

Item: 17.1

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	

BOARD

1 OCTOBER 2024

Report Title:

**Review of intensive and assertive
community mental health care**

Purpose of report

NHS England have required all ICBs to undertake a review of intensive and assertive community mental health service reviews, and to make a submission to NHS England using a national template by 30 September. This paper summarises the ICB approach to convene the system to undertake the review of intensive and assertive community mental health care. It also provides a preliminary summary of the emerging themes from the review discussions and sets out the next steps.

The purpose of this report is to provide the board with assurance on the systems approach that have been taken in the North East and North Cumbria to the required reviews.

Key points

NHS England have required all ICBs to convene the system to review community mental health services with a focus on intensive and assertive outreach for those individuals with complex and enduring psychosis, and to submit a national template regarding the reviews by 30 September. The letter from NHS England to system leaders on this issue was published on 26 July and can be found here:

[NHS England » Guidance on intensive and assertive community mental health treatment](#)

The work to complete the review and the template is still ongoing at the time of writing. This paper provides an overview of the process to complete the review, and preliminary findings.

Risks and issues

NHS England have requested ICBs to undertake the reviews to further identify risks and issues relating to intensive and assertive community mental health care. This particularly relates to service users who are potentially at risk of harm to themselves or from others, and in a very small number of cases potentially are at risk of causing serious harm to others.

The final completion of the review process, and the subsequent action plan, will confirm any new risks or issues and include proposals on their mitigation.

Assurances

The ICB has worked to adhere to the national guidance in completing the review. This includes openness and collaboration from relevant NHS Trusts and involving the range and type of stakeholders in the review process as required by the guidance.

The ICB assurance on this issue will be strengthened by the broader work to implement our quality strategy and with the launch of the patient safety centre. The ICB are developing systems whereby we review themes and trends from incidents, to identify priorities for system learning and action. This includes wider learning from national reports, reviews, and investigations. An example of this relevant to the service review, is that with leadership from the Nursing Directorate the ICB has begun to consider the learning from the tragic events surrounding the Valdo Calocane case in Nottingham, including the discharge processes within our mental health trusts. In addition, we have reviewed incident data and identified some themes and trends, which warrant further exploration to inform future system learning and service developments. This learning will inform the action plan required for intensive and assertive community mental health care arising from the review.

Recommendation/action required

The Board is requested to:

1. Note the assurance in this paper on the NENC reviews of community mental health services with initial emerging themes.
2. Delegate the authorisation of the submission to NHS England to the Chief Delivery Officer in discussion with other relevant ICB Executive Directors.
3. Receive a subsequent update paper, including an action plan, at a later meeting of the ICB Board during 2024/25.

Acronyms and abbreviations explained

Acronyms and abbreviations have either been avoided or written out in full at the first use.

Sponsor/approving executive director	Levi Buckley, Chief Delivery Officer
Date approved by executive director	16 September 2024
Report author	Erin Harvey and Lee Anderson, ICB Head of Programme Transformation, mental health, learning disability and neurodiversity.

Link to ICP strategy priorities (please tick all that apply)

Longer and Healthier Lives	✓
Fairer Outcomes for All	✓
Better Health and Care Services	✓
Giving Children and Young People the Best Start in Life	

Relevant legal/statutory issues

Note any relevant Acts, regulations, national guidelines etc

Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No	✓	N/A	
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If yes, please specify

Equality analysis completed (please tick)	Yes		No		N/A	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	Yes		No		N/A	✓

Key implications:	
Are additional resources required?	Not at this stage however this may be required to develop and deliver the subsequent action plan. Potential additional resources will be identified in the drafting of the action plan.
Has there been/does there need to be appropriate clinical involvement?	The approach was built in consultation with ICB clinical leads, and the review teams included trust clinical representation. Further clinical leadership will be required to develop and deliver the action plan.
Has there been/does there need to be any patient and public involvement?	The reviews have been contributed to by individuals and carers with lived experience of the cohort in scope. Further involvement from experts by experience will be required to develop and deliver the action plan.
Has there been/does there need to be partner and/or other stakeholder engagement?	The reviews have been undertaken with stakeholder across the system. Further engagement will be required to develop and deliver the action plan.
Has there been/does there need to be appropriate finance or digital involvement?	Not at this stage however this may be required to develop and deliver the action plan.

Intensive and Assertive Community Mental Health Care

1. Introduction

This report sets out assurance to the board on the system approach taken to reviewing community mental health services for individuals who require intensive and assertive community treatment and follow up in the North East and North Cumbria (NENC). The report covers the following areas:

- Background with national and local context.
- Review timelines.
- Review approach.
- Summary of initial emerging themes.
- Proposed next steps.
- Board recommendations.

2. Background

Many people who experience psychosis are able to receive evidence-based care and treatment which enables them to recover from their psychotic episode and/or be supported to live a life that is meaningful to them alongside the management of ongoing symptoms. Some people who experience psychosis, particularly where paranoia is present, can struggle to access evidenced-based care and treatment. This can be due to those individuals finding core services hard to reach.

