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111 Select Mental Health Option (2)

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Contents

1 Introduction

The 111 select Mental Health (MH) option two is part of a National NHS England ambition for a Single Point of Access (SPA) whereby anyone experiencing a mental health crisis can call.

The overall aim of the service is to provide a single, universal 3-digit number (NHS 111) to access mental health support for people of all ages experiencing mental health crisis, to deliver access to 24/7 age-appropriate crisis care via 111 by 23/24 to meet the commitment of the NHS Long Term Plan (2019) and ambition within the delivery plan for recovering urgent and emergency care services.

The national delivery model is detailed below:

- After selecting 'MH option' the caller is transferred directly to mental health First Response Service (FRS), Single Point of Access, or similar 24/7 urgent mental health helpline and assessment service in a Mental Health Trust (or service procured on behalf of a Mental Health Trust).
- The telephone function is in the Mental Health Trust and will usually be the same team that is responsible for arranging face to face response and/or supporting people to access other local services as appropriate to their needs.
- The recommended model is for NHS 111 to be a means of facilitating access to mental health crisis lines and care pathways, rather than simply to provide a telephone-based service.
- Facilitating urgent face to face mental health assessment 24/7 anywhere in the community if needed.
- Facilitating urgent face to face assessment without the need for patients to repeat their story.
- The Tele-triage function is provided by registered mental health staff in the respective, speciality Crisis Resolution Home Treatment Teams (CRHT's) in TEWV.
- Thorough local knowledge and relationships with local NHS, Voluntary Care Sector (VCS) and Local Authority (LA) services and understanding of local referral routes and processes.

The service must adhere to the following minimum criteria outlined by NHS England as part of the delivery model:

- Ability for patients to choose a mental health option (Interactive Voice Response (IVR).
- Access to patient records.
- Profiling of 24/7 urgent mental health telephone function (crisis lines) on the Directory of Services (DoS).
- Facilitating onward face to face urgent mental health care.
- The Mental Health provider must work collaboratively with other organisations including ambulance service(s) to ensure endorsement of operating model and robust referral processes are in place.
- The provider must continually review demand for mental health services in the local area, considering workforce and capacity requirements regularly.

This procedure supports Our Journey To Change (OJTC) as set out in the Crisis Operational Policy. This procedure provides a Trust overview of 111 select MH option two, detailing the two Care Group models of operation for Durham Tees Valley (DTV) and North Yorkshire, York, and Selby (NYYS) as agreed by the respective Intergrated Care Board (ICB) areas and business cases to deliver on this ambition.

Staff must note that this this procedure and the 111 model is subject to change.

2 Purpose

Following this procedure will help the Trust to:

- Deliver a coordinated and cohesive service via a SPA (111 select MH option 2) with partner agencies, which is age inclusive for those experiencing a mental health crisis.
- Provide screening of calls into the 111 select MH service and facilitate referrals to the respective CRHTs for triage and assessment (where needed).
- Provide a high quality, accessible and timely response to those experiencing a mental health crisis 24/7.
- Provide a compassionate, respectful, safe, and professional service to anyone who contacts the service.
- Provide advice, support and onward referral to other agencies and services to patients, carers, and professionals contacting the service.
- Improve the patient experience to ensure that they receive the right response at the right time, by the right service/agency.
- Work with agencies, partners, and other services to increase the support available to those in the community and promote appropriate alternative to crisis services.

2.1 Operational Hours

- The service is operational 24/7, 7 days a week, 365 days a year.

2.2 Acceptance and exclusion criteria

- The service provided is available for people of all ages, including children and young people experiencing mental health crisis.

- The service will **not** provide provision of all other NHS111 core services (physical health/999). This will continue to be provided by the respective regional, local ambulance provider/s Northeast Ambulance Service (NEAS) and Yorkshire Ambulance Service (YAS).

2.3 Structure of the 111 MH SPA

- Callers will use the current national 111 number to call. They will be presented with two options of select option 1- physical health and for mental health select option two. Selecting the MH option will route the caller to the respective service. This will be hosted by Mental Health NHS Trusts, however, in some areas elements of the service may be provided by other agencies for example, voluntary sector providers, on behalf of the MH Trust.
- In DTV TEWV staff will provide the service.
- In NYYS the service will be provided by Everyturn who will adhere to this procedure and their own agreed policies and procedures.

3 Who this procedure applies to

- This is an all-age service with a universal approach to referrals i.e., we deal with all calls regardless of age.
- A service that is inclusive and accessible to any one regardless of their protected characteristics. A service that encourages empowerment and is strengths-based and recovery-focused.
- It covers the geographical areas of Durham, Darlington and Tees Valley and North Yorkshire, York, and Selby.
- This will include anyone who is registered with a GP outside of the geographical areas for whatever reason may be visiting the area, are homeless or living in temporary accommodation.

4 Related documents

This procedure should be used in conjunction with TEWVs other existing policies and procedures including:

- Business Continuity Policy
- Sharing Information and Confidentiality Policy
- Information Governance Policy
- Records Management – minimum standards for clinical record keeping
- Records Management Policy
- Human Rights, Equality Diversity, and Inclusion Policy
- Incident reporting and serious incident review policy
- Leavers Procedure

All Trust policies and procedures can be located on the Intranet: Policies, procedures, and legislation | TEWV Intranet

- Business Continuity Plans for Telephony and associated standard operational procedures.

5 Telephony & Digital Solution to Support.

5.1 Platform

To support the implementation on the 111, select MH option two, the Trust has agreed to a 3-year contract with BT CCNG to provide a new platform which will meet

the required functionality to deliver the service- as referred to below. Information on calls will be fed into the Integrated Information Centre (IIC) for monitoring and reporting.

The BT CCNG platform will be used for call screening in the 111 Select MH service and within all CRHTs. Call recording will also be undertaken at call screening and for any Triages undertaken within crisis services and saved within the BT cloud securely as per Information Governance (IG) requirements for record keeping (6 years). There will be an option for an automated call back if an individual wishes to leave the call but maintain their position in the queue.

Access to the solution is permission based as detailed in the Account Standard Operating Procedure and Licence SOP.

5.1.1 MH provider

The MH provider must:

- Ensure that telephony platforms have the ability/capability/functionality to provide and/or flow data to the Integrated Urgent Care Lead Data Provider for reporting (SCDS).
- Have agreed governance and technical solutions whereby answered calls in the receiving service can be routed back into the 'core' NHS 111 service where appropriate. This is reflected in the Care Group Memorandum of Understanding (MOUs) agreed with partners.
- Ensure that the national IVR (Interactive Voice Response) platform is used for selecting the mental health option two and to ensure that geographical locations can be identified at the start of the call, enabling calls to be routed to the appropriate commissioned mental health provider.
- Primary, secondary, and tertiary (if available) delivery numbers for crisis response service(s) must be provided to the NHS 111 Provider(s) for each locality area.

- Providers must ensure that the Directory of Services (DoS) and NHS Service Finder is fully up to date with service information and that this is regularly reviewed and updated.

