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DATE: 20 November 2023

HEALTH SCRUTINY SUB-COMMITTEE

Meeting to be held on Tuesday 21 November 2023

Please see the attached report marked "to follow" on the agenda.

6 UPDATE FROM OXLEAS NHS FOUNDATION TRUST (Pages 3 - 32)

Copies of the documents referred to above can be obtained from http://cds.bromley.gov.uk/

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Bromley Mental Health Update

November 2023

Iain Dimond – Chief Operating Officer

Lorraine Regan - Director of Community Mental Health and Learning Disabilities

Agenda Item 6

Areas to cover:

We have included a slide deck that we do not intend to talk through when we attend as there is more information than we would have time for but instead will draw out the high level areas and take any questions, we have covered:

1. **Right Care Right Person**
2. **Demand for community services**
3. **Community Mental Health transformation**
4. **Demand through Ed and for beds**
5. **Bed recovery programme**

Oxleas
NHS Foundation Trust

Right Care, Right Person (RCRP) Update – Nov 23

Introduction and Background

1. Right Care Right Person (RCRP) sets out the introduction of a threshold to assist police in making decisions about when it is appropriate for the Metropolitan Police Service (MPS) to respond to incidents, including those which relate to people with health needs. The threshold means that the MPS will only respond to cases where there is a duty to:
   - Investigate a crime that has occurred or is occurring
   - Protect people, when there is a clear and immediate risk that serious harm will be caused to themselves or someone else.
2. The five MPS RCRP objectives are:
   1. Partners within Health and Social Care should conduct their own welfare checks rather than rely on the police
   2. AWOL (absent without leave) mental health patients should not be routinely reported to police
   3. Police should not be routinely called to locate patients who leave unexpectedly from the Emergency Departments of Acute Hospitals
   4. Transportation for physical and mental health patients will not be carried out by the police unless in exceptional circumstances
   5. Police handovers at Health Based Places of Safety should take place within one hour

Equality Comments

1. The RCRP programme builds on the work already established jointly as part of the London Crisis Care Concordat which was published in July 2023. The agreement between health organisations and London Councils, the Metropolitan Police and the London Mayor's office, outlines an ongoing commitment to providing better access, experience, and outcomes for anyone using mental health services in London.
2. As part of that commitment agencies and organisations from across London have set out a path to help keep people safe, free from harm, and able to access the care they need in the right place at the right time. An important part of that pledge includes ongoing work to ensure that assessment and detention under the Mental Health Act should only occur when detention is the only option to support someone out of crisis and should always be a last resort.
3. We know that black men detained by police services are more likely to be restrained than white men, including those who have a mental health need. There is also an increasing use of the Mental Health Act for people from black communities. The 'intersectionality of race and mental health can increase the risk of higher levels of use of force' by police in the UK, particularly against black men.

Overview of Healthcare response:

Four subgroups have been established to take this work forward with representatives from health, the MPS, and social care on each group, these groups are:

- Communications
- Data
- Policy and legal framework
- Workforce and training

The experience of collaborative working between healthcare and the MPS to deliver RCRP has been positive. There are regular meetings to discuss next steps, share updates, and troubleshoot any problems. Since the first JMHPG meeting in July the MPS and NHS colleagues have come together to pool data to develop a shared understanding of baselines and benchmarking.

Actions are being put in place to respond to each of the RCRP objectives and will continue following the MPS implementation of RCRP. Work delivered to date includes:

- First joint broadcast between NHS and MPS to stakeholders
- Started regular updates to stakeholders
- Creation of templates to collect outstanding data
- Dissemination of the standardised adult AWOL from mental health unit policy
- Letter to healthcare colleagues outlining requirements to ensure readiness for RCRP implementation, including guidance on ED walkouts and welfare checks
- Dissemination of NHS escalation processes and scenario plans
- Sharing the MPS training package for call centre staff to health and social care colleagues

Planned future work includes:

- Continued communications, including broadcasts and regular updates
- Development of a dashboard to track and support analysis of data
- Delivery of an AWOL policy for children's services
- Creation of guidance on welfare checks
- Development of joint guidance on suicidal ideation
- Creation of training packages to support the above guidance and policies as necessary

All partners recognise that further work is required to implement actions on one hour handovers, transportation, and welfare checks.

Monitoring and Evaluation

1. The MPS has begun implementation of RCRP from 1 November 2023 which will involve new protocols for MPS call handlers in response to requests for callouts.

2. The 1 November marks the start of implementation, and it is acknowledged by partners that many of the actions required by health and social care to respond to RCRP will take longer to implement.

