final endpoint outcomes of calls answered from PS to NHS 24 MHH (including self care, General Practice (GP) telephone advice, contact GP practice, Distress Brief Intervention (DB), other professional, 999, ED and Minor Injuries Unit).

Figure 3.

Driver Diagram – Improving the management of, and response to, people experiencing mental health crisis and distress presenting to Police Scotland



Findings and Discussion

The collaboration enabled NHS 24 and PS to introduce three new service innovations that are defined and discussed in this evaluation alongside general findings. Examples of supporting qualitative and quantitative data are included where available. The three innovations were:

1. Collaborative working.
2. Dedicated telephone helpline between NHS 24 MHH and PS.
3. New care pathway for people experiencing mental illness /mental distress and poor mental well-being presenting to PS.

General findings

- During the exploratory discussion meetings to review quantitative and qualitative data a range of challenges were raised about data and measurement within the collaboration. These included: the collaboration did not have a measurement plan or a systematic, routinised approach to the collection, analysis, visualisation and monitoring use of key indicators developed from the Project Initiation Documentation (PID); challenges in reporting in-depth analysis of repeat caller data to look at their unmet needs; challenges in collecting, connecting and analysing person level data between NHS 24 and PS e.g. use of the PS STORM identification number by NHS 24 systems. PS have collected a rich dataset comprised of person level data, however due to capacity and capability constraints it was not possible to complete a full analysis for the preliminary evaluation. Both the NHS 24 MHH and PS manually capture and collate data, which increases the margin for error. Work is currently ongoing within NHS 24 to improve methods for data collection. A recommendation has been made about this area.
- PS identified that in the future they would like to explore how the care pathway can support people who have been through the police custody system. For example, adding details about the NHS 24 MHH to their release papers. This is included as a recommendation.
- In phase 2 of the PS/ NHS 24 care pathway, NHS 24 will employ six Mental Health Nurses who will work between NHS 24 and PS offices on a rotational basis. This work will help build an enhanced triage function to resolve and refer specific incidents within the PS Resolution Teams and determine which calls are appropriate for NHS 24 MHH.

Findings and Discussion

Innovation 1: Collaborative working

Definition: Collaborative working has manifested in a range of ways including regular meetings and scoping workshops between the partners; staff exchange visits to each organisation to understand how each organisation works; the establishment of clear roles and relationships by each organisation; putting in place information sharing agreements; joint training; joint call reviews, shared learning between respective contact centres, informing and involving NHS 24 MHH and PS staff in developments.

What was the impact of the innovation?

Figures 4,5, and 6. highlight positive feedback from managers and staff from each organisation about the impact of collaborative working. Collaborative working has benefited both organisations by improving communication and understanding between staff. Both organisations invested a reasonable period of time in advance of implementing the pathway.

Each organisation had a clear stake in the partnership and a shared ethos in working together to learn how they could work towards a common goal – delivering the right care, at the right time. Staff from both organisations mentioned having a personal stake in the collaboration based on rapport and personal chemistry. There is a mutual understanding of the value and benefit of each partner's contribution and a respect and trust between each partner.

In terms of realising joint benefits, there appears to be an improved understanding about demand being placed on each organisation, although there is room for improvement in relation to collection, connectivity and analysis of data. The range of activities described in the definition above has enabled each organisation to realise the joint benefits of sharing learning, and improved planning and communication between partners. However, although the individual contribution for each activity has not been formally evaluated.

Findings and Discussion/ continued

Innovation 1: Collaborative working

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What are the limitations of the innovation?

Implementing the innovation has been challenged by technology/ telephony constraints and information governance. Other challenges have been the recruitment and training of new staff in the NHS 24 MHH, matching capacity to demand, and the impact of COVID-19.

What learning has taken place?

The collaboration has demonstrated that tangible benefits can be realised from intangible assets such as investing time and effort into developing relationships, trust, respect and shared ethos.

What recommendations can be made from the learning?

Continue to invest in collaboration between organisations to identify new opportunities for innovative ways of working.

Figure 4.

"We are pleased to be working with our colleagues at Police Scotland to bring our teams together to provide the most appropriate mental health support to those in need. This pathway into the 111 Mental Health Hub is part of the collaborative work NHS 24 is taking forward with Police Scotland to improve joint working and provide the best possible outcomes for people in mental health distress. This is an important step forward in achieving our shared aims of providing people with mental health needs a compassionate and expert response, delivering the right care, at the right time."

Stephanie Philips, Director of Service Delivery at NHS 24

"Working collaboratively with Police Scotland has been a pleasure. It became apparent very early on in this project that we shared exactly the same Goals and both services had the patient/caller at the front of all conversations. This has been a genuine collaboration to improve the outcomes for patients/callers. Getting the person the help that they required at the right time and connected to the correct ongoing service. There was a willingness to listen and learn from both services and a brilliant spin off was shared training on many aspects of supporting people with their mental Health. I look forward to continuing to work with Police Scotland as this collaboration expands and develops."

Janice Houston, Associate Director of Operations and Nursing, NHS 24

"As Associate Medical Director for Mental Health at NHS 24 I have been involved from the start of the project. The strengths of the project have been strong senior organisational stakeholder engagement at the leadership and operational level, generating goodwill and shared understanding of our different organisational cultures and processes, and a relentless focus on the citizen's journey with emergency services. The most challenging aspects have been significant technology constraints and cumbersome information governance processes. Challenges recruiting and training new staff, and matching capacity to demand, while having partial control of marketing were anticipated and continue to be managed. The developing evaluation has demonstrated the rich data being generated by the collaboration and the opportunities for data driven continuous improvement and research of potential international interest."

Donald MacIntrye, Associate Medical Director for Mental Health, NHS 24

Figure 5.

"The collaborative partnership with Police Scotland has been extremely effective, positive and has been ground breaking in terms of the unique partnership which has developed. The relationship with Police Scotland has proven to be hugely rewarding and it has been a real pleasure to work with such professional and committed colleagues who share a similar desire to strive to make a difference to the people of Scotland. We will continue to enhance this important partnership by building capacity within the pathway and broadening the service with Police Scotland colleagues to include co-location opportunities and enhanced triage and support for all vulnerable callers. Given the anticipated post pandemic landscape of mental health and a growing need for support and care for individuals on a 24/7 basis, the growth of this positive collaboration is critical to allow service users to access the right services and support when they need it. From the outset, it has been apparent that everyone involved in the collaboration with Police Scotland has been working towards a common goal and that for me has underpinned the success of what has been achieved. The meetings and discussions have always been very focused on the end result and although there have been significant barriers and challenges along the way, everyone involved has been determined to deliver a solution that works. The partnership working has been excellent and is testimony to the professionalism of all those involved. We've made a great start and there's further progress to be made over the coming months."

