

**Wokingham Health and Wellbeing Board**  
**11<sup>th</sup> June 2020**

Report Title	Update on Mental Health Crisis review and Building a Primary Care Mental Health offer
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Purpose of item	To inform the Health and Wellbeing board on two Mental Health transformation priorities – Mental Health Crisis review and Building a Primary Care Mental Health offer

**1. Background**

Mental ill health is widespread and can affect people from all walks of life. National statistics show one in four adults and one in 10 children experience mental illness, and many more of us know and care for people who do. (NHSE 2019). People can recover from mental illness if they receive timely and appropriate treatment and support, but many people struggle to access mental health services when they need them.

In Berkshire West it is estimated that 14% of the population suffers from a common mental health condition. Adult Mental Health services are primarily provided by Berkshire Healthcare Foundation Trust (BHFT), commissioned by Berkshire West CCG and additional services commissioned from three other Local Authorities.

The local Integrated Care Partnership in Berkshire West has prioritised two transformational mental health projects.

- A review of mental health crisis services for the all age population of Berkshire West
- The development of a Primary Care Mental Health (PCMH) offer

**2. Mental Health (MH) Crisis Review:**

The review was initiated due to:

1. Increased number and associated cost of out of area hospital placements
2. Revised Section 136 legislation
3. Feedback from services users and carers requesting changes and improvements.
4. In preparation for transformation to meet the ambitions in the Long Term Plan (2019)

The review took place from July 2019 to March 2020 resulting in a final recommendation report that was presented and approved at the April 2020 ICP mental health/ learning disability board for Berkshire West.

**2.1 The MH Crisis Review and subsequent recommendation was seeking to:**

- a) Improve access for mental health services and ensure they are readily available in a timely manner for all ages
- b) Provide an all age mental health liaison service in Emergency Department, acute hospital inpatient and meets Core24 standard
- c) Improve Mental Health crisis provision access for all ages 24/7 including use of NHS111 (crisis line and home treatment service)
- d) Provide alternative crisis provision for those in mental health crisis – sanctuaries/ crisis café
- e) Augment an Ambulance Mental Health response pathway (transport and trained MH staff)
- f) The MH Crisis Review to link in with the Urgent and Emergency Care Strategy

## 2.2 Mental Health Crisis Review process.

Berkshire West CCG has led a comprehensive eight month engagement and consultation piece of work with the significant support of health partners at Berkshire Healthcare Foundation Trust and the Royal Berkshire NHS Foundation Trust (RBFT), along with Thames Valley Police, South Central Ambulance Service, local authorities and voluntary sector. HW, service users and carers

A range of snr managers but more importantly frontline staff from these organisations have had many opportunities to feedback and influence the 14 recommendations outlined on pages 3 and 4 of this report.

In addition to the frontline practitioners involvement significant time was spent revisiting previous patient engagement work by Health Watch locally, RBFT and voluntary sector organisations. This provided a strong outline of the strengths and weaknesses of our current arrangements that again fed into the review.

However the review process took the time at the end of 2019 and into the start of 2020 to re-engagement with patient groups and our local voluntary sector to run a number of events to test the review findings and support the shaping of the final 14 recommendations.

## 2.3 Mental Health Review Recommendations

Set out below are the 14 recommendations that have been shaped by partners and patients through the review.

Review Theme	Rec. #	Recommendation
A single point of access for MH Crisis that is consistent and available 24/7 for all ages	1	<b>Urgent and Emergency Mental Health Crisis accessible via NHS111</b> a. This will be delivered by SCAS b. Mental Health Practitioners available within NHS111 to triage calls run by BHFT c. Ensuring various means of digital & technologic methods are made available and accessible to NHS111 (telephone and online access)
	2	<b>Development of a new Crisis Line available 24/7 for all ages (BHFT Crisis Team)</b> a. Appointing dedicated specialist practitioners – to deliver on the CYP, OP & LD pathways b. Smart transfer to Crisis Line from NHS111 in a timely manner. c. A new & dedicated MH Crisis Professionals Line for partners seeking MH crisis support for example Police seeking guidance to place people on s136, a GP needs guidance for a person experiencing extreme distress in the community d. To increase accessibility to remote areas and meeting demand during peak crisis times providing digital access for example teams, email, LiveChat or SHARoN
	3.	<b>Development of specialist access for CYP : An improved CYP Crisis model offering crisis assessment in the community within 24-48hour of a referral</b> a. To design a new CYP MH Crisis de-escalation service for up to 72hours to provides intensive support and interventions whilst preventing or preparing for inpatient admission. Therefore need to explore with Local Authorities 3

