

DERBYSHIRE COUNTY COUNCIL

CABINET

14 September 2017

Report of the Strategic Director of Adult Care

RETHINK FOCUSLINE

ADULT CARE

1. Purpose of the Report

To seek Cabinet approval to cease the Adult Care grant-funded financial contribution of £62,256 to Rethink Focusline from 30 November 2017

2. Information and Analysis

Derbyshire County Council (DCC) Adult Care and Derbyshire CCG's have been joint grant funding Rethink Focusline for a number of years with Hardwick CCG currently holding the contract on behalf of all partners. The service currently operates from a base in Sutton-in-Ashfield which is also used to deliver the service commissioned by Leicester, Leicestershire and Rutland for their residents.

The service was also previously funded by Lincolnshire, Nottingham City and Nottinghamshire and Derby City, however, all of these parties have ceased their funding over recent years. Leicester, Leicestershire and Rutland will cease their element of the funding at the end of September 2017 as they have recently commissioned a crisis house which also offers a telephone support line for people in crisis. The loss of this funding to Focusline means that the service will no longer be viable in its current format.

Derbyshire Focusline offers confidential emotional telephone support to adults in Derbyshire who are affected by mental ill health. During 2016-17, the service handled 5,031 calls (800 less than the previous year). Almost 35% of these calls were made by Derby City residents. Please refer to **Appendix 1** for more information about the use of the Focusline service.

A high number of calls are from a small number of individuals who are frequently using the service. Strategies have recently been put in place to limit the amount of support time for these individuals to a maximum of thirty

minutes per day, to enable other people in need of support to have their call answered.

Many of Focusline's repeat callers are also repeat callers to Police, NHS 111 and East Midlands Ambulance Service (EMAS). Whilst there are currently multi-agency working groups in place to identify alternative ways of dealing with high impact users for 111, EMAS, Police and Crisis teams, Rethink Focusline are not currently part of these operational working groups due to the confidential and anonymous nature of their service.

Feedback from a recent Healthwatch consultation report around crisis care for people with mental ill health also highlighted that people had stated they had difficulties getting through to Focusline when they required crisis support. Feedback from earlier consultation indicated that half of users were happy with the service but the other half who were actively seeking support in a crisis were unhappy with the service, as it was unable to link them into mental health services at their time of need.

During 2016-17, less than 2% (96) of all callers were signposted to other sources of support and the majority of these were signposted to mental health services (93) and/or physical health services (58).

Up until November 2016, the helpline was open from 5pm to 9am Monday to Friday and 24 hours at weekends and bank holidays. On receiving notice that the funding from Leicester, Leicestershire and Rutland would cease at the end of September 2017, discussions were held with Rethink as to the future provision of the service and two options emerged from these discussions.

- Option 1 was to decommission the service and distribute any remaining funding to alternative services.
- Option 2 was consider the integration of Focusline with the NHS 111 service.

Proof of concept / pilot with Focusline and 111

A proposal to run a proof of concept integrating the service into NHS 111 was approved and in order to keep Focusline available in parallel, the hours were changed from 5pm to 1am, seven days per week which reflected the lower demand for the service during the hours of 1am and 9am. This freed up staff time to allow some of the Focusline staff to move in to the 111 offices during these hours from November 2016.

As 111 receives calls from patients for both mental and physical health reasons this proof of concept aimed to ensure parity of esteem so that those calling about their mental health had the same access to support as those calling for physical health reasons.

The 111 call operators are not clinically trained and follow call scripts using algorithms which often result in negative outcomes for people in mental distress, with many receiving no support at all and the only option for many is an inappropriate referral to Emergency Departments (ED). By placing Focusline trained staff in the Call Centre, the pilot hoped to provide an alternative for people calling 111 needing assistance with their mental health needs. 111 call operators could transfer callers to Focusline workers as a source of immediate professional support or arrange for a Focusline worker to call the person back when they came available, as happens for people with non-urgent physical health needs.

Within this arrangement, Focusline staff could also benefit from closer partnership working by integrating with health professionals and access to the resource within 111 to request an ambulance or clinical response if required. 111 staff also have access to the Directory of Services (DoS), a national database used by health professionals, should they wish to make referrals to other services or locate a person's nearest service.

What worked well?

From November 2016 to 23 May 2017, 149 calls were put through to Focusline staff and of these 85% were new callers to Focusline. This would strongly suggest that the new arrangement served to widen the accessibility of the service to more Derbyshire residents who may have had no knowledge of or will to call Rethink Focusline.

Professional links between Focusline and Nurse Advisors based within 111 were greatly improved during the proof of concept and these relationships were crucial to increasing the number of calls transferred to Focusline.

Lessons Learned

Some operational delays were experienced at the beginning of the pilot, such as amendments to the 111 databases and DoS to include Focusline as an option for callers. A named project lead within 111 from the onset may have eliminated or expedited some of these delays.

Not all call handlers in 111 referred to Focusline where this option was available to them. There is evidence from other areas, such as Cambridgeshire's 111 service, that by providing a self-select option for people requiring support in relation to their mental health at the point their call is answered, significantly increased the number of callers being supported.

Impact of the proof of concept on the long-standing Focusline service

There was a substantial increase in activity (586 calls) between the hours of 9pm and 1am suggesting that existing and long-standing users of Focusline,

changed the times they contacted the service in line with the new hours of availability. This ratifies the monitoring data which suggests that the majority of these callers are seeking ongoing emotional support rather than crisis support.

