Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Steve Christian, Chief Integration Officer, Lancashire and South Cumbria NHS Foundation Trust
Date of Meeting:	3 February 2022

INITIAL RESPONSE SERVICE

1.0 Purpose of the report:

To provide an update on the development and implementation of an Initial Response Service (IRS) across Blackpool and the Fylde coast to support people in crisis as part of the community model. The aim of the service is to provide a responsive single point of access for urgent and routine requests for help, including signposting to relevant services. The intention is that by April 2022 each Locality / ICP will have the IRS service in place.

2.0 Recommendation(s):

2.1 The Scrutiny Committee is asked to:

- Note progress and next steps;
- Provide support to help deliver the ambitions of the programme – the engagement from colleagues at Blackpool Council to date has been exemplar.

3.0 Reasons for recommendation(s):

3.1 To support the proposal for an Initial Response Service across Blackpool and the Fylde Coast.

3.2	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.3	Is the recommendation in accordance with the Council's approved budget?	N/A

4.0 Other alternative options to be considered:

4.1 None.

5.0 Council priority:

5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 Following the Integrated Care System (ICS) Review and subsequent discussions, Pennine Lancashire was chosen as the first locality to work alongside CNTW for the development of Mental Health Services. Historically, the Home Treatment Team (HTT)[1] was saturated responding to a wide variety of referrals many of which were for people with low to moderate mental health needs. Clustering data from the diagnostic evidenced that community teams across the mental health pathway, were providing care for people of similar low level cluster groups. This has a detrimental impact on Community Mental Health Teams (CMHT)[2] who as a consequence of this, carry a high unallocated caseload. Telephones across Specialist Triage, Assessment and Referral Team (START)[3], HTT and CMHT were regularly engaged for long periods, consequently service users and referrers utilised emergency services (Police and Ambulance).

The START service and the primary care mental health team in Blackpool operate Monday-Friday 9am-5pm and the admin process from referral to triage is cumbersome and process heavy with referrals passing between multiple inboxes before triage by a MH Practitioner. A significant number of referrals are triaged face to face, contributing to the long waiting lists and bottle necks in the pathway. Furthermore, our services do not utilise a trusted assessment, therefore people are assessed and then re-assessed once transferred into another service.

Through stakeholder engagement workshops which included staff, partners, service users and carers, the groups co-produced and articulated how a single access point (IRS) in Pennine Lancashire would help people receive a quick and efficient response for help, reduce clinician administration burden and improve service user outcomes.

The development of a 24/7 Service provides one number across Pennine Lancashire for all aged and above which would allow people to self-refer or be referred by a carer as well as by a professional. The service will provide urgent and routine mental health support, advice and a single triage based on trusted assessment, through which people can access the mental health pathway for urgent or routine care, signposting and/or further support if needed. Emergency Services will also have direct access to the line

The aim of the service is to provide a responsive single point of access for urgent and routine requests for help, including signposting to relevant services within and outside of LSCFT. A crucial part of the design is to enable this service to work alongside the HTT and therefore share skills and experience, promote positive learning and development for all staff within their roles. This would also offer flexibility to staff and the service. In addition, staff will all have interchangeable roles across the Initial Response and HTT.

Key design elements for Pennine Access include:

- A 24/7 single free phone number that signposts/ connects people aged 16 and above to the right place first time, every time
- Enable self-referral or referral by a carer / professional

[1] See glossary of terms in appendix
[2] See glossary of terms in appendix
[3] See glossary of terms in appendix

- Quick and efficient responses to requests for help
- Trusted Triage – patients will tell their story once
- Provide advice, support, triage and routing to appropriate mental health services and signposting to other local services as appropriate
- People enter the right pathway, easily and quickly
- Patients are directly booked into routine services via a trusted assessment through a centralised booking system for the locality
- Patients will be able to contact the IRS direct to book and reschedule appointments without having to go direct to teams
- Receive warm transfers from NHS111, North West Ambulance Service (NWAS) and Police
- No requirement for any separate lines which includes current Crisis Line, Volunteer and Access Line once rolled out across each locality
- IRS will work closely with Patient Advice and Liaison Service (PALS) service to resolve any disputes and low level concerns
- The Synergy service will be integrated into the model to support the reduction in 136 detentions and A&E attendances for those in crisis conveyed by the Police or Ambulance Service.

6.2 Engagement has been undertaken with key stakeholders and local patient groups on the proposed model for the Initial Response Service/

6.3 The table below provides an outline of the key benefits that we expect to be realised as part of the implementation of the IRS business case. We are working with Cumbria Northumberland Tyne and Wear (CNTW) to ensure that we establish from the outset the benefits we expect as a result of this change. We will address the service user/patient expected outcomes as outlined in the Mental Health Crisis Care Concordat and are keen to continue to engage service users/patients in the development and monitoring of the benefits to the new model of care.