		residential beds for CYP post a MH crisis episode, with wraparound MH support from BHFT.
	<b>4.</b>	<b>Improved access and input from Home Treatment Team</b> <ul style="list-style-type: none"> <li>a. Enhancing the current RRT service provision for CYP with multi-agency input to support CYP in the community. Extending recruitment to cater to a wider skills mix within CYP teams</li> <li>b. With an improved Crisis Line (telephone triage) in place, HTT can respond more effectively to acute mental health problems by providing intensive home based therapies and support/focus on the alternative to admission.</li> </ul>
	<b>5.</b>	<b>To review the use of the current crisis beds utilisation.</b> <ul style="list-style-type: none"> <li>a. Broader understanding &amp; utilisation the Urgent Care pathway to access the 2 crisis bed (gatekeeping and access by Urgent Care Team).</li> </ul>
	<b>6.</b>	<b>OP HTT delivering parity of esteem</b> <ul style="list-style-type: none"> <li>a. Integrating the Rapid Response Team &amp; functional mental health team (physical &amp; mental health team) to work collaboratively and provide a more coordinated multi-agency system response for delirium &amp; dementia</li> <li>b. Supporting community placements (nursing home and residential homes) manage people better within their placement/homes</li> <li>c. To explore with Local authorities setting up 3 community 'step up respite beds' for &lt;72hours offering OPHTT assessment to avoid a hospital admissions (home to home)</li> </ul>
	<b>7.</b>	<b>PMS Core 24 Service</b> <ul style="list-style-type: none"> <li>a. Implement transformation funding to facilitate additional resource of Band 7 advanced mental health practitioners to ensure PMS service at RBFT (run by BHFT) is compliant.</li> <li>b. Review deployment of team based on demand into RBFT if other recommendations and actions reduce impact on A&amp;E.</li> </ul>
Alternative to Crisis provision	<b>8.</b>	<b>Development of a pilot Crisis Café: Breathing Space delivered by Voluntary Sector and local provider (BHFT)</b> <ul style="list-style-type: none"> <li>a. Market test and Procure new adults 1<sup>st</sup> Breathing Space (crisis cafe) to be in Reading using new co-produced service specification</li> <li>b. Ambition in next 5 years to have a Crisis Café in Wokingham &amp; West Berkshire</li> <li>c. Review impact and opportunities with A Place Of Safety utilisation</li> <li>d. For CYP review the impact of the COVID-19 response set up at Early House and use recommendation 3a as starting point for alternative offer.</li> </ul>
	<b>9.</b>	<b>To sustain and stabilise the Street Triage service and link with SCAS mental health vehicle set up</b> <ul style="list-style-type: none"> <li>a. Ensure funding is recurrent for BHFT and review model with TV Police</li> <li>b. Set up a TV wide vision and delivery model for the SCAS Mental Health Vehicles that collaborates with the street triage offer.</li> </ul>
Enhanced and better access to preventative Mental Health support from	<b>10.</b>	<b>Development of a new Primary Care MH pathway and Primary Care Mental Health (PCMH) team</b> <ul style="list-style-type: none"> <li>a. PCMH team co-located within Primary Care Networks (PCN) offering direct MH support</li> <li>b. PCMH team will be inclusive, early help to avoid MH crisis &amp; relapse,</li> </ul>

