

Meeting: Strategic Commissioning Board			
Meeting Date	05 October 2020	Action	Approve
Item No	13	Confidential / Freedom of Information Status	No
Title	Adult Community Crisis Service		
Presented By	Julie Gonda		
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Clinical Lead	Dan Cooke		
Council Lead	Julie Gonda		

Executive Summary
<p>This report sets out the requirements for a community support service for people experiencing mental health crisis and are at risk of self-harm or suicide, the funding will allow the service to operate 3 evenings a week and provide daytime aftercare. The service would be for adults (18 years+) and a 12 month pilot is proposed, with thorough evaluations to determine future plans.</p> <p>The rationale for this approach is to support the Bury Mental Health Recovery & Transformation work and wider Urgent and Emergency redesign at Fairfield Hospital, which aims to ensure that support for people with mental health illness is as non-clinical as possible, whenever this is safe. The proposed service will operate a person-centered peer led crisis support model, in a therapeutic environment, providing local people with a choice of non-clinical community based crisis care.</p> <p>Other points to note include:</p> <ul style="list-style-type: none"> • National requirement in the NHS Long Term Plan; provide a range of complementary and alternative crisis services to A&E and admission (including in VCSE/local authority-provided services) within all local mental health crisis pathways. • Localities across GM have Safe Haven crisis provision (Oldham, HMR, Tameside & Glossop and Stockport) • Engagement with local community providers, clinical providers and service users supports the need for this type of service. • Clinical Cabinet has previously signed off the approval of a Mental Health Safe Haven crisis service in August 2018 (paper attached for information). • Bury admission data for adult and older people's mental health wards confirms the highest number of admissions are Monday to Friday, with Friday having the highest number of admissions. Over 45% of people are admitted between 6pm and midnight.

- In depth discussions have been held with the VCFA, BIG, Beacon Service, Earlybreak and PCFT, all agree there is a need for this type of service.
- Detailed evaluation will inform future commissions and the shape of a future service.
- The expenditure is within the original approved budget. This project will be funded from Greater Manchester Mental Health Transformation Fund already allocated to Bury CCG (GM CCGs share of the £10.8 million).
- Support the wider Urgent Care redesign underway at Fairfield Hospital.
- Supports the local and national priorities identified as part of the response to covid-19 and building back better.



7.1 Bury-
safe-haven-BC-final.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Approve the commissioning of a Bury Adult Community Crisis Safe Haven evening service pilot for 12 months, operating 3 days a week.
- Approve a 5 days a week daytime follow up aftercare support service, to provide additional support to people who have accessed the Safe Haven, with a view to preventing future crisis situations.

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Choose an item.
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
requested?						
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	The Mental Health framework is part of the Health & Wellbeing Strategy.					
How do proposals align with Locality Plan?	Mental health is one of the priorities identified in the Bury Locality Plan.					
How do proposals align with the Commissioning Strategy?	Mental health is part of the Commissioning Strategy.					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	The implementation of the Community Crisis Service will reduce health inequalities and provide non-clinical crisis support for the Bury population.					
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	As per standard IG requests.					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

Governance and Reporting		
Meeting	Date	Outcome
<i>Clinical Cabinet</i>	01/08/2018	Safe Haven paper was approved.

Adult Community Crisis Service

1. Introduction

- 1.1. This report sets out the requirements for a community support service for people experiencing mental health crisis and are at risk of suicide, the funding will allow the service to operate 3 evenings a week and provide daytime aftercare.
- 1.2. The original Safe Haven paper was presented to Clinical Cabinet in August 2018, the clinical elements have been implemented with PCFT, and the community element was approved but not, as yet commissioned.
- 1.3. Strategic Commissioning Board is requested to consider the information in the report and approve the recommendation to commission a 12 month pilot, with thorough monitoring and evaluations to determine future plans.

