



Item No: 14

Meeting Date: Wednesday 27th January 2021

**Glasgow City
Integration Joint Board**

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Mental Health Assessment Units

Purpose of Report:

To provide an update on the provision of Mental Health Assessments Units as a core function of mental health unscheduled care provision within NHS Greater Glasgow and Clyde.

Background/Engagement:

Two Mental Health Assessment Units (MHAUs) were set up at the outbreak of the COVID pandemic to minimise attendance of Mental Health (MH) patients at Emergency Departments (EDs).

Scottish Government wrote to Boards in July 2020 to set out new expectations for the assessment of unscheduled mental health presentations. Boards must now ensure that they can meet the following four criteria:

- Provide the assessment of unscheduled mental health needs for anyone presenting in mental health crisis/distress.
- Only require referrals via the Emergency Department where physical medical attention is required first or where people present in the emergency department under self-referral.
- Provide assessment separate to the emergency department.
- Be staffed by mental health professionals.

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	<p>In July 2020 a review process commenced of the effectiveness of the revised pathway for emergency mental health assessments within NHS Greater Glasgow & Clyde (NHSGGC). Representation from NHSGGC Acute Services, Police Scotland, Scottish Ambulance Service and all 6 HSCPs were involved in the review process.</p> <p>In addition patient and carers feedback surveys were facilitated by the service user organisation, Mental Health Network, of those patients who had cause to attend the two MHAUs.</p>
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Recommendations:	The Integration Joint Board is asked to: a) Note the content of this report.
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Relevance to Integration Joint Board Strategic Plan:

<p>The development of the Mental Health Assessment Units have proven to improve the patient experience and pathway for the provision of emergency mental health assessment for patients presenting in crisis.</p> <p>This meets key criteria within the Scottish Governments Mental Health Strategy and provides an alternative to attendance at Emergency Departments for patients not only presenting with mental health crisis but also as an alternative pathway for those patients presenting in social crisis with associated distress</p>
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Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	<p>The mental health assessment units meet the following Health and Wellbeing outcomes:</p> <ul style="list-style-type: none">• People who use health and social care services have positive experiences of those services, and have their dignity respected.• Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.• Health and social care services contribute to reducing health inequalities.• People who use health and social care services are safe from harm. <p>Resources are used effectively and efficiently in the provision of health and social care services.</p>
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Personnel:	There are implications for some NHS posts should redeployment or redirection of existing resources be agreed
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Carers:	The proposals contained in this report provide additional support and improved pathway for carers seeking access to mental health assessment during periods of crisis.
Provider Organisations:	Links to GAMH Compassionate Distress Response Service
Equalities:	This improves accessibility for mental health assessment.
Fairer Scotland Compliance:	Tackles inequality by ensuring equitable access for all Provides transport to assessment facilities for all
Financial:	The report includes details of reallocation and redirection of existing resources (circa £2,032 million) from within existing Mental Health Services which require to be agreed by Integration Joint Boards.
Legal:	None.
Economic Impact:	Provides direct access for all patients in NHS GGC board area – provides more effective use of resources for wide range of partners – Acute, Police Scotland, Scottish Ambulance Service.
Sustainability:	Detailed within report.
Sustainable Procurement and Article 19:	N/A
Risk Implications:	None identified.
Implications for Glasgow City Council:	None.
Implications for NHS Greater Glasgow & Clyde:	Sustained model of mental health assessment as directed by Scottish Government.
Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	<input checked="" type="checkbox"/>
2. Glasgow City Council	<input type="checkbox"/>
3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
4. Glasgow City Council and NHS Greater Glasgow & Clyde	<input type="checkbox"/>

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1. Purpose

- 1.1 This paper provides information on the development and agreed model of care for provision of mental health assessment to people presenting in crisis who require an immediate or same day assessment.

