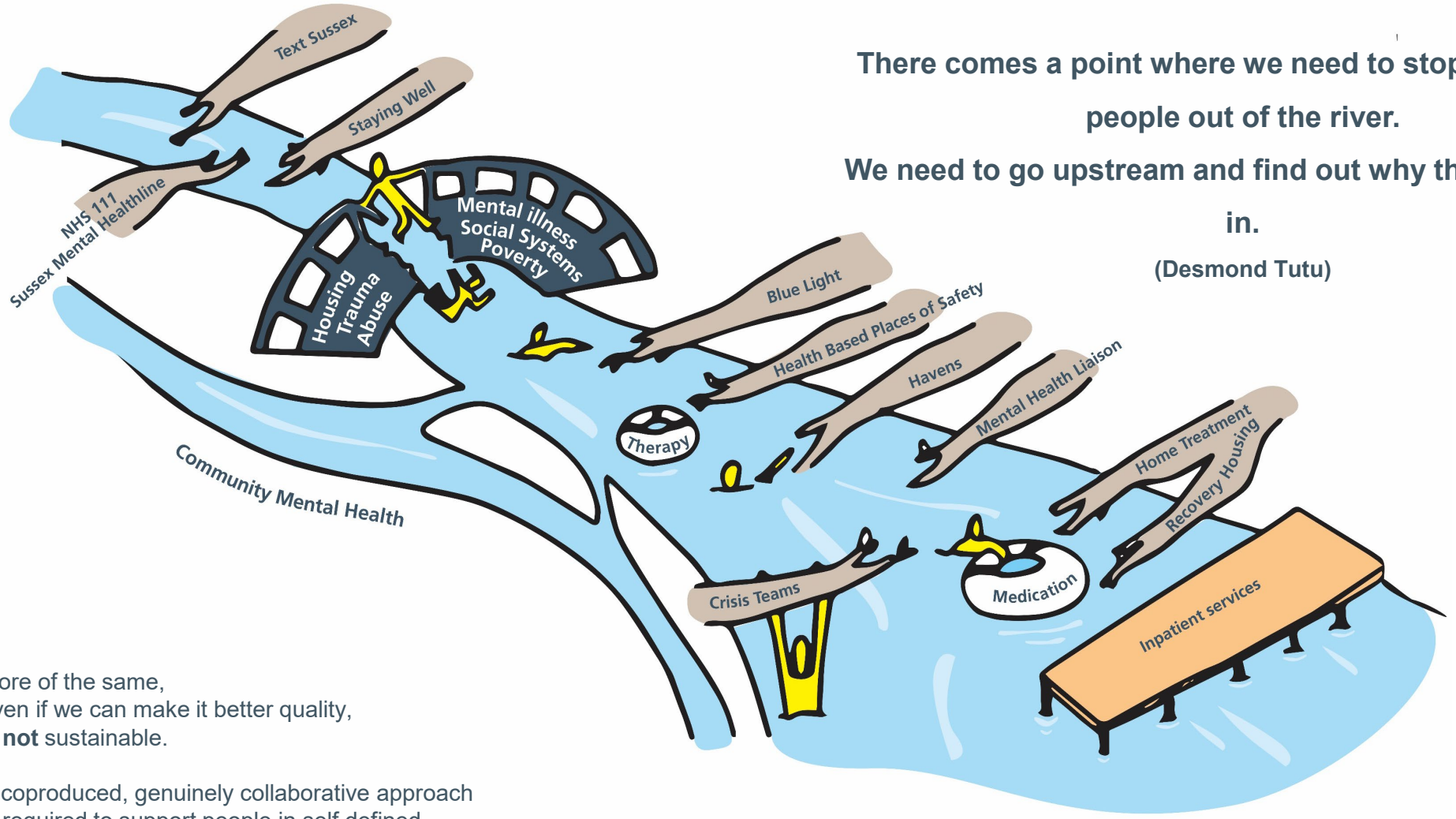
Sussex Health&Care

Mental Health Urgent and Emergency Care Improvement Plan

Improving Lives Together

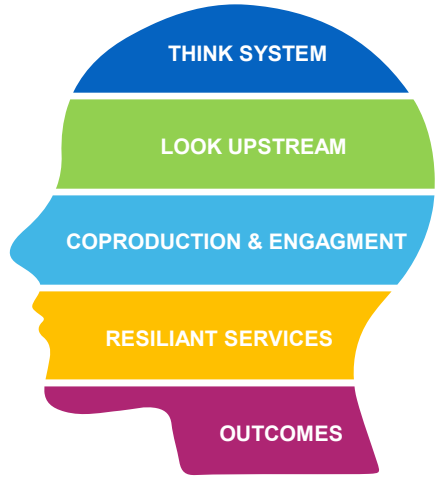
Mental Health Urgent and Emergency Care



There comes a point where we need to stop just pulling people out of the river.

We need to go upstream and find out why they are falling in.

(Desmond Tutu)



More of the same,
even if we can make it better quality,
is **not** sustainable.

A coproduced, genuinely collaborative approach is required to support people in self defined crisis in the most accessible, lightest and least restrictive services possible.

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Progress on Initiatives Delivered to Date (1)

These initiatives are at varying stages of implementation, with some requiring additional investment for full value and benefits to be realised.
The work already done to date provides a solid foundation on which to build future improvement work.

Core-24 services	2017/18 and 2018/19 funding from NHSE for crisis transformation to move each mental health liaison team (MHLT) to Core-24 specification. Workforce limited progress until delivery in 2020/21. Also included additional resource into crisis resolution and home treatment teams (CRHT), Street triage, and developed the workforce to support the Haven service.
Brighton Haven	Established 2018/19 for admission avoidance. COVID in March 2020 accelerated other Havens and CDU as alternatives to ED for MH presentations – at a time of unprecedented reduction in ED footfall and MH admissions. Capital funding has supported the refurbishment of Havens and flexibility in their use to operate as alternatives to HBPoS.
D2A & Recovery Houses	Investment in D2A model in Brighton and West Sussex to reduce LoS and MRFDs in 2020. Development of two interim crisis beds in Shore House in 2022. East Sussex has a well-established model.