2. Background

- 2.1. National, GM and Local Context
- 2.2. The National requirement in the NHS Long Term Plan stipulates that a range of complementary and alternative crisis services to A&E and admission (including in VCSE/local authority-provided services) should be present within all local mental health crisis pathways.
- 2.3. Currently in Bury, people experiencing a mental health crisis have the option of presenting at A&E where they would be assessed by the Mental Health Liaison service, or accessing the Home Treatment Team via the Access & Crisis Service. Both of these services have been commissioned as part of the Pennine Care Mental Health contract and form the current mental health acute pathway. There is no formal acute mental health community provision in Bury, however several community groups report that people have presented at their premises in crisis.
- 2.4. Over a 12 month period, there were 4,333 referrals to the A&E Mental Health Liaison service at Fairfield Hospital, and there were 2,366 admissions to the inpatient mental health ward.
- 2.5. In response to covid-19, GM has bolstered crisis services with a number of 24/7 phone lines such as the GM expanded Clinical Assessment Service (CAS) and Trust helplines for patients and carers. These services are part of a GM wide plan to facilitate a centralized 24/7 crisis response for urgent mental health needs with the aim of trying to divert activity away from hospital A&E and into the most appropriate mental health provision for service users.
- 2.6. Greater Manchester Health & Social Care Partnership is reviewing options to develop 24/7 mental health crisis services further to meet the expedited requirements of the NHS Long Term Plan. There are 4 options being considered, 3 of the options focus on improving the efficiency and effectiveness of the recently established mental health acute trust 24/7 crisis phone lines and option 4 proposes a wider review of existing and new crisis services. Option 4 does include a possible redesign of existing Safe

Haven models. Those currently in operation in Oldham, HMR, Tameside & Glossop and Stockport are clinical models delivered by PCFT and it is proposed these will be reviewed as part of the PCFT footprint and GM review/ redesign.

- 2.7. A new Bury community mental health Safe Haven would offer an alternative to the clinical approach that is currently being operated in the other PCFT footprint Safe Havens. The Bury model would focus more on delivering a peer led bio-social support to de-escalate crisis in a non-clinical environment with a solution focused approach.

2.8. Locality Work Undertaken

- 2.9. The Bury Community Safe Haven model and pathway is supported by and has been developed in conjunction with the PCFT lead consultant for Bury and service leads from the A&E Liaison, Home Treatment, Access & Crisis and Community Mental Health teams. It will strengthen existing local crisis pathways, link in with the wider GM crisis pathways and the local social prescribing team to offer person centered support to prevent further episodes of crisis.
- 2.10. Bury OCO has invested additional resource into the expansion of the PCFT Home Treatment Team. This includes additional Mental Health Therapists and a dedicated Consultant who will also support the Access & Crisis team; Primary Care GP's and initiate Clozoral initiation in the community.
- 2.11. Bury OCO has contributed to the development of the Core 24 Greater Manchester Mental Health Liaison service standards. Bury OCO is currently working in partnership with HMR CCG and PCFT to redesign the Mental Health Liaison service within the principles of Core 24 standards. This will also support the redesign of the urgent care provision at Fairfield General Hospital, by putting mental health assessment and support within the front door function.
- 2.12. Bury OCO has also commissioned a 10 month pilot for a new voluntary sector mental health support service, The Getting Help Line. It provides access to local mental health services, self-help tools and signposting. It should be noted it is not a crisis service; however it will be linked into the aftercare pathway for visitors accessing the crisis service.
- 2.13. For information; a London based charity, Maytree Trust, is planning to open a mental health crisis service to replicate their London set up, in Manchester. The house will be in Prestwich, it will provide non-clinical residential care for up to 4 people for a maximum of 4 nights / 5 days. Maytree will accept referrals from anywhere in the UK and the Director from Maytree is keen to establish local pathway links and Bury people could stay there. Capacity is limited and the opening of this service doesn't remove the need for a community crisis service in Bury.
- 2.14. Bury admission data for adult and older people's mental health wards at Fairfield Hospital confirms the highest number of admissions are Monday to Friday, with Thursday and Friday having the highest number of admissions. 45% of people are admitted between 6pm and midnight. It is anticipated that people experiencing a crisis will start to need help several hours before these times during the escalation period.

- 2.15. Over 60% of referrals to A&E Mental Health Liaison occur between midday and midnight.
- 2.16. In Bury, there were 12 deaths from suicide in 2019 and 20 in 2018, with men three times more likely to die by suicide than women.
- 2.17. A significant number of people experience mental health crisis that are not known to any services. Core mental health services report that social determinants such as housing, relationships, substance misuse and finance difficulties are often factors impacting on a person's crisis. The Bury Crisis Safe Haven and subsequent day time offer will support individuals to manage these issues and prevent people from escalating into crisis situations.

