REPORT TO:	**NHS SOMERSET INTEGRATED CARE BOARD** **ICB Board Part A**	**ENCLOSURE:** **F**
DATE OF MEETING:	**28 November 2024**	
REPORT TITLE:	**Update on Intensive and Assertive Outreach Review (Community Mental Health Services)**	
REPORT AUTHOR:	**Catherine Connor, Associate Director – Mental Health, Autism and Learning Disabilities, Sarah Ashe - Associate Director of Safeguarding, Mental Health, Learning Disability and Autism**	
EXECUTIVE SPONSOR:	**Shelagh Meldrum, Chief Nursing Officer and Chief Operating Officer**	
PRESENTED BY:	**Catherine Connor, Associate Director – Mental Health, Autism and Learning Disabilities**	

PURPOSE	DESCRIPTION	SELECT (Place an 'X' in relevant box(es) below)
Approve	To formally receive a report and approve its recommendations, (authorising body/committee for the final decision)	
Endorse	To support the recommendation (not the authorising body/committee for the final decision)	
Discuss	To discuss, in depth, a report noting its implications	X
Note	To note, without the need for discussion	X
Assurance	To assure the Board/Committee that systems and processes are in place, or to advise of a gap along with mitigations	

SELECT	LINKS TO STRATEGIC OBJECTIVES (Please select any which are impacted on / relevant to this paper)
X	Objective 1: Improve the health and wellbeing of the population
X	Objective 2: Reduce inequalities
X	Objective 3: Provide the best care and support to children and adults
	Objective 4: Strengthen care and support in local communities
X	Objective 5: Respond well to complex needs
	Objective 6: Enable broader social and economic development
	Objective 7: Enhance productivity and value for money

PREVIOUS CONSIDERATION / ENGAGEMENT
Multi-agency review of intensive and assertive outreach services, lead by Somerset Foundation Trust. Submitted to NHS England for review. Discussion scheduled for December Quality Committee.

REPORT TO COMMITTEE / BOARD
By end Q2, NHS England asked all ICBs to review policies and practices regarding the care of people with severe mental illness who require treatment but where engagement is a challenge. This includes people who: • Are presenting with psychosis (but not necessarily given a diagnosis of psychotic illness) • May not respond to, want or may struggle to access and use 'routine' monitoring, support and treatment that would minimise harms • Are vulnerable to relapse and/or deterioration with serious related harms associated (esp. but not limited to violence & aggression) • Have multiple social needs (housing, finance, self-neglect, isolation etc) • Likely present with co-occurring problems (e.g. drug and alcohol use/dependence) • May have had negative (e.g. harmful and/or traumatic) experiences of mental health services or other functions of the state (e.g. criminal justice systems) • Concerns may have been raised by family / carers This report summarises the findings of the review, and is presented to the ICB Board to note as required by NHS England. Information regarding next steps is expected imminently from NHS England, and is likely to form part of 2025/26 planning expectations.

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED	
Reducing Inequalities/Equality & Diversity	An EIA has not been completed as no commissioning activity has yet been undertaken. However, in a general sense, people with serious mental illness are some of the most vulnerable groups in society, with a clear intersection with protected characteristics. The Trust has involved Experts by Experience (EbyE) in their work to date, and EbyE will also be represented in the Serious Mental Illness (SMI) Steering Group.
Quality	Implementing the recommendations would increase the safety and quality of services.
Safeguarding	Implementing the recommendations will improve the quality and safety of services, ensuring they safeguard the welfare of vulnerable service users and other individuals who may encounter them. A failure to implement the recommendations, resulting in gaps and delays in the provision of timely Assertive Outreach and wider Community Mental Health Services provision to individuals with Serious Mental Illness, will increase safeguarding risk for both services users and the wider public and negatively impact the ability of services and organisations to meet their statutory safeguarding duties.
Financial/Resource/ Value for Money	NHS England has asked all systems to provide provisional costings for the full suite of recommendations, to indicate the scale of the challenge and support planning/next steps. In Somerset, to implement 100% of the recommendations would cost circa £3m. There is no indication as yet that national funding will be made available to support this.
Sustainability	N/A.
Governance/ Legal/ Privacy	N/A
Confidentiality	N/A
Risk Description	There is a risk that there is insufficient dedicated Intensive and Assertive Outreach support for people with Serious Mental Illness. This could lead to harm to patients, workforce and public (e.g. the Nottinghamshire incident in 2023)

Review of Intensive and Assertive Outreach Services for People with Serious Mental Illness

Catherine Connor, Associate Director – Mental Health, Autism and Learning Disabilities

