CLEAR
Empowering staff to innovate care

NHS
Health Education England

# CLEAR national mental health programme

## Phase one: key findings and learning

July 2022

33n

## Key messages

- The Clinically Led workforcE and Activity Redesign (CLEAR) team was commissioned in September 2020 to deliver a national mental health programme for Health Education England (HEE) to support trusts reach the aims of the NHS Long Term Plan. It followed successful CLEAR transformation projects in urgent and emergency care and intensive care.

- The national programme trains clinicians to use a combination of big data analysis, clinical insight and local knowledge to deliver new models of care and workforce redesign. It is hosted by East Lancashire Hospitals NHS Trust and delivered by the trust and 33n, a team of NHS clinicians, data engineers and scientists who are united in their passion to improve services, address workforce challenges and enhance patient care.

- Six trusts providing mental health services from different regions in England took part in phase one of the programme following an expression of interest process.

- The six 26-week transformation and workforce redesign projects were completed between June and December 2021. They focussed on three key areas of care: Improving Access to Psychological Therapies (IAPT - two trusts), care provided by community mental health teams (CMHT - three trusts) and acute mental health inpatient care (one trust).

- The CLEAR education programme has four key elements: clinical engagement, data interrogation, innovation and recommendations. Projects are delivered under the supervision of the CLEAR national faculty.

- More than 200 trust staff were involved in the clinical engagement and data interrogation phases which found that the trusts were facing similar challenges.

- The key challenges were focused around three themes: i) the rising complexity of people needing mental health services and staff feeling unable to provide the level of care required ii) increased demand on services was exceeding capacity, resulting in long waiting times and a workforce at risk of burnout iii) referrals misaligned to some services with a high incidence of people being re-referred or not receiving treatment.

- To address the challenges, clinicians made 34 recommendations to their executive teams including ‘quick wins’ and new models of care.

- The recommendations were designed to make the best use of current resources and fell into three categories: 1) new pathways and triage – to ensure people are directed to the right service first, with early assessment to reduce waiting and treatment times; 2) new processes – to improve timely access and capacity, reducing the risk while people are waiting for treatment and easing pressure on staff; 3) new roles and services – to increase teams’ effectiveness and extend capacity, improving outcomes, staff wellbeing, satisfaction and retention.

- Eleven trust staff (associates), eight clinical sponsors and five supervisors were trained in the CLEAR approach, including tools and techniques for transformation.

- A second phase of the programme has since been carried out focussing on perinatal mental health, crisis services, child and adolescent mental health services (CAMHS), psychiatric liaison services and care provided by CMHTs.

## Introduction

The COVID-19 pandemic amplified the need for the urgent expansion and transformation of mental health services in England.

Already a national priority, mental health services have come under increased strain during the pandemic, and it is projected another 10 million people may need new or additional support over the next three to five years. The impact of the escalating number of people needing support and the rising complexity of need is being felt across the health and care system.

In September 2020, 33n was commissioned to deliver a Clinically Led workforcE and Activity Redesign (CLEAR) national mental health programme for Health Education England (HEE) to support trusts reach the aims of the NHS Long Term Plan. The programme followed successful CLEAR transformation projects in urgent and emergency care and intensive care.

33n carried out more than 50 interviews with people across the mental health workforce and research of 60 papers in preparation for the programme[1] which highlighted 12 themes for mental health workforce redesign (see Appendix 1).

Seven trusts providing mental health services from each region in England were selected in 2021 following an expression of interest process to take part in phase one and two of the programme. As a result of the pandemic and difficulties releasing clinical staff to lead the projects, six trusts went on to complete phase one, focussing on three key areas of mental health care.

This paper is a report on the first phase of the programme, the themes that emerged and learning for the healthcare system.

## Background

The CLEAR programme is a nationally sponsored HEE programme that trains and enables clinicians to use a combination of big data analysis, clinical insight and local knowledge to deliver new models of care and workforce.

It is hosted by East Lancashire Hospitals NHS Trust and delivered by the trust and 33n, a team of NHS clinicians, data engineers and scientists who are united in their passion to improve services, address workforce challenges and enhance patient care.

The programme began in 2019 with seven pilot projects focused on transformation in urgent and emergency care. Since then, the programme has expanded including providing rapid support and training to the NHS during the COVID-19 pandemic. By the end of July 2022, it will have completed 39 CLEAR projects.

