BNSSG ICB Board Meeting

Date: Thursday 1st May 2025

Time: 12:45-15:30

Location: Virtual, via MS Teams

Agenda Number:	6.3	
Title:	Intensive and Assertive Community Mental Health Services Review – April 2025 Update	
Confidential Papers	**Commercially Sensitive**	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	No
Purpose: To approve		
Key Points for Discussion:		

Over the summer of 2024 all Integrated Care Boards (ICB) were instructed by NHS England (NHSE) to review Intensive and Assertive services using set guidance and report findings to NHSE by 30th September 2024. ICBs were required to develop action plans to address areas requiring improvements and discuss their plans in public ICB Board meetings by the end of December 2024. This followed the tragic events that occurred in Nottingham in 2023.

Following a postponement of the December board, Bristol, North Somerset and South Gloucestershire (BNSSG) ICB discussed the findings of the review in the meeting of 16th January 2025. The board reviewed the outcomes and developing action plan. Of particular focus was the finding that, although policies specified Did Not Attend (DNA) is not a reason to discharge, the review had shown this occurred in practice. The board requested further work as a priority to mitigate this risk and provide assurance. The board

also raised the need for timelines and discussed the complexity of the issue, and that implementing improvements required work across multiple service areas.

Avon and Wiltshire Partnership Trust (AWP) have now progressed improvements across a number of areas identified in the action plan, and prioritised areas requiring immediate attention. This includes a deep dive into the cases discharged for non-attendance. The updated action plan is now shared with the board for assurance and comment, including update and mitigation on the aforementioned risk.

NHSE has asked all ICBs to continue to discuss progress against their action plans at boards held in public by the end of June 2025. To meet this requirement this paper is presented to update the board on our progress, and we will be required to provide a further update in public board by the end of January 2026. The NHSE timescales reflect the complexity of the work and need to make changes within existing resource.

The board is advised on 5th February 2025, NHSE published an Independent Mental Health Homicide Investigation into the events of Nottingham 2023. NHSE have also published guidance and a timeline for updating local action plans with learning from this investigation. As such, next steps have been set out which include updating the action plan with national learning by 30th June 2025 and this will be done with Bath and North East Somerset, Swindon and Wiltshire (BSW) ICB, as many of the areas for improvement apply trust wide.

The ICB Board is asked to review the progress to date, the progress against areas requiring immediate attention, next steps required by NHSE, and discuss and support the recommendations set out below.

Recommendations:	▪ BNSSG ICB and AWP continue to progress the action plan against agreed timescales and escalate any concerns as they arise. ▪ To meet the timeframe set by NHSE, our local plan will be updated by June 30th to include additional actions identified through the independent investigation and NHSE guidance. ▪ BNSSG ICB will report to the NHSE programme team who will review progress in June 2025. Any concerns or comments from the programme team will be shared and escalated as risks. ▪ A review of progress will be shared with wider stakeholders who took part in the initial review and development of action plans. This will take place in Qtr. 2 2025/26 to continue the partnership approach that BNSSG has taken to the review. ▪ Progress against the required improvements will be monitored through the ICB Outcomes, Quality & Performance Committee (OPQC), the Mental

	Health Operational Delivery Group (MH ODG), and the Mental Health, Learning Disability and Autism Health and Care Improvement Group (MH LDA HCIG) throughout Qtrs. 2 and 3 in 2025. ▪ A further update on progress will be shared with the ICB Board and discussed in public by the end of January 2026.
Previously Considered By and feedback:	The Intensive and Assertive Community Mental Health Services paper was received by: • BNSSG ICB Board Meeting 16th January 2025 This paper provides full background on the review, local findings, and next steps.
Management of Declared Interest:	No conflicts have been identified.
Risk and Assurance:	Two risks have been identified. The risk of individuals who may have been discharged through non-attendance, and the risk of accurately identifying the patient cohort. These risks and assurance to the board are set out in Sections 3 and 8.
Financial / Resource Implications:	Not applicable at this stage.
Legal, Policy and Regulatory Requirements:	This review and requirement for discussion in ICB Board held in public has been mandated by NHSE.
How does this reduce Health Inequalities:	Devising and implementing improvements in these services will address inequalities in mental health services which are intrinsically linked to deprivation, especially regarding individuals in scope of this service review. The Assertive Outreach project team will collaborate with the Patient and Carer Race Equity Framework (PCREF) leads as the work develops.
How does this impact on Equality & diversity	Different groups experience inequalities in access experience and outcomes. Further work may be required once the cohort has been fully identified to understand and address under and over representation in pathways.

	Equality Impact Assessments, (EIA) are currently underway and will be shared with the ICB once complete.
Patient and Public Involvement:	The action plan has been co-produced with a wide range of stakeholders including: • People with lived experience and carers • Leads from general practice • Local Authorities (social care) • Wider Voluntary, Community, and Social Enterprise (VCSE) partners including: Nilaari, Second Step, One 25, St Mungo's, Independent Mental Health Network, Developing Health and Independence (DHI) and Bristol Drugs Project (BDP), Changing Futures A review of progress will be shared with this wider group in Qtr. 2 2025/26 to continue our approach to co-production once plans have been updated following national guidance.
Communications and Engagement:	NHSE has asked that we discuss our review and developing actions in public through ICB Board. The ICB communications team is engaged and will support messaging.
Author(s):	Neil Turney, BNSSG ICB Head of Performance, Mental Health, Learning Disability & Autism
Sponsoring Director / Clinical Lead / Lay Member:	Dave Jarrett, BNSSG ICB Chief Delivery Officer, & Senior Responsible Officer (SRO) for Mental Health

Intensive and Assertive Community Mental Health Services Review – April 2025 Update

1. Background

On 26th July 2024 NHS England issued ICBs the instruction to review Intensive and Assertive Community Mental Health services. The reviews were intended to provide an opportunity to reflect on the community provision in place for people with severe and relapsing mental illness, and identify specific actions needed to ensure people are receiving and engaging in the care they need. This work is particularly focused on supporting people who may find it difficult to, or who may not engage, with support. This follows the tragic events that took place in Nottingham in 2023.