3. The MPS has put in place twice-daily GRIP calls with partners to review trends and troubleshoot any common issues which NHS are attending. Early feedback is that the process is running smoothly and communication between agencies is working well. Both MPS and LAS have amended some of the wording in communications to staff to clarify details as well as coordinating their response to requests for police attendance via social media from the public.

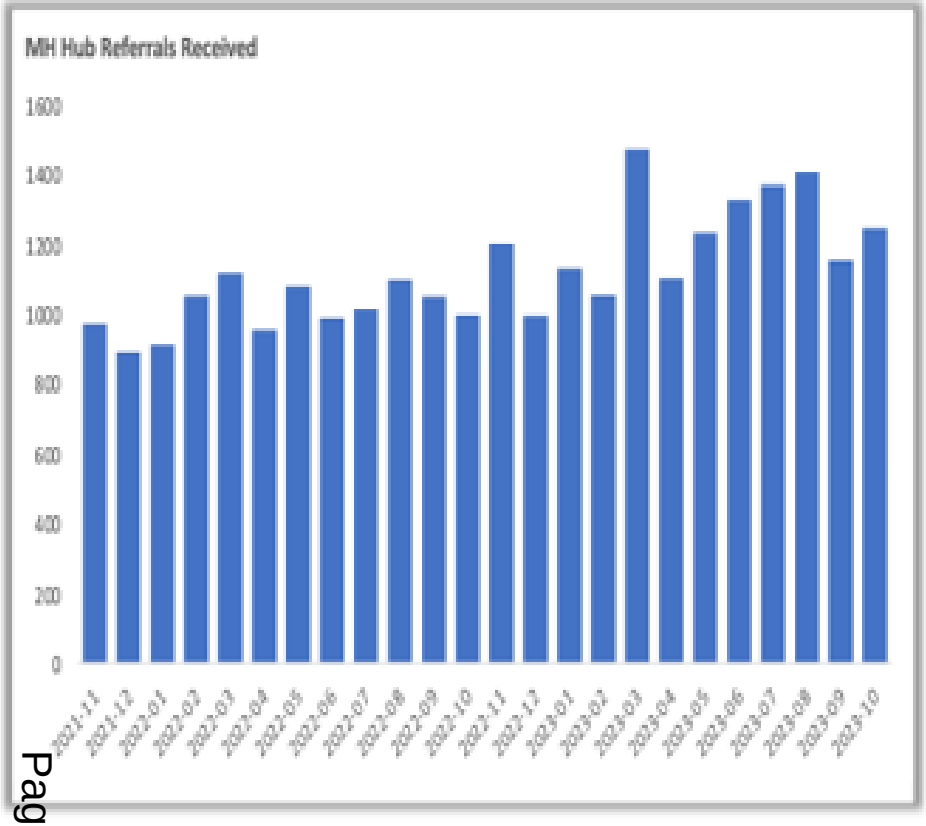
4. The MPS has shared some preliminary data with partners. Whilst they are approaching the early data with caution the initial results have been promising. Data from the first five days shows the MPS are now deploying to 31% of RCRP related calls, compared to 46% last year. This, combined with an overall reduction in the volume of RCRP calls, means that the MPS have deployed to 1,000 fewer calls compared to the same period last year. This has resulted in c.7,000 officer hours saved. The MPS continue to work with partners to test how these reductions are impacting on them and on Londoners. However, the initial anecdotal feedback is that partners are generally seeing the policy applied appropriately. The first five days saw 15 calls escalated by partners following a police decision not to deploy. 15 calls represents 0.4% of the total overall calls received during that period.

