

BNSSG CCG Governing Body Meeting

Date: Tuesday 6th April

Time: 14.00pm

In light of Government advice regarding social distancing, the Governing Body will meet virtually until further notice. The meeting will be accessible to members of the public. Please see our website for more details.

Agenda Number :	6.3
Title:	Mental Health Crisis Services Update Report
Purpose: For information and update	
Key Points for Discussion:	
An update is presented on work underway and planned to improve the crisis response and pathway for the population of BNSSG, this includes updates on;	
Development of Rapid Response Pods Dedicated Support to South West Ambulance Service Trust Mental Health Alternatives to Crisis Funding The 111 Mental Health response Mental Health crisis cafes – The Safe Haven and the Sanctuary	
Recommendations:	To provide an update to Governing Body on current developments within Mental Health Crisis Services and impact on the wider system.
Previously Considered By and feedback :	None
Management of Declared Interest:	N/A
Risk and Assurance:	Service activity continues to be under review to manage the impact of Covid-19 and support the system further through increased diversion from emergency departments where possible.
Financial / Resource Implications:	The following financial resources have been allocated to support this work;

	<ul style="list-style-type: none"> • 200k Long Term Plan funding utilised to introduce MH Support into SWAST Control rooms • An additional 517k has been secured recurrently from NHSE/I to fund Alternative to Inpatient Crisis • Short term Winter Pressure and Bridging the Gap Funding (2020/21) has been used to accelerate development.
<p>Legal, Policy and Regulatory Requirements:</p>	<p>These work programmes contribute to implementation of the following requirements of the NHS Long Term Plan;</p> <p>By 2023/24:</p> <ul style="list-style-type: none"> • Mental Health professionals working in ambulance control rooms, Integrated Urgent Care services, and providing on-the-scene response in line with clinical quality indicators. • A range of complementary and alternative crisis services to A&E and admission (including Voluntary & Community Sector /local authority-provided services) within all local Mental health crisis pathways; • There will be 100% coverage of 24/7 age-appropriate crisis care, via NHS 111,
<p>How does this reduce Health Inequalities:</p>	<p>It is a priority for this programme to tackle health inequalities.</p> <p>Across BNSSG 1/5th (164,613) of our population live in the 10% most deprived areas of England. The homelessness rate is double the national average and is the highest in the South. There are evidenced links with 80% of homeless people having a MH illness.</p> <p>There is identified risk of suicide for middle aged men and people with autism. And there are have high numbers of people within Bristol and South Glos with complex presentations and personality disorders.</p> <p>In addition we have high BAME populations especially in Bristol.</p> <p>These risk factors increase the possibility of a person using a MH crisis service, and service development will positively impact services available to these populations.</p> <p>Quality and Equality Impact Assessments have been, and continue to be completed for this programme.</p>

How does this impact on Equality & diversity	As above
Patient and Public Involvement:	<p>System wide workshops have been used to bring together Acute Trusts, Ambulance & Police Services, MH Providers including Voluntary Sector, Local Authorities and people with lived experience of MH Crisis, to inform service development.</p> <p>These have taken place over the last two years:</p> <p>20 September 2019 15 November 2019 28 Feb 2020 4 November 2020</p> <p>Further events will be planned as this work develops.</p>
Communications and Engagement:	As above
Author(s):	Neil Turney, Mental Health Programme Manager (Transformation) Simon Bailey, Performance Improvement Facilitator (Mental Health)
Sponsoring Director / Clinical Lead / Lay Member:	Deborah El-Sayed, Director of Transformation Lisa Manson, Director of Commissioning

Agenda item: 6.3

Report title: Mental Health Crisis Services Update Report

1.0 Introduction / Context

The Mental Health Crisis and Inpatient Working Group is overseeing range of programmes designed to improve crisis care and response across BNSSG. These build on a series of system wide workshops delivered by BNSSG CCG over 2019/20 which brought the system together to agree a number of key priority areas. Since Covid-19, the Mental Health Crisis and Inpatient Working Group has been established to continue this system working virtually, whilst also oversee new and emerging work to improve our crisis pathway.

2.0 Service Redesign and Development

The following sections describe a series of service developments completed; underway and planned that improves our Mental Health crisis response.

2.1 Control Room / Street Triage

The Control Room Service is a joint initiative delivered in partnership by the Office of Police and Crime Commissioner, Avon Fire and Rescue Service, Bristol, North Somerset and South Gloucestershire (BNSSG), Bath, Swindon and Wiltshire (BSW), and Somerset CCGs. The service is delivered by Avon and Wiltshire Partnership Trust (AWP), and provides real time expert Mental Health advice information to Police Officers working with people at times of Mental Health (MH) crisis.