Over the summer of 2024 the ICB, AWP, and VCSE organisations St Mungo's and Second Step worked with people with lived experience and carers, leads from general practice, Local Authorities (social care), and wider VCSE partners including: Nilaari, One 25, Independent Mental Health Network, Developing Health and Independence (DHI), Bristol Drugs Project (BDP) and Changing Futures to undertake the review and make recommendations.

ICBs were asked to produce local action plans focusing on practical steps to address any potential gaps in provision highlighted through the review. Action plans were to include short and medium-term actions with minimal resource implications and ensure that DNA is never used as a reason to discharge in both practice and policy.

The recommendations from the review, which sets out the framework for BNSSG's action plan, were shared at the ICB Board meeting on 16th January 2025. The review identified that although policies were in place that specified DNA should not be used as a reason for discharge, in practice, DNA could contribute to and had been recorded as reason for discharge. This was identified as a priority area to address by AWP and in the January ICB Board meeting. Further work to understand and mitigate this risk has now been undertaken and is described in Sections 3 and 8.

On February 5th, 2025, NHSE published an Independent Mental Health Homicide Review into the tragedies in Nottingham. This review identifies learning at national and regional levels which must be considered alongside our local findings and areas requiring improvement. This review identifies key findings and makes a series of recommendations.

Following this, on the 3rd April, NHSE hosted a National Webinar – 'Intensive & Assertive Community Treatment', which summarised progress to date and provided Trusts and ICBs with guidance required to support this patient group.

NHSE have asked that following the publication of these two documents, systems update their action plans and discuss progress in both Trust and ICB Board meetings held in public by 30th June 2025. A further update in public will be required by the end of January 2026

and the timeline reflects the complexity of the improvements required. The timeline is set out in Section 5.

Progress made against the priorities identified in September 2024 is now set out below, with AWP establishing two phases to improve services. Areas identified that require urgent implementation have been prioritised.

2. Independent Investigation and further national guidance

On 5th February NHSE published an independent investigation into the care and treatment of patient, VC, that proceeded the events on the 13th June 2023.

The independent investigation charts a chronology over a three-year period using a systems approach to support understanding of the care and treatment provided.

Key findings are made from each section with full findings contained in the main report. 27 key findings are described over the following areas:

- Care and treatment
- Diagnosis and medication
- Capacity
- Decision making
- Use of assertive outreach
- Use of out of area placements
- Discharge back to Primary Care
- Oversight, assurance, risk assessment and management

The Care Quality Commission (CQC) have published a special review of mental health services at Nottingham Healthcare NHS Trust, which is available here .

And Nottinghamshire Healthcare NHS Trust and Nottingham Integrated Care Board have published their improvement action plan which can be found here.

Following the publication of the investigation NHSE hosted a national webinar on April 3rd 2025 and shared a summary of progress and provided a series of recommendations. These recommendations cover the following domains:

- Care & treatment
- Families & carers
- Providing continuity of care
- Support the workforce
- The model and governance
- Information sharing and partnership working

Webinar slides with recommendations are included in Appendix 2.

NHSE have established a national mental health patient safety insight group to support local improvements. BNSSG and BSW ICBs are engaged through the regional NHSE programme teams.

3. Progress to date April 2025

Many people who experience psychosis are able to access the care and support they need to recover and/or be supported to manage their ongoing symptoms. For some people who experience psychosis, especially where paranoia is present it can be difficult to access care and treatment, and services may not be able to meet individuals' needs. For this group it is vital services can adapt approaches to engage and effectively work with people who require intensive treatment but where engagement is a challenge.

The action plan co-created in 2024 contained specific actions relating to people with severe and relapsing mental illness, ensuring they receive the care they need and remain engaged with services.

This work has been broken down into two phases:

- Phase 1 - Focuses on delivery of the action plan and enhancing understanding of the experience and outcomes of patients in this cohort. This will identify any further work required as part of an iterative process.
- Phase 2 - Will focus on the longer-term approach to Assertive Outreach and be informed by phase 1.

To implement the changes required, action plans have been developed and are managed across AWP's BNSSG and BSW divisions, and support functions. A project structure has been implemented, and bi-weekly meetings have been established and chaired by the Director of Transformation.

AWP's trust-wide action plan has been developed to address gaps within provision ensuring alignment with national guidance. The action plan is being delivered incrementally with key elements which require urgent implementation prioritised, allowing other areas of work to follow.

Priority areas:

1. Improving system-wide governance and monitoring for individuals who may require an intensive and assertive approach.
2. The work required to amend/develop Trust policies to reflect best practice, based on recommendations from NHS England.
3. The undertaking of a non-engagement analysis.

Areas commencing beyond June 2025:

1. Developing clarity around the service offer.

2. The specific approach for individuals who may require intensive and assertive services.
3. Developing an understanding of capacity required to consistently and effectively engage with this population across various services and teams.

An Assertive Outreach System Group has been established bringing providers of intensive and assertive services in BNSSG together with the remit to improve system wide governance and monitoring, to understand training needs and identify opportunities to work more collaboratively.

The Policy Task and Finish group has reviewed all relevant policies and is reviewing the 'policy of policies.'

Practice guidance for non-concordance of medication monitoring has been developed and published following ratification at the Medicines Optimisation group on the 25th March 2025. The group is currently consulting on a Non-Engagement policy, which will be developed and taken through a clinical validation process. It is anticipated that this new policy will be ready in Qtr. 2 of 2025/26.

The Assertive Outreach Data Task and Finish Group has undertaken a deep dive into individuals who have been discharged from services due to non-attendance or engagement. And will lead the development and implementation of a system to regularly review discharge related to DNAs, and to understand how data sets across providers and ICBs ensure equity of access, experience and outcomes.