MDIST	Development of multi-disciplinary intensive support team (MDIST) in 2021 responsible for supporting patients being treated out of area (OOA) and facilitating discharges/repatriation ensuring minimum time spend in bed out of country.
Dementia Crisis	Expansion of West Sussex Dementia crisis team to SOAMHS functional patients (2022). A move from Dementia crisis teams into Intensive Dementia Support Teams in Chichester & Bognor ensured integration with MH community teams and the expansion of offer through working with older people in MH crisis.
North West Sussex Blue Light Triage	Supports paramedics with 'advice and guidance' as well 'hear and treat'. Ability to attend on scene for assessment. Achieved a 20% reduction in conveyance to ED and significant better engagement. Positive feedback from partners and patients.

Progress on Initiatives Delivered to Date (2)

Text SUSSEX

Initiative with national VCSE provider to support people in self defined crisis. People can now Text Sussex to 85258 and receive text based support. Currently only organic advertising. 805 conversations (10/6/22 - 9/7/23).131 people have used the service more than once.79% of texters say the conversation was helpful
National data suggests it reduces demand on other MH services by 20%.

NHS 111 Press for MH

Following national and local consultation and as part of the national drive for integration between MH and IUCS, Sussex went live with the integration of the NHS 111 press for MH service into SMHL in November 2022 ahead of national requirement. Diverts approx. 2000 calls/month from NHS 111.

Blue Light Line

As part of preparations for winter the service went live pan Sussex Dec 2022. It provides a dedicated line for police to support police in decision making pre s136 as part of the police's statutory obligation to consult with a MH Professional. In addition it provides the coordination point for ambulance and police around availability of HBPoS and or ADPoS/Havens and the availability of the S.136 support service. 1,311 calls to date have been taken.