The anticipated benefits of developing an Initial Response Service and improving our pathways are detailed below:

Identified Benefit	Category	Benefit Measure	Range of Improvement
Improved experience for patients, carers and referrers	Quality Improvement	• Friends & Family Test	Improvement in patient experience will be reflected in patient reported outcomes such as the family and friends.
Improved outcomes for people accessing services	Quality Improvement	• Outcomes report (RiO)	All calls to the IRS will be dealt with and patients will not be bounced around the

			system There will be no handoff and delay following assessment and initial treatment. Trusted assessments will reduce bureaucracy and delays in accessing treatment
Reduction in harm and serious incidents (learning from the themed SI's)	Quality Improvement	• Serious Incident Data	People will have timely specialist assessment that meets new standards
Improved signposting for people	Quality Improvement Quantifiable	• Increase in % signposted / completed • Decrease in % transferred internally (As per figure 1) • Increase in % transferred to 3rd Sector services	Timely face to face assessment for people in crisis will reduce the depth and breadth of the problems that ensue
Decrease in referrals bounced around the system, people will instead be transferred to the most appropriate service based on Trusted Triage	Quality Improvement Quantifiable	• Decrease in % of people returning to the front door (As per figure 1)	There will be no handoff and delay following assessment and initial treatment. Trusted assessments will reduce bureaucracy and delays in accessing treatment. Face to face contact time of staff will be increased from 25% to 50%
Reduction of non-clinical time - clinicians only undertake necessary clinical work	Time / Resource Releasing Quantifiable	• Currently, clinicians undertake triage for 100% of all referrals. Data reporting from RiO	Staff survey results are expected to improve Sickness levels will reduce Staff turnover will reduce with a motivated workforce
Quick and efficient responses to requests for	Time / Resource Releasing	• Reduction in time of call received to	There will be no handoff and delay following

help	Quantifiable	outcome recorded (RiO)	assessment and initial treatment
Positive Experience and improved wellbeing for Staff	Quality Improvement	• Independent staff feedback	Increased staff satisfaction
A 24/7 single phone number that signposts/ connects people to the right place first time, every time	Quality Improvement Time / Resource Releasing	• Patient, carer, referrer, emergency services and staff feedback • Decrease in % of people returning to the front door (As per figure 1)	Waiting times throughout the pathway should be minimal if services are operating efficiently. Including waiting times from referral to first assessment and GP notification.
Reduction in time taken to answer calls	Quality Improvement Quantifiable	• Duration of rings before call answered – call log data • Answered Vs unanswered calls – call log data	Quick and timely response to service users which will result in reduction in A&E attendances for an urgent attendance with savings to the health system.
Increase in self-referrals	Quality Improvement Quantifiable Time / Resource Releasing	• Referral data (RiO) • GP Feedback	Quick and timely response to service users which will result in reduction in demand for NWAS and the police
Contribute to the reduction in inpatient use as people will be supported in the least restrictive environment	Quality Improvement	• Reduction in inpatient admissions from Pennine Locality data • Readmissions	Re-admission should reduce as the skills of community teams will be enhanced to keep service users well.
Improved patient flow	Quality Improvement	• Case Note Audit • Outcomes Report (LoS) • Patient, Staff feedback	The number of DNAs is expected to reduce this will result in reduced duplication and better use of resources leading to improved efficiency Re-admission should reduce as the skills of community teams will be enhanced to keep service users well
Reduction in unallocated cases in CMHT	Quality Improvement Quantifiable	• ECR Unallocated Case Lists	Linking to the community transformation reduced waiting times

Upon completion of the IRS rollout across all localities (4 in total), the services below may be released by integrating them with the IRS functions: Mental Health Access Line £0.47m Mental Health Crisis Line £1.3m	Financial	• Integration of the two lines with the IRS functions, finance data	• Significant benefits realisation
Efficiencies released from the pathways redesign work (Value Stream Mapping etc.)	Quality Improvement Quantifiable Time / Resource Releasing Financial	• Capacity and Demand • Budgets • Patient Data	There will be a reduction in people presenting to A&E in mental health crisis Reduced waiting times and increased responsiveness Reduction in DNA rate
Reduction in s136 detentions	Quality Improvement Quantifiable Time / Resource Releasing Financial	• S136 data	People will be cared for the least restrictive setting

Table 1- Anticipated benefits and proposed measures

6.4 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 7(a): Presentation
Appendix 7(b): Glossary of terms

8.0 Financial considerations:

8.1 N/A

9.0 Legal considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 A number of key risks across all localities have been identified for IRS including:

Risk Identified	Mitigating Actions
Fylde Coast – Accommodation yet to be identified	Options appraisal and funding requirements to be agreed
CMHT - Currently have a high number of unallocated cases, this in turn impacts on the ability to undertake planned appointments booked from the IRS	Interim solution agreed that IRS Routine Care team will undertake the first appointment. This will reduce immediate pressure on CMHT and enable the service to work on current demand and unallocated cases
START Waiting lists/Caseloads - Team currently holds an existing caseload. This will impact on capacity	Team currently working through the trajectories and plan to clear the backlog, utilisation of bank staff will also support this process.
Recruitment to vacancies (new roles) identified will impact on the safe delivery of an effective and safe IRS Service.	Recruitment options via agency, bank and HEE to be considered to support transition and soft launch of IRS. Opportunity to have a rolling programme of recruitment and share resources in the early implementation / go live of the programme with other localities.
Digital Dictation solution yet to be defined.	Staffing model for IRS has been developed without enablers such as digital dictation in place. Interim solution identified as the current Dragon Software. Manual process would need to be put in place until enablers are live.
Transition of All age / children's services to Go Live as part of IRS	Working with ELCAS, BTH CAMHS services and LSCFT CAMHS services to agree.

11.0 Equalities considerations:

11.1 Quality Impact Assessment and Equality Impact assessment has been undertaken and was included within the full business case.

12.0 Sustainability, climate change and environmental considerations:

N/A

13.0 Internal/external consultation undertaken:

13.1 Since the initial diagnostic in 2019 and subsequent workshops, the IRS programme team along with

significant input from service users, staff, third sector, partner organisations and corporate support services, have worked through detailed pathways from initial call to triage and onward transfer. To date, over 50 design development sessions have been held with over 250 people involved. Stakeholder engagement sessions across the system have also been held with the Bay session planned in November.

14.0 Background papers:

14.1 Lancashire and South Cumbria NHS Foundation Trust IRS Business Case available on request.