3.1 Phase 1 Outcomes and Risk Management

The CQC special review into mental health services at Nottinghamshire Healthcare NHS Foundation Trust provided a rapid review of available evidence relating to the care of patient VC. The review found there appeared to be a series of errors, omission and misjudgements in his care. Key findings were:

- Inconsistent approaches to risk assessment
- Poor care planning and engagement
- Decision to discharge back to GP

The BNSSG review looked at our processes and the perspectives from a wide range of stakeholders to develop the improvement areas needing to be addressed locally. It found a discrepancy between policies and practice in relation to DNA and further work was required to understand this as a priority. A deep dive and audit has now been carried out to determine the numbers of patients involved, risks and learning.

The audit found:

- In these cases, a MDT approach to discharge was taken with rapid access plans in place.
- In most cases patients would not be considered complex, and/or the patient had recovered and was typically well.

- In a small number of cases there was higher vulnerability which could lead to increased risk of relapse. The audit did not identify any cases where patients should not have been discharged.
- It is not possible to completely eliminate risk and in the context of caseload size the number of cases identified for further review is very low. Only a subset of cases audited identified that further planning for relapse should be in place and shared widely.
- As such, it is identified that improvements could strengthen the structure around discharge. Two risks have been identified and mitigations developed.

Risk 1 – Individuals discharged using the current DNA policy where improvements to discharge could have been made.

Proposed mitigations:

- Clinical staff will be asked to use the new discharge checklist once sign off has been achieved through clinical validation.
- Ensure an MDT approach to discharge is adopted for all people who fall under the population cohort, using the aforementioned discharge checklist.
- Update the new Non-Engagement policy to reflect these new processes.
- Prioritisation of the creation of a new discharge checklist form developed for Rio.
- Undertake a further audit in three months' time (using same methodology as first audit to determine cohort) to understand if the new checklist and MDT approach has reduced the risk.

Risk 2 - In the absence of a way of identifying individuals who fall under the population cohort AWP cannot currently be fully assured of oversight.

Proposed mitigations:

- The development of an options appraisal paper to determine the most appropriate way of identifying the population cohort has been prioritised.
- Priority given to implement the agreed option with a new Standard Operating Procedure or Policy supporting the new process.
- Work with the Quality Improvement team to develop and undertake a full clinical audit of the population cohort using the new methodology in six months, dependent on implementation of agreed option.

In addition, AWP will meet with Business Intelligence colleagues from Nottingham to understand steps taken to develop a flag on Rio to accurately identify the population cohort.

4. Updated BNSSG Action Plan

The BNSSG action plan as set out in the ICB Board meeting on 16th January has been updated to show progress against the review findings, with timescales and next steps developed. Progress will be monitored monthly and the plan will be further revised to include national learning as required by NHSE by 30th June 2025.

Area	Areas for Improvement	Progress March 2025	Next Steps
Policies & Practice	Ensure policies appropriately reflect the Mental Health Act, Mental Capacity Act, Human Rights Act and the Care Act. Processes for when an individual refuses consent and where there is non-concordance with medication. To undertake Equality Impact Assessment on policy review. Define roles and responsibilities for non-statutory partners (e.g. VCSE) and collaboration across Local Authority, emergency, housing providers and services for people with Learning Disabilities and or Autism.	**Policy Review:** A Policy review has been undertaken of key policies relating to the identified patient group. Polices in scope identified as: • Non-Engagement Policy • Safeguarding Policy • Your Team, Your conversation, Your Plan • Trust Supervision and Debrief New guidance has been developed for • Non-Concordance with medication • Information sharing **Equalities Impact Assessments:** • In place for Safeguarding In progress for: • Your Team, Your Conversation and Your Plan • Trust Supervision and Debrief • Work underway to include VCSE partners in non-engagement and safeguarding policies	**Policy Review:** The Safeguarding, the Your Team, Your Conversation, Your Plan and Trust Supervision and Debrief policies review to be completed and put into operation by Q1 2025/26 Non-Engagement policy to be completed and in place by Q2 2025/26 **Equalities Impact Assessments:** EIA's completed and shared with ICB by Q1 2025/26 AWP audit of compliance with new policies by Q3 2025/26

Area	Areas for Improvement	Progress March 2025	Next Steps
Governance, partnership and monitoring	Policy leads feeding into system planning groups. System learning following serious incidents. Monitoring arrangements across partners for people who may require intensive and assertive community care.	**Partnership**: System wide governance identified as a priority area Assertive Outreach leads from AWP and VCSE partners have developed an Assertive Outreach System Group to provide multi-agency leadership. This will address a systems gap in the join up of BNSSG assertive outreach services. The system group objectives are to: • Build trust and take a relational approach to delivering care • Use a trauma informed approach to care • Ensure opportunities for people with lived experience to be involved in service development and have opportunity to raise concerns • Better co-ordinate provision across teams and organisations • Identify gaps in support • Facilitate a mechanism for system wide learning from serious incidents • Develop consistent approach to training across sectors • Review use of Connecting Care to share information • Improve system approach to discharge	**Partnership**: The group will develop improved approaches to intensive and assertive outreach by the end of July 2025. ICB and AWP to review progress of work by end May 2025.

		System Learning: Learning from Serious Incidents (SI) now Standing Agenda items in both mental health and learning disability and autism internal Service Delivery Unit (SDU) meetings. These meetings shape system wide governance and agendas for Operational Delivery Groups (ODG), ensuring leaning and impact is shared system wide, with appropriate actions put into place to reduce risks.	**System Learning:** ICB SDU leads to review process by end May 2025 to ensure effectiveness of governance change. Through this Learning from Serious Incidents will inform strategic decision making and service developments. Improvements identified through by the Assertive Outreach System Group to SI to be developed by end of July and progress reviewed end of May 2025.
Area	**Areas for Improvement**	**Progress March 2025**	**Next Steps**
DNA usage	Implement system to regularly review DNA and related discharge. Undertake deep dive of individuals who may have been discharged due to capacity.	Deep dive undertaken on discharges relating to DNA in a 3 month period now complete. Further analysis undertaken by Divisional Medical Director and Medical Lead. A consultant led checklist has been developed for use in discharge meetings. Conversations with colleagues from Nottingham to inform development of patient flag.	Discharge checklist to be in place from Qtr. 2 2025/26. Identification of patients fitting the Assertive Outreach cohort and flag system in place on Rio. Estimated the flag will be live on Rio in Q2 2025/26.

