Wiltshire Council

Health and Wellbeing Board

Thursday 23 May 2019

Subject: Wiltshire Mental Health Crisis Care Update

Purpose of Report

1. This report presents an overview of crisis care developments in Wiltshire. The report provides an update on the delivery of care for those experiencing a mental health crisis, priority areas and the progressive partnerships across the system together to provide and improve the effectiveness of crisis care for local people.

Background

2. Members will recall that a presentation was given at the Health and Well Being Board in October 2018, updating them on this work programme. Key partners, including police, providers, commissioners etc of the Wiltshire and Swindon Crisis Care Concordat have committed to providing routine updates to the Health and Wellbeing Board, as per the agreed directives.

This report gives an update on the complex ongoing work to ensure robust interfaces and collaborative working practices for services supporting the crisis care pathway; to ensure the highest quality of care for these service users, through the provision of responsive and effective crisis care in Wiltshire.

Main Considerations

3.1 Wiltshire & Swindon Crisis Care Concordat

The Wiltshire & Swindon Crisis Care Concordat continues to take place on a quarterly basis. The refreshed focus, incorporating workshop style discussions has led to the development of an effective action plan overview. The Concordat structure continues to enable cross-provider crisis care pathway developmental discussions; initial key focus areas and action plan themes include:

- CAMHs transition; the CCG are leading a piece of work to ensure robust monitoring of inpatient transitions, as well as community transitions between CAMHs and adult mental health services. This piece of work will result in an agreed CCG-provider Transition protocol which will be contractually embedded to ensure adherence; expected completion Q3 19/20.
- Dual Diagnosis; continued pathway development between AWP and Turning Point, regarding joint working practices. The Concordat will facilitate the

- extension of this pathway to incorporate its wider partners, including Police, SWAFT and the Acute General Hospitals. Expected completion Q3 19/20.
- Prevention; Development of Crisis avoidance protocols and pathways.
 Expected completion Q4 19/20.

CCG and AWP Strategic Leads for BSW (Acting Director for Mental Health, Maternity and Children, and BSW Clinical Director, respectively) now attend the overarching Avon, Somerset & Wiltshire Crisis Care Concordat, ensuring our developing local action plan can be aligned to the overarching prioritised work plan, and local developments and issues can be reflected and prioritised within at scale work

3.2 Place of Safety Activity

Wiltshire place of safety activity (captured from the period of January the 1st through to the 31st of March 2019), is presented in appendix 1. Comparably to the previous update there have been 10 fewer Wiltshire PoS assessments during this report period; 38. The activity rate has been more variable through Jan-March, with activity tending to increase towards the end of the working week; this echoes the trend observed in the previous report, however a spike on Sundays was also evident which has now subsided. Higher rates of activity occurred between 9pm-9am; again the previous report mirrored this, although also saw an increase between 12-3pm which has ceased. Conveyance to the PoS continues to predominantly be completed by the Police, and joint Police and Ambulance conveyance; an improving position has been observed regarding with approximately 70% of 136s being conveyed via Ambulance in March 2019, whereas an average of 20% was observed 12 months ago. The majority of assessments are completed in between 12-24hours of admission to the PoS, with one breach.

3.3 East Place of Safety Evaluation Update

The evaluation report is currently with NHS England for review and determination of the next steps. The CCG hopes to be able to provide a comprehensive update on the outcomes and next steps following the NHS E review within the next update report. In the interim, oversite of the temporary centralisation of the East places of safety will continue through the BSW AWP contract and performance meetings, and with an operational focus, through the Concordat.

3.4 BaNES & Wiltshire Crisis Accommodation

In recognition of addressing a noted crisis pathway gap, BaNES and Wiltshire CCGs have supported funding to enable continuation of this pilot with Rethink, for a further a 6month period; Swindon CCG will progress with local arrangements.

The resource has been slightly altered, reducing the accommodation to three crisis beds, located at Herbert House, Salisbury. Evidence is already demonstrating alleviation of inpatient delayed transfer of care pressures, positive feedback from service users and admission and homelessness avoidance. A full evaluation to determine the system wide impact for this resource will be completed in Q3, this will inform future commissioning.

3.5 High Intensity User -

The High Intensity User Network is a national programme overseen by NHS England. A number of areas have signed up to this initiative which is designed to bring both health and police professionals together to work with high intensity service users who are displaying challenging, complex and high risk behaviour.

The local model is called the Police & Health Integrated Mentoring scheme (PHIM), and the PHIM officer works with the relevant local care coordinator from the Community Mental Health Teams (CMHT) to help support the service user and ultimately reduce demand placed on services. The model is not about duplicating effort and the care coordinator maintains responsibility for providing healthcare and support to the service user. The PHIM officer brings a different skillset, setting appropriate boundaries for the service user, the aim being to reduce their challenging behaviour. The ethos is very much two different agencies bringing together different skills and abilities in order to provide the service user with the support needed to improve their behaviour and welfare.