Alasdair Quinney, Associate Director of Operations, NHS 24

"I've enjoyed working on the Collaboration Project with Police Scotland to design and implement the Mental Health Pathway ensuring that the citizen is at the heart of what we do. We listened to people who shared their lived experience when designing our MH hub and MH Pathways to ensure that the citizen received a compassionate response and the right care at the right time. Working alongside colleagues across NHS 24 and Police Scotland who share the same passion and commitment to improving the Mental Health Pathway was critical to the success of this Project and the wider Programme and we will take forward our shared learning into the next Phase."

Carol Anne Scott, Project manager, NHS 24

Figure 6.

"Despite having only met my colleagues from NHS 24 & SAS over Microsoft teams and the challenges posed to our organisations during COVID I have been inspired by the enthusiasm and commitment shown by everyone throughout. At every meeting there is the same vision to deliver a first class service to those who are amongst the most vulnerable and stigmatised in society. This has been the best and most effective partnership working I've experienced in my 25 years of police service"

Jocelyn O'Connor, Chief Inspector, Police Lead for Mental Health Pathway, Police Scotland

"Working towards a common goal brought the collaboration together, two years on, six months post first phase launch, my health colleagues are now friends, as we continue the journey onwards whilst sharing and learning from each other."

Claire Coleman, Lead Trainer & Engagement, Modernised Contact & Engagement and Mental Health Pathway, Local Approaches to Policing Programme, Police Scotland

"NHS 24 is a critical partner to Police Scotland in particular as a key provider of the Mental Health Hub and related pathway. We are proud that this is the first pathway of its kind in the UK and critically for Police Scotland is the first time the organisation has referred suitable callers to another agency to receive support and compassionate care. This undoubtedly improves the outcomes for many callers and is a key priority for Police Scotland to protect vulnerable people. NHS 24 should be applauded for their endeavours."

Emma Croft, Superintendent, Police Scotland

Findings and Discussion

Innovation 2: Dedicated telephone line between NHS 24 MHH and PS

Definition: PS has a dedicated telephone number into the MHH at NHS 24. PS call advisors, with consent from the service user, will pass appropriate details to a NHS 24 MHH Psychological Wellbeing Practitioner (PWP). The PWP will then call the service user back immediately.

What was the impact of the innovation?

Figure 7. shows that 78% of PS calls per week were successfully passed to the NHS 24 MHH from August 2020 to the end of November 2020. In December 2020, the NHS 24 MHH ring-fenced 2 PWPs to support the PS pathway and Health and Social Care helpline (HS&C). This coincided with a 24% improvement in the median % of PS calls successfully passed to the NHS 24 MHH, giving a current median of 97% of successfully calls passed. This data suggests that the dedicated helpline has successfully increased access for PS service centre and control room staff to designated mental health professionals within NHS 24, to provide an appropriate and enhanced mental health triage and assessment of need, for people in crisis situations.

What are the limitations of the innovation?

There remains challenges about the completeness and connectedness of the data between the PS and NHS 24. This may be partially addressed by using the PS STORM number in NHS 24 information collection systems. This evaluation has not explored repeat caller data and experience to better understand their unmet needs, or average call length.

What learning has taken place?

The dedicated helpline between NHS 24 MHH and PS has successfully increased access for PS service centre and control room staff to designated mental health professionals within NHS 24. This provides appropriate and enhanced mental health triage and assessment of need, for people in crisis situations. By referring people to the NHS 24 MHH, the collaboration has potentially avoided the deployment of frontline PS officers to manage this group of patients, as well as avoiding attendance at ED, and potential impacts on next of kin to look after the person in crisis.

Findings and Discussion - continued

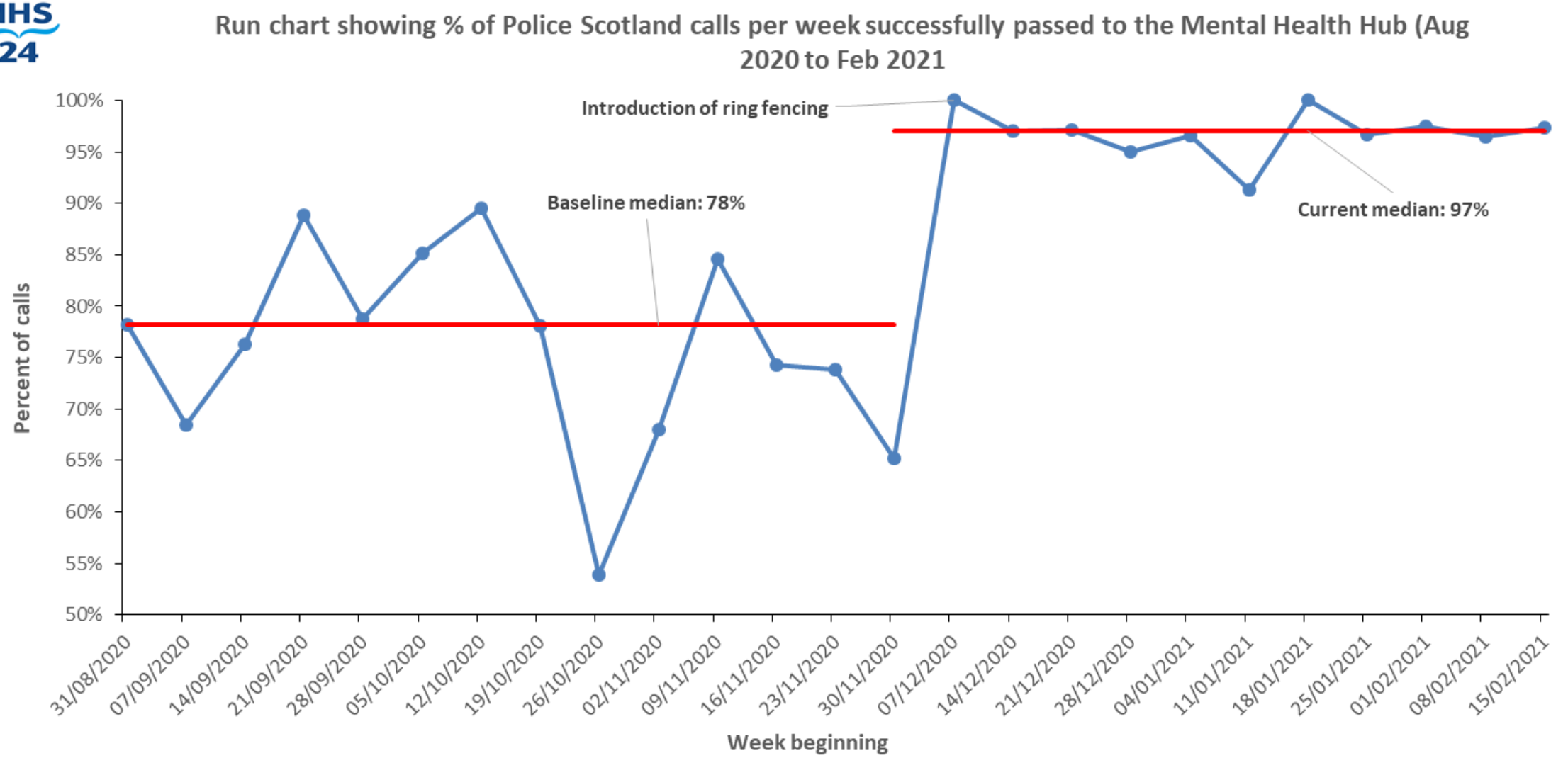
Innovation 2: Dedicated telephone line between NHS 24 MHH and PS