Area	Areas for Improvement	Progress March 2025	Next Steps
Pathways	Develop a more coordinated and effective Assertive Outreach approach across BNSSG, aligning statutory and VCSE services.	Actions to develop longer term model and approach will commence in phase 2.	Actions to be developed and commence from July 2025.
Local data & population health management	Better use of data sets across providers and ICB to ensure equity of access, experience and outcome.	Data mapping underway to look at how information can be clinically audited on a regular basis, capture service user feedback across community mental health and use ethnicity and geographical information to ensure equality of access. The Assertive Outreach data task and finish group are working to understand how data sets across providers and ICBs ensure equity of access, experience and outcomes.	To commence once the electronic patient record can support identification of the cohort. Expected actions identified end September 2025. The Assertive Outreach Data Task and Finish Group working to develop and implement a system to regularly review discharge related to DNAs. Timescale TBC.
Medicine Management	Review non-concordance.	New guidance has been developed: Overarching Guidance for Non-Concordance of Medication Monitoring published March 2025 Guidance supports healthcare professionals to identfy and manage non-adherence to prescribed medicines and when to escalate concerns, including when, who and how.	AWP to review in 6 months by end Sep 2025. ICB and AWP to review processes and policy compliance by Q3 2025/26

		This guidance, combined with the Non-Engagement, Safeguarding, Trust Supervision Policy, and Your Team, Your Conversation, Your Plan approaches will improve care planning, risk management and engagement with individuals and families as set out in the NHSE guidance, Appendix 2.	
Area	**Areas for Improvement**	**Progress March 2025**	**Next Steps**
Risk Assessment Care planning and Safety	Improve joined up working across system partners and development of the Your Team, Your Conversation, Your Plan approach which is replacing the Care Programme Approach (CPA) framework.	The Your Team, Your Conversation, Your Plan, approach is now in place throughout BNSSG with staff trained. This supports more personalised approaches with the team around the person, the support conversation and well-being plans designed to support engagement. MDT approaches will also support care planning and risk management bringing together a range of professionals and care-coordination shared across organisations.	EIA completed and shared with ICB by end of Qtr1 2025/26 Initial outcomes of approach, including service user experience to be reviewed by end of Qtr. 1 2025/26 following all community team and inpatient training in place across BNSSG from April 2025
Equality and Diversity	Develop stronger links with Learning Disability and Autism services. Implement the Patient and Carers Race Equity Framework (PCREF). Improve engagement with community providers and community partners, including religious and faith groups.	Links with the Patient & Carer Race Equality Framework (PCREF) delivery lead made internally within AWP. Once the population cohort has been identified this will be reviewed against the framework with regards to patient experience data and outcomes measures. The PCREF aims to:	Further actions to be developed by of Qtr. 2 2025/26

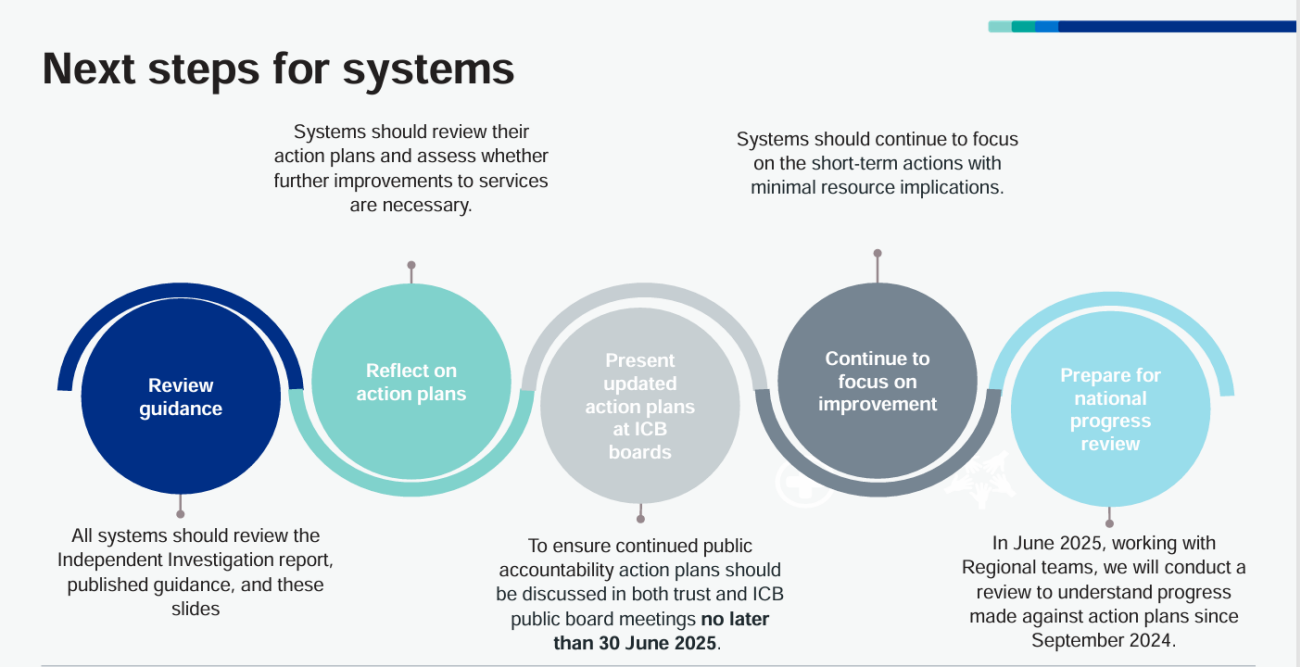
		• Tackle racial inequalities in the mental health system • Support mental health trusts to be anti-racist • Increase involvement of racialised communities in shaping mental health services	
Area	**Areas for Improvement**	**Progress March 2025**	**Next Steps**
Discharge from services	Improve consistency, including in approach to non-attendance and discharge process.	AWP have developed a new Non-Engagement policy. This builds on approaches found across different policy documents and is now brought together into one policy.	Non-Engagement policy to be completed and in place by Qtr.2 2025/26 ICB and AWP to review process to policy compliance
Workforce	Address gaps in workforce understanding effective approaches to engaging and supporting people with psychosis.	Phase 1 underway to improve system wide Assertive Outreach governance and understand training needs and discharge monitoring.	To commence June 2025 following learning from phase 1 All systems are awaiting NHSE national guidance on service models to be published in 2025/26 which will further inform approach
Local serious incidents, patient experience, complaints & compliments	Improve process for how recommendations from serious incident reviews inform both provider and system responses.	See Governance, partnership and monitoring section	See Governance, partnership and monitoring section

