Caroline Alexander
Chief Nurse for NHS England, London

#MentalHealthLDN
• **profile London’s** response to the national Crisis Care Concordat;
• **launch** the London-wide Mental Health Crisis Commissioning Standards;
• **raise awareness** of the Crisis Care Concordat and of the 22 signatories;
• **bring key** national and regional leads and the community of interest together to understand challenges and potential solutions to improve the quality of mental health crisis care for Londoners;
• **share work** underway now and in the future and learn from other organisations who are already improving user experience in crisis care settings;
• **support localities** to develop their local declarations, using an evidenced-based approach;
• **provide examples** of practical support and tools to progress Crisis Care Concordat ambitions.
Anne Rainsberry
Regional Director for NHS England, London

#MentalHealthLDN
Rt Hon Norman Lamb
Minister for Care Services

Briefing from parliament

#MentalHealthLDN
Naomi James
National Survivor User Network (NSUN) for Mental Health

#MentalHealthLDN
Anne McDonald
Department of Health

#MentalHealthLDN
The Mental Health Crisis Care Concordat

Anne McDonald
Department of Health
27 October 2014
Closing the Gap: Priorities for essential change in mental health sets out our immediate ambitions for mental health.
The **Mental Health Crisis Care Concordat** is a shared agreement made by over 20 national organisations about how we respond to people in mental health crisis.
Signatory organisations

- Department of Health
- Home Office
- NHS England
- NHS Confederation Mental Health Network
- Mind
- Association of Ambulance Chief Executives
- Association of Chief Police Officers
- Local Government Association and ADASS
- Royal College of Psychiatrists
“We commit to work together to improve the system of care and support so people in crisis because of a mental health condition are kept safe and helped to find the support they need – whatever the circumstances in which they first need help - and from whichever service they turn to first.”
The Concordat is about joining up service responses to people who are suffering from mental health crisis.

In 2012-13 police made nearly 22,000 detentions under section 136 of the Mental Health Act.

Two thirds (14053) of these people were taken to hospital.

But a third of these people (7,761) were taken to police cells.
Making the Concordat a reality

We have work under way

• The **Department of Health** and **Mind** are supporting local implementation

• **NHS England** are taking forward their commitments as part of their Parity of Esteem programme, and are developing a Crisis Care Delivery Framework

• **Association of Ambulance Chief Executives** - have introduced a protocol for ambulance responses

• **CQC** – have surveyed and mapped health based places of safety and published a review of Mental Health Crisis Care
Further impetus

Achieving better access to mental health services by 2020

Timely access to services and treatment
£40m in 2014-15:
• £7 million in CAMHS
• £33 million for mental health crisis and early intervention services

£80m in 2015-16:
• £30 million for liaison psychiatry and CRHTs
More than half of all police forces are now running a street triage service:

9 DH funded pilots
26 out of 39 forces in England and Wales

Early data starting to show:

Where the 9 pilots are operating – the number of people being detained under section 136 has dropped by an average of 25 per cent. Variable with Sussex seeing a 12% decrease, the West Midlands seeing a 36 per cent decrease, and Oxfordshire a 38 per cent decrease.

A greater proportion of people going to health based places of safety and a greater proportion of those going on to mental health in-patient services
• Map on Concordat website
  www.crisiscareconcordat.org.uk

• Gloucestershire has Declaration and Action Plan

• Norfolk, Suffolk, Leicestershire have Declarations

• All on track to have declaration by end of 2014
Thank you

crisiscareconcordat@mind.org.uk
www.crisiscareconcordat.org.uk
Dr Geraldine Strathdee
National Clinical Director for Mental Health, NHS England
What does Good look Like

• Political commitment
• Mental Health in the 5 year plan
• Crisis Concordat has brokered amazing collaborations across the country
  – Leaders
  – Information & Intelligence
  – What good looks like
  – Communicating a compelling narrative
• Paying tribute to the London leadership
### Baseline: What is the current problem with mental health crisis services in England in 2014