In addition, BNSSG CCG funds a Street Triage service, which works alongside the Control Room, and can deploy MH Nurses for face to face assessment and support within 1hr, where this is preferable to a telephone response. The two services are aligned and function as a primary crisis response, with AWP delivering this Street Triage service across BNSSG.

The development of these services has encountered historical operational issues relating to the service model needing to work across Avon & Wiltshire Partnership Trust and Avon and Somerset Police Force. This has at times restricted hours of operation and service outcomes and reduced the service's ability to effectively provide optimal care and support, multi-agency working and expected diversion from Health Based Place of Safety (HBPOS) and Hospital Emergency Departments.

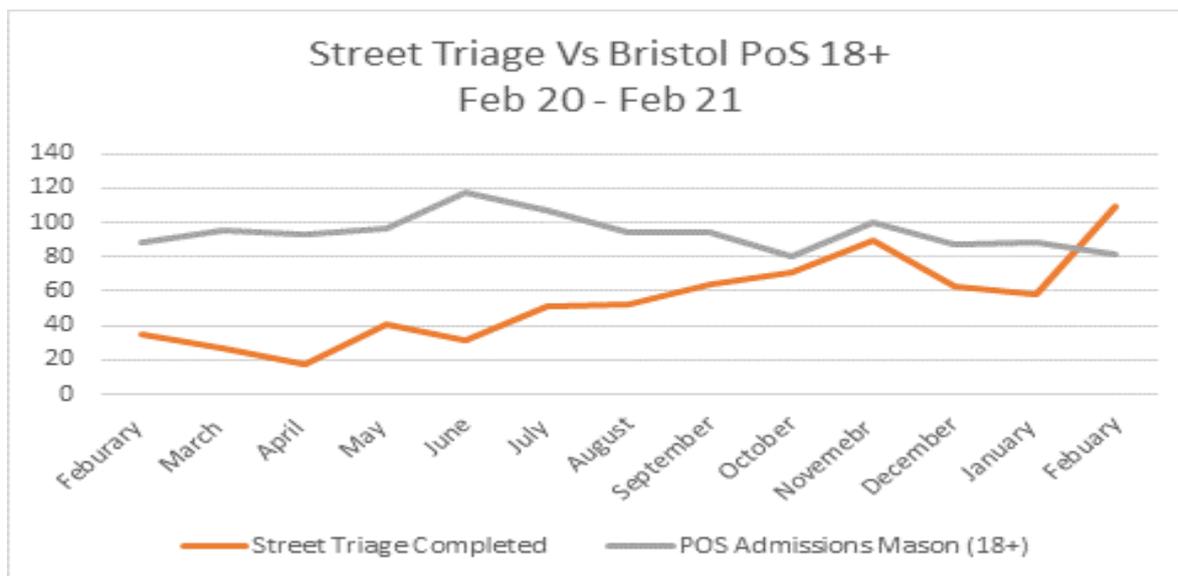
Over 2019/20/21, these services have been remodelled to maximise the potential as a rapid response to both the Police, Fire and Ambulance Services in supporting people experiencing a MH crisis situation. A number of changes have been agreed and implemented to the service which includes;

- Redeployment from Police Headquarters to a health based setting
- Alignment and support with other MH crisis services, including Street Triage as a preferred immediate response
- Improved Police access via dedicated switchboard response
- Reduction in inappropriate referrals
- Increase in deployment of face to face support which is evidenced as the most effective response
- Development of regular service reports supporting continuous improvement

Throughout 2020/21 a multi-agency steering group have applied a test and learn approach in making adaptations to the model. This has built a resilient service and resulted in a step change in the responsiveness of the Street Triage service, which has increased its average face to face contacts from an average of 36 per month to a current average of 74 (Oct -Dec 2020) and which is continuing to rise.

This service can play a key role in diverting people from the Health Based Place of Safety, a third of whom presenting will go on to have a MH inpatient admission. Preventing avoidable MH inpatient admissions provides better patient outcomes, faster recovery and retains capacity in the HBPOS as a finite space which allows acutely unwell people to be safely supported and assessed.

The graph below measures Street Triage and Place of Safety admission over a 12 month period. We note the positive correlation, especially following the redesign impacts taking effect in July 2020, and we continue to monitor this for sustained system improvement.