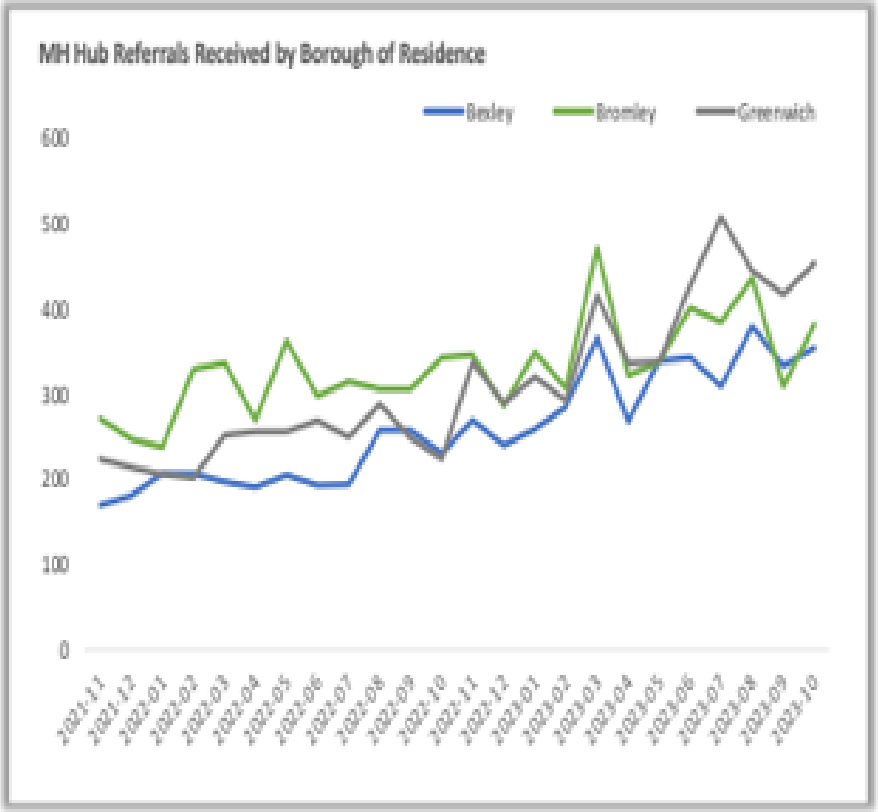
5. The JMHPG will continue to monitor and review progress against RCRP for the foreseeable future through monthly meetings and highlight reports. We will use data and system partner intelligence to monitor and mitigate risk and issues during implementation.

6. We are working with stakeholders to agree metrics and definitions of baselines and measures of impact which will become a dashboard. This is being created to track and measure the impact of RCRP on healthcare.

Community Mental Health Demand

MH Hub Referrals





Comments

MH Hub referrals have increased again in October 2023 following the decrease in referrals in September.

Bromley hub activity started higher, but Bexley and Greenwich referrals have grown at a faster rate. It would be expected, based on population weighted by MH Needs Index that Greenwich would receive the most referrals, followed by Bromley and then Bexley.

Bromley demand challenges

- The increases in demand for community Mental Health services in Bromley have far outstripped the national projections estimated at the start of the pandemic, with an almost 50% increase in referrals compared to the 9-12% projected
- This has met we have had to work harder to ensure the transformation programmes set out in the long term plan and designed to better meet the pre covid rises in demand are effective
- Inevitably the scale of transformation has been limited by the pressures of increased demand, but we are beginning to see positive benefits for patients and seeing good patient experience feedback

- So, What have we implemented , we have created a Mental Health and wellbeing Hub in partnership with BLG MIND and we have recruited Mental Health practitioners (nurses) to work across all PCNS with 16 agreed posts for Bromley. Two in each PCN.

Transformation ambitions

- The NHS Long Term plan and the NHS Mental Health Implementation Plan set out that New models of integrated primary and community healthcare will be developed by March 2024
- These ambitions have been supported by significant funding over a three year period with this financial year 23/24 being the final year.
- In all areas plans have been built around partnerships between the Voluntary sector and the NHS and have included Primary Care networks when developing new Mental Health Practitioner roles

Context pre transformation

High demand for services

Service fragmentation and duplication, e.g. repetition of assessment

Multiple entry points which are confusing

Services not integrated- especially crisis support

Reducing resources

Inequalities

Lack of focus on outcomes

Culture change

Over usage of acute pathway

Core Offer: Bromley Hub

Aim

- To offer a diverse and personalised range of interventions to people experiencing mental health problems within the community setting
- Enable earlier access to support; to support people to recover and stay well; to prevent mental ill health and crisis intervention.
- To reduce inequality in access and experience of mental health and physical health care for people with severe, moderate and mild mental illness in Bromley

Who for

- Adults in Bromley, over 18 years of age, experiencing mental health problems. This will include people with severe mental illness (SMI) as well as individuals with mild to moderate mental health illness who require care and intervention.

Bromley Mental Health Hub

Principles (drawing on those agreed at SEL) that underpin the proposal in Bromley:

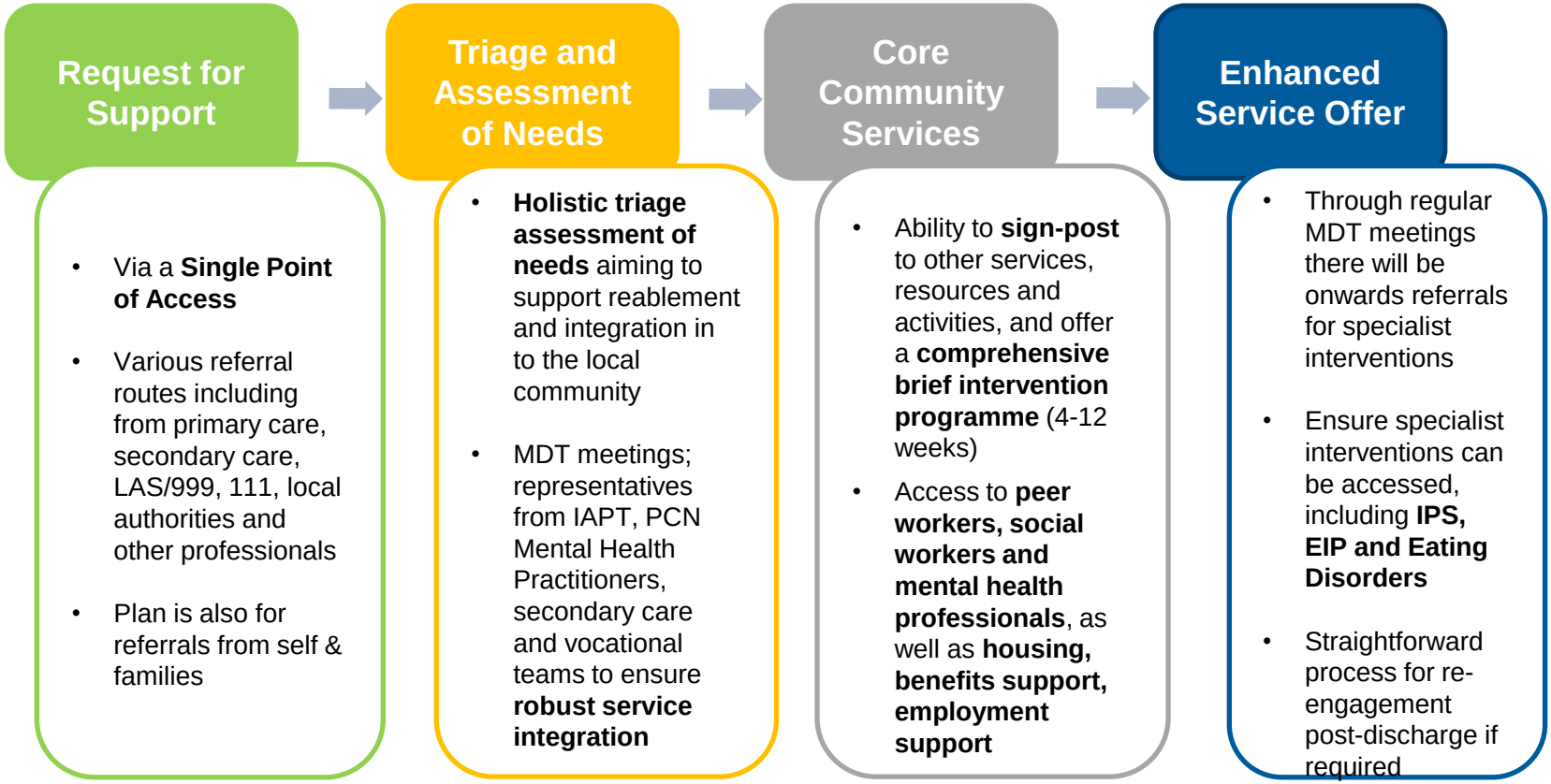
Bridging the gap across Primary and Secondary Care

No wrong door into services and frictionless movement between them

Holistic approach to assessing and meeting needs

Integrated, multi-disciplinary team providing clinical and non-clinical support

Key components of the Hub



Bromley Team

Integrated team of approx. 37 people

Oxleas staff
Existing 'PCP' team plus additional roles that have been/are being recruited to

VCS staff employed by BLG Mind
New team recruited to

Project Manager employed by BLG Mind

Status summary:

- Integrated team now working for referral screening, assessments and intervention delivery
- Hub MDT meetings take place on a weekly basis
- Robust processes being developed and implemented for the new service
- Branding complete & website in development
- Coproduction focus groups taking place
- Planning for year 3 recruitment

Hub Interventions

Category	Intervention
Universal	**Care planning -** Use of Dialog as a care planning tool to generate written care plan
Type 1 (typically 1-4 sessions)	**1:1 sessions -** Information, Advice & Guidance (IAG): sign-posting, step-up support, psychoeducation, medication review/advice, physical health monitoring **Group sessions -** Facilitation of psycho-education workshops to include wellbeing plans, emotional coping, sleep, structure & routine, relationships etc
Specialist Support	Employment support, welfare/benefits support, housing support, substance misuse recovery oriented 1:1 support
Type 2 (typically 4-8 sessions)	1:1 support sessions for a primary concern, enhanced practical skills support, enable access to advice, support and services (peer/lived experience support & links to social care)
Type 3 (typically up to 6 sessions with clinician/specialist)	Medical assessment & management (psychiatrist), relapse preventions, enable access to advice, support and services
Type 4 (Social Worker Interventions)	Assessments for adults with social care needs, safeguarding lead, enable people to experience personalised, integrated care, lead on assessment and risk management