2. Background

2.1 Establishment of Mental Health Assessment Units (MHAUs)

Two Mental Health Assessment Units (MHAUs) were set up at the outbreak of the COVID pandemic to minimise attendance of Mental Health (MH) patients at Emergency Departments (EDs). This arrangement covered EDs at Queen Elizabeth University, Glasgow Royal Infirmary and Royal Alexandra Hospitals. Inverclyde HSCP opted to have local arrangements to divert demand from Inverclyde Royal Hospital.

- 2.2 These arrangements could be made at short notice because staff were displaced to the MHAUs from other clinical duties, but are no longer viable because:

- Clinical staff need to return to their usual roles as remobilisation continues.
- The cost of the service, currently circa £1.7 million, is excessive for the current level of demand.
- Unscheduled care in MH services needs to be aligned with redesigned pathways in Primary Care and Acute services, and to integrate with new community resources.

- 2.3 The Scottish Government wrote to Boards in July 2020 to set out new expectations for the assessment of unscheduled mental health presentations. Boards must now ensure that they can meet the following four criteria:

- Provide the assessment of unscheduled mental health needs for anyone presenting in mental health crisis/distress.
- Only require referrals via the Emergency Department where physical medical attention is required first or where people present in the emergency department under self-referral.
- Provide assessment separate to the emergency department.
- Be staffed by mental health professionals.

- 2.4 Learning from the operation of the MHAUs to date includes the following:

- The new service has been welcomed by referrers and service users.
- Overall demand for unscheduled care during the pandemic has been about 50% higher than the equivalent period in 2019.
- MHAUs have revealed previously unmet need other than EDs– half of MHAU attendances come from Police Scotland.
- Telephone and Near Me consultations are viable and useful, accounting for almost half of all contacts.

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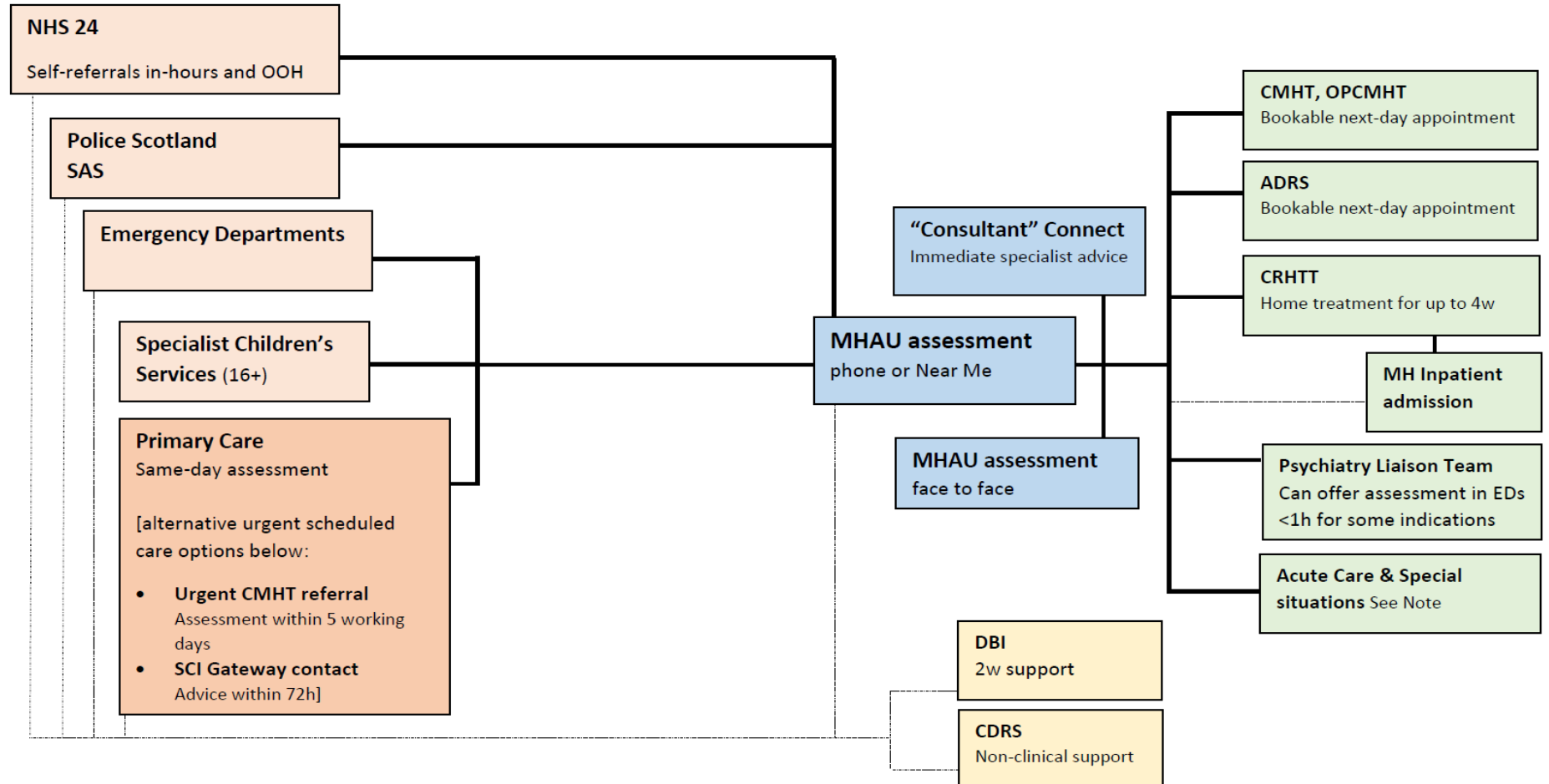
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- Consolidating activity on two sites:
 - has not caused access or transport problems
 - has reduced waiting times
 - allows for improved access to senior clinicians.