SMHL Optimisation

Expansion of Sussex MH Line to 0800 number for free access (2020). 2022 integrated NHS 111 press for MH.
In 2023 - New clinical model coproduced, business case developed. No funding available to support clinical model. Service optimised within envelope although demand outstrips capacity by a considerable margin.

S.136 Support Service Trial

Pilot went live at pace in April 2023 currently supports one person for up to 24hrs in ED or a Haven instead of Police officers. Currently being evaluated due to short term non recurrent funding and pilot status. Has saved circa 2000 hours of Police time.

Compassionate calls

Short term reinstatement and integration with SMHL. Pilot from Dec 2020-Nov 2022 to provide compassionate, timely follow up within 72hrs of presenting at ED. 2592 people referred within pilot, feed back and external evaluation showed the service was well liked and provided recovery, clinical and service benefits.

Direct measurable impacts to date

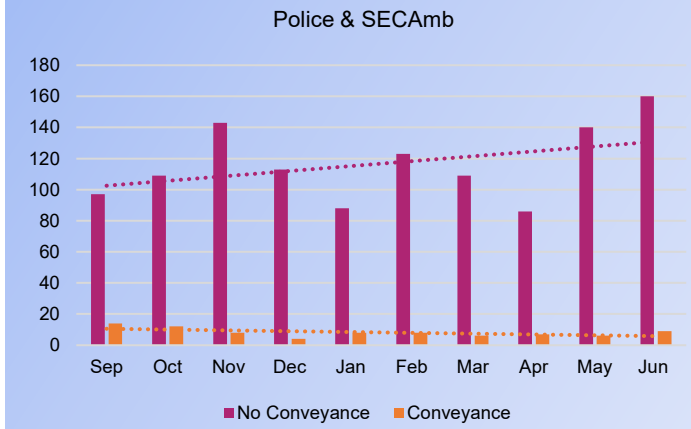
BLUE LIGHT TRIAGE – NW Sussex

An initiative with SECAmb and latterly the police to provide advice, guidance, hear and treat and convergence on scene.

Hear & Treat Jun 22-Jun 23 205 (71% of referrals)
See & Treat Jun 22-Jun 23 82 (27% of referrals)
Advice & Guidance Jun 22-Jun 23 5 (2% of referrals)

In the period Jun 22-Dec 22 8% of all referrals were conveyed to an ED department **(See & Convey)**

Reduced Conveyance



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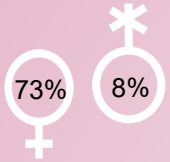
805

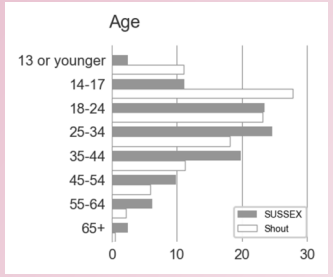
805 conversations (10/6/22 - 9/7/23)
131 people have used the service more than once
79% of texters say the conversation was helpful
46% LGBTQI+ - significantly above the level for the national service

Significant Crisis Alternative

Sussex benchmarks;
+ very highly for >35
+ significantly higher for both >55 & >65

Therefore reaching a group of people who struggle to access services





S.136 SUPPORT SERVICE

A service provided by a private provider to 'sit' with people detained under section 136 in EDs or Havens and release police time.

57 patients (April 23 – June 23)
947 hrs of patient care time
2841 hrs of patient care time and transport provided

Police Resource Relief

2000 hrs

Police time saved

SECURECARE UK
SECURE PATIENT TRANSPORT SPECIALISTS

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Partnering with the VCSE

There has been a long history of partnership working with the VCSE across Sussex both from a commissioning and operational perspective as strategic partners, delivery partners and sector representation. A key element of the mental health programme has focused on strengthening strategic and operational relationships between Sussex ICB, SPFT and VCSE partners as part of maturing the collaboration within the context of the integrated care system and increased innovation.

