

**PRISM (NEW PRIMARY CARE SERVICE FOR MENTAL HEALTH)**  
**FIRST RESPONSE SERVICE ( MH CRISIS SUPPORT SERVICE)**

*To:* **HEALTH COMMITTEE**

*Meeting Date:* **16<sup>th</sup> March 2017**

*From:* **Cambridgeshire and Peterborough Clinical  
Commissioning Group (CCG) and Cambridgeshire and  
Peterborough Foundation Trust (CPFT)**

*Electoral division(s):* ***All***

*Purpose:* **For comment and for information**

*Recommendation:* **The Committee is recommended to note and comment  
upon the recent updates on Mental Health services for the  
Cambridgeshire and Peterborough health system.**

<b><i>Officer contact:</i></b>	<b><i>Member contact:</i></b>
Name: CCG Communications and Post: Engagement Team Email: <a href="mailto:capccg.contact@nhs.net">capccg.contact@nhs.net</a> Tel: 01223 725304	Name: Councillor David Jenkins Chairman: Health Committee Email: <a href="mailto:ccc@davidjenkins.org.uk">ccc@davidjenkins.org.uk</a> Tel: 01223 699170

## **1. BACKGROUND**

### **PRISM**

The current GP interface with specialist mental health (MH) services is primarily through a single point of contact, the Advice and Referral Centre (ARC). Evidence suggests that approximately 10% of patients currently referred to the ARC will ultimately be taken on to a specialist secondary care mental health caseload. The ratio of assessment to acceptance for treatment is almost 3:1 and the significant number of assessments undertaken impacts on the clinical capacity of locality teams to provide direct care and support for service users.

In conjunction with the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and other key stakeholders, a service model has been developed that will increase the presence of mental health specialists in primary care, promote early assessment, treatment and / or onward referral and be recovery-focused. The 'step-up' function of onward referral into secondary care mental health services will support service users in a timely way and service users will be supported to 'step-down' into primary care when a period of treatment in secondary care has been completed. This model has become known as Prism. Prism teams will work with GP surgeries as a primary-care facing mental health service supporting GPs across the CCG area.

The project is supported by 11 work streams that are drawn together under a robust project structure. Work streams include: GP engagement, locality teams, ARC, proof of concept, design group, research, finance, IT systems and informatics, HR and workforce planning, estates and communications.

### **First Response Service (MH Crisis Care)**

The First Response Service (FRS) provides a comprehensive crisis assessment pathway, covering all ages, and providing a genuine alternative to A&E – safe places in the community setting.

On 19 September 2016 the MH Crisis project moved to the last implementation stage. The Service expanded its remit to cover the whole of Cambridgeshire and Peterborough and opened to self-referral by patients via 111 telephone route.

To date the FRS has demonstrated that it can reduce A&E attendance and therefore provide savings for the urgent and emergency care system, as well as improve patient care and safety. National guidance relating to Mental

Health Provision, and to Urgent and Emergency Care emphasise the requirement to provide a 24/7 pathway for mental health crisis by 2019/2020.

## **2. MAIN ISSUES**

### **PRISM**

Prism benefits and design principles:

Prism is evidence-based, people- focused, based on need, capable, integrated and collaborative, accessible, outcomes-focused recovery-focused and community linked. Prism is intended to create capacity across primary and secondary care.

Proof of Concept:

On 15 August 2016 Proof of Concept Prism (PoC) was launched to test some of the principles and challenges of community mental health delivery within primary care.

Proof of Concept Prism contains one Band 6 Prism worker and a Band 3 Support Worker covering 5 GP Practices (6 surgeries) in the Huntingdon and Fenland area.

Between 15 August and 30 Jan 2017 300 people were referred to the PRISM service by GPs, the majority of whom were able to receive appropriate and timely interventions in a primary care setting including signposting, education and advice. Although some PoC surgeries also continued to make some referrals to ARC early indicators suggest that onward referrals to secondary care from PoC surgeries are significantly reduced.

Logistics of Implementation:

PRISM Proof of Concept will continue to inform the full model roll-out with proposed additional resource providing additional data for evaluation. The roll-out of Phase 1 of the full model will begin in March 2017.

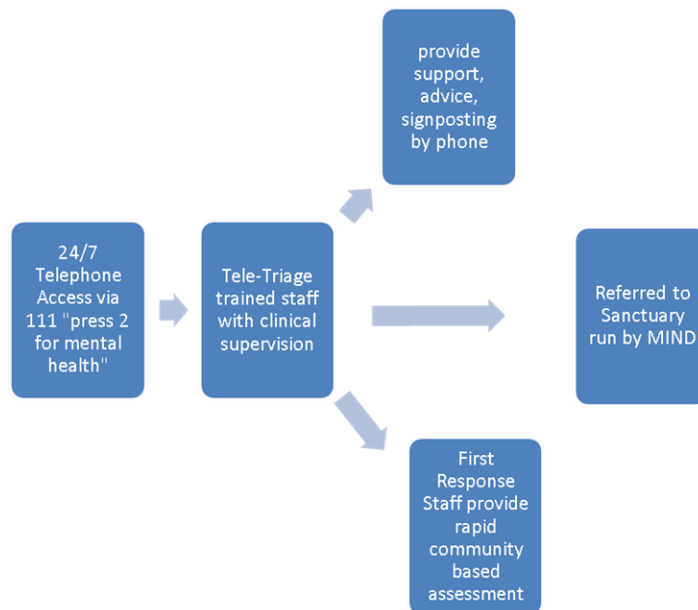
The second phase will include alignment of the voluntary sector portfolio across the CCG and the Local Authorities (including Public Health) to support Prism capacity. This phase will run throughout 2017/2018, going live on 01 April 2018. During this phase we will explore social care integration.