It should be noted that the MHAUs as currently configured manage less than 15% of total unscheduled care activity (i.e. including GP and self-referrals to OOH services).

- 2.5 The Business Case recognised that MHAUs should seek not only to minimise ED attendances and comply with Scottish Government guidance, but also aim to:
- Provide a better-quality patient experience.
 - Simplify pathways to unscheduled care for all referrers.
 - Be compatible with sustainable junior doctor staffing out of hours.
 - Provide an alternative route for young people aged 16 and above who often present to EDs.
 - Design an integrated, coherent system of care with multiple stakeholders.
 - Provide a “stepped care” model which provides responses to need at an appropriate level of intensity.
 - Make productive use of eHealth, especially remote consultations.
 - Reduce unnecessary wait and delay for Police Scotland and SAS.
 - Create a sustainable staffing profile.
 - Create a model that can be adapted to changes in demand over time.
- 2.6 The business case was presented to Chief Officers and the Health Board in October 2020 and a sustainable model for the delivery of Mental Health Assessment Units was agreed.
- 2.7 The agreed model going forward provided a single point of contact for access to mental health assessment for people in crisis throughout the 24 hour period 365 days per year to a wide range of partners.

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ADRS - Alcohol and Drug Recovery Services
DBI - Distress Brief Intervention
CRHTT - Crisis Resolution Home Treatment team
CDRS- Compassionate Distress Response Service

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3. Current Activity

3.1 Activity Update

Following on from previous activity reports, referrals from ED's for face to face assessments within Emergency Departments have dropped significantly to between 5-10 per week across the whole board area.

MHAU's total contacts during period September to October 2020 = **1,127** – approximately **18.5** per day

Total contacts of MHAU plus Unscheduled Care services for the two month period **1 September to 31 October 2020 = 1,216** contacts – this is **significantly higher** than presentations to UC services in the same period in **2019 (557)**

Overall face to face referrals to the MHAUs during the two month period **1 September to 31 October 2020 = 682** which equates to approximately **11** referrals per day across the units.