Inequalities Project Work

Inequalities Project Work

- The BMHH has an inequalities project worker whose role is to talk to marginalised communities around the borough to learn more about the barriers individuals experience or feel that mean they do not access mental health services

- The IPW will make recommendations around how we can respond to these learnings, and how they can inform the way we offer our services within the Bromley Mental Health Hub

Mental Health Practitioners (MHPs)

Currently all nurses supporting individual Primary Care Networks (PCNS) across Bromley

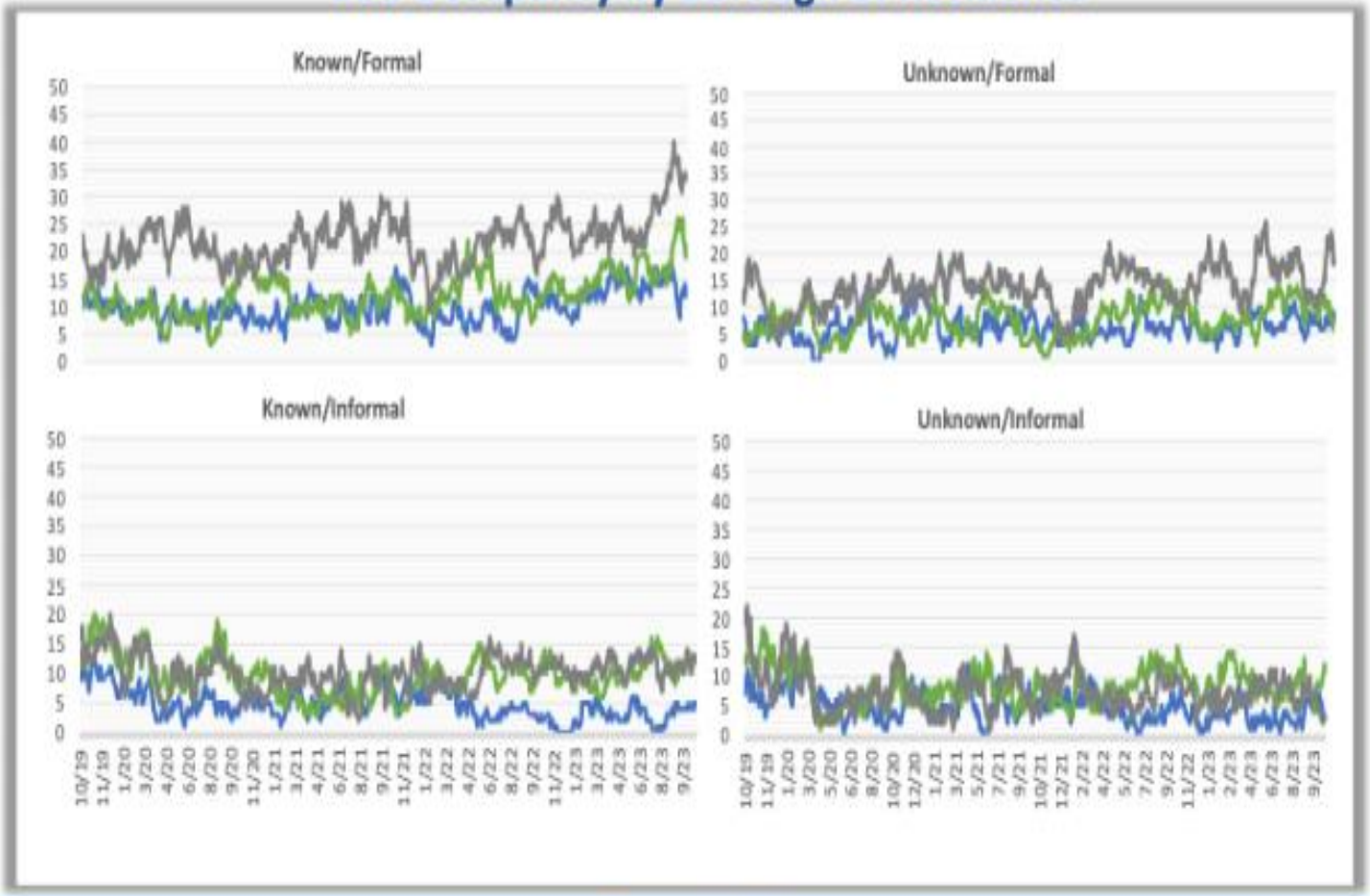
Funding 50% PCN and 50% Oxleas

Based in Primary care these nurses are the links between Primary care and the Hubs and Secondary care.