The number of new callers increased by 237 during the proof of concept period (Nov 2016 - May 2017) compared to 165 in the preceding six months. This suggests that by reducing the hours of availability of Focusline and in effect increasing the staffing capacity during those hours, allowed more new callers to have their calls answered. The rise in the number of new callers could also have been due to the increased publicity with regard to the change in the hours of availability for the service and/or to new arrangements to limit the amount of daily telephone support to individual callers.

Other current mental health initiatives

Mental Health Advice and Assessment Hub

The Mental Health Triage Hub (MHAAH) is staffed by Derbyshire Healthcare Foundation Trust (DHcFT) qualified mental health nurses, DCC specialist mental health social workers and is supported by DCC Approved Mental Health Professionals. EMAS staff will also soon be joining the Hub. The MHAAH staff are working in partnership to deliver a high quality, out-of-hours, rapid response service for urgent care professionals to aid their decision making when they are dealing with adults experiencing a mental health crisis. This includes the Police, EMAS paramedics on scene and out of hours (OOH) GP's. They can also offer telephone advice and triage direct to patients in mental health crisis who have had their call transferred from the NHS 111 service.

The service is still in development but has so far proved highly successful in reducing the number of inappropriate Section 136 (S136) detentions in police custody to zero. (S136 will be used by a police officer if they believe a person has a mental illness and needs immediate care or control, in their best interests or in others. They must check with a health professional, if they are able to, before S136 is used).

Often via the information available through the MHAAH and the ability for staff to make next day / urgent appointments for people, many people presenting in crisis to emergency / urgent care workers are now able to remain at home without the need for attending ED, once it has been established there is no immediate risk of harm to self or others. Nevertheless, some people do remain in some form of emotional distress and would benefit from access to telephone support. Having trained mental health workers, such as those at Focusline, working within the MHAAH, would enable access to immediate emotional support in these instances, further enabling emergency / urgent care workers to leave the scene earlier and freeing up capacity of paramedics, OOH GP's and the Police to respond to other urgent calls.

Recovery and Peer Support Service

The Recovery and Peer Support service has recently been jointly commissioned by DCC and the four Derbyshire CCGs. The new county-wide (excluding Derby City) service is in its early development but provides both 1:1 and group targeted support to people with mental ill health as well as opportunities to join a peer support network through a variety of group opportunities in their local community. The service offers access to recovery education to help people better manage their mental ill health as well as a wider range of education and support in relation to welfare benefits, housing support and employment support.

There is a targeted and peer led telephone support offer available for people who are unable to access face to face services, whether this is due to their mental health condition or if they have caring responsibilities which means they find it difficult to leave their homes. The telephone support is currently only offered during working hours.

Consultation on Future Proposals

Due to other funding streams ceasing at the end of September 2017, a public consultation on the future of the Rethink Focusline service was conducted between, 14 June 2017 to 26 July 2017. Details and results of the consultation can be found at **Appendix 2**.

The number of respondents to the consultation was relatively low which could be due to the fact that people with mental ill health can be hard to reach and engage. Also as Focusline is an anonymous service, it was difficult to target users of the service specifically, other than by Focusline workers informing callers of the consultation process and how they could take part.

The most preferred Option chosen in the consultation was for **Option 2** - DCC funding is removed, CCG funding continues and is used to embed Focusline staff into other mental health initiatives such as the MHAH. This was the case both for those who have used Focusline (47%) and for all respondents in total (36%).

Themes from feedback from the consultation suggest that people feel that staff in 111 should be better trained in dealing with people with needs in relation to their mental health. Any future recommissioning of this service should ensure parity of esteem for mental health on a par with physical health needs.

Some respondents expressed the importance of out of hours support through a single point of access for people experiencing a crisis in relation to their mental health. The emerging plans in the Derbyshire Sustainability and Transformation Plan (STP) will seek to ensure that there are easily accessible and responsive urgent care options to better meet the needs of people out of hours.

Some respondents felt that providing people with targeted support and help to develop a 'stay well' plan would help to achieve better outcomes for people who may be dependent on the Focusline service. Also having the opportunity for peer support and to develop friendships and connections in their local community would be beneficial and offer people more choice in their journey to recovery. As Rethink are also the lead provider for the newly commissioned Recovery and Peer Support service, there are opportunities to easily refer people across to this service to benefit from the support on offer.

The feedback from this consultation has also been used to inform the Equality Impact Analysis (See **Appendix 3**), along with service monitoring data in relation to the Focusline service.

3 Financial Considerations

The current grant funding for Rethink Focusline of £62,256 falls within the DCC Adult Care Mental Health thematic review. Erewash, Hardwick and North Derbyshire CCG's all contribute £13,155 and South Derbyshire £33,088, making the total amount of grant funding received by Rethink to deliver Focusline in Derbyshire as £134,809.

Based on the results of the consultation, the four Derbyshire CCG's are likely to propose to shift their current investment of £72,533 into a more permanent arrangement by linking staff into the MHAH or other mental health urgent care service. These recommendations are being considered separately by each of the four CCGs Governing Bodies.

The intention to cease all grant funded arrangements subject to consultations was made clear in the VCS Grant Funding Review Cabinet report of 15 March 2016. Following early consultation with Rethink and Hardwick CCG during June 2016 and the agreement to run the proof of concept with the 111 service, Rethink Focusline is already aware that their current funding would cease at 30 September 2017. This was then further extended to end of November 2017 as a result of the General Election delayed commencement of the consultation process.

In relation to feedback around urgent care plans in the Derbyshire STP, the budget of £62,256 will be held whilst future plans for out of hours, urgent care for mental health are developed.

