	Full Business Case	Project Stage **Define**

Project Name	Mental Wellbeing Out-Of-Hours Hub (Accident and Emergency Department and Kittybrewster Custody Suite)	**Date**	22/08/2019
Project Manager/ Author	Susie Downie Transformation Programme Manager	**Date of Programme Boards/ IJB**	IJB 03.09.19

Contents

1. Summary of Project

The purpose is to provide an alternative to the existing specialist pathway for those individuals who are experiencing mental health distress and who come to the attention of Police Scotland and the Custody Suite at Kittybrewster or who present to the A&E Dept. at ARI.

The custody suites are hosted by Aberdeenshire and used by offenders and patients who are mainly from Aberdeen/Aberdeenshire. The A&E Department will see patients from both authority areas.

Therefore, the service model has been developed jointly and will be implemented and evaluated jointly. The model will require a percentage funding agreement from Aberdeenshire HSCP based upon activity information (anticipated c34% Shire, c66% Aberdeen City).

Tests of change are an evidence-based approach to service improvement and we believe it is important to ensure that a methodologically sound process of review underpins this project as it is developed.

The project will run for a 23 month period, and will test a solution to fill an identified gap within the current pathway by employing an out-of-hours mental wellbeing team to engage in a timely and compassionate conversation with those individuals who come to the attention of the first response services. The data examined over a 6-month period shows that 66% of attendances occurred between the hours of 1700-0900 and that 36% of all contact with A&E occurred during the weekend. The target group are individuals who are expressing feelings of intense distress and behaving in a manner which causes concern to themselves and or others.

Local data indicates that the majority of the target group do not require clinical or statutory services but do require some form of intervention to assist them manage their feelings of distress. See next section for details.

The intervention of choice will be a supportive, non- judgemental conversation with the aim of enabling people to develop their personal resilience, learn adaptive coping skills and form meaningful connections within their community and experience improved mental wellbeing.

The out of hours mental wellbeing team will primarily use a telephone triage approach and will have the option to develop additional digital methods of engagement.

There will be a requirement for the team to work in a peripatetic manner when need is identified, e.g. after initial phone call triage, however, the team will also provide a ‘safe place’ for assessment, de-escalation and compassionate conversation.

The project has parallels with the ‘No Wrong Door’ approach (Lushley *et al*, 2017), seeking to promote the development of the hub model of service provision and has included learning

from new models of service delivery across Scotland e.g. the Community Triage Service in Tayside, Distress Brief Intervention pilot, NHS24 pilot.

The team will require a physical location and it is proposed that Kittybrewster Custody Suite would be able to host them. Whilst this project is primarily focused on enhancing the current pathway by providing a lower tiered level of response, this alternative model will contribute to a much needed cultural change and begin to encourage citizens to develop the knowledge and skills required to enhance their personal resilience.

Risk & Governance

The team will utilise a validated Mental Health Triage Scale to determine risk factors and will have access to the existing first response services and associated medical pathways as and when required.

Although the team will not provide a clinical service there will be times when they will need to seek specialist advice in order to ensure oversight of risk and the escalation of any concerns. The Unscheduled Care Team at Royal Cornhill Hospital (RCH), the Custody Suite Health Care Team and the GMed service will be available to provide decision support to ensure the team is not working in isolation and that they are supported to ensure that individuals who contact the service are not exposed to risk of harm.

Joint Training and sharing of learning

A cross sector multi-agency approach to training and sharing of learning will be adopted to reinforce an integrated workforce and thereby ensuring a cohesive response to those presenting in distress.

The training would be delivered by local authority, specialist mental health colleagues and 3rd Sector partners. The option to use National Education Scotland's training packages would be explored.

Linkages to current services and the community

The team will work alongside current pathway providers in order to deliver a de-medicalised and/or de-criminalised route into timely and compassionate support. (see appendix 1 for proposed OOHs pathway).

The team will develop strong links with the primary care 'safe space' proposals and link practitioner programmes. They will work closely with first response colleagues and develop collegiate relationships with the out of hours health and social work teams.