All MHPs are part of a South East London development group

ED and Bed Demand

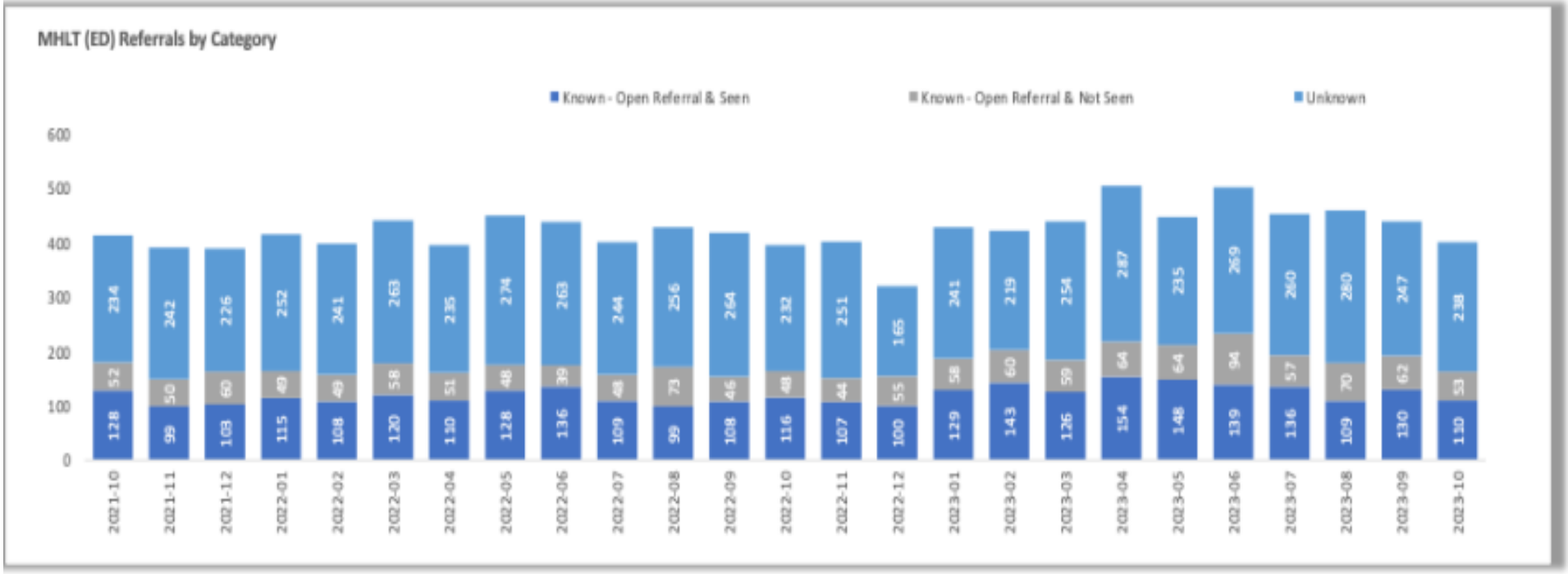
Bed Occupancy by Borough of Residence



Comments

Bed usage broken down by category (Known formal etc.) shows that known formal patients use the most bed days. This is driven by them being the highest admission group, and the group with the longest average LOS. Unknown Formal and Known informal have similar bed occupancy, average LOS and admission rates, with unknown informal being the lowest in each category. It is important to consider this when looking at potential impact on beds of any changes on admissions or LOS for each of these groups.

MHLT (ED) Referrals



- We have developed a bed recovery programme building on work that has been underway in oxleas for some time and incorporating actions from a review commissioned by the SEL ICS.
- This aims to deliver a commitment that by April 2025 we will be living within our means from an acute bed perspective.

Overview of programme

The Bed Recovery Programme aims to address bed capacity challenges across the Trust efficiently.

The programme brings together ongoing work across the Trust aimed at improving bed capacity and aligns with key actions outlined within the Carnall Farrar and the Mental Health Crisis Care & UEC Improvement Programme.

Adopting a programme approach enables clear progress tracking, defines ownership and roles, establishes precise timelines, aligns with objectives, identifies risks, addresses barriers, and facilitates effective reporting within the Trust and across the system.

Programme workstreams and aims

- The BR programme covers three workstreams, each support in helping address bed capacity, moving people through ED and ensuring patient experience is prioritised.

Workstream 1: Preadmission & Community based initiatives to prevent ED

Crisis Care & Community Development

AIM: Reducing Emergency Department (ED) presentations, providing alternative care pathways and where possible reducing the need for hospital admission.

Workstream 2: ED Front door

Improved partnership working , management and processes in ED

AIM: Improving waiting experience for patients and fostering a collaborative environment between ED and MH staff by enhancing relationships, knowledge sharing, and communication processes.