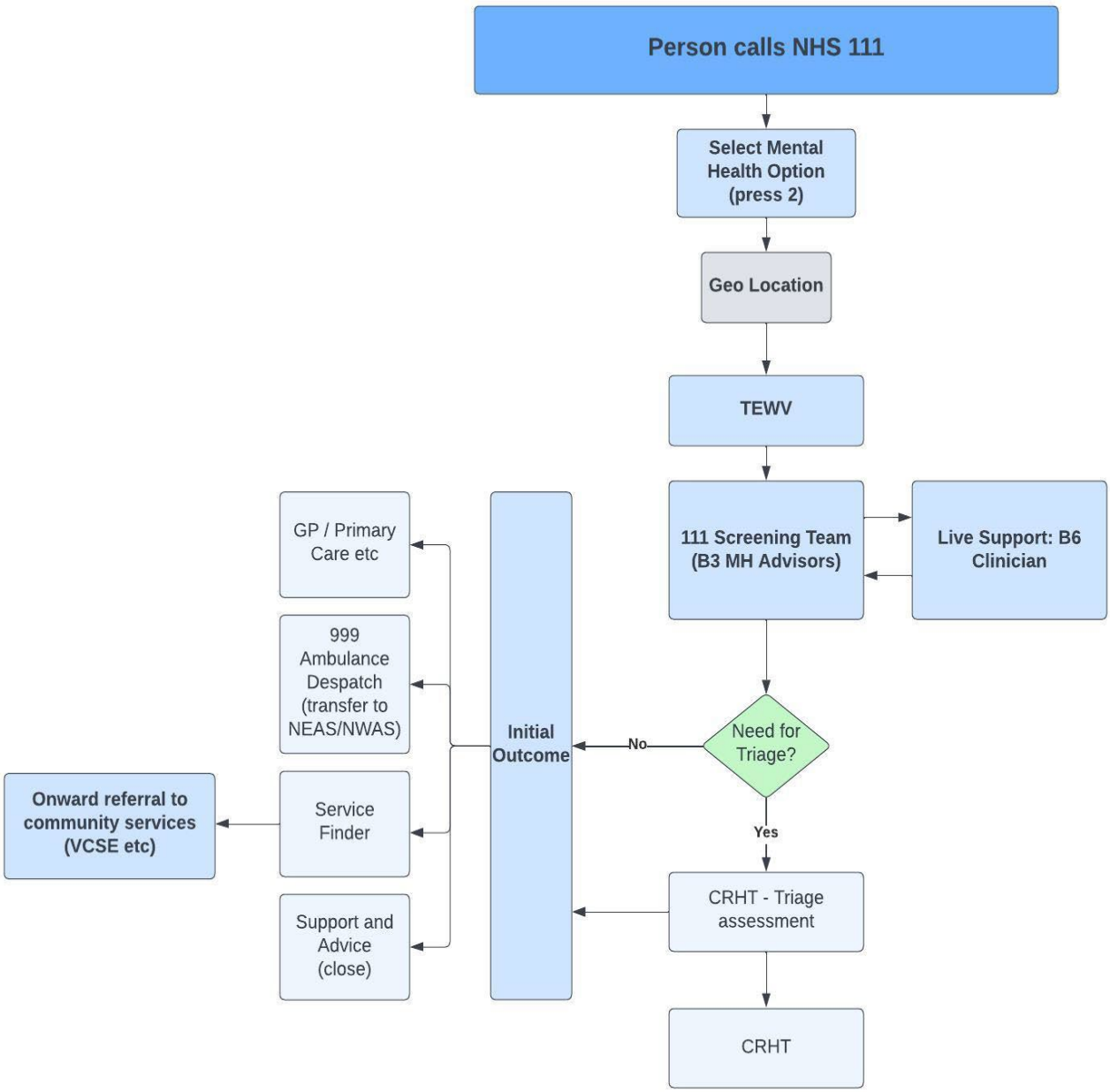
5.1.2 Telephony platforms

Telephony platforms must be able to support the following:

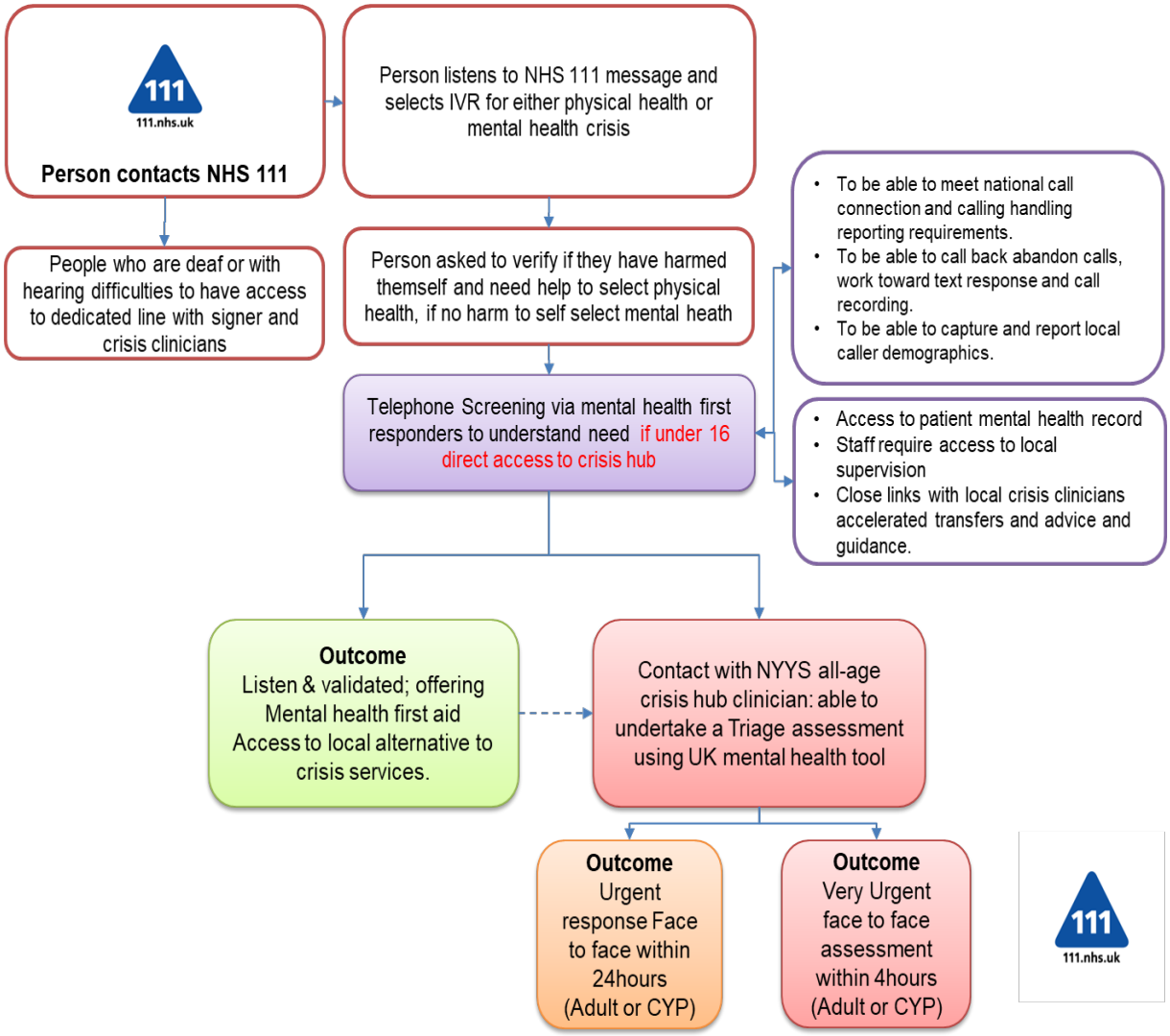
- Live data feed capability to enable robust management of NHS 111 MH calls.
- Ability to record all voice calls.
- Ability to store recorded calls, following appropriate Information Governance regulations.
- A dedicated number for Deaf and Hard of Hearing Patients -these have been provided to NHS England for the two Care Groups (Teesside and York). The interpreting service will contact the respective CRHT direct, via SignVideo facilitating a three-way call. For anyone whose first, language is not English, an interpreter should be arranged.
- Detailed reporting to assist in the management of Key Performance Indicators (KPI's) via both BT CCNG and IIC.
- Ability to work from anywhere with an internet connection (software required to use the solution).

5.2 Main Trust Wide 111 Select MH flow: Screening.

5.2.1 TEWV Process Flow- DTV



5.2.2 Call flow for the CRHTs (Triage) and Crisis Hub (NYYS)



5.3 Outcomes

Outcome of a call will be one of the four options:

- MH support is provided, or individual referred to other services/agencies.