5. Next Steps

Significant progress has been made in BNSSG, this needs to be maintained and will be reported on a month-by-month basis. Timescales have been set, and progress will be monitored with any risks to delivery escalated.

In the coming months new policies and guidance will come into effect and a key focus will be adherence to policies in practice and process and assurance on this. Further learning from the Assertive Outreach System Group will inform approaches to partnership working.

NHSE have set out a timeline for systems which can be seen below and in Appendix 2.



The timeline reflects that the reviews will take time to implement with improvements found from existing resources. As shown above, plans will need to be updated by 30th June following assessment of the investigation and NHSE guidelines, to determine if further actions are needed locally. Work is already underway to compare our plan with the national findings and an updated plan will be prepared by June 30th and shared with NHSE.

Following this, the fully updated action plan will be shared through system wide governance groups, the Mental Health Operational Delivery Group, (MH ODG), and Mental Health, Learning Disability and Autism Health and Care Improvement Group (MHLDA HCIG), alongside the ICB Outcomes, Quality & Performance Committee (OPQC) and shared with the ICB AWP Enhanced Contractual Quality Oversight Group for awareness. This will take place through the calendar year.

The investigation and CQC report show the importance of a joint approach in delivering effective care and treatment for this population. As such, it is vital that progress is shared and feedback taken from wider stakeholders. The action plan will be reviewed by those

involved in its development and this will be planned and undertaken in Qtr. 2 2025/26 to continue the system wide and co-produced approach to this work, and for check and challenge.

NHSE requires a further update of progress made by systems to be discussed in boards held in public by the end of January 2026.

6. Financial Resource Implications

Not applicable at this stage. At the time of the review (Sept 2024) ICBs were asked to provide high level indicative costings to NHSE on resources required. However, this has not been explicitly included in the 2025/26 planning guidance as expected. NHSE are still expected to publish Intensive and Assertive service specifications during 2025/26 but no timescale or requirement to meet any standards has been set.

7. Legal Implications

This review is mandated by NHSE from the 2024/25 priorities and operational planning guidance, which asked systems 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'

8. Risk Implications

Two risks have been identified by the work undertaken to date as described in Section 3.1.

Risk 1 – Individuals discharged using the current DNA policy where improvements to discharge could have been made.

Risk 2 - In the absence of a way of identifying individuals who fall under the population cohort AWP cannot currently be fully assured of oversight.

Mitigations are described in Section 3.1.

As described in Section 7, the review is intended to be conducted with candour. As such, and as recognised by the timescales set by NHSE, we will continue to work to identify and reduce risk for this population cohort. This requires work across multiple service areas including approaches to engagement, policy, process, data and systems intelligence. Alongside feedback from wider stakeholders and people with lived experience and carers to continue to make the improvements required.

9. How does this reduce Health Inequalities

The Assertive Outreach project team will work with the Patient and Carer Race Equity Framework (PCREF) leads to include insight, learning and feedback.

This work is carried out in partnership with VCSE partners, who support those who experience the greatest health inequalities.

10. How does this impact on Equality and Diversity

As outlined in NHS England's Advancing Mental Health Equalities Strategy, different groups experience inequalities in access, experience and outcomes.

EIAs are currently underway and will be shared with the ICB once complete. As the data workstream develops and allows greater identification of the cohort, further work will be required to understand equality and diversity impacts and the required next steps. This will be completed working with AWP PCREF leads.

11. Consultation and Communication including Public Involvement

The initial review held focus groups and included people with lived experience and carers, leads from general practice, social care, and wider VCSE partners.

Our plan will be updated to reflect national findings by 30th June 2025, and we will then review progress with wider stakeholders who developed the review for feedback on progress made, insight and check and challenge. Our collaboration was a strength of our review and the ICB will work with the BNSSG Community Mental Health Board to undertake this further engagement in Qtr. 2 2025/26.