The team will bridge an identified gap out of hours within the range of tier 1 and 2 provision available to individuals who have poor mental wellbeing or who struggle to cope with periods of heightened emotional distress.

The team will complement developments coming on stream from the associated Action 15 plans, Link Practitioners within Primary Care and the Link Worker ADA provision within the Custody Suites. This will contribute towards a necessary cultural shift from symptom management to early intervention and prevention and de-medicalisation of distress.

2. Business Need

The Scottish Government Mental Health Strategy has committed to increase the mental health workforce by an additional 800 workers within key settings (A&E, Custody Suites, GPs, Prisons) in order to increase access to appropriate mental health support as early as possible. This project will improve access to workers within those key settings.

The project aims to enable a cohort of people who currently come to the attention of the first response services and Custody Suite to manage their conditions through the provision of a responsive, compassionate response to those individuals who do not require specialist mental health services. The project will provide an alternative to custody and will increase diversion from prosecution and the criminalisation of individuals who seek assistance from first response services at times of intense distress.

Strategic Alignment

The project will contribute to the following aims of the strategic plan:

- Prevention - to shift the balance of care away from the historic models of current mental health provision within Aberdeen City by providing an out of hours response for those in distress.
- Early intervention – for those in distress and provision of a compassionate response to de-escalate where possible or to ensure appropriate signposting to services.

The development of a de-medicalised model will require a philosophical shift in thinking, not only from current service providers and partners, but also for individuals with lived experience. The team will provide a timely opportunity for people to engage in a supportive, non- judgemental conversation with the aim of enabling people to develop their personal resilience, learn adaptive coping skills and form meaningful connections within their community and experience improved mental wellbeing.

Local Data:

Service areas provided the group with data for analysis in order to:

- quantify the demand on services
- describe the cohort of individuals that the service would engage with
- demonstrate the identified need versus current service provision
- determine the parameters for the new service
- specify the knowledge, training and skill set required to fill the gap

Emergency Department

We know that the experience of people who attend A&E is often one of waiting longer than the four-hour target for assessment, and in an environment which is not conducive to enhancing their emotional wellbeing. Our rationale is based upon informed conversations with our A&E partners and our plan is to redirect people away from the A&E Department.

We expect to see a reduction in attendances at A&E by people from our target cohort by 10% at end of year one and by 25% by end of year two. This will free up specialist capacity at the A&E department and also reduce the considerable periods of time spent by police officers at the A&E department.

A four week snap-shot of attendances at A&E for patients who presented with “mental health/self harm crisis” revealed approximately 360 hours of patient contact with an average length of stay of 3 hours. Police were present with patients for approximately 15% of the time. Of the patients who attended, 62% did not require a medical intervention and 28% did not require psychiatric review. Of the total number who attended, 88% went home at the conclusion of the episode of care.

The data shows that 66% of attendances occurred between the hours of 1700-0900 and that 36% of all contact with A&E occurred during the weekend.