This has included:

Developing **MH Strategic VCSE Leads** in each of the three Places who are members of both the Placed Based Mental Health Oversight Boards and the Sussex MHLDA Board (Southdown, West Sussex Mind, BWC/Grassroots).

Creating 3 FTE **VCSE MH Transformation Lead roles** to ensure strong VCSE engagement in the community transformation programme.

Children and Young People's (CYP) MH Strategic Reps identified (Stonepillow, Amaze, Downslink YMCA)

SPFT and VCSE Strategic Leaders agreeing a **'Working Together Agreement'** (Compact) to reset and strengthen partner relationships and support integrated models of service delivery).

Supported the establishment of a **Sussex Mental Health VCSE Strategic Leadership Group** and three Placed based **MH VCSE Networks**.

Invested in VCSE partners to deliver a range of community services including VCSE workers in community MH services aligned to PCNs.

Continuing to strengthen the VCSE elements of the community transformation programme will be important in increasing community capacity to prevent people going into crisis as well as afterwards. In addition, as part of the MH-UEC programme we are working with VCSE to continue to look at opportunities for more joint working including redesigned the Staying Well Crisis Cafes to become open access.

What are we trying to achieve?

A high number of people with non-physical health attending ED due to issues with access, awareness and suitability of alternative options	1. We will **reduce mental health ED attendances** by 20% by March 2025. This equates to diverting 327 attendances away from EDs each month
A higher number S.136 detentions being conveyed to ED due to issues with access and awareness of alternatives	2. We will **reduce number of detentions under S.136 by 19% and** reduce the number of s.136s conveyed to ED by 30% by Sept 2024. This equates to a reduction of 70 S.136s each month, of which we will avoid 20 being conveyed to ED.
People are waiting too long in ED because of problems accessing a mental health bed or support in the community	3. We will eliminate all over 72 hour waits in ED for a MH concern by November 2023. **By November 2023 no one will wait in ED for more than 72 hours**.
People are spending too long in a mental health bed	4. By September 2024, we will **reduce the average length of stay** in a MH bed from 57 days to 46 days, representing a 21.5% improvement.
People are waiting too long for a MH bed either in ED or in the community	5. By March 2025 we will **reduce the average time waited for a MH bed** from nearly seven days to five and a half days, representing a 20% improvement.

Achieving these objectives will mean the population of Sussex will have their mental health needs cared for in the right place at the right time; improving patient experience.

Through achieving this step-change, people accessing wider physical healthcare and emergency services will have improved experience and outcomes as accessibility is improved.

System / Partner Support

ACUTE HOSPITAL

Strengthen policies and procedures around MH patients in ED and where admitted to wards supported by the new ED and acute hospital wards discharge plans.

Deliver PSC review recommendations that relate to acute hospitals.

POLICE

100% of people being considered for S.136 should have had specialist MH advise sought prior to undertaking unless consultation was not practicable in the circumstances - stepped plan to seek professional MH advice from MH colleagues.

As part of that advice seeking should seek to reduce the use of S.136 in line with neighbouring systems such as Hampshire and Kent per 100k of population supported by advice seeking and the utilisation of alternatives such as Staying Well services and Havens.

LOCAL AUTHORITY

Support robust housing and brokerage arrangement to facilitate reduced LoS and MRFD's where housing is an issue.

Review use of Sec 117 and support packages of care.

Review and where possible optimise the availability of AMHP's and MHA assessments to within the national standard of 3 hours.

Building awareness and support obligations under the Homelessness Reduction Act.

VCSE

Mobilise open access Staying Well Services with SPFT.

Look at additional support opportunities within ED and where there are opportunities to support people open to community services post ED or wider contact with the MH UEC pathway.