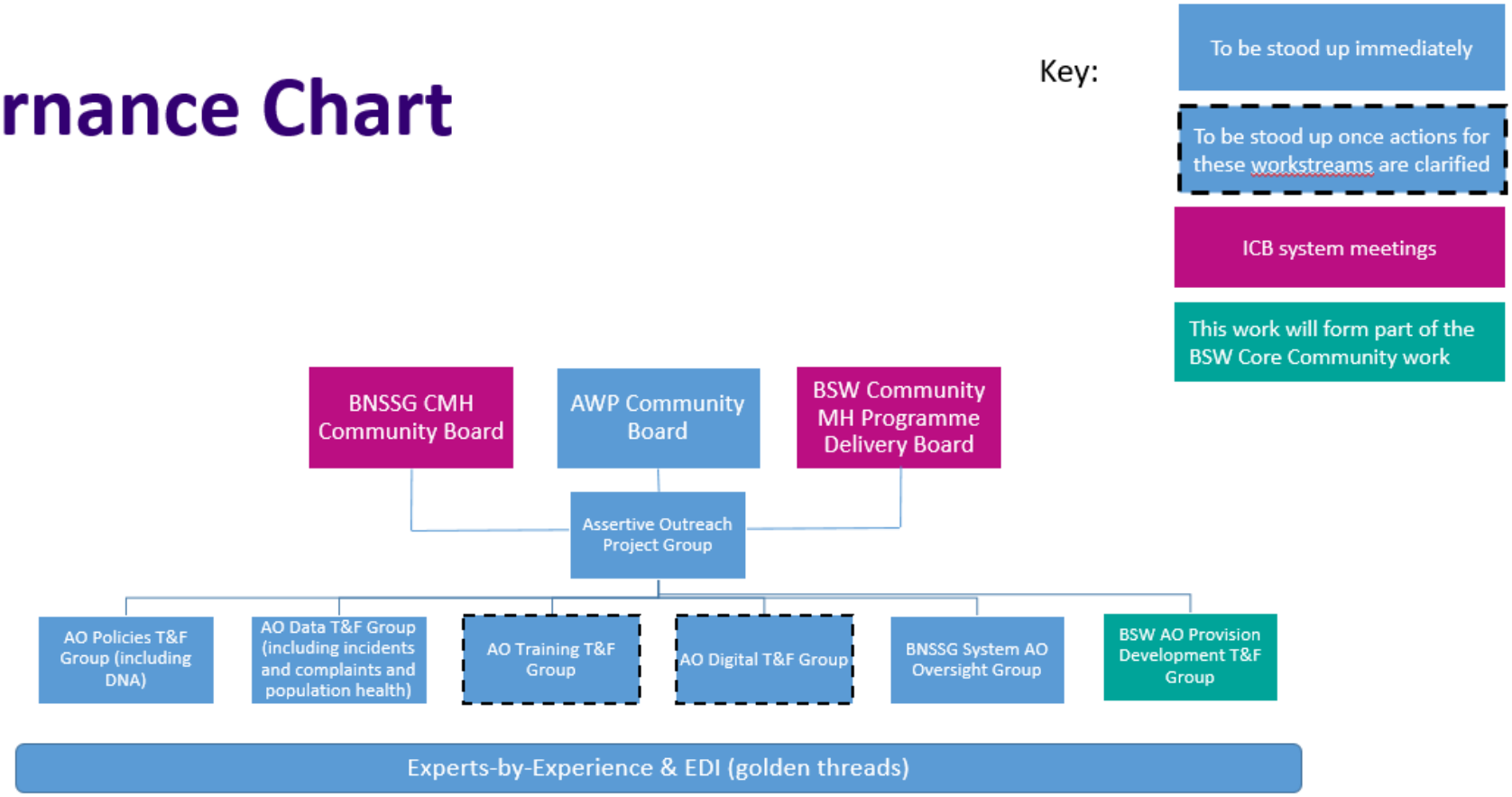
12. Glossary of terms and abbreviations

AWP	Avon and Wiltshire Partnership Trust	**MH ODG**	Mental Health Operational Delivery Group
BNSSG	Bristol, North Somerset, and South Gloucestershire	**NHSE**	National Health Service England
BSW	Bath and North East Somerset, Swindon, and Wiltshire	**OPQC**	Outcomes, Quality & Performance Committee

CPA	Care Programme Approach	**PCREF**	Patient and Carer Race Equity Framework
CQC	Care Quality Commission	**RIO**	AWP's Electronic Patient Record System
DNA	Did Not Attend	**SDU**	Service Delivery Unit
ICB	Integrated Care Board	**SI**	Serious Incident
MDT	Multidisciplinary Team	**SRO**	Senior Responsible Officer
MHLDA HCIG	Mental Health Learning Disability and Autism Health and Care Improvement Group	**VCSE**	Voluntary, Community, and Social Enterprise

Appendix 1 – Approved Assertive Outreach Governance Structure

Governance Chart



Approved 23/01/25 by the Assertive Outreach Project Group

Appendix 2 – National Webinar – Intensive & Assertive Community Treatment 3 April 2025

Attached

National webinar – Intensive & Assertive Community Treatment

3 April 2025 11:00 – 12:00

Housekeeping

- This is a live event; therefore, you will be on mute unless you're a designated speaker.

- Please use the chat function to ask any questions, and vote for the ones you want answered during the Q&A at the end of the session.
  - We will answer the most “liked” questions during the live webinar
  - Any questions we aren't able to answer in the session will be followed up separately.

- If you can't access the chat box, please email england.adultmh@nhs.net and we'll pick up your questions.

- This event will be recorded, and we will share the recording and slides afterwards. It will also be uploaded to NHS Futures.

Intensive & Assertive Community Treatment: a focus on local action plans

Item	Presenter	Time
Welcome	Ali Brabban,	11:00 – 11.05
Recap on where we are so far	Mark Ewins	11.05 – 11.10
A focus on local action plans	Ali Brabban / Emily Amess	11.10 – 11.40
Next steps	Emily Amess	11.45 – 11.50
Q&A and close	Ali Brabban	11.50 – 12.00

Recap on where are so far

Mark Ewins – Deputy Director, Adult Mental Health

Progress to date on improving services for people with SMI who struggle to engage

March 2024

2024/25 Planning Guidance asked all ICBs to 'review their community services by Q2 2024/25 to ensure clear policy and practice is in place for patients who require intensive community treatment but where engagement is a challenge'.

July – September 2024

All 42 ICBs completed their policy and practice reviews, including confirming no blanket DNA discharge policies, though some noted DNA as a discharge factor. Full reviews were submitted by 30 September 2024.

November 2024

Systems provided detailed cost estimates and anticipated benefits to quantify funding gaps identified in the review. This valuable data has supported future funding bids in the government spending review process.