- Call is forwarded to respective TEWV CRHT for triage (and assessment) by secondary care provider (if needed).
- Call may be redirected back to NHS 111 if there is a physical health need and or caller selects an incorrect option and needs alternative support best met via NHS 111.Callers will be advised to dial 111 and select option one.
- 999 Call for emergency response- staff would remain on the line with the caller to action and support (where clinically needed and necessary), the ambulance staff would undertake their NHS pathways assessment and depending on the outcome can take over the call with the patient, advise and signpost or send an appropriate response.

6 Screening

6.1 Self-Referral

The staff member answering the call should welcome the caller to 111 select MH and provide their name. Staff will undertake an initial screening to determine if the call is a referral, query, request for information or for crisis support and ask initial questions that will allow them to locate them (or the person they are calling about).

The screener should ascertain as much basic information as they can in the first instance:

- Check demographic information – i.e., name, address, date of birth, current GP details, ethnicity, gender, marital status, NHS number, if already open on Paris/CITO or record demographic information if they are not. It is acknowledged that all this information may not be known or disclosed.
- There may be occasions whereby an interpreter may be required or may act on behalf of an individual if they do not speak or understand English. This may need to be arranged by staff.

- Ascertain if the person needs to be called back on an alternative number and take this number from the individual. This allows for re-contact if a call is cut off for whatever reason. It is also important to check if there are any communication needs or support required for example, an interpreter, support via a carer, etc.
- Ascertain where the patient is and if they are currently safe.
- The reason for the referral/call.
- Check on Paris/CITO Electronic Patient Record (EPR) for any alerts and risk history.
- If an individual calls into 111 MH during working hours (Monday – Friday 9am – 5pm) who are receiving secondary care from a local Community Intervention Team (CIT) they will be transferred by the 111 MH team to the respective CIT, to ensure consistency of the individuals treatment.

6.2 Completing a Telephone Screening.

Establishing a rapport with the caller is important and this may be required before someone is willing to divulge any further information.

Questions may include:

- What are the callers' concerns, feelings, what is happening for them right now?
- What has helped in the past?
- What has not helped?
- What support do they have or can access, family, friends, other networks?
- What support/help does the caller want of feel is needed right now?
- Does the person feel able to keep themselves safe at present?

Where the caller is not willing to divulge identifying information about themselves, it is important to reassure the caller that to help them they do not need to know the identity of the caller.

If an individual caller will not provide any details, but discloses harm to self/others, staff should encourage disclosure, and their duty of care to safeguard them and others. Details in these circumstances would be passed onto the police and or other appropriate agencies/services to safeguard any individual. This would be explained during the call.

6.3 Referral to CRHT for triage

As referred to previously, if a person requires very urgent/urgent support, is in a mental health crisis this **must** be passed to the respective CRHT for triage.

Any triage and assessment will be conducted by the respective speciality CRHT (where in situ) (as needed). This is in line with TEWV's Crisis Operational Policy and pathways in place. The CRHTs utilise the UK Mental Health Triage tool to help assess clinical priority and need for all referrals into the team.

> Mental health triage is the process of initial assessment that occurs at point of entry to the health service. It is a clinical function in which a brief mental health screening assessment is undertaken to determine whether the person has a mental health related problem/need, the urgency of the problem/need, and the most appropriate service response.
>
> (Sands N., Elsom S., Henderson K., Keppich-Arnold S. & Marangu E. (2013) Mental Health Telephone Triage: Managing psychiatric crisis and emergency. Perspectives in Psychiatric Care, 49, 65–72.)

Calls will be cold transferred (put directly into the queue) to the relevant CRHT and will be answered by the next available registered staff member. Staff should advise the individual that they should remain on the line until the call is answered and if for any reason, they do not get connected to redial the 111 select MH team back. Comfort messages will be played, and there will be an option for an individual to

maintain their position in the queue by requesting for a call back if they are waiting and all staff members are busy.

The 111 Select MH team will complete a referral/screening which will be visible on the EPR to the CRHT/Triage clinician.

There may be on some occasions that due to the nature of the call and presenting information that an individual requires a more urgent response, the mental health screening staff should use their clinical judgement and consider 'warm transfer' in these circumstances or use the registered clinician support available in the 111 select MH team (only be DTV).

6.3.1 **Call Backs at Triage**

There may be instances where a caller may become disconnected for several reasons, for example, hang up, get cut off, abandon the call prior to the call being answered by the CRHT. Where there has been a referral from the 111 select MH Team which has been passed through to the respective CRHT queue for triage, the CRHT will attempt to call the individual back on the contact number provided, leaving a message (where possible) to call the 111 select MH Team back if required.

The CRHTs can view referrals from 111 select MH to their CRHT for triage on their CITO widget. This should be monitored by the registered staff assigned to provide triage.

6.4 Referrals that should FastTrack to CRHT/Triage

It has been acknowledged that some individuals may require a specialist and more urgent response, and advisors must consider referral directly to the CRHTs for triage.

For anyone that calls who may have engaged in harm to themselves, which is of superficial nature, individuals should be referred to the CRHT for Triage.

For those who have expressed that they are pre-natal/postnatal and or open to perinatal services, advisors must consider referral directly to the CRHT for triage alongside processes in situ.

This is reflected within the Crisis Operational Policy.

The exception would be for instance, if an individual were calling for a contact number and/or information.

6.5 Screening and Triage in 111 MH/Staffing Business Continuity

There may be times where necessary, and to manage call volumes and need across the service, that individuals are screened and triaged by the registered mental health clinician in 111 MH service (where there is a registered staff member). This also forms part of the service business continuity plan. This would only occur in DTV 111 MH Team.

6.6 Responding to Calls from people with Communication Requirements.

Hearing Impairment – Dedicated numbers have been provided to NHS England for direct contact to local CRHTS within both Care Group areas if someone with a hearing impairment requires access. These referrals will come direct to the respective CRHT (Teesside and York) with a British Sign Language Interpreter, facilitating a three-way conversation using SignVideo.

It is accepted that not all individuals who are deaf/hard of hearing will require the above, however measures should be offered, and reasonable adjustments made to aid communication and engagement.

Anyone whose first language is not English an interpreter should be accessed. Staff should be aware that in some cases cultural perspectives on mental health and stigma may prevent a service user from openly discussing their mental health needs in front of a carer or family member.

Please refer to the Interpreting and Translation Procedure.

6.7 Ending Calls.

Where a call is concluded, and a decision is made to refer to other services/agencies or refer to the CRHT, the staff member will clarify with the caller what the outcomes and or plan is, ensuring shared understanding and agreement.

7 Individual Selects the Wrong Option of 111 or 111 MH.

If an individual selects 111 MH option (by mistake) but needs a physical response (non-urgent) then they should be advised to call 111 and select option one. This includes any advice for medication/dental issues.

The MOUs agreed between partners will be reviewed and updated accordingly and should be referred to for further partnership agreement information.

If an individual selects 111 MH option but needs an emergency medical response – the staff member will request support to initiate a 999 response, remaining on the line with the caller to relay any important information (where clinically necessary) or until the ambulance call handler takes over the call.

In cases where this is not an emergency, but a disclosed physical health/medical need requires further urgent assessment, the Mental Health Advisor will inititate a conference call with NEAS (In DTV only) with the patient, and remain on the line until the NHS pathways assessment is completed (or the NEAS call handler agrees to takes over the call).

7.1 DTV- Scenarios

If an individual contacts/selects or requires a MH option but gets through to the 111 physical health (option 1), the call will be triaged by NEAS health advisors using

NHS Pathways assessment and if needed will be cold transferred to the 111 select MH Team to screen. A follow up email from NEAS will be made to the team with their NHS full pathways assessment information. It is accepted that not all individuals will require input or triage via 111 select MH and/or CRHT and NEAS will utilise their service finder to support decision making and any onward referral.