2.18. Commissioning the Voluntary Sector

- 2.19. The VCF sector is best placed to deliver this type of service and following engagement work, Bury Involvement Group (BIG) has been identified as the most suitable provider for all operational aspects of the evening crisis service and other providers may be involved as required.
- 2.20. The agreement will request BIG to identify a suitable organisation to provide the daytime follow up support service, for example via the Social Prescribing team. A dedicated mental health support worker is required to work closely with BIG to provide essential daytime follow up for visitors accessing the evening crisis service.
- 2.21. Advice has been sought from the Bury Local Authority legal team and Procurement team as well as the NHS Shared Business Service procurement team who have advised that it is possible to make a direct award for this service to BIG. The justification for this decision is based on; local knowledge of the market, sub-contracts will be awarded to local providers, the service will be shared across providers and the value of the contract is below the threshold for a full procurement process.
- 2.22. A contract exemption form will be prepared for audit purposes.

3. Adult Community Crisis Service

3.1 Service Outcomes

3.2 The locally defined outcomes for the service will include;

- People will have increased choice and access to non-clinical mental health service when experiencing a crisis.
- People will be given the skills to manage future crisis situations, they will be offered support to recognise and develop their own strategies for crisis prevention.
- People will receive aftercare following a visit to the service to further support their recovery following a crisis and help to address social determinants.
- Opportunities for people with lived experience to work as volunteers and/or peer mentors.

3.3 Service Delivery

- 3.4 The service delivery model will be shaped by the experienced provider, however the service will be required to;
- Operate the evening service 3 days a week; suggested Monday, Thursday and Friday evenings, between the hours of 6pm and 11pm, based on demand on A&E Mental Health Liaison services at Fairfield Hospital and inpatient admissions to mental health wards.
 - The service will be based in a central, accessible Bury location.
 - Provide 5 days a week daytime follow up aftercare support service for visitors, to provide additional support with their mental wellbeing, with a view to preventing future crisis situations. The aftercare would link into the Bury Voluntary Sector Mental Health Support Service.
 - Samaritans Bury branch have offered to provide out-reach support to people accessing the service on a Friday evening, over the weekend.
 - Be staffed by experienced workers both qualified and non-qualified, including people with lived experience, with support from an external clinical facilitator.
 - Deliver a preventive model of support providing short term practical and emotional interventions to manage a crisis as an alternative to admission to statutory services where appropriate.
 - Work within the proposed crisis pathway and keep up to date with changes.
 - Establish an information governance protocol, so visitor information can be shared with consent, with health and social care partners.
 - Develop effective links with local clinical services, namely Mental Health Liaison, Access & Crisis Service and the Home treatment Team at Fairfield Hospital, to ensure an operational handover each day the evening service operates.
 - Operate a resilience plan to maintain service continuity in the event of staffing absences.
 - Draft pathway attached.



Community Safe
Haven pathway draf

3.5 Staff Training and Competencies

- 3.6 The nature of this service carries risks, both to the staff and visitors to the service, all providers must ensure staff and volunteers are trained and developed for their roles.
- 3.7 Providers must have detailed training records available at the commissioner's request.
- 3.8 All staff and volunteers should be DBS (Disclosure and Baring Service) checked.
- 3.9 It is the responsibility of all staff to report any issues of concern in respect of the safe operation of the service.
- 3.10 The lead provider, BIG, will use an external facilitator with a clinical background, and

experience in providing individual and group supervision, to develop the crisis team. Group sessions will be used to reflect on work within the setting as well as any team level issues. Individual supervision will focus on the experience of each practitioner and their emotional wellbeing.

3.11 Capacity

- 3.12 The number of visitors able to access the Community Crisis Service each evening is projected to be between 4 and 7, if staffing is reduced to 2, the service will still operate on a reduced visitor capacity of between 2 and 4.
- 3.13 The capacity will be agreed with the provider once the final delivery model is agreed.
- 3.14 Some visitors will require more support than others from the follow up daytime service, and it is expected a small percentage of visitors will be referred into clinical services and equally some visitors will not require any further support.
- 3.15 The Daytime Mental Health Link Worker will liaise with the evening Service Manager to review capacity.

3.16 Quality Assurance and Monitoring

- 3.17 The providers will develop robust procedure and policy documents to ensure the safety of staff, volunteers and visitors. The Standard Operating Procedure document has been developed with partners from the wider crisis pathway. Documents will be reviewed and updated periodically as the service develops.
- 3.18 The service will be closely monitored, meetings will be held fortnightly for the first 2 months of the service going live, then monthly thereafter.
- 3.19 The monitoring meetings will involve all partners in the Crisis Pathway including representatives from the evening and daytime services, Home Treatment Team, Mental Health Liaison, Access & Crisis and Commissioners. The frequency of these meetings will be adjusted as necessary.
- 3.20 Before the end of the contract, the provider will work with Commissioners to evaluate:
 - (i) The impact the service (day and evening) has had supporting people in crisis.
 - (ii) How effective a role the service (day and evening) plays in the wider crisis pathway.
- 3.21 In addition, the Provider will complete a Service Level Agreement Monitoring Report at quarterly intervals and submit it to the Commissioner.