Definition: PS has a dedicated telephone number into the MHH at NHS 24. PS call advisors, with consent from the service user, will pass appropriate details to a NHS 24 MHH Psychological Wellbeing Practitioner (PWP). The PWP will then call the service user back immediately.

What recommendations can be made from the learning?

- To continue the dedicated telephone helpline between NHS 24 MHH and PS.
- Further analysis of call demand pattern may help with identifying additional improvements to the service.
- NHS 24 to continue to recruit and train staff to the NHS 24 MHH.

Figure 7.



Data Source: NHS 24 Management Information Team

Chart produced by NHS 24 QI&E team

Analysis

- This run chart shows % of Police Scotland calls successfully passed to the NHS 24 Mental Health Hub, weeks ending 31/08/2020 to 15/02/2021
- The baseline median (average) has been calculated from the first 12 weeks of data
- The weekly % of Police Scotland calls successfully passed to the Mental Health Hub between weeks ending 31/08/2020 to 30/11/2020 was a median of 78%
- Following the introduction of ring fencing staff to answer calls from Police Scotland, in December 2020, the weekly median % of calls successfully passed increased by 24% to 97% of Police Scotland calls successfully passed to the NHS 24 Mental Health Hub

Findings and Discussion

Innovation 3: new care pathway for people experiencing mental illness /mental distress and poor mental well-being presenting to PS

Definition: A key element of the programme is improving the care pathway for people presenting to PS in mental health distress. These people are now offered access to the MHH at NHS 24. This service aims to provide a compassionate, right care, right time response. Figure 8. shows a detailed map of the process steps used by PS and NHS 24 to illustrate the flow of the work and the interactions within, and between, each organisation, including multiple paths and decisions. Figures 9. and 10. show examples of higher level maps of the pathway used by each partner.

What was the impact of the innovation?

Figure 11. shows a Pareto chart for final endpoints for the NHS 24 MHH. There were 777 recorded endpoints of the mental health pathway with two endpoints – self care and GP telephone advice - accounting for 80% of all endpoints. Figure 12. shows that a median of 93% of calls per week were classified as 'Non-Emergency Service Impacting' (NESI) outcomes (this groups together endpoints for 'self-care', 'GP telephone triage', 'contact GP practice' and referral to a level two provider of 'Distress Brief Intervention'). This data suggests that the care pathway has provided an appropriate and enhanced mental health triage and assessment of need service, and an appropriate endpoint, in some cases to locality based care and support. The data also suggests that only a small number of people were referred to locality based emergency services.

The evaluation reviewed 2 small datasets of feedback from PS Service Advisors (SA) (eight staff), and NHS 24 MHH PWP's (six staff), who used the care pathway. Most staff found the referral pathway process to be efficient and/ or straightforward. A number of improvements were suggested to elements of the pathway e.g. call transfer/ handover, appropriateness of a referral process, completeness of THRIVE assessment. One PS service advisor and 4 PWP's reported that some 'regular' or 'repeat' callers are contacting the Police Scotland line in the knowledge that they will get transferred to NHS 24 MHH in order to queue skip the 111 service.

Findings and Discussion- continued

Innovation 3: new care pathway for people experiencing mental illness /mental distress and poor mental well-being presenting to PS

Definition: A key element of the programme is improving the care pathway for people presenting to PS in mental health distress. These people are now offered access to the MHH at NHS 24. This service aims to provide a compassionate, right care, right time response. Figure 8. shows a detailed map of the process steps used by PS and NHS 24 to illustrate the flow of the work and the interactions within, and between, each organisation, including multiple paths and decisions. Figures 9. and 10. show examples of higher level maps of the pathway used by each partner.

The following is a sample of comments and suggested improvements (Figures 13. and 14. show selected comments from staff):

PS service advisors:

- SA referred to an instance where they felt that the NHS24 operator did not have awareness of the THRIVE statement and PS terminology e.g. IVPD;
- SA described that a colleague felt that NHS 24 MHH staff asked too many questions.
- SA noted that not all callers with mental health issues fit the criteria e.g. under influence of alcohol or drugs.
- The aide memoire booklet used by PS was reported to be easy to use.

NHS 24 MHH PWPs

- PWP reported that process consistency between PS and NHS 24 MHH could be improved so that there is consistency and clear expectations.
- PWP suggested that more liaison between frontline PS and NHS 24 MHH staff to understand what is going well and what is needing improvement.
- PWP recommended that it would be useful for NHS 24 MHH team to have an overview of the THRIVE framework and understanding of what information has been gathered.

Findings and Discussion- continued

Innovation 3: new care pathway for people experiencing mental illness /mental distress and poor mental well-being presenting to PS

Definition: A key element of the programme is improving the care pathway for people presenting to PS in mental health distress. These people are now offered access to the MHH at NHS 24. This service aims to provide a compassionate, right care, right time response. Figure 8. shows a detailed map of the process steps used by PS and NHS 24 to illustrate the flow of the work and the interactions within, and between, each organisation, including multiple paths and decisions. Figures 9. and 10. show examples of higher level maps of the pathway used by each partner.

What are the limitations of the innovation?

Without further data on caller experience and personal outcomes it not yet possible to report on whether callers were provided with a compassionate, right care, right time response. The evaluation has given some insights into the experience of staff, although this has been limited. It was not possible in this evaluation to look at person level data between NHS 24 MHH and PS.