SECAmb

Support police with conveyances following the perfect month work in September ensuring that S.136 conveyance is responded to as cat 2 and as a minimum the new metric of 30 min response time is adhered to.

Planned Initiatives (1)

1. STAYING WELL SERVICES	Staying Well Services becoming open access and co delivered.	Phase 1 – Oct 2023 Phase 2 – July 2024
2. POLICE & AMBULANCE	Perfect month initiative with Sussex police and SECAmb to support increased Police use of advice and support prior to detention under S.136 and increased conveyance by SECAmb (as per national guidance and contracting arrangements.	Sept 2023
3. TEXT SUSSEX	Increased advertising and visibility for TEXT Sussex to 85258 following its extension of contract for a further year – including targeted campaigns for exam results weeks and university freshers.	Dec 2023
4. BLUE LIGHT SERVICES	Reimagining of the offer to police, other partners (and the public) in light of RCRP. Coproducing a new model based on the positive impact of the BLT service in NWS to support rapid advice and guidance and hear/see and treat (including community based mental health assessments undertaken 24/7).	Phase 1 March 2024 Phase 2 Oct 2024
5. MH VEHICLES	Phased procurement and roll out of the nationally funded mental health response vehicles (MHRV). The vehicles will be staffed by SPFT Blue Light Services Staff (qualified staff and support worker with additional physical health training) and provide 24/7 assessment and triage in the community.	Phase 1 - March 2024 Go live Phase 2- Sept 2024-March 2025
6. SMHL/ NHS 111 PRESS 2 FOR MH	Continued review of the SMHL NHS111 press for mental health service to optimise as far as possible including development of a SPoA within the current contracted envelope. Potential to include Compassionate calls within this initiative and combine existing resources providing telephone based clinical advice and guidance.	March 2024
7. CRHTT	Working with the CRHTTs to establish a new clinical model across Sussex, supporting rapid assessment, facilitated discharges and therapeutic home treatment, reducing unwarranted variation and the potential for access inequity.	Phased steps to be defined. Full implementation planned for Sept 2024

Planned Initiatives (2)

8. OPTIMISING USE OF HAVENS	Optimize the work of Havens to support flow and alternatives to inpatients.	Sept 2023
9. WORK TO REDUCE LoS	PSC supported work to reduce LoS: to deliver a sustainable reduction in average LoS across three different projects. Other work relating to housing initiatives such as discharge to assess and housing discharge pathway.	Sept 2024
10. REVIEW OF HEALTH BASED PLACES OF SAFETY	This work will review the use of HBPoS to maximise ability to receive S136s. There has been a reduction in the numbers of S136s taken to the HBPoS of -52%. (Jul 21–Jun 22 vs Jul 22-Jun 23). This trend is exacerbated by fixed capacity in HBPoS being used by patients are waiting for a bed or long term placement. At times the HBPoS are also unavailable due to remedial works required after incidents.	March 2024
11. REDUCE TIME SPENT IN ED AND ASSESSMENT WARDS	This short term initiative to reduce the length of time people are waiting in ED and associated assessment wards for a bed will see wait time reduced to under 72hrs by November 2023.	Nov 2023
12. REDUCTION IN NON SPFT CONTRACTED BEDS	Commissioning & Contracting: Ongoing quality and contractual reviews to deliver a phased reduction in total non-SPFT beds to an average of 35 by January 2024. ii) To sustain zero inappropriate out of area placements (OAPs).	Jan 2024
13. RECOVERY HOUSING	Delivery of the West Sussex Recovery (crisis) beds. Increasing recovery capacity – should reduce time people are waiting for a MH bed.	Phase 1 Sept 2023 Phase 2 March 2024
14. INSIGHTS	This work is being underpinned and supported by Insights work including in August an ICB led insights forum focused on MH UEC.	Aug 2023

Commissioning and Investment Considerations

NHS England publish spending on mental health services per person. Figures are adjusted for need and populations are weighted to account for issues such as population characteristics, service usage and household composition. **In Sussex, the actual spending per person on this measure for 2021/22 is £201.40, compared to £210.86 across England overall (4.5% lower).**

There are historical geographical differences in the levels of investment across Sussex for both children and adults services that do not necessarily align with prevalence and demand and capacity. Investment in the MH-UEC pathway needs to be considered within the context of the total investment profile as part of our longer-term strategic approach.