4. Legal Considerations

Proposals such as these which may change service provision require consultation with those affected, including service users, staff and carers. In assessing these proposals, the Council should also have regard to its statutory duties under the Care Act 2014 and equalities legislation.

In so far as the Equality Act 2010 is concerned, Cabinet members are reminded that they are under a personal duty, when considering what decision to make, to have due regard to, in short, the need to protect and promote the interests of persons with protected characteristics (e.g. persons who are vulnerable on account of age, gender reassignment, pregnancy or maternity, race, disability, religion or belief, sex, sexual orientation).

5. Equality and Diversity Considerations

An Equality Analysis was undertaken to assess the impact of the proposals on the protected characteristic groups. The Equality Analysis includes an assessment of the responses to the consultation and engagement which have been conducted. This confirms the impact on the protected groups together with recommendations for potential mitigation. See **Appendix 3**.

6. Other Considerations

In preparing this report the relevance of the following factors has been considered: Human rights, human resources, health, environmental, transport, property and crime and disorder considerations.

7. Key Decision

No

8. Call-in

Is it required that call-in be waived in respect of decisions made in this report?

No

9. Background Papers

- Cabinet Report 15 March 2016 - Extension of Grant Funding in 2016-17 - Adult Care Service Statutory Priorities
- Cabinet Member Report 16 March 2017 – Extension of Grant Funding for Rethink Focusline whilst proof of concept with 111 takes place

10. Officer's Recommendation

That Cabinet agree to cease the current grant funding of £62,256 to Rethink Focusline with effect from 30 November 2017

Joy Hollister
Strategic Director

Appendix 1 Focusline Monitoring Data April 2016-March 2017

| | | |
|--|----------------|------|
| | Calls answered | 5031 |
| | Hang ups | 2267 |
| | New callers | 402 |

%

| | | |
|---------------|--------|-------|
| Gender | Female | 77.30 |
| | Male | 22.70 |

| | | |
|-------------------------|---------|-------|
| Duration of Call | 0 - 15 | 60.35 |
| | 16 - 30 | 27.63 |
| | 31 - 45 | 9.52 |
| | 46 - 60 | 1.45 |
| | 61 - 90 | 0.78 |
| | 91 + | 0.28 |

| | | |
|--------------------|--------------|-------|
| Caller Type | Service User | 99.01 |
| | Carer | 0.40 |
| | Other | 0.18 |
| | Professional | 0.18 |
| | Unknown | 0.24 |

| | | |
|----------------------|----------|-------|
| Age of caller | Under 18 | 0.12 |
| | 18 - 24 | 4.61 |
| | 25 - 34 | 20.00 |
| | 35 - 44 | 19.06 |
| | 45 - 54 | 29.66 |
| | 55 - 64 | 13.60 |
| | 65+ | 6.52 |
| | Unknown | 6.44 |

| | | |
|-------------|-----------------------|-------|
| Area | Amber Valley | 37.57 |
| | Derby City | 34.92 |
| | Derbyshire | 11.65 |
| | Chesterfield | 9.54 |
| | Derbyshire Dales | 1.89 |
| | North East Derbyshire | 1.57 |
| | High Peak | 1.33 |
| | Erewash | 0.60 |
| | South Derbyshire | 0.54 |
| | Clay Cross | 0.24 |
| | Bolsover | 0.16 |

| | | |
|------------------------|--|-------|
| Call Type | Emotional Support | 34.84 |
| | Distressed | 26.61 |
| | Ongoing Support | 25.76 |
| | Information Request | 2.54 |
| | Suicide (talk of) | 2.31 |
| | Substance Misuse | 1.77 |
| | Self-Harm / Self Injury | 1.55 |
| | Anxiety | 0.99 |
| | Inappropriate | 0.95 |
| | Hearing Voices / Delusional / Psychosis | 0.93 |
| | Complaint (about Rethink/helpline) | 0.50 |
| | Silent | 0.42 |
| | Abuse | 0.26 |
| | Incoherent | 0.24 |
| | Suicide (active) | 0.16 |
| | Wrong Service / out of area | 0.10 |
| | Child Protection Issue | 0.06 |
| Ethnic Origin | White British | 74.76 |
| | Irish | 0.52 |
| | White other (please specify) | 0.10 |
| | Dual heritage | 0.18 |
| | Black British | 0.06 |
| | Black African | 0.04 |
| | Indian | 2.96 |
| | Pakistani | 0.18 |
| | Bangladeshi | 0.02 |
| | British Indian | 4.13 |
| | British Pakistani | 10.32 |
| | British Bangladeshi | 0.18 |
| | Asian other (please specify) | 0.60 |
| | Refused | 3.52 |
| | Too distressed to obtain | 2.44 |
| Outcome of call | Caller felt calmer and/or more positive | 31.60 |
| | None of the above but caller may think about call and call back another time | 19.08 |
| | Caller decided to undertake helpful activity | 17.21 |
| | Caller felt clearer about the issue/how to solve the problem | 15.74 |
| | Caller went to sleep | 7.81 |
| | Hang Up | 3.46 |
| | Signposted to another service (D1 to D26 - see below) | 1.91 |
| | Gave information | 1.63 |
| | Incident reporting procedure actioned | 0.91 |
| | Call ended due to inappropriate nature of the call | 0.64 |

Appendix 2

Rethink FOCUSLINE – Consultation feedback report

A public consultation to decide on the future of the Rethink Focusline service was conducted between, 14 June 2017 to 26 July 2017.