2.2 Expansion of Control Room / Street Triage Service to Support SWAST

On the 30th December 2019, access to the Control Room / Street Triage services was extended to receive calls from SWAST, with the aim of improving alignment to crisis services and utilise available service capacity. Whilst this has proved effective with up to 20% of calls received coming from ambulance services or paramedics directly, it did not meet fully the Long Term Plan aspirations of supporting MH Ambulance Hubs with MH professionals working directly in ambulance control rooms.

BNSSG had previously piloted deployment of an AWP MH nurse within the SWAST control hub, and this pilot ran between Oct 2018 and April 2019 and had been evaluated and found to deliver positive outcomes.

The developed resilience of the Control Room / Street Triage service, coupled with Long Term Plan transformation funding, provided the foundation to revisit the pilot and develop a service model which could provide a dedicated MH Ambulance response, co-located with the SWAST clinical hub.

In September 2020, a steering group comprised of Clinical leads from SWAST and AWP, alongside BNSSG CCG, began working on plans to develop and implement this service, as a new phase of Control Room / Street Triage service, under the emerging service name Rapid Response Pods.

Each pod is essentially a small working team that operates as a hub and spoke and can either offer phone support or be deployed for face to face assessment depending on the location of the patient. This allows for speed of response, reduces travel time and allows overall co-ordination to manage resource.

BNSSG CCG has invested 200k (FYE) to deliver this mode, which provides AWP staff with full access to SWAST systems to work together to support people's MH needs across BNSSG. The intention is to demonstrably reduce MH conveyances to ED, by providing expert advice both through the phone and tele-video responses, and face to face assessment and support.

We have worked with clinical leads within AWP and SWAST, and Business Intelligence to project the following impact on the number of people with Mental Health presentations using ambulance services.

Measure for MH Related SWAST Calls	SWAST Existing Actuals (12month rolling averages as benchmark)	Feb 2021 - Projected	Mar 2021 - Projected	Apr 2021 - Projected	May 2021 - Projected	June 2021 - Projected	Overview
Hear & Treat	23%	25%	30%	35%	40%	45%	Increase
See & Treat	34.3%	33%	32%	30%	28%	27%	Decrease
See & Convey	42.5%	42%	38%	35%	32%	28%	Decrease

By increasing the amount of people treated over the phone or face to face, we expect to see better patient outcomes, through greater alignment with existing services (including Voluntary Sector, Crisis Teams / Services and Primary Care) which supports the principles of the right care, in the right place at the right time. Further expected system benefits included reduced ambulance time on site and avoidable activity within Acute Hospital Emergency Departments.

The service model developed creates a third spoke to the Control Room / Street Triage service ensuring alignment with existing Police and Fire responses. A first phase was launched using existing staff in January 2021 and AWP are now recruiting to additional posts with the full service going live on 1st April 2021. The full set of intended outcomes will be reviewed throughout 2021/22 by the Mental Health Crisis and Inpatient Working Group.

We have liaised with the Lived Experience Reference Group, via the Independent Mental Health Network and will continue to work with them to gain feedback into service development and to measure impact of the change at individual user level to inform further development and evaluation of success.

2.3 Winter Pressure Expansion to 24/7 Model – Pod 4

As part of the identified 2020/21 winter pressure response, these services were further developed by increasing the operating hours to provide overnight out of hours coverage. A service proposal was developed which creates a 4th pod, operating between 4pm-8am to effectively provide 24/7 coverage.

There is a known high demand on crisis services between 6pm-midnight and this expansion directly addresses that pressure. The service has been operational since February 2021 and in the first few weeks has responded to over 150 calls from emergency services and approximately 30 individuals have been supported face to face in a number of settings (including custody, public places and home addresses) in the late evening and overnight.

This part of the service will be evaluated to measure impact and outcomes and this temporary service expansion will be funded beyond April 21 through additional funding secured from NHSE/I for services that are alternatives to inpatient admission, as explained further in section 3.0.