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>If I have a physical health crisis I ring 999 or 111 and get expert help.</td>
<td>I may end up in any of 14 different places to get help in crisis including police cells, transport police, duty systems in mental health and acute care, A/E, home care.</td>
</tr>
<tr>
<td>If I am in mental health crisis, I don’t know what number to ring or where I should go to get help.</td>
<td>I may be brought to a police cell for a mental health assessment rather than a hospital.</td>
</tr>
<tr>
<td>If I have a physical health crisis and I go to my GP or A/E, staff are trained to manage me well.</td>
<td>If I go to A/E I have only a 45% chance or being assessed by staff trained to do mental health assessments.</td>
</tr>
<tr>
<td>If I go to my GP or A/E in a mental health crisis, I have a 1:3 chance of being assessed and treated in line with NICE basic standards.</td>
<td>I am more likely to keep having to come back to A/E in crisis when I don’t get a trained response and am more likely to go on to commit suicide.</td>
</tr>
<tr>
<td>I may end up in any of 14 different places to get help in crisis including police cells, transport police, duty systems in mental health and acute care, A/E, home care.</td>
<td>If I am from a BAME community my crisis is likely to be responded to by police, not healthcare.</td>
</tr>
<tr>
<td>I have just a 45% chance of being seen by a trained mental health liaison team in A/E so I am more likely to be admitted to a bed in a hospital or care home.</td>
<td>If I need admission to a mental health bed in a crisis, I may have to travel hundreds of miles.</td>
</tr>
<tr>
<td>If I am seen by a crisis home treatment team they are so busy that they can give me and my family less support than I need.</td>
<td>If I am from a BAME community my crisis is likely to be responded to by police, not healthcare.</td>
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<tr>
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</table>

Note: NICE = National Institute for Health and Care Excellence
What is the transformational MH crisis care model we have agreed in line with Crisis Concordat & the Urgent & Emergency Care review

1. **Tackle causes & Prevention:**
   - Identify the causes of MH crises & prevent
   - Public health, Health & Wellbeing Boards, CCGs, transport systems, police, housing, social care, primary care

2. **Single coordinated access number & system**
   - Single access number to ring ? 111
   - All agency response, GPs, social care, NHS

3. **Tele triage and tele health well trained staff**
   - Which reduced face to face need by 40%
   - Which can reduce suicide risk

4. **Crisis Home treatment teams with fidelity**
   - Reduce admissions and LOS by 50%

5. **Liaison mental health teams**
   - In A/E & acute trusts reduce admissions to acute beds and care homes by 50%

6. **Crisis houses & day care for** as alternatives

7. **Adequate acute beds when needed**

8. **Adequate beds when needed**

7. **Alternatives to Hospital beds e.g. day treatments and crisis houses**

6. **24/7 Liaison mental health teams in A/E & acute trusts all ages**

5. **24/7 Crisis Home Treatment Teams**

4. **Places of safety for S 135/136**

3. **Trained tele triage & tele health**

2. **Single number access ? 111**

1. **CCGs & HWWBs tackle causes**
Depression: the commonest causes in communities

opportunities for prevention & early intervention of crises

Elderly isolated & people with dementia

Victims of domestic violence

Key life cycle:
- Divorce
- Retirement
- Redundancy
- Menopause

Isolated women with small children

Dyslexia, Dyspraxia, ADHD, Autism, Asperger’s and Learning Disabilities

Long term physically ill

People with schizophrenia and sight and hearing problems

Victims of school and employment stress and bullying

Alcohol and drug addictions
Crisis Concordat & the Public health responsibility deal:

*see how many organizations are signing up for prevention & better public health*

- Community partners signing up to prevent physical and mental illhealth
- [https://responsibilitydeal.dh.gov.uk](https://responsibilitydeal.dh.gov.uk)
1. Tackling causes

Building health literacy

Prevention

**Employment**

Family friendly, productive employment
Can every large, medium & small employer be a positive employer?