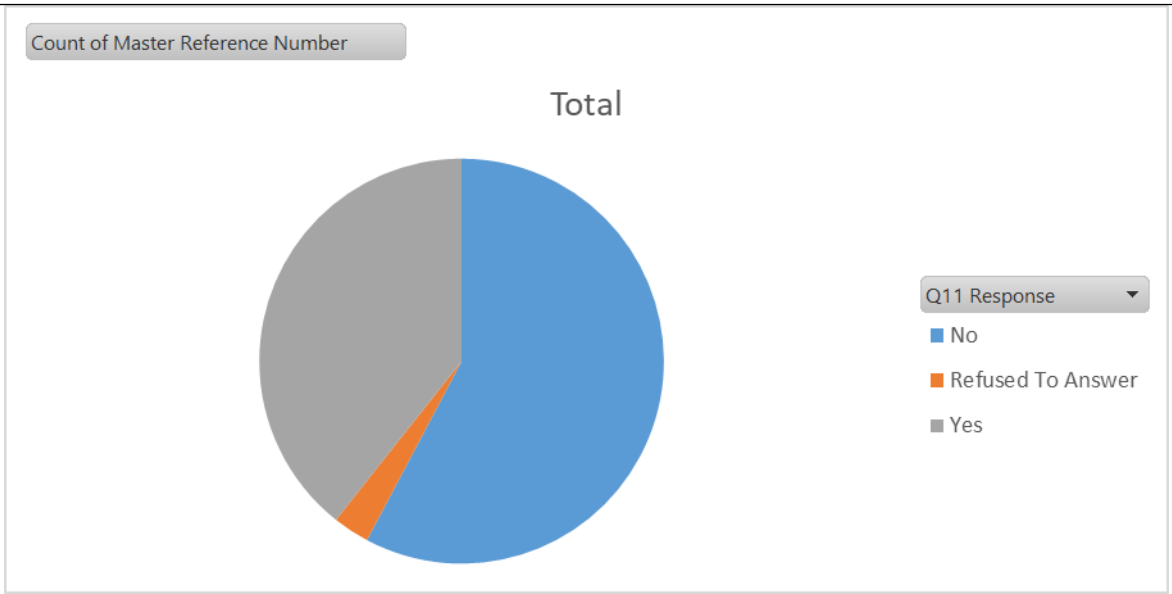
It appears that the requirement for specialist intervention following assessment at A&E is not indicated for a considerable number of patients. Anecdotal information indicates that patients who are discharged from the department are medically fit for discharge but the feeling from staff is that a compassionate response to people in distress would be humane, reduce attendance at the department and associated specialist time and reduce the likelihood of repeat visits.

It is notable that 9% of patients required in-patient treatment at RCH following assessment at A&E. It is important to ensure that the project maintains this established pathway for those patients who require specialist psychiatric intervention/treatment.

Custody

The 2017 publication ‘Justice in Scotland: Vision and Priorities’ noted that 39% of those detained in police custody have a mental health disorder.

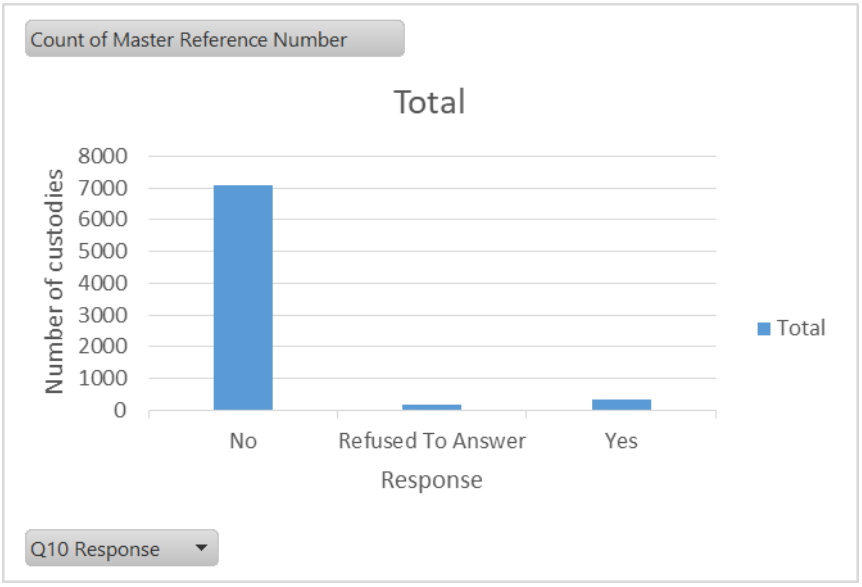
The Kittybrewster Custody Suite has a throughput/ footfall of approximately 7600 people per year (80% male, 20% female) and the chart below shows local responses to the question “Do you have any mental health problems or have you ever received treatment for mental health problems?”



The local figures mirror the national average of those detained in custody disclosing that they have had or are currently experiencing issues with their mental wellbeing.

The question asked at the point of entry into custody is extremely broad ranging. Anecdotal information provided by the custody health care manager would suggest that specialist intervention was not indicated for the majority of our local detainees.

The following table shows the response to the more focused question, “Do you have any thoughts at present of self harm/suicide?”