We envisage the full model be operating from 01 April 2018.

### **First Response Service (FRS)**

The model is live and operating. The FRS provides immediate telephone triage and support for mental health crisis. The service welcomes referrals

from people of all ages in the CCG area, and is accessed through 111 and selecting option2 (which diverts directly to the service, avoiding the need to go through usual 111 triage pathway).



Calls are taken by telephone triage staff who have been trained to use a validated mental health triage scale, (the UK Mental health triage scale - see <https://ukmentalhealthtragescale.org/>) and who are supervised and supported at all times by a band 7 mental health practitioner.

Patients who require an urgent psychiatric assessment will be offered this at home or close to home with one of the FRS band 6 nurses, or with the team's consultant if appropriate. They can then be referred directly into Cambridgeshire and Peterborough Foundation NHS Trust (CPFT) services if needed. Many people contacting the service do not need assessment but rather can be supported with phone support and advice and referral to voluntary sector organisations.

A vital part of the FRS model is the availability of a Sanctuary, run by the third sector in partnership with FRS. The Sanctuary provides a safe space to provide support and de-escalation for people in mental health crisis. Every evening FRS staff are able to refer suitable patients, after triage, to use the Sanctuary, with one centre open in Cambridge and one in Peterborough through the night from 18.00 – 01.00 the next morning. (See <http://www.mindincambs.org.uk/what-we-do/the-sanctuary/>). Visitors to the Sanctuaries have also been referred to numerous other voluntary sector organisations for further work, helping to reduce their need for crisis support in the longer term.

Impact so far:

- The service has demonstrated an immediate decline in the use of Emergency Departments (ED) for Mental Health (MH) with a 20% reduction in attendance despite the local context of many years of rapidly increasing figures.
- There has also been a 26% reduction in numbers of MH patients admitted to Acute Hospitals from ED
- Reduced ambulance call outs, assessments and conveyances to ED for MH patients
- Reduced need for Out of Hours (OOH) GPs to see MH emergencies
- Impact on the urgent and emergency system is predicted to increase once the service becomes more established.
- The service is now responding to people previously unknown to traditional mental health services meaning we are starting to treat our future mental health populations today. This has created a public expectation on the health system to achieve parity of esteem for mental health.
- The service has changed the way that our patients and professionals are using services. Health visitors, drug and alcohol services, GPs now have a service that they can refer people to which means a reduction in their time.

Next Steps:

As part of the updated Crisis Care Concordat action plan the emphasis going forward will be on further development of the MH Vanguard projects for both adult & Children and Young People (CYP) pathways, followed by further work with Black Asian Minority Ethnic (BAME) population, frequent attenders, patient flow and links to wider MH system.

### **3. SIGNIFICANT IMPLICATIONS**

#### **3.1 Statutory, Risk and Legal Implications**

There are no statutory risks and legal implications which the project team would not be able manage.

#### **3.2 Equality and Diversity Implications**

Both services' configuration will need to be adjusted to every locality to support equality duty. The service will collect information in terms of access and outcomes for particular protected characteristics groups.

### 3.3 Engagement and Consultation Implications

#### **Prism**

A public consultation was not required in this instance but affected staff working in the ARC has been consulted with. This process concluded 7 February 2017.

The engagement strategy includes staff news, communications bulletins for GPs, attendance at key strategic and multi-agency meetings. A GP Engagement lead is focusing on face-to-face meetings with GPs across the CCG patch and is supported by 3 GP colleagues @ 1 session each per week. The service user network (SUN) has been engaged in Prism Proof of Concept.

#### **First Response Service**

Service is live and operating, therefore implementation engagement phase is concluded.

### 3.4 Public Health Implications

#### **Prism**

A Health Trainer has been employed to work with the Prism service specifically with the health needs of people with a severe and enduring mental illness living in the Cambridgeshire County Council area.

#### **First Response Service**

The service provides early intervention in crisis management thus allowing treatment of MH crisis at much earlier opportunity, delivering better outcomes and supporting secondary and tertiary prevention.

Source Documents	Location
Five Year forward View for Mental Health	<a href="https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf">https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf</a>
Guidance for Commissioners of Primary Mental Health Care Services	<a href="http://www.jcpmh.info/good-services/primary-mental-health-services/">http://www.jcpmh.info/good-services/primary-mental-health-services/</a>