Telephone contacts to the MHAUs during this period = **446** which equates to approximately **7** contacts per day across the two units.

Overall face to face referrals to the Unscheduled Care Services for face to face assessment within an Emergency Department during the two month period **1 September to 31 October 2020 = 89** which equate to under **1.5** referrals per day.

3.2 Referral Source

MHAU Face to Face Referral Source 1 Sept to 31 Oct 2020	Lev	Stob	Inv	Total
GRI	4	97	Data Not available for August – October ddd in Unscheduled Care	101
IRH	0	0		0
QEUH	110	0		110
RAH	87	2		89
Police	114	107		221
Scottish Ambulance	31	18		49
OOH	28	25		53
Self-Presentation	16	18		34
Other (GEMS)	14	11		25
Total for each Site	404	278		
MHAU Telephone Referral Source 1 Sept to 31 Oct 2020	Lev	Stob	Inv	Total
GRI	1	43	available for August – October ddd in Unscheduled Care	44
IRH	0	0		0
QEUH	38	2		40
RAH	34	1		35
Police	133	108		241

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Scottish Ambulance	30	17		47
Other	20	14		34
Self-Presentation	3	2		5
Total Telephone Contact	259	187		446

3.3. Presenting Complaint

MHAU Face to Face Reason for presenting 1 Sept to 31 Oct 2020	Lev	Stob	Inv	Total
Addiction Issues	2	3	No Data for Sept. Oct include in Unscheduled Care	5
Alcohol/Drugs	30	23		53
Episode of Self-harm	122	61		183
Other Mental Health Issue	190	142		332
Social Stressors	60	49		109
				682

4. Progress on Implementation Plan

- 4.1 An initial priority for SG is to have a pathway into the Mental Health Assessment Unit in place by end Oct 2020. Implementation of the agreed pathway is progressing well.
- 4.2 An Implementation Steering Group is currently being arranged with a wide range of partners to ensure all referral pathways and responses are clear. This group will also agree a communication and engagement plan.
- 4.3 Progress with the implementation plan noted below:-

Key

- Complete
- On Track
- At Risk/Delayed

Phase	Main Area of Change	Implementation Date	Progress update 4 th November 2020
Phase 1	Consolidation of existing pathway Direct Access to <ul style="list-style-type: none"> - EDs - Police Scotland - SAS Access via Crisis, CMHTs <ul style="list-style-type: none"> - GPs - NHS 24 	31/10/2020	Complete

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<p>Phase 2</p>	<p>Direct Access in place for GP OOHs</p> <p>Internal organisational change process complete. Staff reallocated from Liaison; OOH CPNs; CMHTs and Crisis Teams</p> <p>Staff redeployed substantively to MHAU</p> <p>Community MH Triage in place in conjunction with SAS</p>	<p>31/12/2020</p>	<p>Direct access for GP OOHs and NHS 24 complete November 2020</p> <p>Resource Transfer either in identified staffing or funding resource ongoing</p> <p>Recruitment of substantive staff commenced – posts currently out to advert</p> <p>Meeting arranged with area commander for SAS to agree commencement date</p>
<p>Phase 3</p>	<p>Direct access in place for Primary Care and NHS24</p> <p>Recruitment process complete</p> <p>Full implementation of new pathway.</p>	<p>31/03/2021</p>	<p>Request for representatives from Primary care to implementation group complete – first meeting being arranged to agree pathways</p> <p>NHS 24 pathway – we have agreed a work around as NHS24 cannot change their referral pathway – have raised with SG in National Head of Service Call and they will bring together meeting with NHS 24 to progress as other boards experiencing same issues.</p> <p>Recruitment of nursing staff has commenced – meeting Friday 6th</p>

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	MH Home Visiting service in place		November to agree consultant job description This action is already in place
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5. Recommendations

5.1 The Integration Joint Board is asked to:

- a) Note the contents of this report.