

MENTAL HEALTH STRATEGY – REPORT ON PROGRESS – ACTION 13

Date of report	16 th July 2019
Date of last report	11 th December 2018
Project end date	2021
Action Number	13
Action Owner (s)	Jacques Kerr
Action Link	John Mitchell
Action Text	Ensure unscheduled care takes full account of the needs of people with mental health problems and addresses the longer waits experienced by them.

Progress Update from Previous report	RAG
<p>Since the last report work on Action 13 has moved forward apace and has been incorporated into a broader project recommended by the Health and Justice Collaboration Board for a ‘National Distress Intervention Group’.</p> <p>The Group comprises multidisciplinary representation from across Scotland including Police Scotland, Board Chief Executives, ISD, Emergency Medicine, Academia, Secondary Care Senior Management, Scottish Government, individuals with lived experience and Third Sector.</p> <p>The Group will focus on practical detailing and implementation of five work streams:</p> <ol style="list-style-type: none"> 1. Crisis Prevention 2. Call Handling and Triage 3. Safeguarding People 4. Access to Mental Health Services and 5. Relapse Prevention <p>Work stream 4, Access to MH Services, encompasses Action 13.</p> <p>The first meeting of the Group was held on 22nd May when give key themes were identified, which will be workshopped over the next 12 months.</p> <p>Planned outputs are:</p> <ol style="list-style-type: none"> 1. A suite of recommendations on improving mental health pathways, with a reduced reliance on ‘medicalised’ responses to distress presentations 2. Key metrics to evidence an improvement across multi-agency working, eg reduced police and ambulance conveyances, reduced emergency department attendances, improved collaboration with third sector organisations etc. Key to these is an improvement in compliance with the four-hour emergency access standard (Action 13) 	

<p>3. Similarities and differences in implementation strategies between urban and rural populations.</p> <p>4. The use of telehealth and technology-enabled care in any implementation approach.</p> <p>5. A 'best practice' guide that distils the learning from all the workstreams.</p> <p>It is expected that the Group will meet every 6 weeks to 2 months on a workshop basis.</p>	
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Key Deliverables in next 6 months (include estimated date for each deliverable)	RAG
It is anticipated that a set of recommendations on distress management in general, and unscheduled care management of mental health presentations (Action 13) will be available in Summer 2020.	

What does success look like?
<p>1. Improved management of MH patients in front door areas. The metric here is the four-hour standard and our aim is an improvement in MH performance of 20% by 2022, i.e. we would reduce MH breaches by 20% of what they are currently in this time. Reduced delays in ED and AMAU; improved compliance with the four-hour standard for mental health patients.</p> <p>2. The metric, i.e. the four-hour standard with the same 20% reduction goal by 2022. Wherever possible removing the ED as the default destination for MH emergencies; i.e. better access to dedicated MH services; right patient-right place-right time (RCEM CLEAR Campaign).</p> <p>3. The metric, i.e. the four-hour standard with the same 20% reduction goal by 2022 Enhanced MH provision / access to MH services in front door areas.</p> <p>4. If possible - reduced emergency readmissions, reduced LOS / bed days. The aim is to reduce bed days for other conditions by 10% by 2022.</p> <p>5. Use of ACPs in vulnerable patients/those at risk of readmission, reduce it by 10% by 2022.</p>

What data (if any) can evidence delivery?
1. As above - breach analysis; bed days; financial spend; LOS; readmission rates; patient experience.
2. Data from NHS24, SAS and (OOH) Primary care – Unscheduled Care Datamart (ISD).

Any other comments	
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