For this group of people, it is critical that mental health services are able to meet the person's needs by adapting the approach to engagement, providing continuity of care, and offering a range of treatment options for individuals experiencing a varying intensity of symptoms. People with these needs can be very vulnerable to harm from themselves and from others; for a very small number of people relapse can also bring a risk of harm to others.

2.1 National context

Within the NHS Priorities and Operational Planning Guidance for 2024/25 NHS England (NHSE) asked all Integrated Care Boards (ICBs) to "review their community services by Q2 2024/25 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."

This ask has been approached across two submission requirements:

1. By the end of July 2024 provide assurance that Mental Health Foundation Trusts do not operate policies where, if people struggle to reach core services and do not attend (DNAs) appointments, that this does not subsequently lead to discharge.
2. By the end of September 2024 conduct system wide reviews to seek assurance that community mental health services are able to identify, maintain contact, and meet the needs of people who may require intensive and assertive community care and follow up.

To support the above asks NHS England published guidance to integrated care boards on intensive and assertive community mental health care, which includes a guide on undertaking the reviews, a submission template and non-mandatory community review maturity index tool to support systems and guide discussions.

2.2 Local context

In response to the first submission in July 2024, the NENC ICB have already received and shared assurance from Cumbria, Northumberland, Tyne, and Wear NHS Foundation Trust (CNTW) and Tees, Esk and Wear

Valley NHS Foundation Trust (TEWV) that existing service policy and practice is in place to ensure that decisions of discharge from community mental health services are not made solely on engagement or DNA status. To note in the second stage of review this was revisited with all trusts in scope.

As per guidance referred to above, NHS England have helpfully set out the group of individuals who the review needs to consider. In summary this includes individuals with complex and enduring psychosis who access community mental health teams, early intervention psychosis teams, forensic community teams and those who are at risk of relapse, for example this could include those who attend a medication monitoring clinic with primary care lead involvement.

The reviews are required to be led by the ICB with transparent and open involvement from individuals and carers with lived experience of complex psychosis and key stakeholders across the system. For the purposes of developing our approach to reviewing services, for the second submission, there are four foundation trusts in the NENC who deliver community mental health services to the identified cohort. These include:

- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW)
- Tees, Esk, Wear Valley NHS Foundation Trust (TEWV)
- Northumbria Healthcare NHS Foundation Trust (NHFT)
- Gateshead Health NHS Foundation Trust (GHFT).

(Note: All community mental health services in scope are provided by CNTW and TEWV apart from the following: NHFT provide an older person community service for individuals living in North Tyneside and GHFT provide an older person community service for individuals living in Gateshead).

3. Review approach.

In line with the available guidance, across the week of the 9th of September four virtual review meetings were held to support system discussions on intensive and assertive community treatment and follow up available in the NENC. The following sub section summarise the approach to this.

3.1 Review team members.

The reviews were conducted by a core review team, of operational level colleagues, who met the NENC providers of community mental health services with the following representation:

- ICB leads:
 - Commissioners of community mental health services, inpatient services, and community crisis services
 - Quality and Safety lead
 - Performance and Planning lead
- People with lived experience of complex psychosis
- Families/carers of people with lived experience of complex psychosis
- Adult secure provider collaboratives/adults secure pathways
- Association of Directors of Adult Social Services (ADASS)
- Voluntary, Community and Social Enterprise (VCSE)

3.2 Information gathered.

Via a standardised template the reviews gathered information in line with the available guidance on the following:

- Relevant policies and procedures
- Experience of service use
- Governance, monitoring, and partnership arrangements
- Identification of gaps, barriers, and challenges

3.3 Lived experience approach.

The ICB with partners have been considerate and intentional around the importance of our approach in seeking the views of people who are experts by experience. Within the review timeframes we have met a group of experts by experience to develop our approach to this.

There are clear themes from the initial discussion which have been included in the reviews, however we concluded that the most suitable approach was to represent these views within the submission as we seek to continue the discussion and take this work forward together in collaboration.