Currently there is one PHIM officer working in the South Wiltshire locality and a second PHIM officer to cover North Wilts has just been appointed. Both of these posts are currently funded by Wiltshire Police.

The PHIM officer in the south of the county has worked alongside the CMHT with a number of service users who have placed demand on several agencies, including police, mental health services, Emergency Departments and the Ambulance service to name just a few. Specific case studies have already highlighted considerable success, not just in a reduction in demand placed on services but importantly in the improvement of the wellbeing of the service user. For service users, examples of such success include halting their offending behaviour, rebuilding relationships with families and living more fulfilling lives with new housing and employment opportunities. The benefits for agencies have included a reduction in demand on their services, including a reduction in the number of calls as well as a reduction/elimination in the number of bed-days for the service user.

Within NHS England the High Intensity User Programme is being supported by the Academic Health Science Network (AHSN) and the local West of England service is currently supporting the PHIM officers to conduct an evaluation of the scheme so far and this will be completed by the end of the summer. With the support of the AHSN the intention is to also introduce a third PHIM officer to cover the Swindon locality.

3.6 BaNES, Swindon & Wiltshire Place of Calm Café Update

Wiltshire CCG continue to work in partnership with Alabare to develop and progress the project plan for the Salisbury based Place of Calm. The PoC is anticipated to operate across seven days (Core service hours, plus extended OOH opening; hours to be determined through engagement with individuals with lived experience to ensure optimal provision, anticipated to be 9am – 1am). Alabare have suitable premises, which require conversion from its current purpose to provide a safe, therapeutic and

psychologically informed environment. The site identified is already a safe space, registered under Wiltshire Council Safe Places scheme.

The PoC will be established as a multi-agency hub to provide those requiring any level of support to divert MH crisis escalation or maintain their post-crisis recovery journey; this will enable partnership working and integration between statutory and non-statutory services. The model has been co-designed with people with lived experience and key stakeholders including the police, AWP clinical staff, GPs and third sector representatives. It is intended that the PoC will have provision for confidential meeting spaces, as well as providing a functional café space where social inclusion will be promoted through a range of regular activities and events, as well as through the day to day provision of a welcoming, non-judgmental, supportive and understanding space.

It was intended for the implementation steering group to progress during Q3 1819, however owing to delay in the availability of the funding with the Department of Health this has been postponed, and will now commence during Q1 1920, as funding has now be reaffirmed. A phased implementation plan will be developed, with an initial launch intended during Q3 1920.

3.7 Learning Disabilities & Autism Crisis Pathway Review

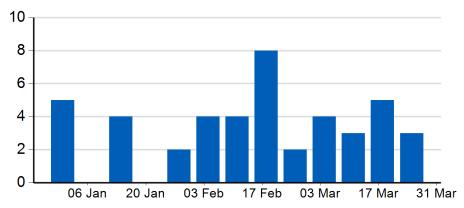
Following several complex crisis cases, there is agreement for BSW-BNSSG LD/ASD crisis pathway review, with the objective of reconfiguring the pathway, and possibly services to address service pressures, perceived pathway gaps and to improve the overall patient journey during times of crisis. The review methodology is currently being drafted by Wiltshire CCG, who will lead this piece of work; review expected completed Q4 19/20. Interim updates will be provided to the Health and Wellbeing Board, along with the formal review report following completion.

This work will be undertaken in conjunction with colleagues from Wiltshire Council as part of the new Whole Life Pathway FACT work stream.

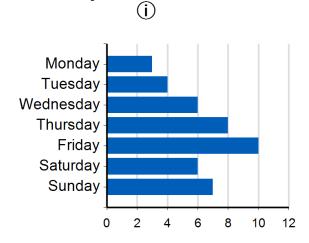
4.0 Conclusions

The Members are asked to note this update paper.

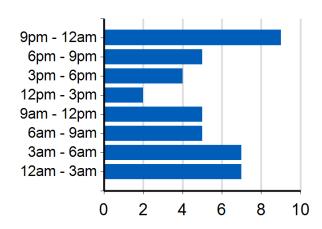
MR2a - Number of Place of Safety stays, by week (i)



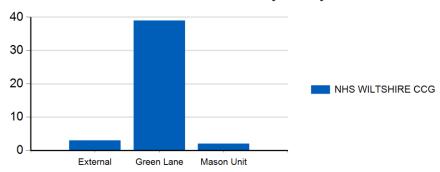
MR2b - Day of Week Arrival Profile



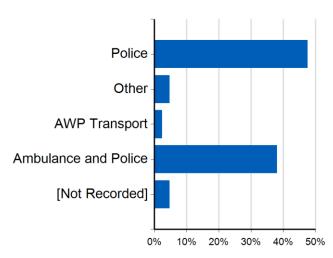
MR2 - Number of Detainees by time detained (i)



MR1c - Number of detainees by POS by CCG



MR12 - Means of conveyance



MR10 - Time to assessment