What learning has taken place?

The new care pathway has improved the pathway for people presenting to PS in mental health distress by providing an appropriate and enhanced mental health triage and assessment of need service, and an appropriate endpoint.

What recommendations can be made from the learning?

- The PS/ NHS 24 care pathway should continue to operate and data should be collected on its impact.
- The next stage of the evaluation should look at the full journey of the person both in relation to their experience of using the helpline and their personal outcome. This should explore more fully the journeys of repeat callers and their unmet needs.
- The next stage of the evaluation should look in-depth at the experience of senior managers in PS and NHS 24, and NHS 24 MHH/ PS frontline staff in relation to the care pathway.

Findings and Discussion- continued

Innovation 3: new care pathway for people experiencing mental illness /mental distress and poor mental well-being presenting to PS

Definition: A key element of the programme is improving the care pathway for people presenting to PS in mental health distress. These people are now offered access to the MHH at NHS 24. This service aims to provide a compassionate, right care, right time response. Figure 8. shows a detailed map of the process steps used by PS and NHS 24 to illustrate the flow of the work and the interactions within, and between, each organisation, including multiple paths and decisions. Figures 9. and 10. show examples of higher level maps of the pathway used by each partner.

What recommendations can be made from the learning?

- Improve how data can be better connected e.g. use of the PS STORM identification number by NHS 24.

Figure 8.