**Schools:**

4 Rs: reading, writing, arithmetic & Resilience
- Building resilience, addressing dyslexia
- Training school nurses & form tutors
- Engaging school governors

**College students:** & Adult education

- Building resilience & managing transition
- Physical & mental health literacy in future leaders

**Transport hub related:**

Preventing isolation in older people
Reducing avoidable suicides & detentions

**Fire chiefs**

70% of avoidable fires, domestic accidents, & RTAs

**Police commissioners**

- Commissioning parenting programmes
- Safer neighbourhoods
- Alcohol
Parity and Human Rights: improving Information, access and waiting times to evidence based, outcome measured care, & advancing person centric new treatment methods

26% of adults with mental illness receive care
92% of people with diabetes receive care

By condition.... | % in treatment
--- | ---
Anxiety and depression | 24
PTSD | 28
Psychosis | 80
ADHD | 34
Eating disorders | 25
Alcohol dependence | 23
Drug dependence | 14

Mental health problems are estimated to be the commonest cause of premature death
Largest proportion of the disease burden in the UK (22.8%), larger than cardiovascular disease (16.2%) or cancer (15.9%)

People with psychosis die 14-20 years earlier of untreated illness

Depression associated with 50% increased mortality from all disease

59% triple amputees can be treated to get back into employment
7% SMI get evidence based care to get paid work......
Commission: Primary care mental health

Learning from the best of international primary care MH leaders & role modeling collaborative partnerships

Registration & annual checks: integrated thinking
- Include 1 min self completion behavioural health assessment

Primary care team skillmix
- 30%-50% of the daily work.
- So what % of staff with NICE training psychological health training are needed

Supporting hard pressed primary care: the basics
- Clinicians decision support templates
- Annual checks: zero exclusion of SMI using Family and 3rd sector outreach

Primary care at scale initiatives
- Integrated ‘Living well’ care stroke, diabetes, pain, COPD, bariatric surgery care
- Named workers in primary care

Population based commissioning for local need
- Enhanced SMI care in inner cities and high psychosis areas
- Enhanced MUS care
- Alliance commissioning models for integrated alcohol and long term commissioned care

70 Case studies to change England’s primary care mental health
Crisis Home treatment teams
• are the backbone MH form of A/E rapid response 24/7 if commissioned & provided well:

What good looks like is clear, as there are robust:
• Standards
• ‘fidelity’ criteria for optimal safe, effective care &
• commissioning for value
• an accreditation network
• & a 3 day training programmes to upskill

Crisis demand is rising and services are under pressure
• Identification of the causes and prevention is critical
• Identification of reasons for New & Known presentations
• Stratification is critical: top 100
• Inclusion in the 7 day standards
• Winter pressure, system resilience & new £40 million funds
A/E: What are the most common clinical reasons for mental health crisis in A/E

1. Raid Liaison Models in A/E
2. Liaison & health psychology services in wards & LTC clinics

Mental health hospital presentations

- Dementia
- Self harm
- Alcohol dependence
- Psychosis relapse
- PTSD related

1. Liaison in primary care
   - Integrated Living well programmes
   - Impact style depression case managers for older adults
Liaison mental health teams for acute trusts: 2014/2020:

Liaison MH teams are highly evidence based clinical and cost effective

- 45% of A/Ess and acute trusts now have a Liaison service
- There are clear standards and ‘fidelity’ criteria for optimal safe, effective care and commissioning value & an accreditation network

- Liaison teams also reduce by 50% outpatient attendances to pain, bariatric, IBS, neurology, COPD, CVS clinics & reduce LOS & outreach to primary care
- CCG case studies now show reengineered spend from hospital to Primary care at scale areas e.g. Swindon, Oxford, Sunderland, Hackney

- The new access standards will start the journey to put MH crisis on a par with physical health response

- Winter pressures, better care funds, the new 40 million funds personalization, new housing supports can be accessed
NICE schizophrenia interventions
we have evidence based treatments for almost all conditions and for each we have researched and evaluated how to provide the

1. Right information
2. Right physical health care
3. Right medication
4. Right psychological therapies
5. Right rehabilitation, training for employment
6. Right care plan addressing housing, work, healthcare, self management
7. Right crisis care

Mental health: Is the problem that we have no evidence or value based guidance?