The consultation included an on-line survey and two public events, one in Chesterfield and one in Ripley. Paper copies of the survey were also made available on request. The consultation was widely advertised on Hardwick, North Derbyshire, Erewash and Southern Derbyshire CCGs and Derbyshire County Council websites, as well as North Derbyshire Voluntary Action (NDVA) and Derbyshire Mental Health Forum websites. The latter organisations also cascaded details of the consultation to their membership through their News Bulletins. Additionally, Rethink Focusline staff made callers aware of the consultation and encouraged them to complete the survey and/or attend one of the events. Paper copies of the survey and a freepost return envelope were provided by Rethink to those callers who did not have internet access or preferred to complete a paper copy.

The consultation asked for people's opinions on the following four options:

Option 1 – DCC funding is removed, CCG funding continues and used to embed Focusline staff into the 111 service. This would provide parity of esteem so that anyone needing support for concerns in relation to their mental health, would be able to ring the same number (111) as someone needing support in relation to their physical health.

Option 2 – DCC funding is removed, CCG funding continues and is used to embed Focusline staff into other mental health initiatives such as the Mental Health Advice and Assessment Hub. This would provide support for people with mental ill health experiencing a crisis who have presented to Police, EMAS or the OOH GP service (via 111) – out of hours only (4pm to midnight weekdays and 9am to midnight at weekends)

Option 3 – A proportion of DCC funding continues but is redirected to other settings such as the Recovery and Peer Support service. CCG funding continues and is redirected to other mental health services such as those listed in Option 1 or 2 above.

Option 4 – Cease the Focusline funding altogether with no alternative local offer of out of hours telephone support.

Consultation results

A total of 42 responses to the survey were received both from people who currently use or have used the service in the past, as well as from respondents who have never the used the service.

Most (67%) of respondents were resident of Derbyshire County with the remaining 33% resident of Derby City. The majority of respondents were white, aged 35-59 and (67%) were female.

Of the total number of respondents, 15 people (36%) had used Focusline either regularly or occasionally. These respondents had also regularly or occasionally used other mental health telephone support services including the Samaritans, 111 and Saneline. A further 11 (26%) people, stated they had supported someone to use telephone support lines, including Focusline

The events were poorly attended despite being advertised widely, with only 2 people attending, one at each event. Both attendees were male; one was an active user of Focusline and one was a Provider representative. The attendee who actively used Focusline helps to run self-help/peer-support groups and in doing so, provides support to a number of people with regard to their problems. This attendee called Focusline approximately three times per week in order to 'offload' some of the issues he had dealt with as a peer-supporter. Peer supervision is now a formalised part of the offer from the newly commissioned Recovery and Peer Support service.

For those who had used Focusline, the majority of respondents (47%) preferred Option 2 with DCC funding being removed and CCG funding continuing and embedding Focusline staff into other mental health initiatives such as the Mental Health Advice and Assessment Hub which provides out of hours support for the Police, EMAS, out of hours GP service and 111 where a person has presented to them experiencing a mental health crisis. Focusline staff could provide emotional support to those individuals who are still experiencing some distress but where our emergency services and Triage team are satisfied that there is no immediate risk of harm for the person. When taking into account all responses to the survey, including those who do not currently or have used Focusline, the strongest preference was still for Option 2 (36%).

The second most preferred choice was Option 1 (20% for those who use or have used Focusline and 26% for all respondents), with DCC funding being removed and CCG funding continuing but being used to embed Focusline staff into the 111 service.

Thirteen percent of respondents who use or have used Focusline and 19% of all respondents felt that some element of DCC funding should continue and be redirected into other mental health social care provision. In total, 7% of past and present users of the service and <10% of all respondents felt that the Focusline funding should cease altogether with no local offer of out of hours telephone support. People experiencing a mental health crisis could still access national telephone helplines such as the Samaritans.

Thematic analysis of comments

Parity of esteem – people should be able to call 111 in relation to their mental health needs as do those with physical health needs. However, there is a strong feeling that 111 staff lack the expertise to help those with mental health needs and that this puts people off from calling them in relation to their mental health.

“Often people are put off by ringing 111 as they feel it is just for physical health related issues”

“It is important to keep the skill and expertise of Focusline workers. The 111 service will increase referrals to hospital as they do not have the expertise to deal with these situations”.

“111 is known and understood by everyone and is a useful tool to direct people in crisis or those trying to support them”

“We should have parity of esteem with those individuals living with physical ill health”

Out of hours support for people in genuine crisis – Many respondents commented that they experience crisis ‘out of hours’ when access to professional support is unavailable. Having support that prevents people from needing to attend A&E which is often inappropriate and only worsens the situation would provide much improved outcomes for people.

“People in crisis need out of hours support. Option 2 would at least ensure that people experiencing a crisis had someone to speak to without the need for them going to A&E”.

“If there is an out of hour’s crisis, the information and options are already too complicated, with no actual support at the end. What exists can make situations more frustrating and lead to feelings of desperation. There needs to be one clear access point with a service that is going to be available even if it

is minimal. It is better to say there is no out of hour's service than have one that cannot provide or do anything"

"From my own experience of using Focusline in times of need, i.e., crisis or feeling distressed, it is very important that it remains accessible out of hours. I have found that during the evenings is the time when I feel in distress the most and to have access to a telephone support service delivered by trained staff is of paramount importance"

"Having support that prevents ending up in A&E by skilled staff could make the outcome a lot better"

"Given the increase in calls answered by Focusline when the hours changed to 5pm to 1am, I suggest using the CCG funding to continue with out of hours support and perhaps look for ways of saving the DCC money yet still deliver the same quality of out of hours service using different methods of delivery"

"I want services to be available 24 hours due to the fact that I get ill anytime not just during 9-5 or at certain times at weekends."