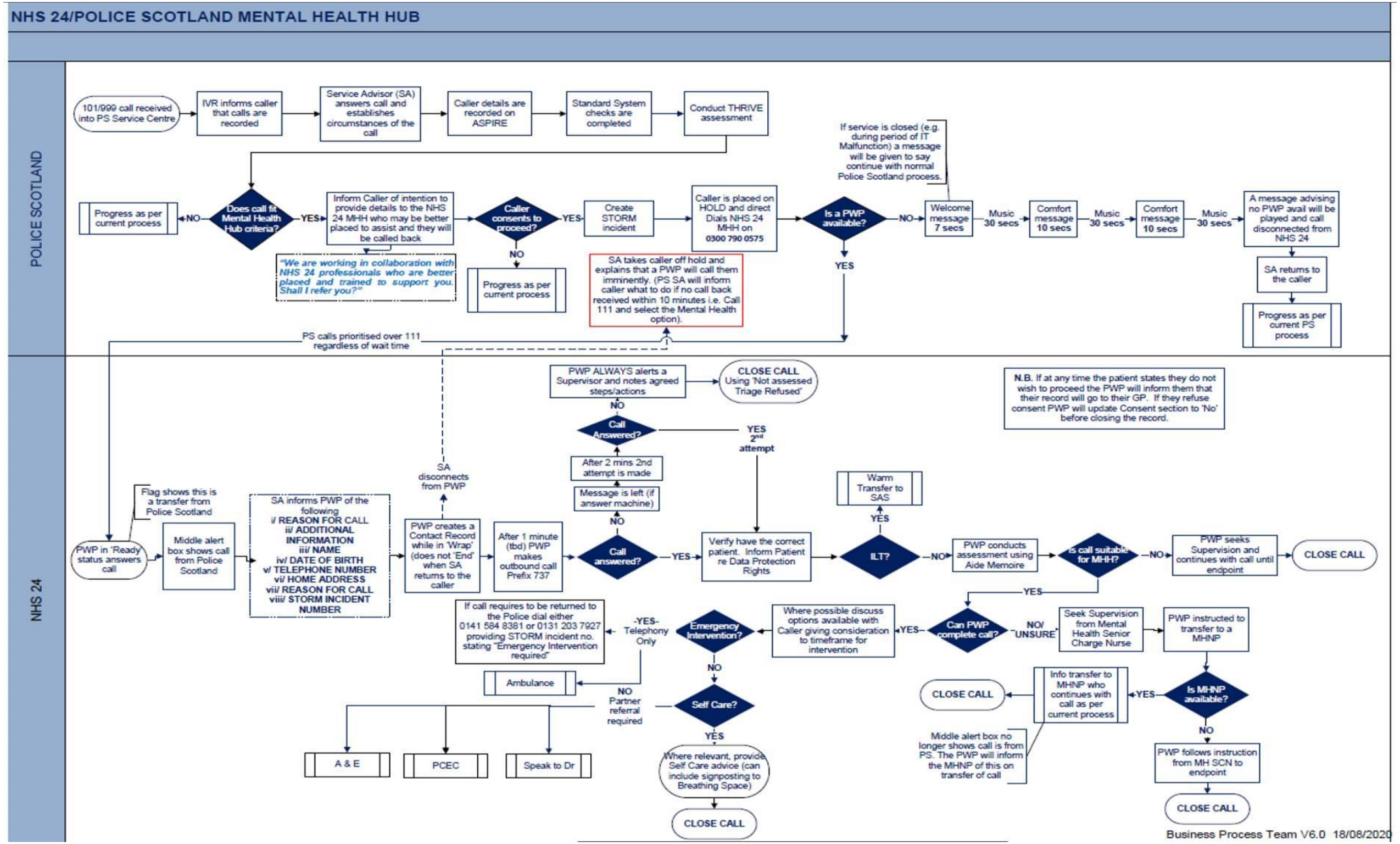

NHS 24/POLICE SCOTLAND MENTAL HEALTH HUB
POLICE SCOTLAND
NHS 24
101/999 call received into PS Service Centre
IVR informs caller that calls are recorded
Service Advisor (SA) answers call and establishes circumstances of the call
Caller details are recorded on ASPIRE
Standard System checks are completed
Conduct THRIVE assessment
Does call fit Mental Health Hub criteria?
NO
YES
Progress as per current process
Inform Caller of intention to provide details to the NHS 24 MHH who may be better placed to assist and they will be called back
"We are working in collaboration with NHS 24 professionals who are better placed and trained to support you. Shall I refer you?"
Caller consents to proceed?
NO
YES
Progress as per current process
Create STORM incident
Caller is placed on HOLD and direct Dials NHS 24 MHH on 0300 790 0575
SA takes caller off hold and explains that a PWP will call them imminently. (PS SA will inform caller what to do if no call back received within 10 minutes i.e. Call 111 and select the Mental Health option).
If service is closed (e.g. during period of IT Malfunction) a message will be given to say continue with normal Police Scotland process.
Is a PWP available?
NO
YES
Welcome message 7 secs
Music 30 secs
Comfort message 10 secs
Music 30 secs
Comfort message 10 secs
Music 30 secs
A message advising no PWP avail will be played and call disconnected from NHS 24
SA returns to the caller
Progress as per current PS process
PS calls prioritised over 111 regardless of wait time
PWP ALWAYS alerts a Supervisor and notes agreed steps/actions
CLOSE CALL Using 'Not assessed Triage Refused'
N.B. If at any time the patient states they do not wish to proceed the PWP will inform them that their record will go to their GP. If they refuse consent PWP will update Consent section to 'No' before closing the record.
Call Answered?
NO
YES 2nd attempt
After 2 mins 2nd attempt is made
Message is left (if answer machine)
SA disconnects from PWP
Flag shows this is a transfer from Police Scotland
PWP in 'Ready status answers call
Middle alert box shows call from Police Scotland
SA informs PWP of the following
i/ REASON FOR CALL
ii/ ADDITIONAL INFORMATION
iii/ NAME
iv/ DATE OF BIRTH
v/ TELEPHONE NUMBER
vi/ HOME ADDRESS
vii/ REASON FOR CALL
viii/ STORM INCIDENT NUMBER
PWP creates a Contact Record while in 'Wrap' (does not 'End' when SA returns to the caller
After 1 minute (tbd) PWP makes outbound call Prefix 737
Call answered?
NO
YES
Verify have the correct patient. Inform Patient re Data Protection Rights
Warm Transfer to SAS
YES
ILT?
NO
PWP conducts assessment using Aide Memoire
Is call suitable for MHH?
NO
PWP seeks Supervision and continues with call until endpoint
CLOSE CALL
YES
Can PWP complete call?
NO/ UNSURE
Seek Supervision from Mental Health Senior Charge Nurse
PWP instructed to transfer to a MHNP
YES
Where possible discuss options available with Caller giving consideration to timeframe for intervention
Emergency Intervention?
-YES- Telephony Only
If call requires to be returned to the Police dial either 0141 584 8381 or 0131 203 7927 providing STORM incident no. stating "Emergency Intervention required"
Ambulance
NO
Partner referral required
Self Care?
NO
YES
Where relevant, provide Self Care advice (can include signposting to Breathing Space)
CLOSE CALL
A & E
PCEC
Speak to Dr
Info transfer to MHNP who continues with call as per current process
YES
Is MHNP available?
NO
CLOSE CALL
Middle alert box no longer shows call is from PS. The PWP will inform the MHNP of this on transfer of call
PWP follows instruction from MH SCN to endpoint
CLOSE CALL
Business Process Team V6.0 18/08/2020

Figure 9.

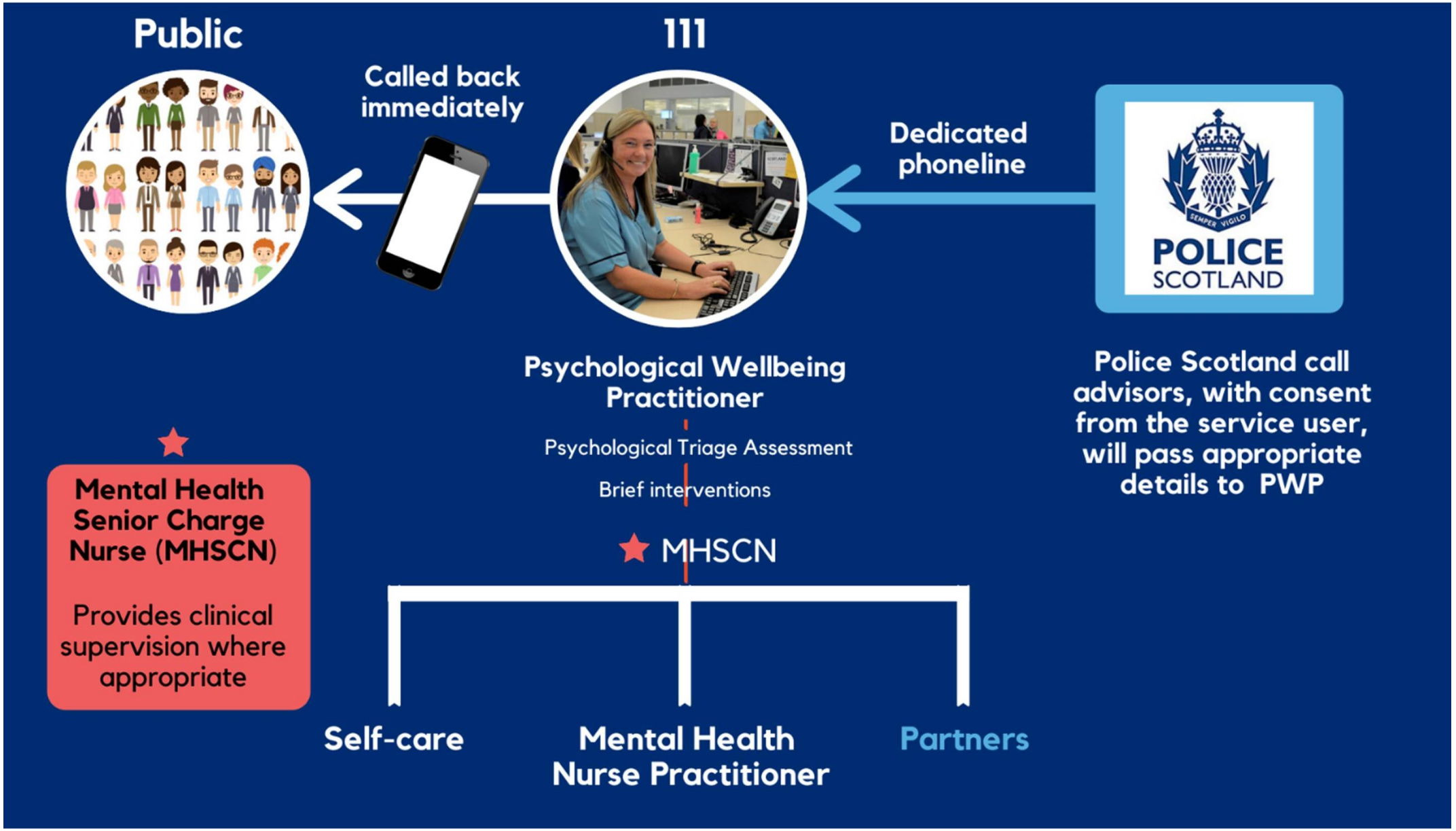

Public
111
Called back immediately
Dedicated phoneline
POLICE SCOTLAND
Psychological Wellbeing Practitioner
Police Scotland call advisors, with consent from the service user, will pass appropriate details to PWP
Psychological Triage Assessment
Brief interventions
MHSCN
Mental Health Senior Charge Nurse (MHSCN)
Provides clinical supervision where appropriate
Self-care
Mental Health Nurse Practitioner
Partners

Figure 10.