Our strategic approach to investment in this pathway in recent years has focused on evidence of best practice in line with the Long-Term Plan to deliver a range of services to support alternatives to admission. This has including strengthening liaison services into acute hospitals and developing the Blue Light Triage model in North West Sussex.

It is recognised that there still remains unwarranted variation in consistency of offer across the MH-UEC pathway. Of particular note are the following variations:

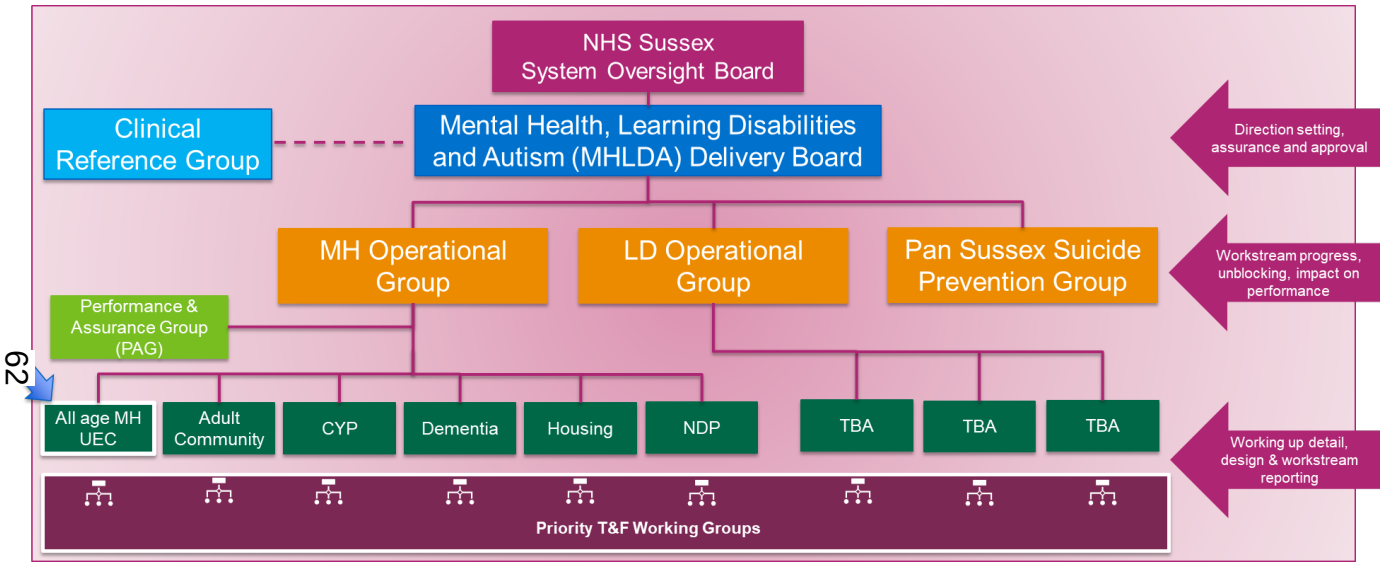
- **Crisis cafes** are not open access across all five sites (Brighton and Eastbourne are intended to be open access by winter 2023) and lack of rural access to crisis alternative services.
- **Crisis house** provision is available in East Sussex and being mobilised in West Sussex for winter 2023 but there remains a gap in provision in Brighton and Hove.
- **Discharge to Assess**: Brighton and Hove has an established service, Coastal West Sussex is being mobilised Autumn 2023, funding is available but no site has been found yet for North West Sussex.
- **Discharge to Assess care hours** (key element of service) in West Sussex have been commissioned by SPFT non-recurrently beginning August 2023. East Sussex does not have a service.
- **NHS111 press for MH / SMHL**: capacity has not been significantly increased since the inception of the service and demand is significantly outstripping capacity currently.
- **Section 136 pilot** has been mobilised for 6 months only with a view to continue for the remainder of 2023/24.