2.4 Bridging the Gap Funding - Medic Led Response Pod 5

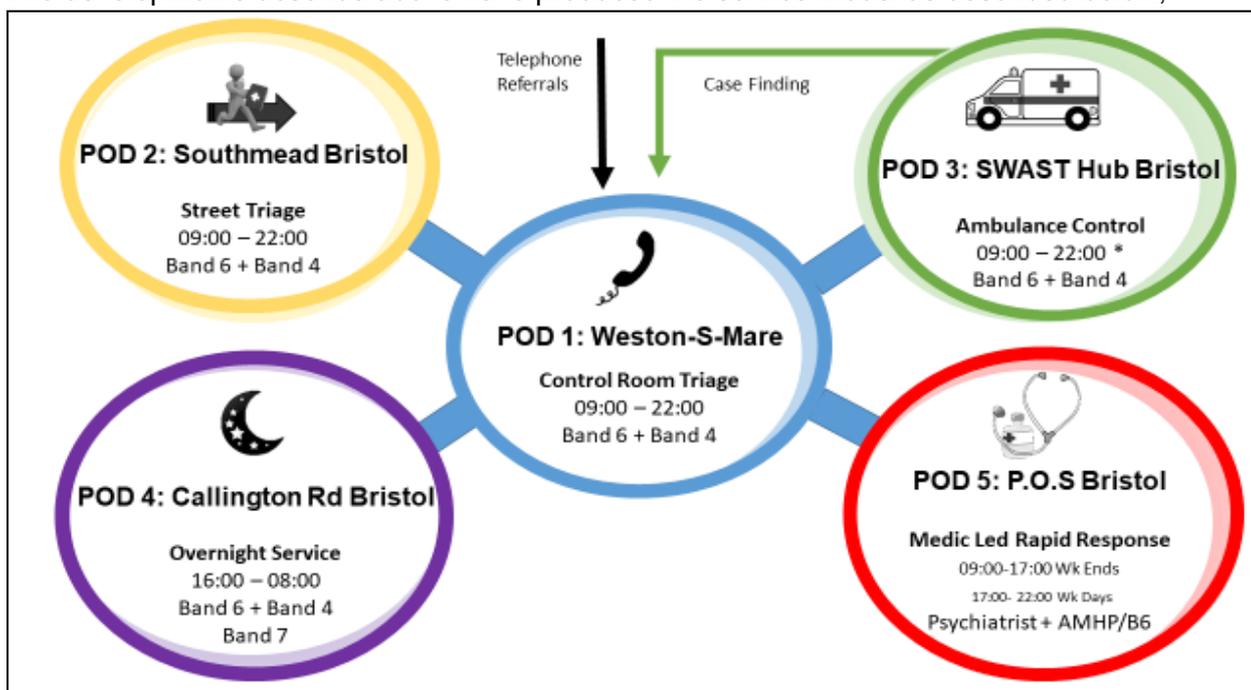
In addition to the expansion already described, AWP are running a short term pilot funded through Bridging the Gap funding, to deliver a 5th Medic led pod. This service runs 5-10pm weekdays and 9-5pm at weekends, and provides access to Mental Health psychiatry and nursing. The service intends to use expertise from psychiatrists and AMHPs, and is based at and directly supports the Health Based Place of Safety.

This service can provide rapid Mental Health act assessment in the HBPOS. Historically, patients often experience delays in accessing assessment when out of hours, and this service has the potential to provide a crucial last link in the pathway recognising that for many reasons, it is not always possible for the Police to obtain MH support immediately and prior to application of a s136 in real time, but a care pathway can be designed that responds to this.

This pilot is believed to be completely original, and the CCG will work with AWP to conduct a full evaluation of impact. The service has been operational since March 2021 and offers the potential to dramatically improve patient's experience of out of hour's crisis care, and time spent by blue light services on scene. This genuinely innovative service offer is currently subject to ongoing discussions to ensure the pilot runs for sufficient time to be fully understood and evaluated for impact.

2.5 Next Steps

The developments describe above have produced the service model as described below;



This provides a fully integrated blue light response and BSW are in discussion with AWP about the possibility to replicate. Regional alignment with SWAST could bring further benefit to BNSSG and we continue to work with all partners on this approach.

The Pods 1-4 have sustainable funding and we will continue to measure impact, as well as working with our partners with lived experience to understand individual patient level experience.

Pod 5 is under review and subject to ongoing conversations to ensure the pilot phase provides enough time to be fully evaluated.

3.0 Alternatives to Crisis - Transformation Funding

In November 2020 NHS England/Improvement informed BNSSG CCG of the opportunity to bid for further transformation funding to support alternatives to MH Crisis inpatient services. This funding is designed to ensure systems have a range of alternative provision to secondary crisis teams and inpatients services. We have recognised within BNSSG we already have a number of crisis alternatives that the voluntary and community sector provide.