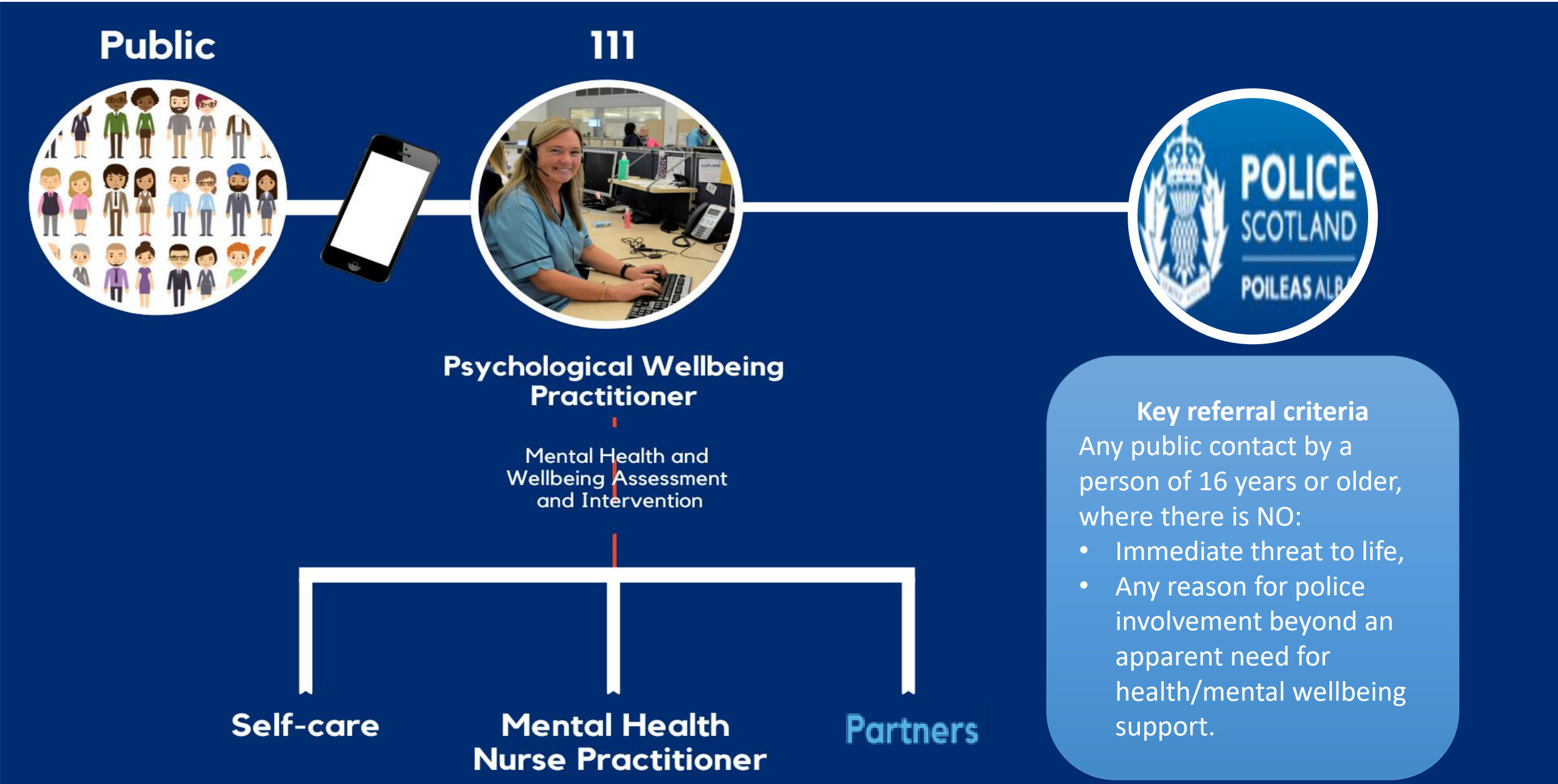
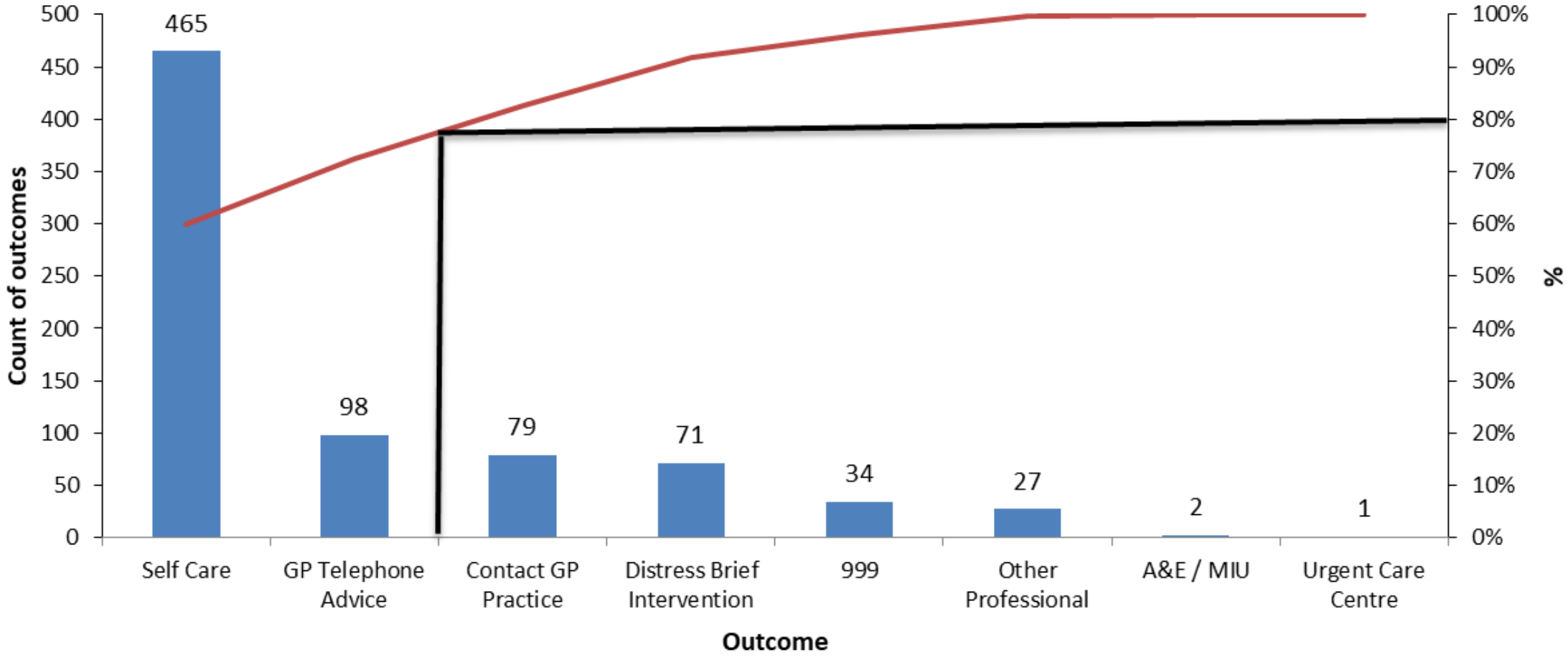