Workstream 3: Efficient use of bed

Flow within Mental Health Trusts

AIM: Improving admission and discharge processes in all wards, minimising social admissions, optimising bed capacity, reducing lengths of stay, and prioritise patient care and transition into community care.

Programme Approach

- A key focus of the programme approach is to apply a cultural and improvement lens together to ensure sustainability of new ways of working.
- Supporting teams to work more effectively across boroughs and as multidisciplinary teams.

Improvement focus

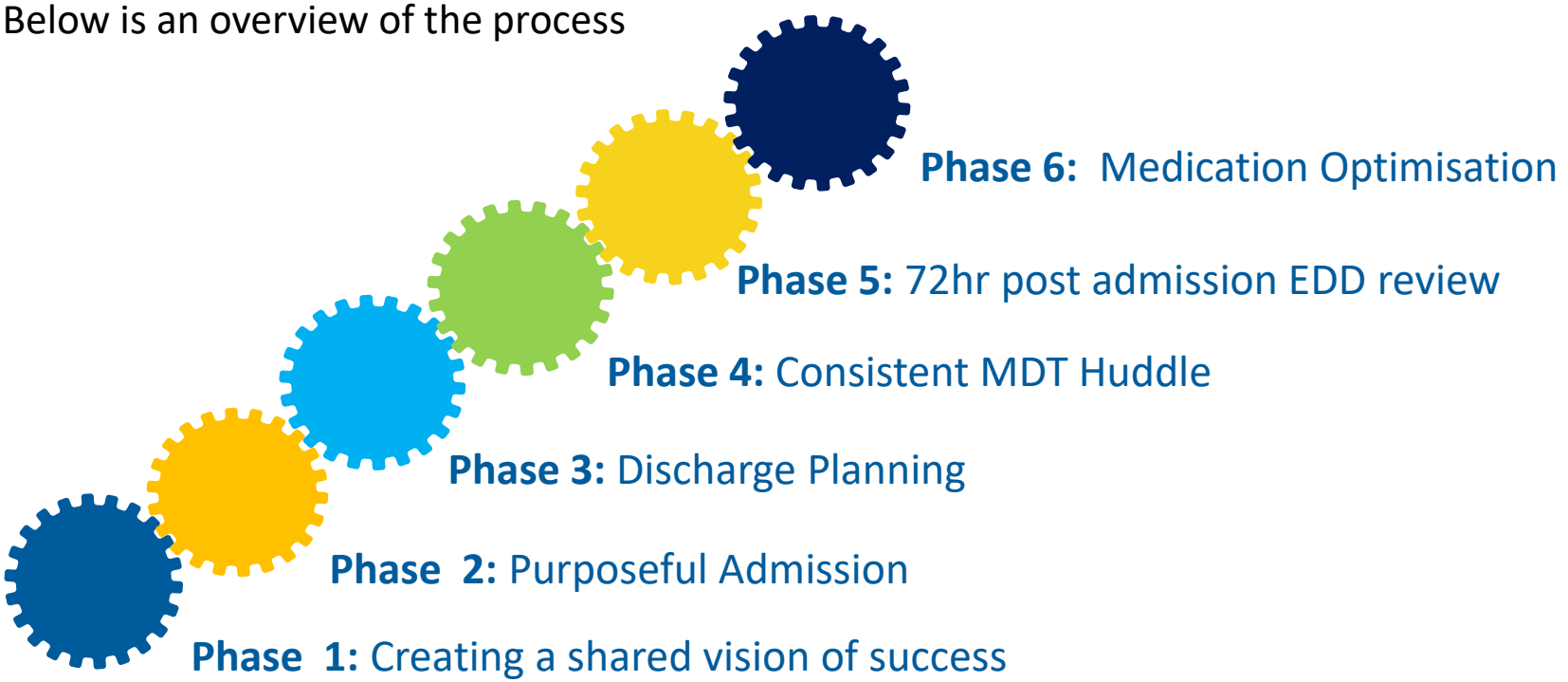
- Process redesign
- Methodology support
- Rapid improvement with a QI lens
- Measures of success/measurement for improvement
- Experiential codesign
- Data validation
- Sustainability planning

OD/Culture focus

- Creation of a shared vision of success – linking to organisational values
- Helping teams understand each other realities and frustrations and put together solutions (In my shoes)
- Improving ways of working across teams and disciplines – improving team dynamics
- Coaching for leaders to embed and sustain change.