✓ Mental health has over 100 NICE Health Technology appraisals, NICE guidelines, Public health related guidelines and Quality standards…..
✓ The problem is not lack of guidance
✓ The problem is that we have not focused on how we learn and disseminate from those that can and have implemented
✓ We have not yet supported commissioners to commission effective care
<table>
<thead>
<tr>
<th>CCG/ LA area local characteristics</th>
<th>City/urban/rural/deprivation descile Hot spots for crisis events, e.g suicides, transport hub, mobile populations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Governance</strong></td>
<td>Crisis Concordat multi agency programme board established System resilience Board: MH lead on it Urgent care networks: MH lead?</td>
</tr>
<tr>
<td><strong>Concordat action plan developed</strong></td>
<td>Have you agreed local standards Have you waiting times in line with national standards What has each agency committed to in the Action plan</td>
</tr>
<tr>
<td><strong>Access standards agreed</strong></td>
<td>Have you got a DOS with the key Local Govt, 3rd sector, NHS &amp; other CQC registered services: helplines, psychological therapies, bereavement, relationship in and out of hours Benchmarked in and out of hours the reasons for the crisis calls &amp; response in place</td>
</tr>
<tr>
<td><strong>Directory of Services</strong></td>
<td>Have you got a DOS with the key Local Govt, 3rd sector, NHS &amp; other CQC registered services: helplines, psychological therapies, bereavement, relationship in and out of hours Benchmarked in and out of hours the reasons for the crisis calls &amp; response in place</td>
</tr>
<tr>
<td><strong>111 / Single point of access</strong></td>
<td>Yes/ No</td>
</tr>
<tr>
<td><strong>Tele triage &amp; tele health</strong></td>
<td>Yes/No: Does your single point of access include: GP in &amp; out of hours MH crisis response Social care, Housing, Carer crisis response Street triage police and/or Transport hub triage services Ambulance hub triage Liaison &amp; diversion triage for custody Alcohol and drug services</td>
</tr>
<tr>
<td><strong>Crisis Home treatment team</strong></td>
<td>Is the team commissioned &amp; provided in line with local need Does the team operate to the ‘Fidelity’ criteria</td>
</tr>
<tr>
<td><strong>Liaison to acute trust/ primary care</strong></td>
<td>Is the team Core, Core Plus, enhanced, comprehensive Was the person a 4 hour breach What is the team’s RCPsych peer accreditation PLAN network standard</td>
</tr>
<tr>
<td><strong>Crisis houses / day treatment</strong></td>
<td>Yes/NO</td>
</tr>
<tr>
<td><strong>Beds of all types</strong></td>
<td>Do you have the profile of your beds and teams</td>
</tr>
</tbody>
</table>
**An effective pathway to improve crisis care responses**

**Support before crisis point**
- Access to support
  - Tele triage and tele health
  - Early Intervention Services
    - Suicide prevention
  - Personalised care budget
  - Helplines
    - Peer Support
    - Help at Home
  - Supported Housing
    - Adult placement

**Urgent and emergency access to crisis care**
- ‘Parity’ between responses to physical or Mental Health emergencies
- Single point of access to specialist mental health services
  - 24/7
- Crisis Home Treatment team
- Crisis and respite house
- Hospital Admission
  - See Effective Bed Management Pathway

**Quality of treatment and care when in crisis**
- Physical assessment and treatment
- Mental state assessment
- Safe, competent treatment at home
  - wherever possible
- Timely ambulance transport to appropriate NHS Facility
- Access to Liaison & Diversion from police custody or Court
- Care and treatment
  - (inc MHA, MCA, CPA)

**Recovery and staying well / preventing future crises**
- Crisis Plan
  - (NICE)
- Self management and family involved crisis plan
- All utilities working, food in house, debts and benefits sorted
- Transition to GP led care
  - (with ‘fast track’ access back)

**Getting a life back**
- Recovery and staying well
- Preventing future crises
- Getting a life back
Dave Mellish
Chair
Oxleas NHS Foundation Trust

#MentalHealthLDN
MHPB
Membership, Priorities and Governance
27 October 2014
**Purpose**

*(Extract from ToR)*

The overall aim of the MHPB is to secure a strong voice for Mental Health Services and Policing in London and to lead the continuous development of best practice where both these large metropolitan services work together in the best interest of Londoners.