Funding for frontline services should be prioritised over a telephone support line that is only available to support a small number of people.

"Funding for front line services should take priority over a telephone helpline that just duplicates what is offered nationally. Other, more important services could use that money".

"DCC money would be better spent on frontline services such as more social workers and mental health support workers".

"More mental health support"

"Services are difficult to access"

Connecting people into targeted and peer support

"The service is vital, but the Recovery and Peer Support service offering targeted support offers a better all-round solution"

"NHS services didn't work for me as they focused too much on the clinical aspects of mental health. A more holistic approach helped me to keep well and having a choice of services at the right time makes a real difference to recovery"

“Empowering people so they are better able to manage their mental health and develop a stay well plan is a more sustainable option”

“The use of peer support where they are well trained and supported by experienced mental health professionals works well in other services”

Someone to talk to or somewhere to go – three respondents talked about the need for a listening ear or somewhere safe to go, for people requiring emotional support or reassurance (not crisis support) during the evening/night.

“to be able to have access in the night, just someone to visit or have a cup of tea, or to go somewhere safe for a cup of tea”

“It may be useful to consider expanding the hours of the peer support hub because many people who experience mental ill health find the night time difficult to sleep”

“Focusline are the only people available out of hours that don’t fob me off. Others at 111 say they just don’t know what to do to help. Focusline listen and sometimes that is all I need”

Organisational feedback from Derbyshire Healthcare Foundation Trust

Although the consultation was aimed at people using the Focusline service, we also received an organisational response from Derbyshire Healthcare NHS Foundation Trust who is the main secondary care mental health provider in Derbyshire.

Their main concerns were that the Sustainability and Transformation Partnership (STP) is currently reviewing the Mental Health Urgent Care Pathway, and advice lines will form an integral part of the offer. They asked that funding (either fully or partially) remains in place until at least March 2019 to allow work to be completed on an integrated urgent care pathway.

Appendix 3

Equality Impact Analysis

| | |
|------------------------|--|
| Department | Adult Care, DCC |
| Service Area | Mental Health |
| Changes or proposals | Proposal to cease DCC funding of the Rethink Focusline Service |
| Chair of Analysis Team | Sue Whetton, DCC Adult Care |
| Date of Analysis | July-August 2017 |
| Version | 0.4 |

1 Prioritising what is being analysed

a Description of current service arrangements

Derbyshire County Council Adult Care and Derbyshire CCG's have been joint grant funding Rethink Focusline for a number of years with Hardwick CCG currently holding the contract on behalf of all partners. The service currently operates from a base in Sutton in Ashfield which is also used to deliver the service commissioned by Leicester, Leicestershire and Rutland for their residents.

The service was also previously funded by Lincolnshire, Nottingham City and Nottinghamshire and Derby City, however, all of these parties have ceased their funding over recent years. Leicester, Leicestershire and Rutland will cease their element of the funding at the end of September 2017 as they have recently commissioned a crisis house which also offers a telephone support line for people in crisis. The loss of this funding to Focusline means that the service will no longer be viable in its current format.

Derbyshire Focusline offers confidential emotional telephone support to adults in Derbyshire who are affected by mental ill health.

During 2016-17, the service handled 5031 calls (800 less than the previous year). In addition to this 2,267 callers hung up when their call was answered. The service is predominantly used by people with mental ill health (99%) and is rarely accessed by carers and professionals (<1%) as a source of advice and information. The service attracted 402 (8%) new users to the service during 2016-17.

A high number of the call attempts are from a small number of individuals trying to get through or who are frequently using the service. Many of Focusline's repeat callers are also repeat callers to Police, NHS 111 and East Midlands Ambulance Service (EMAS). Strategies were put in place during 15/16 to try to limit the amount of time these individuals could receive support in one day to a maximum of thirty minutes to enable other people in need of support to have their call answered. Data from 16/17 suggests this had an impact as the highest average duration of calls (60%) lasted 0-15 mins and 28% lasted 16-30 mins. Just fewer than 10% of calls lasted an hour or more.

Just over 77% of users of the service are female and the majority of all callers (82%) are aged between 25 and 64. The majority of calls handled were from residents of Amber Valley (38%), Derby City (35%) and Chesterfield (10%).

Most callers (62%) are seeking ongoing emotional support, whilst 26% are calling in distress. A very small number (8 people), less than one per month on average were actively suicidal, whilst less than 2% were seeking support for self-harm and 2% concerning substance misuse. Less than 1% of all calls resulted in a serious incident reporting procedure.

Just fewer than 75% of callers identified themselves as White British with 18% identifying themselves as Asian or Asian British, most of whom are residents of Derby City.

Callers to the helpline are listened to, supported to feel calmer and to develop coping skills. Few callers (<2%) are signposted to other sources of information and advice and to other services where appropriate. Data suggests that where people are signposted to other services these are predominantly to mental health or physical health services. As the service operates on a stand-alone basis, is anonymous and not linked into the wider health and social care system, Focusline are unable to make active referrals to services and support, therefore where people are signposted, there is no guarantee that individuals will follow this up of their own accord.

Focusline is available to callers from across Derbyshire, however the highest areas of usage are Amber Valley (38%) and Derby City (35%) and Chesterfield (10%). The vast majority of those calling Focusline are repeat callers, with approximately only 400 new callers per year therefore whilst the service is available to all adults in

Derbyshire it is accessed and used primarily by a small sample of those whom may require the solution based service it provides.