November 2024

NHS Somerset

Background

- In 2023 three members of the public (Ian Coates, Grace O'Malley-Kumar and Barnaby Webber) were tragically killed by Valdo Calocane. Valdo Calocane had been a patient of Nottinghamshire HealthCare Foundation Trust (NHFT).
- CQC have recently completed a final review of Nottinghamshire HealthCare Foundation Trust mental health services, and all other systems were asked to undertake a desktop review of local services in light of the recommendations set out by the Care Quality Commission (CQC).
- In addition to this work, in Quarter 2, NHS England asked all systems to review their Intensive and Assertive outreach services for people with severe mental illness who require treatment but where engagement is a challenge.
- NHS England has asked all ICBs to present their initial findings and accompanying action plan to the Board. **The Board is asked to note the findings.**

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Findings of review against CQC report

Good practice	Challenges
Demand and Access is well managed with robust systems in place to manage risk when people do have to wait and manage and support effective responses to non-attendance.	Waiting times between initial appointment and the start of an intervention is higher than we would wish.
Bed occupancy is broadly comparable with other mental health providers. Out of Area placements continue to be low	Not all colleagues aligned to the same approaches to caseload management and recording
Evidence of good quality of care and positive therapeutic relationships.	Access to reliable data relating to “internal waits” and care and safety plans, impacting on robust oversight of performance.
Evidence of robust approaches to case load management and support; alongside a consistent approach to risk assessment and risk management.	A review of staffing against population size and deprivation has not been undertaken for some time.
Appropriate governance and escalation processes are in place.	There has not been an audit against practice relating to Severe Mental Illness for some time.

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Recommendations

1	To develop reliable means of measuring the waiting time between initial appointment/assessment, and the start of an intervention.
2	Work with Community Mental Health Services team managers to ensure that case management is delivering all available clinical slots and patient flow.
3	Immediate action to support colleagues with caseload management and contributing to care plans as appropriate (with an agreed minimum standard of colleagues completing any management plans around safety).
4	Ongoing work with digital team to generate reliable data to measure compliance with care planning standards.
5	Ensure senior oversight of care planning compliance via the Mental Health and Learning Disabilities (MH&LD) performance dashboard. Ensure senior oversight of quality standards relating to care planning at the MH&LD Governance Group.
6	A review of population demographics against locality resources to ensure appropriate allocation of resources.
7	Undertake an audit to review practice standards in relation to Paranoid Schizophrenia.
8	Stand up a Serious Mental Illness Steering Group to monitor and develop above actions (including actions highlighted by the Assertive and Intensive Service Review)

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Intensive and Assertive Outreach Review

- NHS England has asked all systems to undertake a review of Assertive Outreach services as part of their Community Mental Health Services transformation:
  - *"to ensure that they have clear policies and practice in place for patients with serious mental illness, who require intensive community treatment and follow-up but where engagement is a challenge."*
- SFT undertook a detailed review of services, drawing on feedback from Experts by Experience and a wide range of staff, using the Community Mental Health Services maturity index and national guidance
- ICB colleagues sought feedback from Somerset Drugs and Alcohol Service, public health, and Somerset Council colleagues to feed into the review.
- The review was undertaken in Quarter 2 and details submitted to NHS England accordingly

Intensive and Assertive Outreach Review

- Groups under consideration include those who:
- Are presenting with psychosis (but not necessarily given a diagnosis of psychotic illness)
- May not respond to, want or may struggle to access and use ‘routine’ monitoring, support and treatment that would minimise harms
- Are vulnerable to relapse and/or deterioration with serious related harms associated (esp. but not limited to violence & aggression)
- Have multiple social needs (housing, finance, self-neglect, isolation etc)
- Likely present with co-occurring problems (e.g. drug and alcohol use/dependence)
- May have had negative (e.g. harmful and/or traumatic) experiences of mental health services or other functions of the state (e.g. the criminal justice systems)
- Concerns may have been raised by family / carers

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Somerset position

- Assertive Outreach does not operate as a standalone team, rather it forms part of wider Community Mental Health Services (this is in line with other systems in the South West)
- Within these teams, there are psychiatrists, psychiatric nurses, psychologists, therapists, psychological practitioners, occupational therapists, social workers, and peer support workers.
- Community Mental Health Services work closely with patients, families, carers, the voluntary sector, local authorities and GPs to agree individual needs and goals and support recovery
- “Did Not Attends” are not used as a reason to decline service
- NHS England has outlined 5 core requirements for Assertive Outreachfunctions:
    1. Services have a duty to engage with people with Serious Mental Illness and their families/carers
    2. Intensive and assertive community care requires dedicated staff
    3. ‘No wrong door’ approach
    4. Continuity of care is vital
    5. Holistic and engaging care