Specifically the MHPB will be the vehicle by which all operational partners will hold each other to account to provide the best joint mental health and policing service to the whole of London.
Membership
(extract from ToR)

The Board will be constructed of the following core members;

- An Independent ‘appointed’ Chair
- Vice Chair of the London MH CEO Group (CEO of MH Trust)
- Chair of the London Medical Directors Group
- CEO London Ambulance Service
- Lead Commander Metropolitan Police for all Mental Health Policy
- Lead for British Transport Police
- NHS England – Lead Director for Health in the Justice System
- 1 x Specific place for Chair SCN Mental Health
- 1 x specific place for Chair SCN Health in the Justice System
- 1x specific place for ADASS London (nominated Director)
- 1 x Specific place London-wide CCG Commissioning
- 1x specific place for MOPAC
- 1 x specific place for Chair of MHPB working Group
- Partnership Programme Officer
- Co-opted partners
Joint Strategic Plan

Strategic Clinical Network Health in Justice System

Dr Annie Bartlett

Mental Health and Policing Partnership (Board)

Dave Mellish

MOPAC

Co commissioning Group

Joint Strategic Plan

Strategic Clinical Network Mental Health

Dr Matthew Patrick

NHS England

MHPB Ops Group Co Chaired

9 MH ops leads+Police leads+LAS leads

- A standing task group not a Board
- Focused entirely on Police Service and Mental Health Trust delivery
- Membership 3 police forces and London MH Trusts only
- Meeting 6 to 8 weekly
- Discharging tasks via local partnerships

Local Partnerships (Circa 32) Borough-based Liaison Groups

HWBB
**Priorities**

**Priority 1:** To maintain the actions and commitments from 2013/14 in respect to the AWOL and s136 action plans.

**Priority 1a:** As an extension to priority 1 to review the process of conveyancing patients who are subject to s136. To look specifically at the demand (know and unknown) for LAS provision and to prepare a business case for a pan London service.

**Priority 2:** To share information via the newly developed joint performance report and to use this as a vehicle for investigating (by exception) any reported one-off incidents (SUIs) or themes which give cause for concern.

**Priority 3:** To review the policy/protocol/s that govern the request for a police presence within secondary mental health services and ensure that these are understood, up-to-date and live.

**Priority 4:** To capture the number of incidents that involve violence to staff and patients within secondary mental health services and contrast with the number of CPS decisions to prosecute.

**Priority 5:** To design an investigation methodology for s135 to ensure that partners are sighted on the performance and practice issues affecting frontline staff.
Daniel Thorpe
Chief Inspector for Met Police
Mental Health Team

#MentalHealthLDN
London Mental Health Crisis Concordat

Event

27th October 2014

Chief Inspector Dan Thorpe
Independent Commission for Mental Health & Policing
Vulnerability Assessment Framework (VAF)

- **A** - Appearance
- **B** - Behavior
- **C** - Communication
- **D** - Danger
- **E** - Environment
45% reduction in 12 months
Ambition set at MHPB that S136 in police cells in London never happens
“It is not safe to have violent patients in A&E or in a psychiatric unit and they should be in cells until they calm down.”

…but what if the person is so psychotic as to need constant restraint to prevent head banging/self harm?

Experts who gave evidence in the Rocky Bennett inquiry described the need for ongoing restraint as a medical emergency.
for the
priorities
on a new
Coordinating the MPS response to the Mental Health Crisis Concordat?