This represents approximately 8% of those detained in custody disclosing current thoughts of self harm/suicide. Therefore, similar to A&E, it is important to ensure that the project

maintains the established pathway for those in custody who do require specialist psychiatric intervention/treatment.

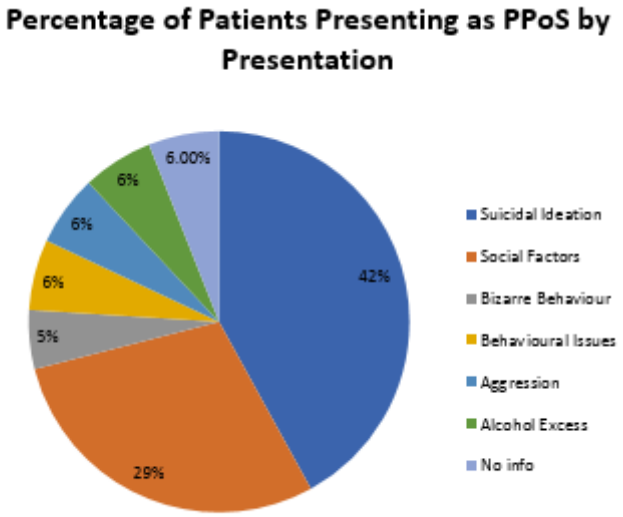
Police

Justice agencies are commonly dealing with situations where the main issues are around mental health and distress, where no offence, or only a minor offence, has been committed.

A study of "concern calls" to Division A between April 2018 until November 2018 showed that there were 1410 mental health related calls, of which 86% were closed off by police as "concern for person".

Concern calls peaked around 1900 hrs and then continued at a relatively constant level until midnight. These peak hours correlate to the peak times for detention under the Mental Health Act (Section 297) Place of Safety were 56% occurred after 2100hrs.

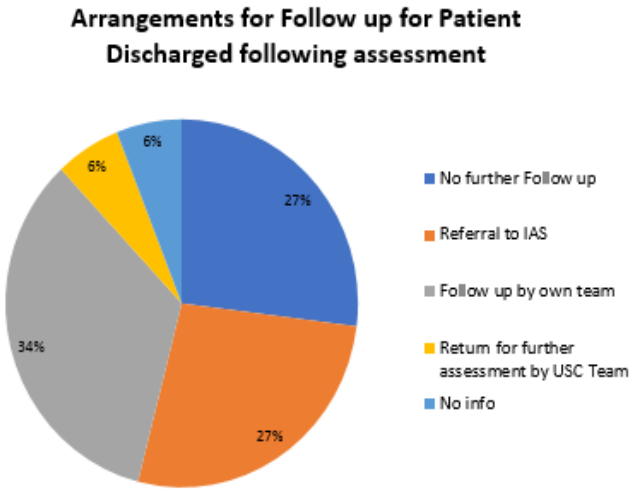
There are on average 23 Place of Safety (Sect 297) detentions locally per month (Jun-18 to Jan 19).



In 94% of cases the individuals detained under Section 297 were not admitted to RCH following assessment.

This indicates that only a very small percentage of people detained under Section 297 were assessed as requiring in patient treatment.

The follow up arrangements for those who were assessed as not requiring in patient treatment are detailed below.



The findings from the most recent Place of Safety audit are displayed in the chart above which shows that 40% of people detained under Section 297 are known to mental health services or have been assessed as requiring further psychiatric assessment.

A significant percentage of those assessed were referred for support for alcohol misuse.

A significant percentage of those assessed received no follow up after assessment and although the findings indicate that this group do not require support from specialist services, i.e. a medical intervention, it is often the case that many people will continue to express levels of distress after they have undergone specialist assessment and will continue to seek out support. This frequently takes the form of an escalating pattern of risk taking and/or confrontational behaviour.

The view of the local steering group is that this group represents a gap within the current service provision.

This service has been developed looking across all current services and looking at where potential gaps and opportunities are. A mental health pathway exists within current provision however there lacks a community model. This service looks to adapt and support anyone in distress but to triage and utilise existing services where appropriate. It will be a key part of this role to understand and make relationships with those across the system.