If an individual calls 111 select MH and it is identified by the call handler as an Emergency – depending upon the nature, a response from the police, ambulance and/or other emergency service will be initiated immediately with the call handler remaining on the line seeking support from the Senior MH advisor on duty. This would also be the case for calls to NEAS requiring an emergency response.

If an individual is being screened via 111 select MH team and it becomes evident that an ambulance is required, the Mental Health advisor will keep the patient on the line and initiate a conference call with NEAS via 999 if the individual consents. The Neas health advisor will assess the person's physical health/concern via their pathways assessment, and any need for an ambulance to be dispatched or other alternative response. If this is solely physical health disposition the health advisor will take over the call. If, however, a mental health response is required the individual will remain on the call with the MH Advisor. This ensures that the patient can receive any medical help and support timely and allow for any joint multi-agency discussions.

If an individual contacts 111 Select MH and provides minimal information, and or hangs up and it is felt that an ambulance is required, the MH Advisor will attempt to contact the person back (if the contact number is available), discuss with the registered clinician/supervisor on duty and if required contact NEAS, handing over information that they may have. It is recognised that a mental health response from the CRHT may be required to support, depending upon the presenting need, circumstances and information disclosed.

7.2 NYYS- Scenarios

If an individual contacts/selects or requires a MH option but gets through to the 111 physical health (option 1) in NYYS/YAS, the call will be triaged by YAS call handlers using their NHS pathways triage and an email will also be sent to the generic email address at the 111 MH Team (First Response) for staff to contact the individual.

If an individual calls 111 select MH and it is identified by the call handler as an Emergency – depending upon the nature, a response from the police, ambulance and/or other emergency service will be initiated immediately. Ending the call in agreement with the ambulance call handler may be appropriate, however on some occasions the call handler may need to remain on the line seeking support from the

Senior MH advisor on duty. This would also be the case for calls to YAS requiring an emergency response.

If an individual is being screened via 111 Select MH staff and it becomes evident that an individual discloses an urgent physical/health need and that an ambulance is felt required, contact will be made by the 111 Select MH staff to YAS via 999, providing the individuals details, and contact number. YAS will then undertake the necessary NHS pathways triage with the individual to ascertain any further response/ dispatch of an ambulance. In the NYYS area a response may be via a mental health response vehicle (if appropriate and available).

In YAS, if an individual contacts 999 and after assessment no emergency physical health response is required (but an urgent mental health response is needed) they will contact the Crisis Hub to relay the individuals' details and staff from the Crisis Hub will contact. This is part of the PUSH pilot.

YAS also have a healthcare professional number (**only for registered professionals**) for emergency and urgent transport to hospital or between hospital sites.

> '*The registered staff member will be asked clinical questions about the patient's condition. In a life-threatening situation or an emergency request, it is the responsibility of the attending clinician to make the call. Where delegation is unavoidable, the individual making the request for support should be able to answer triage questions about the patient's condition.'*

It is accepted that not all individuals will require input or triage via the 111 select MH team and/or CRHT and YAS will utilise their DoS to support decision making and any onward referral.

8 Out of Area Calls.

Sometimes when a caller is placed into 111 MH queue who is an out of area caller. This may occur due to individuals requiring mental health support when they are away from home, due to an error with the national IVR system correctly identifying the caller's location, or through human error if the call has been transferred by an NHS 111 Health Advisor.

In all and any of the above circumstances, if a call is received from an out of area caller, the 111 MH service will manage that call as it would any other call into the line

and provide screening with appropriate recommended outcomes. This is to minimise clinical risk and to ensure patient experience is prioritised.

The 111 MH service will respond accordingly to ensure that the clinical need is met with the appropriate response as per the local Standard Operating Procedures of that service. This would include transferring to the respective TEWV Crisis Team if the presentation of the patient warranted this level of response.

If the individual is from another geographical area/Trust, staff should take the details, register on the EPR, and contact the respective Trusts/CRHT to provide details so that the individual can be triaged accordingly. (This may occur on borders where the mast may pick up the wrong geographical routing).

9 Referrals from 3rd Party (individual aware/known)

- If a member of the public contacts the 111 MH service expressing concerns for an unidentified individual, staff should encourage the member of the public to make contact with the person, encourage them to contact/speak with the service either directly or with the 3rd party present (if they feel comfortable with that, giving consent).
- Advice, information, and support should be provided to the person calling. This may include the team passing details onto other agencies/emergency services and CRHTs if necessary.
- A record of the conversation will be available on the BT CCNG cloud for access where no identifiable details are known.
- There is no record made for the individual person on CITO (unless they are present, willing to speak to the team and consenting).

9.1 Family/Carer Concerns.

- If a family member/friend/carer contact – expressing concerns for an individual they know, staff need to log and document the referral on CITO and details of the individual to aid decision making. We do not need to gain consent from patient before we call them, gather information, triage, or simply

talk to them. Consent is only needed when there is a specific decision to be made.

9.2 Referrals from 3rd Party - Summary

- In summary, where someone reports a concern about a person, the expectation is, that we contact the person and attempt to conduct a screening, refer to CRHT for triage or gather information in the most appropriate way.

- Where there are risks to self and or others, Common Sense Confidentiality principles should be adhered to and a duty of care to protect life.

10 Provision of Information and NHS Service Finder.

Once someone has gone through screening the service finder provides information about where they should go next. This uses the information already collected about the patient – such as their location and how quickly they need treatment – to provide a list of the best services for them. For example, this might be the nearest pharmacy, an urgent treatment centre or an emergency department. The list is ranked by factors such as how close the facility is, when it is open and what services are available when they get there.

10.1 How this service works

NHS Service Finder works by retrieving service information from the Urgent and Emergency Care Directory of Services (UEC DoS) and the NHS website. These directories are maintained by regional teams across the country to make sure it is as accurate and up to date as possible.

Services need additional information to make them searchable. This means the results that appear in your search depend on how much of this information the regional teams have completed.

Regional teams across the country are working hard to ensure that services are profiled accurately.

If you cannot see a service that you think should be listed, then please report it using the form within NHS Service Finder.

10.2 DTV

TEWV and NECS are working in partnership to develop the Service Finder for NHS 111, MH service. Service finder has been expanded to include NHS services, LA services and VCS services. TEWV and NECS have collaborated with partners to add additional support services on to develop a single signposting contact.

The service finder is a web-based directory that gives health and care professionals a fast way to access accurate, real-time information to help signpost patients to available services. MH Advisors can filter services via a caller's postcode to identify support services, opening days, times and contact information can be given. Service finder is maintained by regional DoS teams across the country to ensure it is up to date and accurate.

10.3 NYYS

TEWV and Everyturn have worked in partnership to develop a DoS for NHS select MH team to include NHS services, LA services and VCS services which are available to residents in North Yorkshire, York, and Selby.

Staff can advise on services via a caller's location within North Yorkshire, York, and Selby to identify support services most appropriate and locally to them which will include, opening days, times and contact information will be given.

The DoS will be maintained by the NYYS Modern Matron and Everyturn to ensure it is up to date and accurate.

11 Staffing Roles

The Mental Health Trust lead the 111 MH service. This may be provided by staff working within the MH Trust and/or by other partners/agencies acting on behalf of the Trust to deliver.

Regardless of the model of delivery the teams must ensure that they meet the national NHS England Requirements for the service and any contractual agreements.

The 111 select MH option two model in DTV and NYYS differ slightly in terms of the model of delivery. In DTV, the service is provided directly by TEWV MH Trust with staff employed by the Trust. In NYYS Everyturn will work on behalf of TEWV to provide the 111 MH screening element of the service.

The teams may have slightly different names; however, they all provide the 111 MH service and meet the specifications outlines via NHS England.

Mental Health First Response is the term used for the 111 MH team in NYYS.

Staffing within the 111 MH service may also be referred to by different names, but they conduct the same role and responsibilities.