Public
111
POLICE
SCOTLAND
POILEAS ALB
Psychological Wellbeing Practitioner
Mental Health and Wellbeing Assessment and Intervention
Self-care
Mental Health Nurse Practitioner
Partners
Key referral criteria
Any public contact by a person of 16 years or older, where there is NO:
• Immediate threat to life,
• Any reason for police involvement beyond an apparent need for health/mental wellbeing support.

Figure 11.

Pareto chart showing count of final endpoint outcomes of calls answered from Police Scotland to NHS 24 MHH (August 2020 to February 2021)



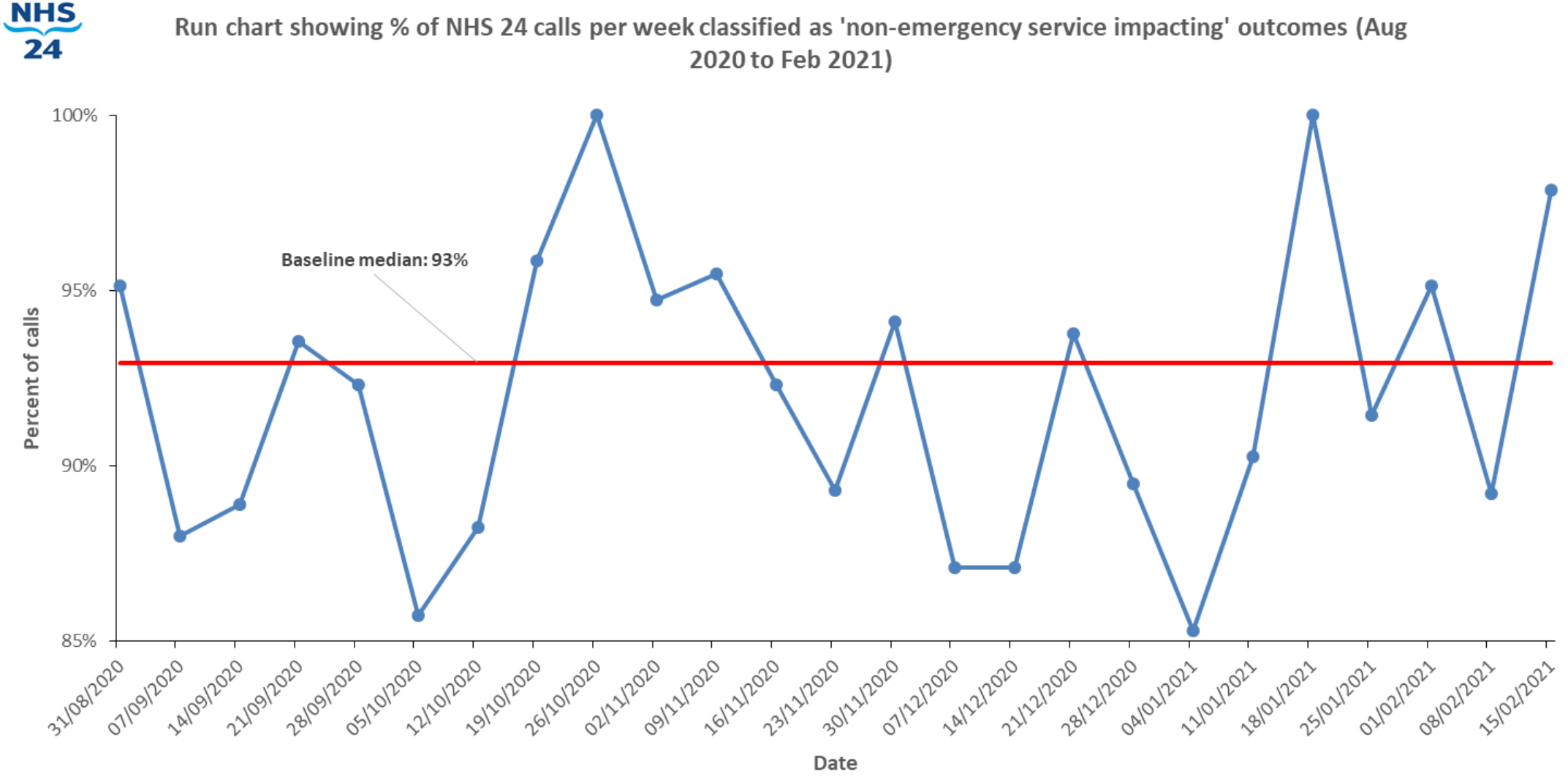
Data Source: NHS 24 SAP/ Management Information Team

Chart produced by SAS/ NHS 24

Analysis

- This Pareto chart displays eight final endpoint outcomes of NHS 24 MHH callers referred by Police Scotland
- Data is from the period 28th August 2020 to 28th February 2021
- Final endpoint outcomes are arranged from most frequent to least frequent (777 final endpoints in total)
- The red line shows the cumulative % so you can see the top two endpoints that account for 80% of endpoints (annotated by the black lines)
- The two most frequent final endpoints for the period are self care and GP telephone advice

Figure 12.



Data Source: NHS 24 Management Information Team

Chart produced by NHS 24 QI&E team

Analysis

- This run chart shows % of NHS 24 calls classified as 'non-emergency service impacting' outcomes, incorporating endpoints for 'self-care', 'GP telephone triage', 'contact GP practice' and 'Distress Brief Intervention'.
- The baseline median (average) has been calculated from the first 12 weeks of data
- The weekly % of NHS 24 calls classified as 'non-emergency service impacting' outcomes was median of 93%

Figure 13.