Expressed Need

This project responds to locally expressed need for a seamless pathway of care (Hearing the Voice and contributions of people and communities, Health and Social Care Alliance, 2019) and is in line with national integration principle to deliver services which are joined up and easy for people to access. It also supports and delivers outcomes from the key messages around reducing waiting times for support, increasing availability of non-acute treatment and

increased inter-connectivity of services within the Health and Social Care Alliance's 2019 report 'Grampian System wide Mental Health and Learning Disability Services Review'.

Informal feedback from individual's experience of services from focus group discussions, requires it to be community-based and easily accessible by public transport. There is also feedback that the service should not be 'labelled' as mental health support in order to reduce stigma.

The issue of stigma was explored by the steering group and an emerging viewpoint was that an emphasis on mental wellbeing should be clearly stated within the project title.

Within Aberdeen City there is a growing awareness of the need to deliver services for people in distress (e.g. Union St bridge). If we were to shy away from emphasising mental wellbeing within this project, it could be argued that we are perpetuating stigmatised views of mental health and wellbeing services and the people who access them.

3. Objectives

- To improve individual outcomes through early intervention, prevention and admission avoidance at times of distress to de-escalate and support individuals at times of need
- To ensure right person, right time, right place approach by enhancing current pathways and service provision at time of high demand out of hours.
- To improve individual satisfaction through timely access to appropriate services via key settings (but not exclusive to)
- To mitigate risk for low/moderate level distress which will de-medicalise and decriminalise pathways for unscheduled attendances at ED and Custody by supporting a community based and early intervention model
- Contribute to the national commitment to increase the number of mental health workers in Scotland by 800 over the next five years and specifically Aberdeen city's target of 32 workers.
- To deliver against the ACHSCP Strategic aims and objectives of prevention and early intervention.
- Reduce section 297 detentions which will release police and specialist medical capacity

4. Options Appraisal

Option 1: Status Quo – No financial impact however ACHSCP not delivering its priorities as set out in PCIP and Action 15 plans
Option 2: To test provision of Community Mental Health Nursing (CMHN) out of hours services to support those with mental health distress within custody and the emergency department (ED).
Option 3: To test external commissioning of the provision of a role providing crisis intervention and support using a compassionate conversation. Funded for 2 years with option to extend for 1+1 years.

4.1 Scoring of Options Against Objectives

Objectives	Options Scoring Against Objectives							
	1	2	3	4	5	6	7	8
To improve individual outcomes through early intervention, prevention and admission avoidance at times of distress to de-escalate and support individuals at times of need	0	2	3					
To ensure right person, right time, right place approach by enhancing current pathways and service provision at time of high demand out of hours.	0	2	3					
To improve individual satisfaction through timely access to appropriate services via key settings (but not exclusive to)	0	1	3					
To mitigate risk for low/moderate level distress which will de-medicalise and decriminalise pathways for unscheduled attendances at ED and Custody by supporting a community based and early intervention model	0	-1	3					
Contribute to the national commitment to increase the number of mental health workers in Scotland by 800 over the next five years and specifically Aberdeen city's	0	2	3					

target of 32 workers.								
To deliver against the ACHSCP Strategic aims and objectives of prevention and early intervention.	0	1	2					
Reduce section 297 detentions which will release police and specialist medical capacity	0	2	3					
Total	0	9	20					
Ranking	3	2	1					

Scoring
Fully Delivers = 3; Mostly Delivers = 2; Delivers to a Limited Extent = 1; Does not Deliver = 0; Will have a negative impact on objective = -1

4.2 Recommendation
Option 3 - To test external commissioning of the provision of a new role supporting crisis intervention and support for 2 years with option to extend for 1+1 years, is the recommended option.