It continues to support the NHS in the recovery and transformation of services with projects across six priority areas - mental health, critical care, urgent and emergency care, anticipatory care, operating theatres and ophthalmology.

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[1] Lewry et al. Themes for Workforce Redesign in Mental. Health Education England 2021. Available from: https://www.hee.nhs.uk/sites/default/files/documents/CLEAR%20Mental%20Health%20Workforce%20Redesign%20themes.pdf

## Phase one of CLEAR Mental Health

The six trusts selected were Berkshire Healthcare NHS Foundation Trust (BHFT), Midlands Partnership NHS Foundation Trust (MPFT), Norfolk and Suffolk NHS Foundation Trust (NSFT), South West Yorkshire Partnership NHS Foundation Trust (SWYFT), Essex Partnership University NHS Foundation Trust (EPUT) and South London and Maudsley NHS Foundation Trust (SLAM).

Together they serve a population of four million people and deliver care across 325 sites.

Six 26-week transformation and workforce redesign projects were completed from June - December 2021. They focused on three key areas of care:

- Improving Access to Psychological Therapies (IAPT) – BHFT and SWYFT
- Acute Mental Health Inpatient Care – EPUT
- Care provided by community mental health teams – MPFT, NSFT and SLAM

## The CLEAR approach and methodology

CLEAR places clinicians at the heart of healthcare decision making and innovation.

The integrated learning and working programme allows clinicians to develop new skills in data science, transformation and leadership while delivering live redesign projects in the NHS.

The 26-week education programme comprises four key elements, all are led by trust clinicians supported by the national CLEAR team:

- Clinical engagement - Understand baseline models of care, form relationships and discover key issues through qualitative data collection. This secures buy-in and gains operational insights about the service and challenges.

- Data interrogation - Find evidence for key challenges, link qualitative themes to deeper insights, use quantitative data to find impact of change. CLEAR data tools offer accessible data analysis and visualisation, allowing staff to evidence issues and possible solutions.

- Innovation - Create solutions for key issues with new models of care and workforce using bespoke modelling techniques, co-design and collaborate with staff and other CLEAR teams, share best practice and examples of innovation.

- Recommendations - All elements of the previous phases come together to communicate the need, evidence, and the benefits of the recommended changes.

The aims of the programme are to deliver solutions that are clinically owned, increase the control of clinical teams in healthcare delivery, embed improvement technique and provide an efficient solution to complex change programmes.

## Key challenges

All six mental health trusts were experiencing similar pressures and three consistent themes were evident:

1. The rising complexity of people needing mental health services and staff feeling unable to provide the level of care required.
2. Increased demand on services exceeding capacity, resulting in long waiting times and a workforce at risk of burnout.
3. Referrals misaligned to some services with high incidence of people being re-referred or not receiving treatment.

### *The rising complexity of people needing mental health services and staff feeling unable to provide the level of care required*

Clinicians in CMHTs reported an increase in complexity and acuity of referrals leading to additional time responding to urgent situations and unplanned activities. This rise in urgent referrals was impacting on their time to carry out planned work, leading to cancellations, interruptions in treatment and longer episodes of care.

Some IAPT staff reported feeling overwhelmed by the increasing number of complex referrals which was undermining their confidence and resulting in long waiting times, while others were inhibited in performing their roles to the full, impacting on job satisfaction.

Significant proportions of people admitted to adult inpatient general wards had a diagnosis of emotionally unstable personality disorder (EUPD). Clinicians wanted to improve their understanding of these patients to enable them to provide better support during their stay.

### *Increased demand on services exceeding capacity, resulting in long waiting times and a workforce at risk of burnout*

Some adult CMHTs reported that time spent firefighting was leading to less effective interventions. This was attributed to high caseloads (up to 60 per care coordinator in one trust) and caring for many high-risk patients as well as coping with staff shortages. The ongoing pressure was leading to staff stress, low morale and ultimately burnout and high sickness rates.

One trust experienced a 33% increase in urgent referrals to its community intervention pathway between 2019-21 with longer lengths of stay (49% greater than 90 days) and staff sickness levels were higher in the team than across the rest of the trust for the same period.

### *Referrals misaligned to some services with high incidence of people being re-referred*

Many referrals to IAPT in one trust were needing secondary or other specialist services, this was having a major impact on staff time, adding to workload pressure, and resulting in delays for appropriate treatment.