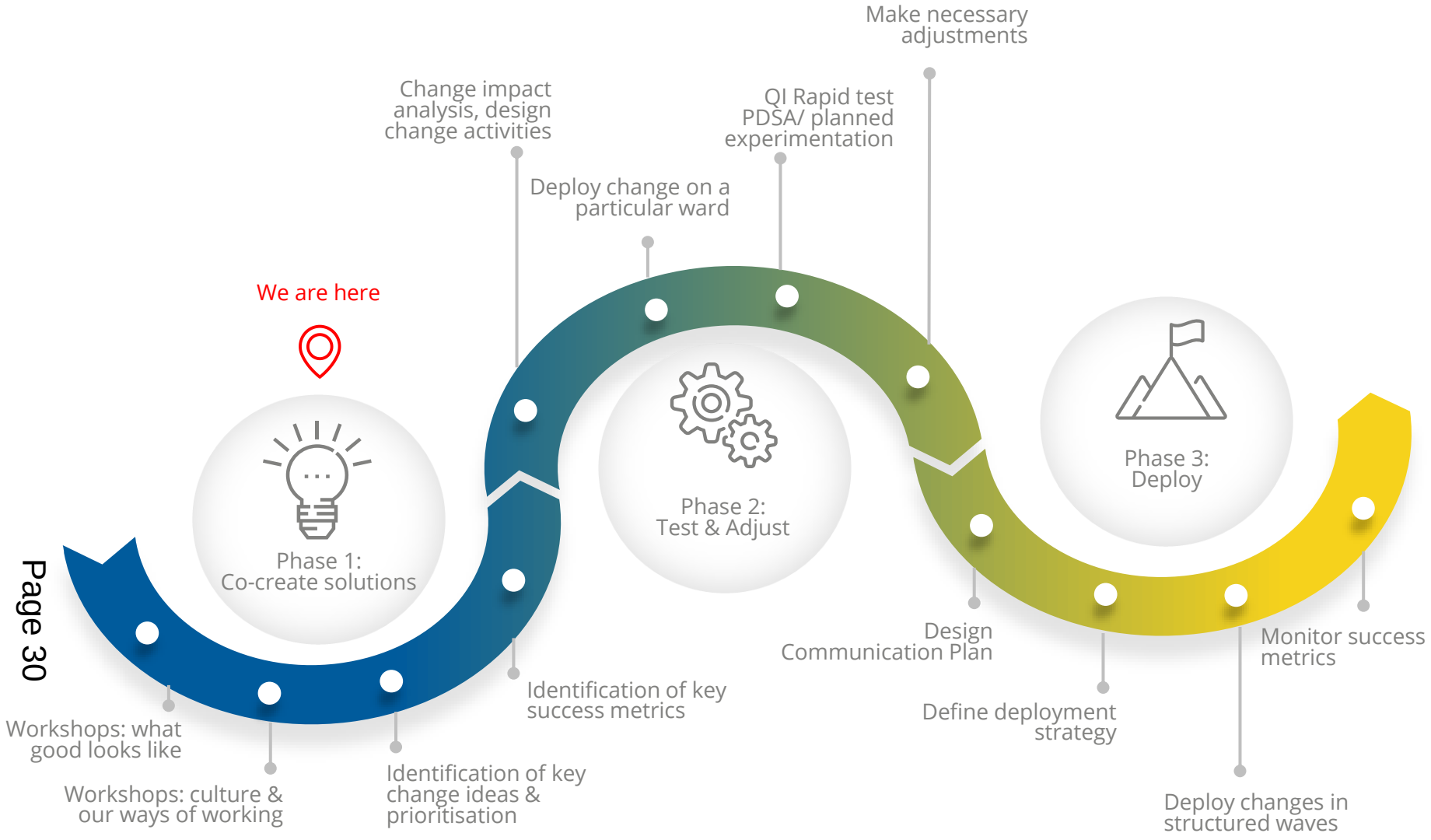
Discharge / LOS - Test and Embed (6 - 8 weeks)

- Piloting key aspects of the programme especially admission & discharge (3 wards): Shrewsbury Ward , Lesney Ward, Norman Ward
- Below is an overview of the process



- Build on work already in place – Led by current operational leads
- Each phase to record / report baseline data to support process metrics
- Where data not currently recorded - Manual Data collection in cycles – embed within Rio for ongoing sustainability and monitoring

Road Map


Make necessary adjustments
Change impact analysis, design change activities
QI Rapid test PDSA/ planned experimentation
Deploy change on a particular ward
We are here
Phase 1: Co-create solutions
Phase 2: Test & Adjust
Phase 3: Deploy
Design Communication Plan
Monitor success metrics
Define deployment strategy
Identification of key success metrics
Workshops: what good looks like
Workshops: culture & our ways of working
Identification of key change ideas & prioritisation
Deploy changes in structured waves

Oxleas NHS

Improving lives

Any Questions?

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