Feedback from people using the helpline indicates that 32% felt supported to feel calmer and 33% helped to develop problem solving and coping skills. Just fewer than 20% of callers didn't feel they had achieved a positive outcome following completion of the call. Some callers (<4%) hung up without providing any feedback.

b Details of proposals or changes

Following a public consultation, the recommended proposal is for Option 2 - DCC withdraw funding from Focusline and the CCG's continue to fund a mental health telephone service for those who require emotional support following access to the Mental Health Advice and Assessment Hub (MHAH)

c Rationale for proposed changes

Other funding parties (Nottingham, Nottinghamshire, Lincolnshire and Derby City) ceased their element of the funding for the regional service over four years ago. Leicester, Leicestershire and Rutland will cease their funding at the end of September 2017. This leaves DCC and Derbyshire CCGs as the only funding parties and the service is no longer viable in its current form.

The detail for the work streams for mental health in the Derbyshire Sustainability and Transformation Plan (STP) are currently being developed. It is likely that any future STP funding for telephone hotlines / telephone support will be in relation to urgent care / support for people in crisis.

2 The team carrying out the analysis

| <i>Name</i> | <i>Area of expertise/ role</i> |
|-----------------------------|--|
| Sue Whetton Dave Gardner | Commissioning Manager, Adult Care – Mental Health – Derbyshire County Council |
| Claire Burnage | Assistant Director of Procurement & Commissioning, Commissioning & Contracting, NHS Hardwick CCG Senior Commissioning Officer, NHS Hardwick CCG |

3. Existing information and consultation based feedback

Sources of data and reason for using

| Source | Reason for using |
|--|--|
| 1. DHU Call Log for 111 calls made for Mental Health Related issues | To understand baseline data – is there an unmet need for Mental Health related issues to 111 |
| 2. Monitoring data from the Provider (Focusline) | Reflects current utilisation of services |
| 3. Annual reports (2015/16 and 2016/17) from the Provider (Focusline) | Reflects service user views on the proposed model |
| 4. Monitoring data from the providers involved with the proof of concept (Focusline and DHU) | |
| 5. Feedback from online survey and two consultation events | |

4. Known impact on different protected characteristic groups and any mitigation

Statutory

| Protected Group | a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals? |
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| Age including children and families, older people | <p>The current Focusline service primarily supports callers between 25 and 54 years of age. (68.7% per 16/17 data collection) so no one particular age group will be adversely affected.</p> <p>Those who are experiencing crisis will benefit from the proposal to proceed with Option 2.</p> |

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| | <p>b) From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>Most callers (62%) are seeking ongoing emotional support, whilst 26% are calling in distress. A very small number (8 people), less than one per month on average were actively suicidal, whilst less than 2% were seeking support for self-harm and 2% concerning substance misuse.</p> <p>The Healthwatch Derbyshire ‘Mental Health Crisis’ report published 13/12/16 highlighted a regular theme that ‘Focusline number is regularly engaged’. (p5). The age of those service users taking part in the focus groups for the purpose of this report was 16-65+, 60% of those taking part were between the ages of 25 and 54 years of age.</p> <p>Those who are experiencing crisis will benefit from the proposal to proceed with Option 2.</p> |
| | <p>c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>Rethink are also the Provider of the newly commissioned Recovery and Peer Support Service. This service offers both targeted 1:1 and group support and people have the opportunity to develop a ‘stay well plan’ and receive telephone support in the daytime. Focusline workers could make active referrals to current user of the Focusline service into Recovery and Peer Support to ensure that people have access to some form of targeted support, whether face to face or by telephone.</p> <p>There are 24hour national support lines such as Samaritans available for any people who may be feeling suicidal</p> |
| <i>Protected Group</i> | <p>a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> |

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| <p>Disabled people including mobility, sensory, learning, mental health, HIV, and also include carers and relatives</p> | <p>For the main Focusline service, 99% of calls are from people living with mental health problems. As this is an anonymous service available to people with mental ill health, Rethink Focusline do not collect any additional data around secondary disabilities.</p> <p>The remaining 1% of calls to the Focusline service are from carers (20 calls) and/or professionals (30 calls). Therefore it is unlikely that carers would be significantly affected by the proposals.</p> |
| | <p>b) From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>No data available to suggest any positive or negative for this protected group. Those who are experiencing crisis will benefit from the proposal to proceed with Option 2.</p> |
| | <p>c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>Rethink are also the Provider of the newly commissioned Recovery and Peer Support Service. This service offers both targeted 1:1 and group support and people have the opportunity to develop a ‘stay well plan’ and receive telephone support in the daytime. Focusline workers could make active referrals to current user of the Focusline service into Recovery and Peer Support to ensure that people have access to some form of targeted support, whether face to face or by telephone.</p> <p>There are 24hour national support lines such as Samaritans available for any people who may be feeling suicidal</p> |

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| Protected Group Gender (Sex) including men and women, boys and girls | a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals? Focusline data shows that 77% of callers are female, therefore women are more likely to be affected by any changes. |
| | b) From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit? Just fewer than 74% of respondents to the consultation were female, validating the Focusline monitoring data (above). Those who are experiencing a crisis will benefit from the proposals |
| | c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist Rethink are also the Provider of the newly commissioned Recovery and Peer Support Service. This service offers both targeted 1:1 and group support and people have the opportunity to develop a ‘stay well plan’ and receive telephone support in the daytime. Focusline workers could make active referrals to current user of the Focusline service into Recovery and Peer Support to ensure that people have access to some form of targeted support, whether face to face or by telephone. There are 24hour national support lines such as Samaritans available for any people who may be feeling suicidal |
| Protected Group Gender reassignment – including impact, if | a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals? As this is an anonymous and confidential service, this information is not collected by Focusline. |