Some community mental health teams were witnessing a high proportion of misaligned referrals with a perceived gap in care provision between primary and secondary mental health services. People needing support were often felt too risky for primary care but not severe enough for secondary services. This was leading to a high rate of re-referrals and a ‘revolving door’. Transformation work was underway to close the gap with primary care and review service boundaries.

## Recommendations

The CLEAR projects culminated in clinicians across the six trusts developing a series of solutions to the key challenges including 'quick wins', new models of care and ways of working, and new skills mix to optimise multi-disciplinary teams.

A total of 34 recommendations were made at the end of the 26-week projects which were presented to their respective executive teams. They were accompanied with detailed implementation plans together with metrics to measure success.

These broadly fell into three themes:

1. New pathways and triage

    - Ensure people are directed to the right service first, early assessment to reduce waiting and treatment times and improve the efficiency of clinical time

2. New processes

    - Improve timely access and capacity, reducing the risk while people are waiting for treatment and easing pressure on staff

3. New roles and services

    - Increase teams' effectiveness and extend capacity for the right care in the right setting, improving experience and outcomes as well staff wellbeing, satisfaction and retention.

Some of the key recommendations are outlined below:

***New pathways and triage***

**(IAPT) Series of waiting list initiatives to support people ahead of treatment including a psychoeducational support group -** in response to high demand and long waiting times for the extended trauma pathway (ETP)

To support patients while they are waiting, offer a psychoeducational group and online support programme, make better use of local peer support services and monthly check-up calls for patients.

**(IAPT) Increase community engagement to improve equality of access** – in response to a higher proportion of mental health issues in some ethnic backgrounds and lower engagement

To encourage people to access services confidentially, where mental illness is a taboo topic in their households, conduct a series of community engagement initiatives including talking to religious leaders to build trust, offering drop-in sessions in local settings and distributing literature in the appropriate languages in a range of public places, for example, surgeries, places of worship, community centres and colleges. Recruit staff to reflect the local population.

**(IAPT) Enhanced screening to reduce the number of misaligned referrals** – in response to the high volume

Introduce an enhanced screening process with additional questions for the administration team with support from a practitioner. People seeking support asked to complete Generalised Anxiety Disorder Assessment (GAD7) and the Patient Health Questionnaire-4 (PHQ4) before attending their assessment and additional screening questions to be included for referrals online. The new process would lead to quicker signposting and increase practitioners' capacity for patient assessments giving more time for enriched meetings with patients.

***New processes***

**(IAPT) Streamline the assessment process** – in response to high demand and long waiting times for the extended trauma pathway (ETP)

To improve patient experience and reduce waiting times, all people needing assessment for high-intensity interventions would have one extended 90-minute assessment instead of two 60-minute assessments for ETP, freeing up staff time and resulting in a 33% increase in clinical capacity for assessments.

**(CMHT) Downsize the Frequent Assertive Community Treatment (FACT) daily MDT meeting** in response to high pressure on staff and large caseloads

To free up clinicians for routine and non-urgent interventions, reduce the numbers of staff attending FACT sessions or equivalent. Around 12-20 staff members were attending the meetings, for up to 90 minutes, to discuss and manage high-risk patients with a high dependence on CMHT contact. Scaling down the numbers would lead to a more focused approach and release between 5-10 people. This would increase staff capacity by up to 50 hours a week, equating to 2,600 hours annually.

**(Inpatient) Better data collection and analysis to evaluate interventions and continuous quality improvement**

To evaluate processes and support ongoing transformation, have accessible, real-time evidence through improved data collection and analysis. Desirable data to include Health of the Nation Outcome Scales (HoNOS) on admission and discharge and detailed reason for admission. The data team would liaise with clinical teams on the quality of data and enable visualisation (graphical representation) to give instant feedback on innovation and how changes impact on outcomes.

***New roles and services***

**(CMHT) New responder and intervention roles** - in response to high complexity of referrals leading to increased unplanned activities and response to urgent situations.

Two new roles introduced, responder roles dedicated to managing urgent unplanned activity and new intervention roles to provide structured care and planned discharges from the service, increasing continuity and enhancing patient experience. The new role mix would lead to a 20% increase in workforce capacity improving both patient care and the working lives of the team.

**(IAPT) New 'trauma only' team of therapists** – in response to an increase in complex referrals and insufficient capacity leading to long waiting times and pressure on staff

A new trauma team to be introduced within the enhanced trauma pathway, resulting in reduced waits and staff being able to choose to be part of the team with extra support, training and supervision, improving job satisfaction.