"the introduction of MHH Referrals it has allowed us [as service advisors] to listen to the callers and assess their needs more efficiently, knowing that we are likely to have an appropriate resolution for them. ...Previously it was difficult to assess these calls - where someone was feeling low, or having poor thoughts. This was because didn't have a solution for them other than arranging for officers to attend, which was not always the best outcome, for the caller or for the Police. ... it also shows how both agencies (Police Scotland and NHS 24) can work together to provide the care required for the caller. ...the introduction of the Mental Health Pathway has been a positive step in providing the best service to members of public suffering from mental health, and helps Police Scotland prioritise calls which we are more suited to deal with."

Service Advisor, Motherwell, Police Scotland

"I have used the mental health pathway a couple of times now and I feel that this is a fantastic resource that lets us gets the right kind of help to people quickly."

Service Adviser, Bilston Service Centre, Police Scotland

"I do believe that the police having a relationship to the MHP is reassuring for people and this is much better for them than sending officers out , feels like we are listening to them and recognising that there is long term support needed."

Service Advisor, Glasgow Service Centre, Police Scotland

Figure 14.

"Overall the collaboration is very going well. A lot of the calls received: do follow process; are not regular callers to skip the queue; are relevant to the service and; have relevant information passed over well."

Psychological Wellbeing Practitioner, NHS 24

"With the introduction of MHH referrals it also shows how both agencies (Police Scotland and NHS 24) can work together to provide the care required for the caller."

Psychological Wellbeing Practitioner, NHS 24

"Patients who are requiring MH support get it when they need it. We always have someone available as we ring fence the police line so that there is a specific PWP dedicated to Police calls at all times. This means that Pts/ police Scotland line don't have to wait or have a much reduced waiting time. "

Psychological Wellbeing Practitioner, NHS 24

"Improves access to mental health support for those who would not typically call the Mental health hub– which is in line with the Mental Health Strategy."

Psychological Wellbeing Practitioner, NHS 24

"It allows a stronger multi disciplinary work approach between nhs24 and police Scotland which allows the patient to receive the best care and outcome appropriate for the patient."

Psychological Wellbeing Practitioner, NHS 24

Recommendations and Lessons for the Future

Ten recommendations and lessons for the future were identified by this evaluation.

1. Continue the dedicated telephone helpline between MHH and PS.
2. The PS/ NHS 24 care pathway should continue to operate and data should be collected on its impact.
3. Continue to invest in collaborative working to identify new opportunities for innovative ways of working.
4. Further analysis of call wait times may help with identifying additional improvements to service.
5. NHS 24 to continue to recruit and train staff to the MHH.
6. The next stage of the evaluation should look at the full journey of the service user both in relation to their experience of using the helpline and their personal outcome. This should explore more fully the journeys of repeat callers and their unmet needs, and the resource implications for PS.
7. The next stage of the evaluation should look in-depth at partner experience in relation to appropriateness of contacts received, and any follow up/re-triage required at a local level.
8. The next stage of the evaluation should look in-depth at the experience of senior managers in both PS and NHS 24, and NHS 24 MHH/ PS frontline staff in relation to the new care pathway.
9. To assist future planning, coordination and delivery of optimum service it is recommended that consideration should be given to strengthening data and measurement within the collaboration including:
    - develop a systematic, routine and ongoing method of collecting, analysing and monitoring of key indicators developed from the PID;
    - in-depth analysis of repeat caller data to look at their unmet needs;
    - in-depth analysis of the demographic profile of referrals from PS, and comparison with 111 calls;
    - how NHS 24 and PS data can be better connected to follow the person level journey through the mental health pathway e.g. use of the PS STORM identification number by NHS 24 systems.

Recommendations and Lessons for the Future - continued

10. PS identified that in the future they would like to explore how the pathway can support people who have been through the police custody system. For example, adding details about the MHH to their release papers.

Limitations

There are some limitations in this evaluation:

1. PS collected a rich dataset comprised of person level data. Due to capacity and capability constraints it was not possible to complete a full analysis for the preliminary evaluation.
2. The preliminary evaluation looked mainly at data that was manually captured and collated. Manual data collection increases the margin for error.
3. On 20th December 2020, the NHS 24 MHH changed the manual data collection system from MS Excel to MS SharePoint. This has created a richer dataset including CRM number, STORM number, age, sex, Police Scotland phone line, police in attendance. Further analysis of this data set is required.
4. The new care pathway does not have a systematic, routine and ongoing method of collecting, analysing and monitoring of key indicators developed from the PID.
5. The scope of the preliminary evaluation does not look at the full journey of the service user and their final care outcome. The service user experience has not been evaluated at this stage. This has been reported in the recommendations.
6. The experience of managers and front line staff has not been investigated in depth. This has been reported in the recommendations.
7. Due to time constraints to complete the evaluation there was limited time available to allow for critical reflection.

Report written by NHS 24 and Police Scotland with assistance from the Scottish Ambulance Service
If you would like to discuss any aspect of this report contact: qi24@nhs24.scot.nhs.uk

Guidance Note to explain Run Chart Rules

Rule One – A Shift

A shift on a run chart is six or more consecutive points either all above or all below the median. Values that fall on the median do not add to nor break a shift. Skip values that fall on the median and continue counting. This rule is based on statistical probability. By definition of the median, you would expect any data point to have 50% chance of being above, and 50% chance of being below the median. For any event with two possible outcomes (e.g. tossing a coin), where each outcome is likely to happen 50% of the time, the probability of the same outcome occurring six times in a row (where the data points are independent of each other) is less than 2%. Therefore the pattern is likely to be attributable to something, and unlikely to be just the result of random variation within a process. The more points in a row on one side of the median, the stronger the evidence of a shift.

Rule Two - Trend

A trend on a run chart is five or more consecutive points all going up or all going down. If the value of two or more successive points is the same, ignore one of the points when counting. Like values do not make or break a trend.

Rule Three - Runs

A run is a series of points in a row on one side of the median. A non-random pattern or signal of change is indicated by too few or too many runs or crossings of the median line. To determine the number of runs above and below the median, count the number of times the data line crosses the median and add one. Statistically significant change is signalled by too few or too many runs, again calculated using statistical probability.

Rule Four – Astronomical Point

This rule aids in detecting unusually large or small numbers. They are characterised by data points that are obviously, or even blatantly different from all or most of the other values, and anyone studying the chart would agree that is unusual. Note that every data set will have a highest and lowest data point, however this does not mean the high and low are astronomical.

This guide is based on Lloyd & Provost (2011): The Health Care Data Guide – Learning from Data for Improvement, Chapter 3