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| any, on transgender people | |
| | <p>b) From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>From those that responded to the consultation, no-one self-identified as being transgender.</p> |
| | <p>c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>Rethink are also the Provider of the newly commissioned Recovery and Peer Support Service. This service offers both targeted 1:1 and group support and people have the opportunity to develop a ‘stay well plan’ and receive telephone support in the daytime. Focusline workers could make active referrals to current user of the Focusline service into Recovery and Peer Support to ensure that people have access to some form of targeted support, whether face to face or by telephone.</p> <p>There are 24hour national support lines such as Samaritans available for any people who may be feeling suicidal</p> |
| <p>Protected Group</p> <p>Race – including all racial groups, including impact, if any, on Gypsies and Travellers</p> | <p>a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>Focusline monitoring data suggests that 75% of callers are White/White British with 18% identifying themselves as Asian or Asian British. The majority of these callers are residents of Derby City and therefore fall outside of the remit of this Equality Analysis in relation to Derbyshire County Council’s responsibilities. Southern Derbyshire CCG will need to consider the impact on these users when considering the proposal.</p> |

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| | <p>b) From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>Just below 67% of respondents to the consultation were resident of Derbyshire County, the remainder Derby City. Just over 96% of Derbyshire County residents identified themselves as White British, suggesting that there would be no significant impact on any particular ethnic group within Derbyshire County. Southern Derbyshire CCG will need to consider the impact on these users when considering the proposal.</p> |
| | <p>c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>Rethink are also the Provider of the newly commissioned Recovery and Peer Support Service. This service offers both targeted 1:1 and group support and people have the opportunity to develop a 'stay well plan' and receive telephone support in the daytime. Focusline workers could make active referrals to current user of the Focusline service into Recovery and Peer Support to ensure that people have access to some form of targeted support, whether face to face or by telephone.</p> <p>There are 24hour national support lines such as Samaritans available for any people who may be feeling suicidal</p> |
| <p>Protected Group</p> <p>Religion and belief including non-belief, including religious minority communities, Humanists</p> | <p>a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>As this is an anonymous and confidential service, this information is not collected by Focusline.</p> |

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| | <p>b) From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>Most respondents to the consultation (21) stated they had no religion, whilst 14 identified themselves as belong to a Christian faith. This data suggests that there is unlikely to be any significant impact on any religious minority groups</p> |
| | <p>c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>Rethink are also the Provider of the newly commissioned Recovery and Peer Support Service. This service offers both targeted 1:1 and group support and people have the opportunity to develop a 'stay well plan' and receive telephone support in the daytime. Focusline workers could make active referrals to current user of the Focusline service into Recovery and Peer Support to ensure that people have access to some form of targeted support, whether face to face or by telephone.</p> <p>There are 24hour national support lines such as Samaritans available for any people who may be feeling suicidal</p> |
| <p>Protected Group</p> <p>Sexual orientation – including the impact, if any, on any lesbian, gay and bisexual people</p> | <p>a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>As this is an anonymous and confidential service, this information is not collected by Focusline.</p> |
| | <p>b) From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> |

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| | <p>Most respondents (15) identified themselves as heterosexual, 2 as bisexual and 1 as a lesbian. None of their feedback / comments suggest any significant impact due to the proposal</p> |
| | <p>c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>Rethink are also the Provider of the newly commissioned Recovery and Peer Support Service. This service offers both targeted 1:1 and group support and people have the opportunity to develop a 'stay well plan' and receive telephone support in the daytime. Focusline workers could make active referrals to current user of the Focusline service into Recovery and Peer Support to ensure that people have access to some form of targeted support, whether face to face or by telephone.</p> <p>There are 24hour national support lines such as Samaritans available for any people who may be feeling suicidal</p> |
| <p>Protected Group</p> <p>Pregnancy and maternity – including new mothers/ parents</p> | <p>a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>As this is an anonymous and confidential service, this information is not collected by Focusline.</p> |
| | <p>b) From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>No respondents to the consultation nobody identified themselves as currently being pregnant or having been pregnant in the last 12 months</p> |

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| | <p>c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>Rethink are also the Provider of the newly commissioned Recovery and Peer Support Service. This service offers both targeted 1:1 and group support and people have the opportunity to develop a 'stay well plan' and receive telephone support in the daytime. Focusline workers could make active referrals to current user of the Focusline service into Recovery and Peer Support to ensure that people have access to some form of targeted support, whether face to face or by telephone.</p> <p>There are 24hour national support lines such as Samaritans available for any people who may be feeling suicidal</p> |

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| <p>Protected Group</p> <p>Marriage and civil partnership – also include impacts on lone parents and unmarried couples</p> | <p>a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>As this is an anonymous and confidential service, this information is not collected by Focusline.</p> |
| | <p>b) From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> |

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| | Of those that responded who used the service 42% were either single or divorced and 47% were married or cohabiting. No significant impact identified |
| | <p>c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist?</p> <p>For all users of the Focusline service, if social isolation is a contributory factor to their mental ill health then they can be directed to the Recovery and Peer Support Service.</p> <p>Rethink are also the Provider of the newly commissioned Recovery and Peer Support Service. This service offers both targeted 1:1 and group support and people have the opportunity to develop a 'stay well plan' and receive telephone support in the daytime. Focusline workers could make active referrals to current user of the Focusline service into Recovery and Peer Support to ensure that people have access to some form of targeted support, whether face to face or by telephone.</p> <p>There are 24hour national support lines such as Samaritans available for any people who may be feeling suicidal</p> |