**(Inpatient/CMHT) Inpatient dialectical behaviour therapy (DBT) delivery and Intensive Community Support Package (ICSP)** – in response to significant proportions of patients being admitted with EUPD, to support discharge and help prevent long admissions

A new specific intervention to be launched to meet the complex needs of patients diagnosed with EUPD. A team of staff on the inpatient ward to be trained to deliver DBT skills, improving quality of care for patients and reducing the need for lengthy admissions. This would be combined with a 'team within a team' placed between the ward and the community, sitting within the CMHT, to support patients with EUPD diagnosis, provide step-up care to prevent admissions (and repeat admissions) and help support the discharge of patients.

## Next steps

A second phase of the CLEAR programme has since focussed on perinatal mental health, crisis services, child and adolescent mental health services (CAMHS), psychiatric liaison services and care provided by CMHTs.

## Case study: Midlands Partnership NHS Foundation Trust

*Increasing capacity through changing current team roles and skill mix to reduce waiting times and improve retention*

### The challenge

Adult Community Mental Health Services in South Staffordshire were managing high caseloads and struggling to provide a responsive service, resulting in patients facing longer waiting times than usual for treatment. The service - which provides assessment and treatment to patients with a wide range of mental health needs requiring secondary care – came under review as the trust was reorganising the service in line with the Community Mental Health Framework for Adults and Older Adults and the NHS Long Term Plan's vision for a place-based model of care. To achieve the greatest benefits for patients, the current services needed to work differently.

### What they did

The national CLEAR team guided some of the trust's frontline clinicians through its 26-week education programme and four stage methodology to understand the key factors behind the service pressures and support them to come up with new models of care. Eleven clinical engagement sessions were held, and an in-depth analysis of clinical and workforce data dashboards was carried out. Of the two main patient pathways, the community intervention pathway (CIP) received ten times more referrals each year between 2019-2021 compared to the psychosis pathway.

Considering the wider range of challenges facing the CIP pathway and transformation underway at the trust, it was decided to concentrate the CLEAR project on the CIP pathway. The key findings from the clinical engagement and data interrogation showed an increase in acuity and complexity of patients with clinicians spending more time on unplanned activities and responding to urgent situations. This was leading to cancellations of planned care and patients spending longer with the service. For staff it was leading to escalating caseloads and was adversely impacting on wellbeing and retention.

### CLEAR recommendations

The innovation phase centred on finding creative solutions to the challenges which were then refined and developed into new models of care. Two recommendations focussed on changing the skill mix and developing two new roles - responder and intervention - within the existing team while streaming patients into planned or crisis care. These were designed to relieve pressure on the four neighbourhood teams that had recently been launched and reduce the time lost responding to emergencies. The proposed new responder roles would be dedicated to delivering urgent, unplanned care, enabling clinical staff to deliver consistent planned care to patients. The intervention roles would provide planned structured and timely care to patients to improve outcomes, increasing continuity and enhancing patient experience.

The third recommendation proposed a review of data collection on the RIO electronic patient records system to ensure accurate and consistent data was gathered to improve monitoring and support future service developments.

### Forecast impact

The new roles are projected to lead to a 20% increase in workforce capacity across the four neighbourhood community teams, the equivalent of around seven WTEs, as well as give staff the choice of how they deploy their skills, improving job satisfaction and retention. This includes a forecast reduction in time lost to unplanned activities, of around 218 hours, with lower sickness rates and fewer vacancies.

Patient benefits include faster access to planned and unplanned mental health services with reduced waiting times, a decline in rescheduling of appointments and less likelihood of their needs being unsupported and escalating to a crisis.

## Lessons learnt

To focus on the skills needed rather than roles to drive change. The importance of triangulating information from clinical engagement and data analysis to understand the cause of service pressures.

## Further information

More information on the National CLEAR Programme can be found on the CLEAR website which includes additional case studies on CLEAR Mental Health phase one.

## Appendix 1

**Themes for Workforce Redesign in Mental Health March 2021**
**Health Education England and CLEAR Programme**

1. Optimise demand and reduce need for more serious interventions where possible
2. Augment the role of primary care in supporting people's mental health
3. Provide more of existing staff groups
4. Provide more of different staff groups
5. Focus on diversity and inclusion
6. Focus on clinical careers
7. Work as a system
8. Create world-class pathways
9. Integrate physical and mental health
10. Harness digital solutions
11. Put staff wellbeing at the centre of redesign
12. Focus on recruitment and retraining