and for Primary Care		<ul style="list-style-type: none"> <li>c. Promoting parity of esteem &amp; service user experience and outcomes</li> <li>d. PCMH – Multi-professional team enhancing the PCN offer e.g. pharmacists to advice on psychotropic medications &amp; Voluntary sector – social prescribers</li> <li>e. Integrated PCN teams with social prescribers, pharmacists, physician associates , MH practitioners and many more</li> </ul>
	<b>11.</b>	<p><b>Strengthen the peer support offer for Primary Care there is opportunity to explore the Distress Brief Interventions to support people in distress (offered by Voluntary Sector)</b></p> <ul style="list-style-type: none"> <li>a. Telephone support for people in distress using a non-clinical model e.g. Samaritans/ Well-being hubs (link with Local Authorities on well-being/Public Health)</li> </ul>
Communication and digital promotions about MH Crisis	<b>12.</b>	<p><b>Marketing the new Berkshire West Mental Health Crisis offer</b></p> <ul style="list-style-type: none"> <li>a. Collaborative delivery of communications plan by Berkshire West CCG Communications Team &amp; partners</li> <li>b. Maximise use of various media to communicate Berkshire West MH Crisis with promotional support from all stakeholders and partners</li> <li>c. Update of the new MH Urgent &amp; Emergency Care Protocol</li> <li>d. Building on tools for MH resilience, self- care and MH awareness with local Public Health Consultants input</li> </ul>
Improve education and training	<b>13.</b>	<p><b>Design a new comprehensive training package for MH Crisis (trainer led &amp; online platforms )</b></p> <ul style="list-style-type: none"> <li>a. Establish a minimum training package to offer Mental Health First Aid &amp; case study simulation training &amp; ‘compassionate care’.</li> <li>b. Offer an integrated MH training for front-line staff, police, paramedic and primary care staff - help &amp; ease to support any individual in need of MH support</li> <li>c. Through the Mental Health Support Teams and School Links projects ensure there is a standardised MH support offer to schools; use of PPEPCare</li> </ul>
Effective Governance systems	<b>14.</b>	<p><b>Development of a Mental Health Partnership Forum (MHPF) &amp; shared clinical governance structure - across the system (health, social care and voluntary sector)</b></p> <ul style="list-style-type: none"> <li>a. Create a platform to host Mental Health Partnership forum for service users, carers/loved ones, and voluntary sector</li> <li>b. Develop a clinical governance structure to host MHPF and support co-production in developing future Mental health</li> <li>c. Shared access to personal records - Offering clinical digital access to people allowing them to share with family and carers <i>eg. safety plans</i></li> </ul>

## **2.4 MH Crisis review implementation in 2020/21**

Our local Integrated Care Partnership has endorsed these recommendations and an action plan has been put together by the CCG. The COVID-19 outbreak has delayed elements of the plan being implemented but other aspects have already been successfully started, for example an already operational Mental Health crisis line run by BHFT now linked to NHS 111.

A project implementation group of partners has been set up and we fully expect to see more progress over the coming months, which will continue to be regularly monitored by the Mental Health and Learning disability programme board.

## **3. Building Primary Care Mental Health offer**

The aim of this work is to set up a Primary Care Mental Health Offer for Berkshire West patients that improve the quality and accessibility of mental health care for the population. The achievement of this offer will be known by

- Driving up recovery rates
- Improved self-care (decreasing reliance on medical input)
- Decreasing demand on secondary and acute care

The primary care model or offer will therefore focus on

- Preventing escalation of needs by providing early help as soon as possible
- Supporting recovery away from secondary and acute mental health care
- Being integrated within the newly established GP Alliances services in the CCG area
- Being integrated within a secondary and acute MH Care service offer (Pathway)
- Being both multi-agency and multi-professional

## **3.1 Work completed to date**

Berkshire West CCG has led a task group of health and LA senior managers to shape an initial model of delivery. The CCG has explored in detail other national models of a similar nature, drawing in particular from the Cambridge and Peterborough PRISM service -

<https://www.cpft.nhs.uk/Documents/Miscellaneous/Prism%20leaflet%20Feb%202018.pdf>

Our model of delivery was then tested and shared with a wide group of voluntary sector partners, primary and secondary health care clinicians and front line staff as well as primary care patient participation groups in our GP practise areas. This enabled our model to be re-engineered with the local input of these key stakeholders.

## **3.3 Next Steps**

Berkshire West CCG continues to work closely with the Clinical Directors of the Primary Care Networks and our secondary care provider, Berkshire Healthcare Foundation trust in the coming months to pilot a model of delivery. The Mental Health and Learning Disability ICP board will evaluate its impact before seeking approval to complete a full roll out.

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