Good practice

- Interface with Somerset Drugs and Alcohol Service
- Interface with Dual Diagnosis
- Interface with employment support services
- Interface with Voluntary, Community, Faith and Social Enterprise sector
- Assertive Outreach work largely face to face
- “No wrong door” enacted

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Areas for improvement

- Standard Operating Procedures/policies to be developed or ratified, including Section 117 aftercare, Physical Health, and people in scope of Assertive Outreach
- People in supported living or those that are homeless
- Develop/implement consistent outcomes and patient experience measures
- Implementation of DIALOG+ (outcomes tool) has been challenging
- Demand and capacity modelling to be undertaken across localities, particularly for mental health nursing and assertive outreach practitioners
- Capacity risk within Somerset Drugs and Alcohol Service (some posts only funded until March 2025)
- Some recruitment challenges relating to occupational therapists
- Lack of dedicated accommodation/housing support
- Support not available outside traditional working hours, though other services, e.g. Home Treatment Team, crisis line, are available
- Older people Community Mental Health Service is not commissioned to deliver Assertive Outreach
- Significant work required on use of data to inform operations, including demographic data

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Next Steps

- Multi-agency and multi-professional Serious Mental Illness group established, which has oversight of the delivery of the recommendations of both the Homicide Review and the Intensive and Assertive Outreach Review.
- NHS England asked all systems to cost the full suite of recommendations to support national planning and understanding of the scale of the challenge. For Somerset, this would amount to £3m recurrently.
- High level action plan has been drafted (attached), which splits out actions into immediate, medium term and longer term, and indicates those that will require resource to achieve
- Further guidance is expected imminently from NHS England, likely to form part of operational planning for 2025/26

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Serious Mental Illness (SMI) Action Plan

Responding to the CQC Homicide Report and Intensive and Assertive Outreach (AO) Review

Short term = 0-6months, Medium term = 6-12 months, Long term = 12+ months

*indicates an indicative cost implication, but more detailed analysis required

	Action	Timeframe	Lead org	Due Date	Cost implication
	GOVERNANCE				
1.	Review of a sample of SMI caseloads to identify themes in relation to care and treatment plans.	Short-medium term	SFT	30.10.24	None
2.	Support colleagues with caseload management and contributing to care plans as appropriate (with an agreed minimum standard of colleagues completing any management plans around safety).	Short term	SFT	30.11.24	Resource may be required TBC
3.	Ratify Physical Health Clinic SOP, implement practice guidelines and develop assurance measures.	Short term	SFT	30.11.24	None
4.	Review current EbE/Recovery Worker/carer network to ensure that those in scope are represented in co-production.	Medium term	SFT (inc EbyE)	30.12.24	None
5.	Develop and implement guidance on discharge for those in scope.	Medium term	SFT (inc EbyEs) & VCFSE	30.12.24	None
6.	To develop reliable means of measuring the waiting time between initial appointment/assessment, and the start of an intervention.	Medium term	SFT	30.12.24	None
7.	Ensure senior oversight of care planning compliance via the Mental Health and Learning Disabilities (MH&LD) performance dashboard; including quality standards	Short term	SFT	30.12.24	None
8.	Ensure all appropriate colleagues are updated on relevant practices re the latest diagnostic guidelines	Short term	SFT	30.12.24	None
9.	Implement the new Mental Health Learning from Incidents Governance Process.	Medium term	SFT	30.12.24	None
10.	Review compliance to DNA/No response SOP across all MH community teams, to include assurance that patients are not being discharged in response to non-attendance.		SFT	30.01.25	None
11.	Working group to oversee implementation of new guidelines to include EbEs and front-line workers in Assertive Outreach and other relevant teams	Short term	SFT (inc EbyE)	28.02.25	None
12.	Ongoing work with digital team to generate reliable data to measure compliance with care planning standards.	Short-medium term	SFT	30.03.25	None
13.	Senior Service Group Team to hold a list of individuals in scope with complex needs and highest risk. To undertake bi-annual tabletop reviews.	Medium term	SFT	30.04.25	None
14.	Ensure 100% of patients have a Dialog+ care plan. Work with the information team to establish accurate and reliable reporting.	Medium term	SFT	30.04.25	None
15.	Undertake a review of opportunities to collect patient feedback across services, develop a plan for collection and monitoring of feedback	Medium term	SFT (inc EbyEs)	30.04.25	None
16.	Standard Operating Procedure (SOP) outlining practice guidelines for individuals in scope.	Short term	SFT	30.06.25	None
17.	Build on work to identify clinical/individual outcome measures. To identify what measures should be used, how to implement across services and how to make use of the data.	Medium term	SFT (inc. EbyE)	30.06.25	None