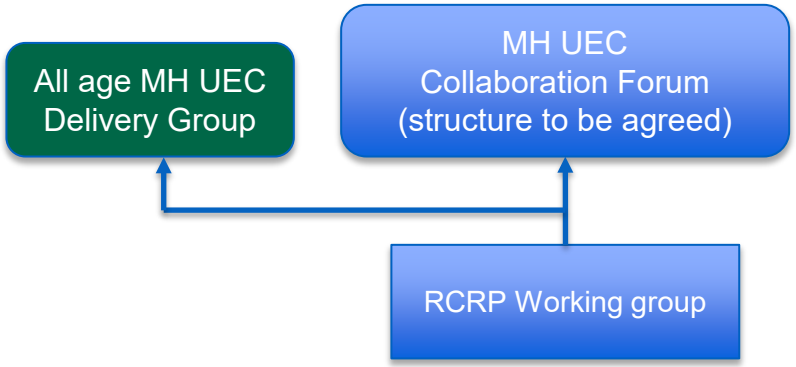
The resources required to address these variations along with the expected additional impact on the MH-UEC pathway is currently being scoped and will be completed by the end of August 2023.

Further Steps

Demand and capacity modelling is underway across the whole pathway in order to map this to the current investment profile and outcomes delivered. This needs to be considered within the wider system investment across the ICB, Local Authorities and SPFT in order to optimise the total available resource and enable evidence based prioritisation decisions that may require decommissioning of less impactful interventions. Flexibilities to support short term impact in year through rapid redesign based on modelled outcomes will be considered.

System Governance for Delivery





Oversight and delivery of the MH-UEC improvement plan is led by Jane Padmore, Chief Executive, SPFT who chairs the system Mental Health, Learning Disabilities and Autism Board which reports monthly to the System Oversight Board.

All system partners are represented on the delivery board, which includes the NHS providers, all three LA DAS and DCS, ICB, SECAmb, police, VCSE and HealthWatch.

Reporting to the MHLDA Board is the MH Operational Group which is responsible for the delivery of the six key programmes of work across the mental health system.

One of these programmes of work is MH-UEC and the delivery group is currently being reconstituted with Executive level leadership and representation from all relevant organisations.

RCRP Governance

It is proposed that to oversee the roll out of Right Care Right Person (RCRP) a MH-UEC Collaboration Forum be established between senior leaders supported by a working group to implement the totality of the recommendations.