November 2024

A national MH Patient Safety Insight Group established to share insights across regional and national teams, supporting local improvements and national priorities. The group is chaired by Adrian James.

December 2024

By the end of the calendar year all systems took the outcome of their reviews and local action plans to their local public boards which increased transparency.

February 2025

Following the Independent Report on VC's care, NHSE has asked ICBs and MH Trusts to update their local action plans, and report progress by June at the public boards.

June 2025

Working with Regional Teams all systems will review progress against their local action plans in June 2025 and January 2026 and report back to the national team.

What needs to be in place to support this patient group

Ali Brabban – National Clinical Advisor

Emily Amess - Programme Manager

Guiding principles

Key workers

Every service user should have a skilled key worker within an MDT to provide personalised care, monitor early relapse signs, and implement appropriate interventions.

Assessments

Assessments should prioritise psychological and physical safety, incorporating risk formulation.

Care plans

Care plans must be reviewed at least every six months, with effective collaboration across agencies. Care plans should detail clear pathways for escalating care when needed.

Carer and family engagement

Services must actively involve both the individual and their support network, where appropriate, in care planning, treatment, risk management , and transitions in care even where direct information sharing is restricted.

Supporting people during times of hospitalisation

Key workers must maintain contact during inpatient stays, offering continuity of care.

Staff need to have the right level of skill and competency

Training should ensure that staff possess the necessary competencies in engagement techniques, risk assessment, trauma-informed care, and managing co-occurring conditions such as substance misuse.

Care delivery

Dedicated Assertive Outreach Teams do not need be in place; however, community teams need to ensure they can provide dedicated provision for this patient group.

Governance

Governance structures, from ICBs to service-level procedures, must proactively identify, communicate, and mitigate risks

Multi-agency working

A multi-agency approach to information gathering is required, ensuring that decisions about patient care are informed by data held across the health, social care, and criminal justice systems.

Everyone should have a co-produced and personalised care and treatment plan

Assessments and care planning
- Prioritise psychological and physical safety with risk formulation
- Ensure clear escalation pathways in care plans

Key Workers and the MDT approach
- Everyone is assigned a skilled key worker within the MDT
- Key workers monitor signs of relapse and provide early intervention
- Care plans are reviewed a minimum of every six months with multi-agency collaboration

Treatment
- Use legal frameworks e.g. section 117, aftercare, CTOs and MHA appropriately
- Ensure a well-trained workforce for medication management and side effect monitoring

As part of action plans Trusts and ICBs should ensure:

- ☑ Care plans for this patient group are reviewed at a minimum of every six months. Patients should be actively involved in safety planning for shared understanding and wellbeing
- ☑ The suitably trained key worker remains in contact with the individual through periods of non-engagement
- ☑ The use of depot medication is carefully considered and must only be used as part of a wider treatment plan which involves access to psychological therapy, social interventions and practical support.
- ☑ Services must be responsive to co-existing needs, such as substance misuse, and ensure links with appropriate support services.

Care & Treatment

Engaging families, carers, and support networks is essential

Respecting Confidentiality
- MDTs should listen to family/carer concerns, even if direct info-sharing is restricted

Active Involvement
- Engage individuals & support networks in care planning, treatment, risk management & transitions

Clear Confidentiality Policies
- Guide staff on appropriate family/carer engagement
- Define clearly in policy the role of family/carers in intensive & assertive community treatment

Carer-Reported Outcomes
- Capture & incorporate family/carer perspectives to improve services.

As part of action plans Trusts and ICBs should ensure:

- ☑ Establish formal processes for engaging families at critical decision-making points, ensuring they are involved in care planning, safety, and risk management
- ☑ Implement / review and update confidentiality policies
- ☑ Implement feedback mechanisms to assess the impact of family engagement efforts
- ☑ Ensure all family engagement policies and process align with PCREF.

Families & carers

Seamless care between community and inpatient settings is a core component of intensive and assertive community treatment

Key Worker Continuity
- Maintain contact during inpatient stays, including out-of-area placements

Joint Decision-Making
- Community & inpatient teams should review depot medication & CTOs together
- Consider history, treatment response & long-term needs

Early Discharge Planning
- Begin planning early for a smooth transition back into the community
- Community teams should join post-admission case reviews

Seamless, Person-Centred Care
- Strengthen collaboration between inpatient & community teams for better recovery support

As part of action plans Trusts and ICBs should ensure:

- Joint care planning meetings should be established between inpatient and community teams to ensure that long-term treatment strategies are integrated into discharge planning.
- Key workers should provide relevant clinical insights to inpatient teams, reducing the need for repeated assessments and ensuring smooth discharge planning
- A clinical review panel or escalation forum should be established to resolve disputed care decisions, ensuring all perspectives are heard and documented.
- Ensure views of all care givers are considered in long-term care planning, with clear escalation processes if disagreements arise.

Providing continuity of care

Ensuring the right workforce with appropriate skills and competencies is essential for delivering high-quality care

Multidisciplinary Teams
- Include psychiatrists, MH nurses, psychologists, OTs, & social workers

Specialist Training
- Staff must be skilled in engagement, trauma-informed care, risk/safety assessment & management, working with co-occurring conditions

Peer Support Integration
- Peer workers can enhance engagement & recovery but should not work alone
- Must receive structured supervision from experienced professionals and ideally from senior peers too

As part of action plans Trusts and ICBs should ensure:

- ☑ Assess if services have appropriate staffing with necessary skills to support this patient group.
- ☑ That staff receive comprehensive training, and regular supervision is in place to support them when working with this patient cohort.
- ☑ That staff are confident in the application and use of legal frameworks and their application, including section 117 after care, Mental Health Act, and CTOs.
- ☑ Establish a peer support program within community mental health services, led by people with lived experience, that can offer culturally appropriate care.