	Action	Timeframe	Lead org	Due Date	Cost implication
18.	Repeat audit against NICE Guidelines once we have updated NICE guidelines/or undertake a repeat audit against current guidelines in a years' time if the new guidelines have not been issued within this timeframe.	Short term	SFT	30.07.25	None
19.	Develop a training matrix to ensure consistent skills and knowledge relevant to working with individuals in scope.	Medium term	SFT	30.07.25	None
20.	To offer training outlined in above action to the CMHS Core Skills and Knowledge workshop schedule.	Medium-long term	SFT/ VCFSE	30.07.24	£50k
21.	Undertake an audit against current NICE Guidelines for Paranoid Schizophrenia.	Medium	SFT	TBC	None
22.	ICB representation at Senior Clinical Review panel.	Short term	ICB	TBC	None
23.	Implement the new RiO risk field in line with NICE NG225.	Short term	SFT	TBC	None
24.	Develop Community Treatment Order training session to be included in CMHS Core Skills and Knowledge workshops	Medium term	SFT	TBC	None
25.	Develop Section 117 policy.	Medium term	SFT	TBC	£61k
26.	As policies are reviewed/developed by the MH&LD Governance Group, consideration to be given to referencing link/interface with wider alliance.	Medium term	SFT	TBC	None
	OPERATING MODEL				
27	Capacity and demand assessment in relation to review of sample of SMI caseloads to identify themes in relation to care and treatment plans.	Medium term	ICB/ SFT	TBC	Yes*
28.	Develop business case for additional funding to support implementation of recommendations (note: awaiting national guidance, likely to form part of the 2025/26 operational planning round)	Medium term	ICB/SFT	30.12.24	Yes*
29.	Work with CMHS team managers to ensure that case management is delivering all available clinical slots and patient flow.	Medium term	SFT	30.12.24	None
30.	Re-introduce MDT/Multi-agency annual reviews for those open to the service for 11 months or more. Develop guidance for clinicians, and establish accurate data to support.	Medium term	SFT, VCFSE, SCC	30.01.25	None
31.	A review of population demographics against locality resources and clinical resource to ensure appropriate allocation of capacity.	Medium term	ICB	30.04.25	Yes*
32.	Review demand and capacity of physical health clinics	Medium term	SFT	30.05.25	None
	CLINICAL DELIVERY				
33.	Review current Assertive Outreach Model against The NHSE Intensive and Assertive Community Guidelines to develop an SMI clinical model	Short term	SFT	30.10.24	Yes*
34.	Clinical Interventions Oversight Group to identify evidence based assertive and intensive engagement interventions. Develop workshops/resources for workers.	Short term	SFT	28.02.25	None
35.	To ensure the Clinical Model reflects the interventions identified above and the wider treatment needs of those in scope.	Medium term	SFT	30.03.25	Yes*
36.	Review the positive aspects of the 'care co-ordination' role to define and develop assertive interventions to include structured case management.	Medium term	SFT (inc. EbyE)	30.03.25	None
37.	Build on the Physical Health Clinic SOP to include physical health monitoring for individuals in scope that are not on anti-psychotic medication.	Medium term	SFT		None

	Action	Timeframe	Lead org	Due Date	Cost implication
38.	Clinics to strengthen links with Voluntary, Community, Faith & Social Enterprise (VCFSE) partners that offer physical health and wellbeing support and activity.	Short term	SFT/ VCFSE		Yes*
39.	Develop guidelines on working with people who are homeless.	Short term	SFT/ VCFSE		None
40.	**Caseload management and risk management:** 1) data team to generate a patient list of people with Schizophrenia where risk to self and / or others is identified as high. 2) Run the above list of patients through the caseload management tool which will RAG rate patient records with best practice standards. 3) Undertake Multi-disciplinary team (MDt) caseload review based on the above with all medical colleagues and for this review to be guided by the principles of shared risk management and service rather than individually owned risk.	Complete	SFT		None
41.	Secure recurrent funding for Drugs and Alcohol element (Somerset Drugs and Alcohol Service)	Medium term	ICB/SCC		£126k
42.	Develop an Assertive Outreach function for older people's community mental health services	Medium	SFT (inc. EbyE), VCFSE & ICB		Yes*
43.	Establish multi-agency Serious Mental Illness Steering Group	Complete	SFT		None