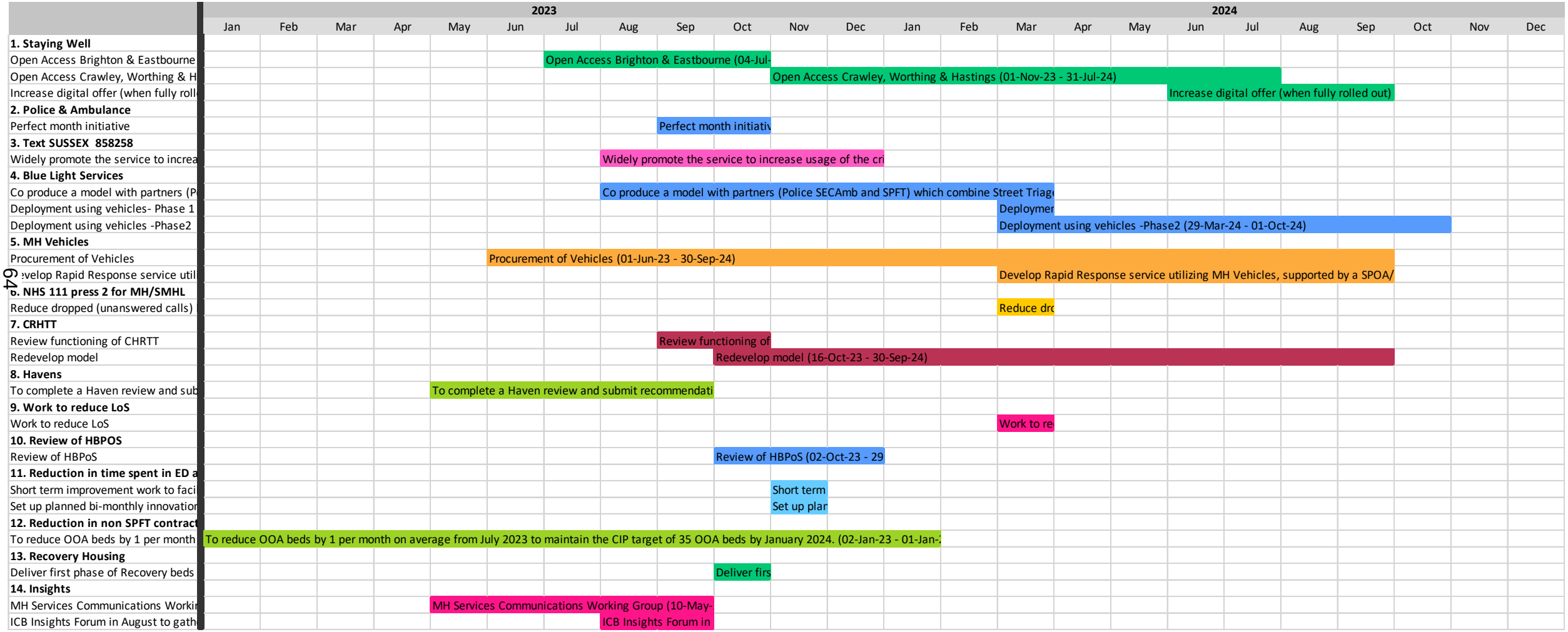
The working group will also feed into the MH-UEC delivery group as much of the work will need to be aligned and integrated.

Overarching Risks and Mitigations

There are four key risks that may impact on the delivery of this plan, potentially resulting in the targets and outcomes contained within not being met. These are noted below, along with mitigations and current risk score.

ID	Risks	Original risk score	Mitigations	Risk score with mitigations
1	**Insufficient workforce** to staff existing and additional services. Insufficient capacity in current workforce to support increased community support at all levels and accelerated discharge.	16	Recruitment and retention initiatives for recruitment into UEC pathway roles Development of rotational posts. Development of new roles – ensuring senior supervision available. Expanding from traditional workforce model to including 3rd sector and peer working.	9
2	**Insufficient investment** to support right sizing and expansion of MH-UEC services resulting in inequity of provision and under resourcing	16	Demand and capacity modelling to be undertaken to understand current provision and gaps . Development of a co-produced strategic clinical model, recycling of current envelope to support developments. Utilisation of efficiencies to support transformation within with current finances as much as possible. Collaborating with other providers to support economies of scale and best use of public purse. Staging investment and service delivery. i.e. rebasing services either financially or in delivery terms to provide what is funded only	9
3	**Lack of engagement** from system partners	12	Utilise current forums and governance arrangements to support engagement at all levels. Agree plans with partners to ensure engagement from the outset. Co-produce new models.	9
4	**Significant increase in demand** that has not been included in modelling (e.g. pandemic)	8	Early warning of demand increases by continuous demand and capacity modelling and monitoring of performance metrics, enabling iterations of plan to be produced.	8

Gantt chart



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