Non statutory

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| <p>Poorer and disadvantaged communities and groups, including people who experience financial exclusion</p> | <p>a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>Only 12 people from the 5031 calls taken by Focusline during 2016-17 were signposted to financial and debt services and/or welfare benefits advice, suggesting no adverse impact on the group.</p> |
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| | <p>b) From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>Nothing further</p> |
| | <p>c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>Rethink are also the Provider of the newly commissioned Recovery and Peer Support Service. This service offers both targeted 1:1 and group support and people have the opportunity to develop a ‘stay well plan’ and receive telephone support in the daytime. The service also provides support around welfare benefits, housing support and access to employment support. Focusline workers could make active referrals to current user of the Focusline service into Recovery and Peer Support to ensure that people have access to some form of targeted support, whether face to face or by telephone.</p> <p>There are 24hour national support lines such as Samaritans available for any people who may be feeling suicidal</p> |
| Rural communities | <p>a) From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>Just over 3% of callers to Focusline are from rural communities, suggesting there is no significant adverse impact.</p> |
| | <p>b) From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>Consultation did not reflect rurality.</p> |

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| | <p>c) Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist?</p> <p>Rethink are also the Provider of the newly commissioned Recovery and Peer Support Service. This service offers both targeted 1:1 and group support and people have the opportunity to develop a 'stay well plan' and receive telephone support in the daytime. Focusline workers could make active referrals to current user of the Focusline service into Recovery and Peer Support to ensure that people have access to some form of targeted support, whether face to face or by telephone.</p> <p>There are 24hour national support lines such as Samaritans available for any people who may be feeling suicidal</p> |
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5. Are there any *other* groups of people who may experience an adverse impact because of the proposals?

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| <p>The Focusline monitoring data identifies that there are small number of high frequency callers. Recently to manage demand these callers have had their contact limited to 30mins per day. This cohort of people are probably more likely to feel an adverse impact in response to the loss of service. Prior to closure, Focusline workers will endeavour to connect these people to the Recovery and Peer Support Service and to Enablement Service to identify any unmet needs that lead them to their over reliance on this type of support and to put any interventions in place to meet identified needs.</p> <p>There is also a multi-agency working group looking at 'repeat callers / high impact users' across the health, social care and urgent care system. Where people are identified, personalised measures are being proposed to work with these</p> |
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individuals to ensure they have access to the right support at the right time to reduce their high demand on statutory services where possible.

7. Gaps in data

What are your main gaps in information and understanding of the impact of your policy and services? Please indicate whether you have identified ways of filling these gaps.

| <i>Gaps in data</i> | <i>Action to deal with this(if any)</i> |
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| <p>This is an anonymous service therefore only basic demographic monitoring data is collected.</p> <p>The lack of a substantial number of Focusline users coming forward during the consultation has not provided a clear and full understanding of the loss of this service.</p> | <p>If the proposal is approved, all funding parties will work with Focusline on an exit strategy to help to refer and support people into other sources of support</p> |

8 Main Conclusions and Recommendations

Conclusions

The monitoring data suggests that the majority of users of Focusline are seeking ongoing emotional support rather than seeking help in a crisis. The data from the consultation suggests that most people who already use the service would prefer for money to be invested into easily accessible urgent / crisis support so they are able to access support at a time when they really need it. This is also echoed in the recent Healthwatch report about mental health crisis care.

For those who are seeking ongoing emotional support, there will be an impact in a loss of service, however, the data does not suggest that this will lead to any significant harm to individuals, not to a higher number of Emergency

Department attendances, nor to an increase in referrals to secondary mental health services (as these are already seen to be low).

For the very low numbers of people (8 in 2016-17) of people who may be feeling suicidal, they will be able to call Samaritans at any time of day, the emergency services or 111.

As Rethink also provide the Recovery and Peer Support Service, they will be able to easily transfer data / make referrals to this new service, with the person's permission.

Recommendations (if any)

When NHS are considering future re-procurement of the 111 service, then clear consideration should be made to ensure that the needs of people with mental ill health are met in the same way as people with physical health needs to provide parity of esteem/

For commissioners to work closely with Rethink on an exit strategy for the Focusline service which will minimise adverse impact for as many of their users as possible.

9. Action planning in response to the completed analysis

| <i>Objective</i> | <i>Planned action</i> | <i>Who</i> | <i>When</i> | <i>How will this be monitored?</i> |
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| <i>What you want to achieve</i> | <i>What you intend to do</i> | <i>Responsible person or department</i> | <i>Timing of action</i> | <i>Monitoring and review arrangements</i> |
| Identify those people with unmet needs who are over reliant on the service | Work with Focusline to ensure they support and/or signpost into other services such as Recovery and Peer Support Service and/or Enablement. | Commissioners and Focusline | Before the service ceases | Number of referrals made |
| Awareness of the other services on offer | Making health and social care professionals aware that Focusline is ending but what the alternatives are. Ensure staff at Focusline signpost and refer onto the Recovery and Peer Support Service and other appropriate alternatives | Commissioners and Rethink | Before the service ceases | Number of referrals made |

10 Monitoring and review arrangements

Please outline what steps will be taken to monitor and review the implementation of proposals if they are agreed here: During the proof of concept, Focusline have been providing regular monitoring data which is reviewed by commissioners. This will continue over the coming months and any additional information required providing evidence for onward referrals and signposting as above will be included.