3.22 Evaluation

- 3.23 To begin with a period of baseline measurement will be required, this will build a picture for future performance and outcome measures, within the first month of the service going live reporting and evaluation criteria will be agreed.
- 3.24 There is an anticipation that demand will increase for mental health crisis services, as

a direct result of covid-19, this combined with the service operating for a limited number of days / hours, will be taken into account when setting performance measures.

3.25 Evaluation will include;

- Number of people visiting the Community Safe Haven.
- Evaluation of visitor experience of the evening service (using a Goal based outcomes tool)
- Number of people supported by the daytime follow up service
- Evaluation of visitor experience of the daytime service (using a Goal based outcomes tool)
- Reduction in the number of repeat or frequent users of the A&E Mental Health Liaison Service.
- Reduction in the number of inappropriate attendances to A&E, with evidence that service users are accessing the community crisis service.
- Evaluation across the wider crisis pathway of processes and the experiences of services interlinking with the Community Safe Haven.

3.26 Costs

3.27 This new service will provide significant learning, the pilot investment budget of £161,627, will provide a 3 day community evening crisis service and 5 day a week daytime follow up support.

3.28 The cost of this service is **£161,627 for 12 months.**

3.29 The expenditure is within the original approved budget. This project is funded from Greater Manchester (GM) Mental Health Transformation Fund already allocated to Bury CCG (GM CCGs share of the £10.8 million).

3.30 Interdependencies with other services

3.31 This service has a strong interdependency with the A&E Mental Health Liaison service, and clear links with the Home Treatment Team and Community Mental Health Team. The demand on these services will impact the number of referrals into the Community Safe Haven service.

3.32 A model is also being drafted to implement the principles of a Core 24 compliant model for A&E Liaison Mental Health service across Bury and HMR and support the requirements of Urgent and Emergency Care redesign at Fairfield Hospital. The aim of the Core 24 standard is to provide urgent and emergency liaison mental health services for adults and older adults in emergency departments and general hospital wards.

3.33 This service has links with developments to provide ongoing support in both the VCF sector and to universal services.

3.34 This service will be integral to the wider 24/7 mental health crisis pathway that is being developed across the PCFT footprint and GM.

3.35 As well having as being part of the MH 24/7 MH crisis pathway the service will also support the Urgent Care redesign underway at Fairfield Hospital and if successful during pilot phase have the potential to expand and become an even bigger part of the wider urgent care pathway within a community setting for Bury.

4 Associated Risks

4.1 There is a risk the service may not be able to recruit to the fixed term posts. The mental health Commissioning team will work with the Provider to mobilise the recruitment ASAP subject to approval and monitor progress.

4.2 There is a risk that any activity this scheme deflects may be replaced by new activity, therefore not alleviating the pressures in the system. The Mental Health Commissioning team will monitor the impact of the service on the wider system and are working together with NES, footprint and GM colleagues to implement a 24/7 MH Crisis system.

4.3 The CCG doesn't currently have evidence to prove the service will provide the required return on investment (2:1) for a transformational scheme. However, there is some evidence from other areas in the country that have established community MH crisis services (Peterborough & Cambridge, Bradford) that they do deflect appropriate activity away from urgent & acute hospital services. The pilot will be used to test the proof of concept and ascertain the evidence of value for money. A review of the service will be undertaken at 6 months and 12 months.

5 Recommendations

5.1 The Strategic Commissioning Board is recommended to;

- Approve the commissioning of a Bury adult community crisis Safe Haven evening service pilot for 12 months, operating 3 days a week.
- Approve a 5 days a week daytime follow up aftercare support service for visitors, to provide additional support with their mental wellbeing, with a view to preventing future crisis situations.

6 Actions Required

6.1 The Strategic Commissioning Board is required to:

- Approve the commissioning of a Bury adult community crisis Safe Haven service pilot for 12 months.
- Prepare a Contract and associated schedules for the service.
- Develop the high level mobilisation timeline into a more detailed action plan to support the roll out of the service. It is anticipated the service will go live in February 2021.
- Integrate the Bury Community Crisis Safe Haven as part of the wider Local/NES/GM Mental Health crisis pathway and UEC in development.

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