5. Benefits

5.1 Citizen Benefits

Benefit	Measures	Source	Baseline	Expected Benefit	Expected Date	Measure Frequency
Timely access to services	Access	Manually gathered	On initial contact	Improved quality of access	December 2020	Baseline @ initial contact then follow up
Improved wellbeing	Resilience	Outcome Questionnaire	On initial contact	Improved citizen resilience	December 2020	Baseline @ initial contact then follow up
Improved quality of life	Quality of life	Outcome Questionnaire	On initial contact	Improved quality of life	December 2020	Baseline @ initial contact then follow up

5.2 Staff Benefits

Benefit	Measures	Source	Baseline	Expected Benefit	Expected Date	Measure Frequency
Free up specialist capacity from 10 % Reduction in MH presentations at ED	Current number of presentations	EPR	At commencement of service	Achieve A&E waiting time HEAT target	December 2020	Baseline @ 6 &12 months
Free up police capacity from 10 % Reduction in Section 297 detentions	Current number of detentions	Annual PoS Audit	At commencement of service	Free up front line police capacity	December 2020	Annual
Establishment of an alternative recruitment and retention pathway	Increase in number of workers across mental health service	Workforce plan	At commencement of service	Decrease staff turnover rates	December 2020	Annual

5.3 Resources Benefits (financial) – indicate whether these benefits are cashable or non-cashable

Benefit	Measures	Source	Baseline	Expected Benefit	Expected Date	Measure Frequency
Free up specialist capacity from 10 % Reduction in MH presentations at ED – costings of registrar capacity per client	Current number of presentations	EPR	At commencement of service	Achieve A&E waiting time HEAT target	December 2020	Baseline @ 6 &12 months
Free up police capacity from 10 % Reduction in Section 297 detentions	Current number and avg time spent on detentions per person	Annual PoS Audit	At commencement of service	Free up front line police capacity	December 2020	6-monthly
Reduction in number of RCH consultations and presentations	Current number of presentations and time spent per person	Trakcare	At commencement of service	Free up front line police capacity	December 2020	6-monthly

6. Costs

6.1 Project Revenue Expenditure & Income

The total contract cost is based on Aberdeen City Health and Social Care Partnership contributing share to provide a Mental Health Wellbeing Out of Hours proposed service.

The project proposal is based on a cost split of 66% for Aberdeen City HSCP and 34% for Aberdeenshire HSCP for year 1 costs. The total contribution costs below work to the 66%/34% split for year 1 then rising to 85/15% from year 2 onwards in order to accommodate the potential budget risk based on these projections.

(From year 2 the split would be adjusted based on analysis of activity between the range of 66-85% to reflect the usage of the services as appropriate)

Total Costs:

(£)	Year 1	Year 2	*+ 1 year extension*	*+ 1 year extension*	Total
Total Service costs	£202,880	£202,349	*£206,215*	*£210,158*	£821,602
Total Payable for City Share	£133,900 (66%)	£171,997 (85%)	£175,283 (85%)	£178,634 (85%)	£659,814

7. Key Risks	
Description	**Mitigation**
Lack of capacity in third sector to respond to local need	ACVO Third Sector Interface have been involved in the development of sit on project team to ensure that any issues are raised and to support the third sector. In addition, a meeting in July with MH providers has given them the opportunity to shape the proposal.
The appropriate escalation and access to specialist advice to mitigate clinical risk	The Unscheduled Care Team will support these posts as required. In addition, this service does not replace current pathways and access to statutory services.
Lack of joint up working and commitment from all services to support the model and 'buy-in' to the new service	Joint training and development opportunities with peers. Communication and engagement strategy will be in place to mitigate this.

8. Time
8.1 Time Constraints & Aspirations
After IJB approval, the procurement process will take around 4 months to complete. It is therefore anticipated to have a contact in place by January 2020 and service operational by early 2020. After this the project would run for 2 years with a potential extension of a further 3 years. It would be agreed that service testing and development should run through the course of the project to ensure outcomes are best met.

8.2 Key Milestones	
Description	**Target Date**
Programme Board / IJB approval	July -Sept 2019
IJB Approval	3 Sept 2019
Tendering process begins	Nov 2019
Contract in place	Jan 2020
Service operational	Apr 2020
Evaluation	Ongoing

*Note – this is a summary version of the Business Case, the full Business Case is available on request to IJB board members.

Appendix 1 – Proposed Pathway DRAFT