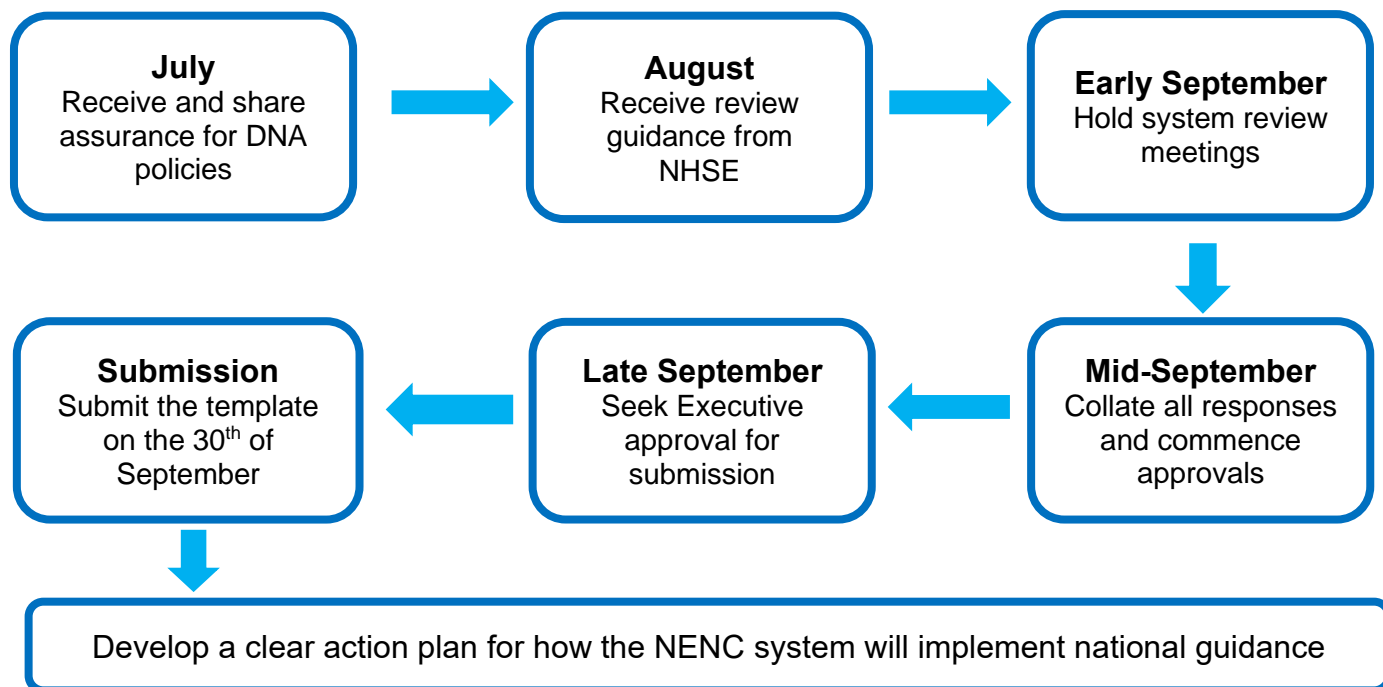
Through consultation with the ICB Lived Experience Mental Health Board, we consider this will be conducted moving forwards across a mixed method of engagement including coproduction, participation, consultation, and feedback supported and facilitated with our system leaders in Lived Experience roles.

3.4 Approach to collating the information.

On the 18th of September an ICB team came together to collate all the findings from the reviews into the submission template. This session included relevant directors across transformation, local delivery, nursing and medical directorates.

3.5 Review timeline

The following image shares the process timeline that was followed, as such due to the time frame for submission of papers this update covers the approach and process as the collation and submission have occurred following this deadline.



4. Summary of initial emerging themes

The ICB will continue to work with the respective Trusts and stakeholders to complete the required submission, including key findings. However, the initial summary of emerging potential themes is:

- Policies reflect best practice – further work is needed via a review of Patient Safety Incident Response Framework (PSIRF) information to help assure compliance to policy.
- Consistent approach described to did not attend (DNA) not being used as a sole trigger for discharge in policy. DNA is seen as an early warning sign and need to refer to wider multi-

disciplinary team (MDT) for support and decision making. Discharge always requires a full MDT discussion.

- Good system interface and communication.
- Multi-agency working including statutory and non-statutory providers but not across the entire region.
- Consistency of care coordinator/keyworker allocation to individuals.
- No evidence of time limited care, i.e. service users are not discharged after a defined, time limited period of intervention.
- Capacity of teams to step up and provide assertive approach requires further investment. Mainly due to current caseload/demand and variation of community care teams and early intervention in psychosis teams.
- NHS Trusts described consistently:
 - family and carer involvement and personalised care across the region.
 - multi-agency approach to risk management including risk formulation/Biopsychosocial model.
 - long-term planning of care.
- Variation of practice where handovers occur between different providers. E.g. Crisis care provided by one Trust with core service provided by another.

5. Proposed next steps.

- Complete the review process and make the required submission to NHS England using the national template by 30 September 2024.
- Develop a clear action plan for the NENC system to implement the national guidance
- Provide an update on the development of this at a subsequent Public ICB Board during 2024/25.

6. Recommendations

The Board is requested to:

1. Note the assurance in this paper on the NENC reviews of community mental health services with initial emerging themes.
2. Delegate the authorisation of the submission to NHS England to the Chief Delivery Officer in discussion with other relevant ICB Executive Directors.
3. Receive a subsequent update paper, including an action plan, at a later meeting of the ICB Board during 2024/25.

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Date: 16 September 2024