Supporting the workforce

Intensive and Assertive Community Treatment should be embedded across community teams have robust governance

Service Model

- Delivered by experienced MDTs in community settings
- Integrates clinical & social support (psychiatric, psychological & social care)
- Small caseloads (max 15 patients per clinician) for intensive support
- Frequent face-to-face interactions & daily engagement to prevent and manage crises
- No arbitrary time limits; includes out-of-hours provision

Governance

- Robust structures from ICBs to service level to understand and manage risk
- Data-driven approach for monitoring clinical & operational safety
- Regular policy reviews
- Clear clinical & operational escalation procedures when required
- Track policy deviations to adjust resources & ensure compliance

As part of action plans Trusts and ICBs should ensure:

- Use local expertise and data to enhance governance, improve risk identification and system-wide learning.
- Ensure dedicated staff with caseloads limited to 15 patients.
- Establish multi-agency governance forums for collaborative review of intensive community treatment cases.
- Ensure local serious incident policies comply with PSIRF and incorporate lessons learned into clinical practice
- Regularly review policies to ensure they are current, practical for staff, and include clear escalation processes for unmet deliverables.

The model & governance

Effective information sharing and collaboration between system partners are essential to delivering coordinated care

Electronic Patient Records (EPRs)

- Critical information must be easily accessible for clinicians & key workers
- Effective & efficient record keeping supports early identification of relapse risks & timely intervention

Multi-Agency Information Sharing

- Decisions should be informed by data & intelligence from health, social care & criminal justice

Strengthening System Collaboration

- ICBs must work with police, local authorities & social care to improve communication
- Urgent need for proactive, timely information sharing to enhance patient safety

As part of action plans Trusts and ICBs should ensure:

- That an inter-agency governance group to share key information and make shared decisions into the care, treatment, and support individuals may need
- Ensure multi-agency case discussions are embedded in care planning and clearly noted on an individual's EPR.
- Establish clear protocols for timely information exchange between the health, social care, police and other agencies who may be involved in an individual's care.
- Focus on improving interoperability to ensure timely sharing of essential clinical and risk-related information across care settings.

Information sharing & partnership working

Central to all of this is patient safety and reducing the risk of serious harm

To do this effectively services should:

Ensure there is a co-produced, formulation-based risk assessment conducted that identifies a personalised relapse signature as well as actions that can be taken to support the person to stay safe & well

Monitor early warning signs, and implement appropriate interventions to help the person to stay safe and well

Ensure all assessments incorporate consider risk/safety assessment

Make sure care plans detail clear actions for escalating care when needed

Actively involve individuals, families / carers, and support networks, in staying safe & well assessments, formulations and care planning

Ensure staff have the right level of training, skill and competency to develop high quality, personalised staying safe & well plans

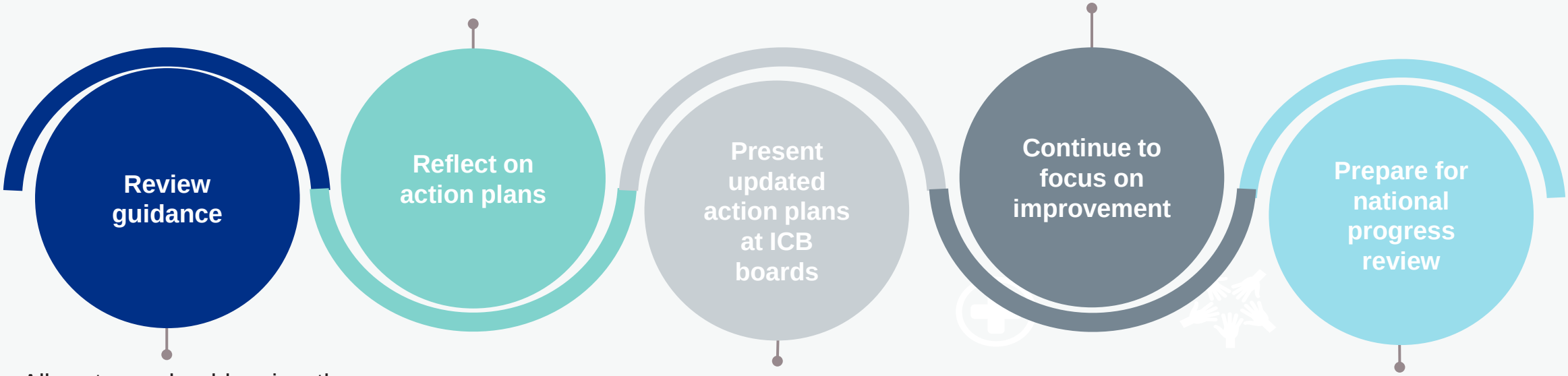
Next steps

Emily Amess – Programme Manager

Next steps for systems

Systems should review their action plans and assess whether further improvements to services are necessary.

Systems should continue to focus on the short-term actions with minimal resource implications.



All systems should review the Independent Investigation report, published guidance, and these slides

To ensure continued public accountability action plans should be discussed in both trust and ICB public board meetings **no later than 30 June 2025**.

In June 2025, working with Regional teams, we will conduct a review to understand progress made against action plans since September 2024.

Next steps for the national team

National review process - Led jointly with regional teams, NHSE will assess ICBs' progress against their action plans and determine whether they can fully assure that the needs of this patient group are being met.

Learn from incidents - In response to these tragic incidents, the national Patient Safety team has established a MH Patient Safety Insight Group to ensure that insights from patient safety investigations are shared across regional and national teams, influencing local improvements and national priorities.

Continue to share best practice - Since July 2024, we have been hosting regular national webinars to support systems in reviewing their practices and developing their action plans.

Supporting the workforce – Working with WTE colleagues to develop a support offer to increase the skills and competencies of staff within community mental health services includes those who support people who need intensive and assertive community treatment.

New guidance on the standards of care – This will aim to ensure that all people with serious mental illness receive a minimum level of good, personalised care and treatment, and that where care is being delivered across multiple teams or organisations, this care is well coordinated.