A workshop on 4th November 2020 brought together key stakeholders from Acute Trusts, Police, Ambulance Services, Local Authorities, Voluntary Sector, Lived Experience and the 111 service to review priorities identified in the 2019/20 crisis workshops, progress made to date and current pressures. AWP presented a proposal for developing a multi-disciplinary Mental Health hub. The workshop began the process of identifying what will be needed to jointly work together to achieve this, and how we may maximise resource and expertise. There was also an acknowledgment of gaps in provision and need for the following;

- We need an improved pathway that improves safety and ensures we get the right help to the person, in the right place, fast
- Services need access to crisis plans to offer joined up responses to service users
- There is a lack of clinically appropriate assessment space
- Effective crisis prevention can be improved alongside services that work to stop relapse
- A&E Emergency Departments are under pressure from increasing demand
- There is a lack of an escalation crisis referral route especially out of hours – which leaves no alternative to ED
- We need more consistency across BNSSG from point of presentation through to discharge
- Services need to be easy to navigate and use trusted assessments

Since the workshop we have continued to work with NHS England/Improvement and secured the funding bid which over the next three years is expected to provide the following additional funding into BNSSG:

- 2021/22 517k
- 2022/23 693k
- 2023/24 905k

To address the priorities outlined above, we will use the 2021/22 funding to maintain the rapid response pod 4 (see section 1.3) on a 24/7 basis. This service addresses speed of response for those with acute need, and by providing support to the person where they are negates the need for a separate physical space, moving toward the delivery of virtual spaces and care delivered directly to the person.

This approach supports the known pressure on emergency departments and over 2021/22 we will develop this further alongside the Community Mental Health Framework to ensure the crisis response fits in with the team around me approach designed to keep people well and prevent relapse.

In addition, we will begin working with our partners and people with lived experience of MH crisis services to develop a peer support model as of the 2021/22 crisis alternative service development, recognising the impact these roles have in offering compassionate, strength based non clinical care and guided self-help. These posts will commence in 2021/22 and we will develop a model for delivery aligned with the peer support approach developed by the Community Mental Health Framework.

4.0 Mental Health 111 First

Since November 2020 we have been developing the links between 111 and Mental Health Services, as part of the overall 111 First programme. The specialist MH phone lines provided by both Vita Health and AWP have been mapped onto the 111 Directory of Services as appropriate services, increasing consistency of approach and builds on the Vita 24/7 Support and Connect service developed as part of our Covid-19 response in July 2020. A further range of improvements have been identified for immediate redesign and a task and finish group has been convened to oversee these working under the 111 First programme and governance.

It is expected that further work will then be undertaken to design our Mental Health phone line responses, and develop a model that fits all needs and is easy to navigate for our population. This will be developed alongside the service change of the Community Mental Health Framework, as we move toward having an easy to access phone, online and digital front door for MH services, which is able to quickly respond to all types of MH and emotional wellbeing crisis to provide a timely and effective response supporting early intervention and recovery.

5.0 Mental Health Crisis Cafes – The Safe Haven and the Sanctuary

Voluntary Sector services have been developed to increase the offer across BNSSG of crisis alternatives and support early intervention in non-clinical settings.

5.1 The Safe Haven Centre mobilisation to a hybrid face to face and remote offer

In September 2019, following a successful procurement process, BNSSG CCG awarded the Safe Haven Centre contract to local Third Sector provider Second Step. Located in central Weston-super-Mare, the centre was intended to be available to anyone aged 16 or over within the Bristol, North Somerset and South Gloucestershire area without referral. It was expected to be largely used by people from North Somerset, and predominantly Weston, given its location. The Safe Haven Centre had been due to open in May 2020 to provide a safe space for people in acute emotional distress.

Following a successful recruitment campaign, mobilisation was almost complete with when the Covid-19 outbreak occurred. In response to Covid-19, the Safe Haven team became telephone-based offering outbound support to people aged 18+ from North Somerset and South Gloucestershire referred by AWP community teams. This Covid-19 service was launched as an interim service until the planned centre could be opened safely, and telephone support lines could be put in place across BNSSG to support our population's Mental Health and well-being during the Covid-19 outbreak. With the team at full establishment, redeployment allowed Second Step to retain the recently recruited staff and make best use of their skills and experience during the early stages of the pandemic. This continued the strong links and

working relationships with AWP colleagues. Over its duration of operation in Mar 20 – Feb 21, the phone line took 1569 calls, supporting 249 individuals under AWP care in North Somerset and South Gloucestershire.