11.1 Mental Health Advisors/equivalent MHFR

These are staff who have received the necessary training to answer the calls coming into the 111 MH option. They will be the first point of contact for callers and will provide screening, signposting and where needed onward referral/s. They will help callers to ensure that they receive the right help and support from the right person/service having access to a Service Finder.

11.2 Mental Health First Response Staff

The third sector navigators have been specifically contracted to deliver the knowledge and experience of a range of community resources available and to provide the right level of intervention for those who contact lower-level mental health needs or who are seeking advice and direction.

The navigators will be the first point of contact on the call and will have a good knowledge as to the differences between statutory and non-statutory services.

They will work in a solution focus way at the initial point of contact to engage with individuals and ensure that they receive the appropriate service for their needs.

Navigators will use the wider resources within the hub either when they believe that a threshold for secondary services has been met or where the needs of the individual would not be resolved safely without a multi team approach at least in the short term.

11.3 Senior Nurse/Mental Health Advisor

Provide clinical support, advice, and guidance to the MH Advisors/screeners. To assist with the management of complex calls, cases, and any presenting risks. To provide live support and supervision to the team members.

They will seek support from the Team Manager, Service Manager and out of hours on call system as appropriate. CRHT will also be a point of contact for support, advice, and guidance. They may on occasions answer calls into the service and undertake triage where needed, as part of business continuity planning to manage demand and need.

11.4 Team Manager

Is responsible for the day to day operational managerial and leadership support to the team, ensuring effective implementation and ongoing delivery of Trust pathways and protocols working closely with the Service Manager.

11.5 Service Manager

Is responsible for oversight of the team, providing support and supervision to senior staff and monitoring performance data and for reporting as needed to the General Manager, Director of Operations and Urgent Care Lead. Contribute to ensuring clear pathways between 111 MH and other services and to developing and improving the service supporting evaluation and monitoring KPIs and quality.

There may be on occasions whereby other members of staff may work into the service and or as part of their professional training for example- student nurses, paramedics, bank staff, peer support workers.

12 Staff Support, Training and Development.

Training and Development will reflect the needs of the individual professional, as described in the core competencies for their post and their personal development plan. The Trust recognises that Continuing Professional Development (CPD) is a key element of ensuring the delivery of the highest possible quality of service. To support this staff will receive regular supervision and annual appraisal in line with Trust policy. All new staff will attend a Corporate Induction and a Local 111 MH induction. Live support and supervision will occur in practice with opportunity for reflection and feedback. Debriefing will also form an important part of the role.

Staff will attend mandatory training sessions appropriate to their individual role and Professional status.

12.1 Mental Health Advisors

Mental Health Advisors will complete training covering the following topics prior to taking calls from 111 option 2:

- Mandatory Training relevant to role
- Paris/Cito Training
- Introduction to the Role of the Mental Health Advisor
- Telephony Training
- Providing a good experience & confidentiality
- Use of Screening Tool
- Use of Directory of Services
- Mental Health Awareness (Adult)
- Suicide Awareness

- Children and Young People Services Awareness
- Learning Disability Awareness
- De-escalation
- Empathy and Resilience
- Mental Health Services for Older People awareness – cognitive impairment and delirium
- Engaging with vulnerable people

Staff will be required to attend team meetings, any identified learning and training opportunities (as these develop) for the service and work in partnership with many agencies and services. There will be a requirement for staff to maintain their knowledge and awareness of the DoS/Service Finder, and any other changes to systems, pathways and requirements, required to undertake their roles.

12.2 Supervision

In line with the Trust's Clinical and Professional Supervision Policy, all staff will receive individual clinical and managerial supervision, and the Team Manager will hold overall responsibility for ensuring that both supervisions take place for all staff. In addition to individual supervision, live support will be provided on shift and debrief will be offered and undertaken as an important element of the role and to support staff wellbeing.

12.3 Team Meetings

The service will hold regular monthly team meetings and review the service KPIs, patient experience and quality measures. It is also a conduit in service evaluation and improvement. These meetings should form part of the Trust's established governance meetings and link into any regional and national meetings to support learning and evaluation.

12.4 Personal Safety and Lone Working.

Safety of staff is paramount. Staff at times may be working alone in a wide variety of circumstances and settings. Trust and employee responsibilities are outlined in the Trusts Lone Working Procedure and should be included as part of the induction process and adhered to by all staff.

13 Information Governance.

Information Governance (IG) is a framework for handling personal information in a confidential and secure manner to appropriate ethical and quality standards in a modern health service.

All staff or colleagues representing the Trust on the NHS 111 MH option 2 activity need to ensure that they are conversant with the Trusts Information Governance Policy which lays out the standards and requirements when handling personal and sensitive data to enable the safe use of personal information for the benefit of service users and clients and to give assurance that information will be kept safe and secure at all times minimising the risk of inappropriate onward disclosure.

It is a mandatory – contractual requirement that all staff with access to patient or staff information complete the annual training regarding IG to ensure that the guidance is applied in practice thus ensuring that all information is:

- Held securely and confidentially.
- Obtained fairly and lawfully.
- Recorded accurately and reliably.
- Used effectively and ethically.
- Shared and disclosed appropriately and lawfully.

13.1 Records Management

The Records Management policy details how all records including paper and digital records and the equipment and environment in which they are held should be written and secured. This covers the full lifecycle of the record from its creation, during its use and the period of retention and if appropriate information on the destruction. All staff should be familiar with the content of this policy.

13.2 Documentation Specific to the NHS Select MH 111 (option two) activity

Completion of documentation is essential, to ensure that patients are safe and that there is a record of any discussions, actions, and plans. It is equally as important to keep a record of if a person is signposted/referred on, and that this information is shared with relevant others, especially if a person is referred to their service/team. Record keeping will support the monitoring of the quality of care provided, our pathways, trends and outcomes and will help the Trust to learn and improve.

- A person will be registered on the EPR.
- A referral will be opened for all callers into the 111 MH Service on the EPR system PARIS/CITO (bar unknown – see section 8).
- Referral/Screening form will be completed for each call into the service.
- The form will be closed once a caller has been screened and appropriate response/outcome is completed and documented.
- Any referral into a CRHT will be displayed on the Teams widget – awaiting triage – for action.
- A new referral will be completed for all callers into 111 MH, including those callers who have contacted previously.

The service will have access to clinical systems utilised by other TEWV teams and providers.

These may include:

- SystemOne
- Great North Care Record/Humber Care Record.
- NHS Spine
- Paris/CITO

13.3 Sharing records and information

Personal information can be shared when there is a lawful basis for doing so. This may be if there is a risk to self and or others. The Sharing information and Confidentiality Policy helps staff understand when to share information with other professionals, and when not to share, so they can provide the best standard of care. The Trust has information sharing agreements that cover information sharing between its main partner agencies. These are published in the Information Sharing Agreement folder of the Trust-wide shared (T:\) drive. The sharing of information for this purpose has already been defined.

The Data Protection Act 2018 (GDPR) provides the following rights to individuals in respect of personal data held about them:

13.3.1 Right to be informed

Individuals have the rights to be informed about the processing of their personal information. Requests should be made to the Data Protection Officer. The process for doing so is described in the Requests for Information Procedure. Anyone contacting the 111 MH service will be informed that their information will be recorded on the EPR, and call is recorded.

13.3.2 Right of access

Requests for access to personal information are processed as described in the Requests for Information Procedure.

13.3.3 Right to rectification, erasure, or restriction of processing

Requests to correct inaccurate data, erase data or restrict the processing of data are considered individually giving due regard to clinical risk and safeguarding the individual, staff, and members of the public. Any requests must be forwarded to the Head of Information Governance who is also the Data Protection Officer for the Trust. When data has already been shared with third parties, individuals have the right to be informed when the Trust notifies those third parties of requests for rectification, erasure, or restriction of processing. The Data Protection Officer will oversee this process.

13.3.4 Right to data portability

Individuals who request access to their personal data can receive that information electronically in a structured, commonly used, and machine-readable format. Where technically possible, individuals can also request that their information is transmitted directly to another controller, e.g., another care provider or third party. Requests for access to personal information in electronic formats, or transferring to a third party, are processed as described in the Requests for Information Procedure.

13.3.5 Right to object

Where personal data are processed for:

- scientific.
- historical research; or
- statistical purposes

The individual has the right to object to processing of their personal data unless the processing is necessary for performing a task carried out for reasons of public interest. Objections are considered on an individual basis and must be forwarded to the Head of Information Governance who is also the Data Protection Officer for the Trust.

13.3.6 Right not to be subject to a decision based solely on automated processing, including profiling.

The Trust currently does not have any automated decision-making or profiling processes. Any future changes to this will consider and evidence the requirements of GDPR throughout the development and implementation lifecycle.

13.4 Informing GP of Contact

When an individual has referred themselves to the 111 Select MH SPA or has been referred into the service, the persons GP will be able to view a copy of the referral/screening form for their records via the Health Information Exchange (in the future).

14 Incident Reporting

All staff are responsible for recording incidents.

Timely recording and review of all incidents is essential to improving patient safety. This process begins with recording any incidents that impact on patients, visitors, staff, or Trust service provision, clinical or non-clinical and covering all levels of harm.

Adherence to TEWV Health and Safety Policies will be observed. Any incidents or near misses will be reported and recording in line with TEWV incident reporting procedures. Everyturn will use their own systems.

All staff are responsible for recording any incident on the Trust's incident recording system (InPhase) within 24 hours of occurrence or being identified, if this is not possible then this should be escalated to the relevant line manager. Everyturn will use their Ulysess system.

The primary aim of a good quality patient safety incident investigation is to accurately, and thoroughly, identify what happened (problems arising) and why; and establish strong/effective systems-based improvements to prevent or significantly reduce the risk of a repeat incident.

Accurate incident recording, providing correct and full details of the incident and everyone involved is an important first step.

As part of the new Learning from Patient Safety Events, all patient safety incidents are submitted to the NHSE national system.

Monthly reports will be generated, and information analysed for any trends. Any learning from incidents will be share at the Team Governance Meetings and fed into the Service Line and Care Group reporting meetings.

Whenever there is an incident in Trust premises or arising from a Trust activity outside Trust premises, it is the responsibility of the person who has been directly affected by the incident to report it. Where the affected person in not a member of staff or is a member of staff but incapable of reporting, the person who observed the incident or was first notified is responsible for reporting. Where the team have observed or been involved in an incident it is the responsibility of the shift Clinical Lead to ensure that the incident is reported by the end of the shift.

Serious Incidents (SI's) must be reported immediately to the Line Manager and Shift Clinical Lead and an incident form completed as soon as it is practical. There is an expectation that this should be before the end of the shift in which the incident occurred or that staff became aware that a Serious Incident has occurred. If it is thought that an incident is, or might be an SI, the most senior member of staff on duty should contact the appropriate Service or General Manager (in hours) and On Call Manager (out of hours). The Service Manager or On -call Manager will verbally alert the appropriate Director on Call.

All SI's will be investigated by the Patient Safety Team, in line with Trust Policy and Everyturn policy. Any learning will be shared locally and Trust wide/with partners/agencies.

14.1 Infection Control

Staff will follow reporting and management procedures as detailed within TEWV's Infection Control Policy and/or their own organisations Policy.

14.2 Safeguarding

Staff will follow the Trust Safeguarding policies and procedures as detailed within the Policy and/or their own organisations Policy.

15 Raising Concerns

Patient safety is our primary concern, and our staff are often best placed to identify where care may be falling below the standard of care our patients deserve. This means we encourage any staff member who has a genuine patient safety concern to raise this within the organisation at the earliest opportunity. To ensure our high standards, continue to be met, we want every staff member to feel able to raise concerns with their line manager or another member of the management team. We want everyone who works at TEWV to feel able to highlight wrongdoing or poor practice when they see it and are confident that their concerns will be addressed in a constructive way.

15.1 Compliments, Concerns and Complaints.

The Service will proactively learn from all feedback received about the quality of our services and the experiences of those who access them. The service will manage your complaint in the best possible way to ensure that you receive a timely and compassionate response that clearly identifies what actions we will take which will demonstrate how we have learnt from your experience which will be used to improve our services.

In the first instance we ask that you talk to the staff involved with your care or treatment, or their manager. This is often the quickest way for us to put things right and stops them becoming a formal complaint. If you do not feel comfortable about approaching this person, directly ask to speak to the Team Manager, the Modern Matron, the service manager, or the general manager. Please do not be afraid to say what you think. If you bring your feedback to our attention, it will not affect your future treatment or care. The Trust (and Everyturn) has a policy of dealing with concerns openly. We welcome all feedback, and we will do everything possible to put things right.

How do we aim to resolve concerns raised? We will:

- Agree the concerns that you wish for us to have a closer look or be investigated.
- Be thorough and fair.
- Let you know when we will respond to your complaint or if there is a delay.
- If there is a delay, we will keep you up to date with what is happening.
- Learn lessons from your experience of our services and make identified improvements.

The Service will proactively seek and learn from feedback from patients and/or carers and staff about the quality of service and their experience using any patient outcome measures, feedback, and the national NHS E Survey.

Feedback received will be reviewed monthly by the team as part of learning, improvement, and performance monitoring. Both positive comments and those regarding what should be improved will be discussed as a team with resulting lessons learnt and action planning recorded in team meetings.

16 Key Performance Indicators.

The service will be measured on the following KPIs:

The guidance for the data collection will be drafted once approvals have been provided but it will be based on the specification for the 2023/24 (england.nhs.uk). MH services will not be required to collect all the data items listed within this specification. They will only be required to collect the data items that have been specified:

	Description	Item
A) Demand for IUC Service	Number of calls received	A01
	Calls routed through IVR	A02
	Number of calls answered	A03
B) Call Handling	Number of calls answered within 60 seconds	B01
	Number of calls abandoned	B02
	Calls abandoned in 30 seconds or less	B03
	Calls abandoned in over 30 seconds and up to and including 60 seconds	B04
	Calls abandoned after 60 seconds	B05
	Total time to answer	B06
	95th centile call answer time	B07
	Total time of abandoned calls	B09

The Trust is required to submit information and data on the KPIs to NHS England.

KPI	Title	Standard
1	Proportion of calls abandoned	≤ 3%
2	Average speed to answer calls	≤ 20 seconds
3	95th centile call answer time	≤ 120 seconds

The information will be extracted from the electronic patient record, IIC and the telephony provider information. This, along with other narrative relating to staffing, sickness levels, complaints, compliments, patient feedback, and staff wellbeing forms an important function for us to monitor, evaluate and understand the impact on the wider Urgent and Emergency Care System.

The provider must provide a summary of all complaints and feedback from patients and carers, commendations received, progress, outcome and actions taken to the Integrated Care Board (ICB) on a quarterly basis.

Other measures may be used to assess the quality of the service and evaluate how well it is working. Information may include patient experience and feedback, staffing experience and feedback, sickness levels, recruitment and retention, any complaints or concerns and any SIs.

NHS E has advertised their own survey for completion via a QR code for those that have accessed crisis services via111 select MH which will be fed back to organisations.

17 Durham, Darlington, and Tees Valley Care Group; 111 MH Service.

The DTV 111(2) mental health service will be based at West Park Hospital. The service will cover all the DTV Care group area and Northeast Geographical area.

The service staffing model will include the following staff for each duty, this will be the minimum safe staffing number:

- Day duty 1 Senior MH Advisor and 4 MH advisors
- Night duty 1 Senior MH Advisor and 3 MH advisors

The service has a Team Manager who works during Monday-Friday 8-5pm and is overseen by the Service Manager for Durham and Darlington Adult CRHT. Staffing numbers may be adapted to manage demand and capacity.