Subsequent to approval being for reverting back to the original service specification, the Safe Haven Centre has opened up in February 21 offering telephone, Zoom and face to face appointments (using current IPC guidelines). The service now offers 70 slots a week between 18:00-midnight 7 days per week. Activity within the first week of operation saw 41 slots utilised with referrals received from GPs, AWP Primary Care Liaison Service, Police, Paramedics and self-referrals. This will be monitored in part through the Mental Health Crisis Pathway and Inpatients Working Group and we seek to support the service to reach full utilisation.

5.2 The Sanctuary reopening with a face to face offer

In January 2021 the Sanctuary, ran by St Mungo's reopened their face to face service in Gloucester House at Southmead Hospital. The Sanctuary is an out of hours service providing short term support sessions for people experiencing emotional distress. It had previously operated face to face out of a building in New Street in the Bristol city centre area, but switched to telephone support in March 2020 due to Covid-19. In addition, during 2020, the service was required to vacate its Bristol premises.

This service supports clients aged 16 or over who live in Bristol and South Gloucestershire areas 5 days a week between 5pm- midnight. The service can be accessed via self-referral, referrals from other organisations or through the mobile engagement worker role which has been implemented to support emergency services and the emergency departments. This engagement worker role also provides support to emergency departments and services on Tuesdays and Wednesdays when the Sanctuary is closed. Clients are reimbursed bus fares and parking fees while attending the service with a free taxi provided home/ afterwards.

While the Sanctuary going live fills a gap in face to face MH crisis services since the outbreak of Covid-19, the activity of the service is lower than that shown when operating out of its previous premises in Old Market, Bristol. Since opening in its new location, the service has filled 74 out of the available 175 slots over its 5 weeks. Monitoring falls under the Mental Health Crisis Pathway and Inpatients Working Group who have noted this room for growth and are thus closely engaged in this aspect of Sanctuary's development. Feedback from crisis system partners has been that there have not been enough people who would be appropriate for Sanctuary Support identified, due to the acuity of MH need. For example, people supported in the HBPOS have been detained or needed crisis team follow up rather than less intensive third sector support. Options for re-modelling the service to provide more intensive support are being explored to maximise this resource and part of the pathway. The service receives positive feedback from individual service users.

5.3 Impact of crisis cafes on client wellbeing

While both services have not been open long and have variable activity seen by each, they represent a step forward in supporting people with emotional distress. Covid-19 has caused many community based support options to close to face to face options that people rely on to maintain their wellbeing. Thus having an option for this support to be given using a social model that differs to the virtual and physical medical offer already given by other services is important part of our overall service offer.

From a system viewpoint these services are designed to support the out of hours emergency responses through ED diversions, reduction in Length of Stay in ED and reduction in section 136 activity, all of which have a positive impact on wellbeing. The challenge remains in ensuring services are able to meet presenting needs and are reaching those who may need a lower level of support before they escalate. The Safe Haven provides a local response in North Somerset without requiring clients travel to Bristol when Weston ED is shut through the night, and ensured parity of offer across BNSSG. Both services are supported locally and by the system and there is now the opportunity to maximise their impact wider than is currently being felt. Feedback from the Sanctuary has been that **“clients find coming and talking to staff in person is more helpful after a period of long isolation or absence of contact with their usual support workers”** but note that the change to a hospital site is challenging and can be a “potential trigger” for their Mental Health.

Conclusion

There has been substantial change within the configuration and availability of services in BNSSG that support people experiencing a Mental Health crisis. The overarching aims of these developments are to provide an effective care pathway and wrap around support which prevents / reduces ED admissions, reduces length of stay in ED and presentations at Health Based Places of Safety. This gives effective treatment earlier in the pathway, helping people to maintain wellbeing within their own communities. Over the next 12 months this service development will be built on and further system engagement will start to shape a fully multidisciplinary MH offer available 24 hours a day.

Glossary	
AWP	Avon & Wiltshire Mental Health Partnership NHS Trust
A&E	Accident and Emergency
AMHPs	Adult Mental Health Professionals
AWP	Avon and Wiltshire Partnership Trust
BAME	Black, Asian and minority ethnic
BNSSG	Bristol, North Somerset & South Gloucestershire
BSW	Bath, Swindon, and Wiltshire
CCG	Clinical Commissioning Group
ED	Emergency Department
FYE	Full Year Equivalent
GP	General Practitioner
HBPOS	Health Based Place of Safety
IPC	Infection Prevention and Control
MH	Mental Health
NHSE/I	NHS England & Improvement
S136	Section 136 of the Mental Health Act
SWAST	South West Ambulance Service