18 North Yorkshire, York, and Selby Care Group: 111 MH Service.

The NYYS 111(2) Mental Health First Response service will be based in the Everyturn offices in Newcastle. The service will cover all the NYYS Care group area.

The Crisis 'Hub' will be staffed by Crisis Clinicians within the existing TEWV CRHT's located in York, Scarborough, Northallerton and Ripon.

The service staffing model will include the following staff for each duty, this will be the minimum safe staffing number:

18.1 MHFRS provided by Everyturn:

- Three mental health first responders 24/7 with access to a Service Manager Monday – Friday 9-5 pm
- 24/7 access to registered clinicians via the Crisis Hub.

18.2 Crisis Hub:

- Day shift – 5 Crisis Clinicians
- Night Shift – 2 Crisis Clinicians

The Crisis hub is made up of the four crisis teams in the NYYS locality who all have a Team Manager who works during Monday-Friday 8-5pm and is overseen by Service Mangers within each locality with operational and clinical support from the Modern Matron for NYYS Crisis Teams.

Crisis Teams will continue to provide triage, assessment (where appropriate and required) and intensive home-based treatment, supported by the Crisis Operational Policy and Quality Standard work.

19 Definitions

Term	Definition
111 Mental Health	This is a national Single Point of Access for non-urgent physical health. The 111 number and select mental health option (2) will be a choice to the caller when contacting the service as is the single point of access for mental health crisis.
Single Point of Access (SPA)	Provides a first point of contact. For 111 MH, this is the spa for urgent mental health needs in DTV and NYYS areas. It is open 24/7.
Crisis Resolution and Home Treatment Team (CRHT)	The CRHTs often provide triage, assessment, and intensive home treatment for those who experience a mental health crisis/distress. They are 24/7. They also support people to return home from an inpatient admission where necessary and play a role in managing bed capacity (out of hours), supporting HBPOS and follow up appointments following discharge from hospital.

NHS England	NHS England leads the National Health Service (NHS) in England. We promote high quality health and care for all through the NHS Long Term Plan.
NHS Service Finder	The **NHS Service Finder** is a central, web-based national database of a range of services involved in patient care. It provides real time information on services and agencies that can support individuals in a range of circumstances. (formerly called Directory of Service (DoS))
Integrated Information Centre (IIC)	This is TEWV's information system where data and performance indicators can be viewed, filtered, and produced.
Electronic Care Record (ECR)	This is the Trust's electronic patient record CITO which is used to record any clinical information.
Key Performance Indicator (KPI)	Key Performance Indicator. a measurable and quantifiable metric used to track progress towards a specific goal or objective. KPIs help organisations identify strengths and weaknesses, make data-driven decisions, and optimize performance. KPIs provide teams with targets to aim for, milestones to gauge progress, and insights to help guide decision-making throughout an organisation. By monitoring KPIs, organizations can identify areas of strength and weakness, make data-driven decisions, and take actions to optimise performance.

Interactive Voice Response (IVR)	Interactive Voice Response (IVR) is an automated phone system technology that allows incoming callers to access information via a voice response system of pre-recorded messages without having to speak to an agent, as well as to use menu options via touch tone keypad selection or speech recognition to have their call routed to specific departments or specialists.
BT-Customer Contact Next Generation (BT-CCNG)	Telephony provider and name of the telephony platform that is used to support staff in delivery the service.
Integrated Care Board (ICB)	An integrated care board (or ICB) is a statutory NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision of health services in a geographical area.
Mental Health First Response (MHFR)	Is the name of the team/service in NYYS who will be providing the 111 MH service (provided by Third party Everyturn)
General Data Protection Regulation (GDPR)	The GDPR is a data privacy regulation from Europe that describes the rights individuals based in the EU/EEA have over their personal information processed by businesses (or natural persons outside of their personal use) and explains what guidelines businesses worldwide must follow to process their personal data legally

20 How this procedure will be implemented

- This procedure will be available to staff on the Trust Intranet and Public.
- Service and Line managers will disseminate this procedure to all Trust/ Provider employees through a line management briefing.
- Procedure will be provided at staff induction of staff/training for the 111 MH service.
- Service Managers will disseminate this procedure to other partner providers, which should be used in conjunction with their organisations policies and procedures.
- Implementation action plan.
- Any changes to the process will be shared with staff and teams to ensure this is reflected in practice and monitored via supervision, appraisal, live supervision and service audits and evaluation.

20.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Procedure to be approved and shared with relevant teams.	Shared with all CRHTS and staff within the 111 MH services Trust wide and partners.	Initial -April 2024 November 2024.	Director of Operations, Service Managers, Team Managers, Urgent Care Lead.	Via training record, team meeting minutes, operational delivery.
Procedure to be Published on the Intranet and Trust website.	Process available for all staff and public.	April 2024. AMENDED October 2024.	Policies team, Communications.	Approved and published on Trust intranet.
Introduce BT CCNG telephony platform to 111	CRHT and screening service for 111 MH to use the BT CCNG	By End of April 2024	Digital Project Manager, IT Networks team,	BT CCNG platform implemented and in use.

MH screening and all CRHTs.	telephony platform and associated functionality.		DOPs, Service Managers.	
Telephony IT BCP	Production of BCP plan for IT staff and understanding by services/teams of BCP arrangements.	By end of April 2024.	Digital Project manager. IT Network team, Urgent Care Pathways Lead.	BCP plan in situ and accessible.

20.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Mental Health Advisors (band 3) and Senior Mental Health Advisors (band 6) and Team Manager (band 7) and partner services providing.	Induction and Training package as set out in the protocol. Face to face Online Teams 1:1 Live support and supervision. Shadowing Team Meetings/Training.	4 weeks – March-April 2024.	Upon induction. Identification via supervision, appraisal etc.

All CRHT staff and 111 MH staff/partners.	BT CCNG training on the telephony solution and platform, wall boards, supervisor training, licences. Via teams, recorded session, guides, and team/1:1 support (if required).	March- April 2024	Once and ongoing if need updates/changes to any of the functionality.
Director of Operations, General Managers, Service managers, Team Managers – Urgent Care Staff	IIC data reporting of crisis call data and KPIs.	April 2024	Once.
All Trust staff and provide staff at Everyturn.	CITO training. Modules, online and live. Live support. Team meetings/supervision/training sessions.	April 2024	Once. Ongoing support, advice, training can be sought if required.

21 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented, and monitored; (this will usually be via the relevant Governance Group).

1	Induction Procedure and training records.	Frequency =on commencement of role. Method =collated by team manager Responsible =Team and service manager/s.	Training records to be held by Team Managers in 111 select MH team, Crisis services and Everyturn. Supervision and audit. Live supervision. Call recording/monitoring.
2	Monitoring of KPIs set out by NHS England via the telephony platform/on IIC Dashboard.	Frequency =as per NHS Guidelines Method = via quantitative data/IIC Responsible = Digital and Data Dept.	Service, Care Group Board, Crisis steering group, Urgent Care Board, Urgent Care Network, ICB, NHS England, Partner organisation Everyturn.
4	Service evaluation by respective ICB areas and the two care groups.	Frequency= 6 months/12 months. Via 2 ICB areas and regional NHS E leads. Method= IIC, telephony reports, other related systems, staff, and patient feedback. Responsible=Urgent Care Pathways Lead, Directors of Operations, Service Managers	Via ICB boards, NHS England, Urgent Care Board, Care Group Governance, Urgent Care Network, partner organisation Everyturn. National Benchmarking via regional and national NHS E team.
5	Within team meetings with the service.	Frequency=Monthly Method=Team Meeting	Via care group governance meetings, Urgent Care Board and ICB regional meetings.

		Responsible=Team manager/Service Manager 111 select option 2 service and General Manager.	

22 References

Sands N., Elsom S., Henderson K., Keppich-Arnold S. & Marangu E. (2013) Mental Health Telephone Triage: Managing psychiatric crisis and emergency. Perspectives in Psychiatric Care, 49, 65–72.)

NHS (2019) NHS Long Term Plan

easy-read-long-term-plan-v2.pdf (longtermplan.nhs.uk)

https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

23 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	19 December 2024
Next review date	19 December 2027
This document replaces	COP-0017-001-v1 111 Select Mental Health process.

This document was approve	Urgent Care Board (chair P Scott)
This document was approved	Trust wide Crisis Steering Group – October 2024
This document was ratified	Trust wide crisis lines steering group 18 December 2024
An equality analysis was completed on this policy on	27 September 2024.
Document type	Public
FOI Clause (Private documents only)	n/a

Change record.

Version	Date	Amendment details	Status
1	08 Mar 2024	N/A - New document	Withdrawn
2	18 Dec 2024	Review post service implementation. Updated details re transfers to and from ambulance Trusts. Re-named DoS to Service Finder.	Approved

		Reflection of call back process. Reflection of changes/updates to CITO. Updated EIA.	

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The Equality Impact Assessment Policy and Equality Impact Assessment Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Trust wide 111 Select MH option (2)
Title	111 Select Mental Health Option (2)
Type	Procedure/Process
Geographical area covered	Durham, Darlington and Tees Valley and North Yorkshire, York, and Selby.
Aims and objectives	Implement a procedure for the SPA for 111 select Mental health option within the Trust which covers the DTV and NYYS Care Groups. This service will offer call screening, advice, and support. CRHTS will provide any subsequent triage, assessment and IHT.
Start date of Equality Analysis Screening	27th September 2024.
End date of Equality Analysis Screening	27th September 2024.

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project, or Business plan benefit?	The procedure benefits all members of the public within the geographical areas of DTV and NYYS of all ages. In line with national NHS England directive to provide a SPA via 111 for mental health across the country. This will benefit and improve the experience for those in mental health crisis who use the 111 mental health option in both Carer Groups. This is open access, all age and will benefit patients, carers as they have a SPA and the wider services/system in ensuring the individual obtains the right care from the right person in a timely manner. The screening and call answering element will be provided via TEWV (or on behalf of Tewv in NYYS) Those who require triage and assessment will be transferred to existing crisis services.
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project, or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	• **Race** (including Gypsy and Traveller) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men and women) NO • **Gender reassignment** (Transgender and gender identity) **NO** • **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO** • **Age** (includes, young people, older people – people of all ages) **NO**

	• **Religion or Belief** (includes faith groups, atheism, and philosophical beliefs) **NO** • **Pregnancy and Maternity** (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) NO • **Armed Forces** (includes serving armed forces personnel, reservists, veterans, and their families) NO • **Human Rights Implications NO** (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	n/a
Describe any positive impacts / Human Rights Implications	There are several positive outcomes that can be identified as a result of the 111 Select MH Option 2 going live. The 111 service will provide a direct personable response via a SPA for mental health crisis via 111 option MH which can screen calls, offer support, advice, and signposting to other services/agencies via NHS Service Finder (formerly called DoS). Identify those in crisis that require triage from CRHT services in TEWV and transfer accordingly. It will: • Improve the experience for those who use the service. • Offer an age-appropriate response. • Offer timely support, advice, guidance, and signposting along with onward transfer for those in MH crisis to TEWV CRHTs. • Improve % call answer rates and responsiveness. • Provide improved accessibility standards for those using the service. • Provide direct telephone number for British Sign Language Interpreters for CRHTS

	(already been provided to NHS England – professional line). • Ability to respond & support people with neurodiversity. • Meets the requirements stipulated from NHS England and KPIs. • Accessible service for service users whose first language is not English. • Updated telephony platform with call visibility, improved functionality, data and information and call recording.

Section 3	Research and involvement
What sources of information have you considered? (e.g., legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	NHS England Guidance, Requirements and Recommendations for 111 MH option two. NHS Future platforms – case examples and webinars- best practice. National Communications Toolkit Internal Trust policies and procedures.
Have you engaged or consulted with service users, carers, staff, and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	ICB regional work has been undertaken with patient groups in terms of the offer, communication strategies and via the wider Our Journey to Change Feedback. Service users and carers/partner agencies participated in the care group model work to develop the model and offer. This has also been discussed at various engagement forums across the care group including: • Design Event/s. • Membership of Project Group. • Lived Experience forums. • Membership of Trust Governance meetings – it is a standard agenda item. Patients and carers will have an opportunity to feedback on their experiences via the national NHS E survey (QR code) which has been advertised. Two separate focus groups will be held in the Care Groups to obtain feedback and consult on ideas regrading a telephony service and form part of the service evaluation.

If you answered No above, describe future plans that you may have to engage and involve people from different groups	Continued feedback will be monitored via the identified KPIs and patient/carer feedback on the service via telephone survey option.

Section 4	**Training needs**
As part of this equality impact assessment have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	Staff will need to be fully aware of the model, processes, and procedures in relation to the new 111 MH option/s MOU. CITO training for staff. Use of any telephony and technology to support with training to use the new platform and reporting. Trust mandatory and statutory training. Staff working in the service will have a robust induction and training for provision of the screening offer and Service Finder. There is an option for registered staff within TEWV to have a tele triage training session (paid for and delivered by a train the trainer approach) which is being explored. All crisis teams should continue to work to the QNCRHTT standards and undertake peer review for formal accreditation.

Describe any training needs for patients	Patients and members of the public will require a period to adjust to the new way of contacting services in a mental health crisis. Nationally all 0800 crisis lines will cease once one NHS 111 MH is operational – this is anticipated in the winter 2024. This will be supported by a national NHS England communication campaign. Local Trust communication have been issued and via ICB/partners. Patients/carers will have an opportunity to provide feedback via the national QR survey code on accessing crisis services via 111 and any focus groups for evaluation.
Describe any training needs for contractors or other outside agencies	IG and data sharing. Joint work with Northeast Ambulance Service and ICB leads/commissioners in both Northeast North Cumbria ICB and North Yorkshire and Humber ICB.

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Y	
Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2. Rationale		
Are reasons for development of the document stated?	Y	
3. Development Process		
Are people involved in the development identified?	Y	
Has relevant expertise has been sought/used?	Y	
Is there evidence of consultation with stakeholders and users?	Y	Clinicians and IT involved in procedure, and patient families' carers involved in the model work at ICB level.
Have any related documents or documents that are impacted by this change been identified and updated?	Y	Yes- MOUS, DPIAs, QIA, privacy statement, other trust wide patient information.
4. Content		
Is the objective of the document clear?	Y	
Is the target population clear and unambiguous?	Y	
Are the intended outcomes described?	Y	

Are the statements clear and unambiguous?	Y	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Y	
Are key references cited?	Y	
Are supporting documents referenced?	Y	
6. Training		
Have training needs been considered?	Y	
Are training needs included in the document?	Y	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	y	
8. Equality analysis		
Has an equality analysis been completed for the document?	Y	
Have Equality and Diversity reviewed and approved the equality analysis?	Y	27 Sep 2024 ah
9. Approval		
Does the document identify which committee/group will approve it?	Y	Urgent Care Board-TEWV.
10. Publication		
Has the policy been reviewed for harm?	y	No harm
Does the document identify whether it is private or public?	y	Public
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	

11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility.' You must remove all errors)	Yes	
Do all pictures and tables have meaningful alternative text?	n/a	
Do all hyperlinks have a meaningful description? (Do not use something generic like 'click here')	n/a	

Appendix 3 – Helpful Websites

Directory of Services (DoS) - NHS Digital

Find services near you - NHS (www.nhs.uk)

The NHS website - NHS (www.nhs.uk)

NHS Digital

NHS England » Future NHS platform

Northeast Ambulance Service - NHS Foundation Trust (neas.nhs.uk)

Royal College of Psychiatrists (rcpsych.ac.uk)

gn-crhtt-5th-edition-standards.pdf (rcpsych.ac.uk)

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