10 MPS Principles to assist Boroughs and Mental Health Trusts
Refreshment Break

#MentalHealthLDN
Sophie Corlett
Director of External relations
MIND
Implementation of the Crisis Care Concordat and Support

27th October 2014

Crisis Care Concordat, London Region

Sophie Corlett (Director of External Relations, Mind)
Jim Symington (Symington-Tinto Consultancy)
‘Listening to experience. An independent inquiry into acute and crisis mental healthcare’,

Mind 2011

“It feels like I literally have to have one foot off the bridge before I can access services.”
We are clear that we expect parity of esteem between mental and physical health services…

‘We are committed to achieving change by putting more power into people’s hands at a local level.’

No health without mental health. A cross-government mental health outcomes strategy for people of all ages. HM Government, 2011
Making the Concordat a reality locally
“What should I expect if I, or the people that depend on me, need help in a mental health crisis?”

- Access to support before crisis point
- Urgent and emergency access to crisis care
- Quality of treatment and care when in crisis
- Recovery and staying well / preventing future crises
Local Crisis Care Declarations

- Joint **statement** – ambition for every locality to have at least this in place by end 2014

- **Action plan** with timescales outlining operational protocols for working together

- Review progress and local **governance** arrangements
Support from the Concordat project

- Regional events to support development of local partnerships
- Helpdesk and online support – contact@crisiscareconcordat.org.uk
- Additional targeted support, for a fee
- www.crisiscareconcordat.org.uk
Making the Concordat a local reality
Making the Concordat a local reality
Leicester, Leicestershire and Rutland – Declaration signatories

We, the organisations listed below, support this Declaration. We are committed to working together to continue to improve crisis care for people with mental health needs in Leicester, Leicestershire and Rutland.

Signatories to the Declaration (those with statutory duty)

- Leicester City Clinical Commissioning Group
  - Professor Ashar Farooqi, Chair

- West Leicestershire Clinical Commissioning Group
  - Toby Sanders, Managing Director

- East Leicestershire and Rutland Clinical Commissioning Group
  - Dave Briggs, Managing Director

- Leicester City Council
  - Deb Watson, Strategic Director, Adult Social Care

- Leicestershire County Council
  - Mick Connell, Director of Adults and Communities

- Rutland County Council
  - Dr. Tim O’Neill, Director for People

- Leicestershire Police
  - Simon Cole, Chief Constable

- NHS England Local Area teams
  - Martin Fahy, SCN Manager Mental Health

- Office of Police and Crime Commissioner
  - Sir Clive Loader, Police & Crime Commissioner

- East Midlands Ambulance Service
  - Judith Douglas, Director of Nursing & Quality

- University Hospitals Leicester NHS Trust
  - John Adler, Chief Executive

- Leicestershire Partnership NHS Trust
  - Peter Miller, Chief Executive

- Swanswell
  - Debbie Bannigan, Chief Executive

Supporters of the Declaration

- Healthwatch Leicester, Leicestershire and Rutland
- Voluntary Sector Partnership for Mental Health
- The People’s Forum
We, the organisations listed below, support this Declaration. We are committed to working together to continue to improve crisis care for people with mental health needs in London.

- NHS England, London Region
- Office of London CCG’s
- London Councils
- London ADASS
- The Metropolitan Police Service
- British Transport Police
- The Mayor’s Office for Police & Crime
- The Mental Health Partnership Board
- London Ambulance Service
- Urgent and Emergency Care providers
- Directors of Public Health
- Community Safety Partnerships

- Central & North West London NHS Foundation Trust
- South London & Maudsley NHS Foundation Trust
- West London Mental Health Trust
- Barnet, Enfield & Haringey Mental Health Trust
- Tavistock & Portman NHS Foundation Trust
- South West London & St George’s Mental Health Trust
- Oxleas NHS Foundation Trust
- North East London NHS Foundation Trust
- East London NHS Foundation Trust
- Camden & Islington NHS Foundation Trust
Gloucestershire - Action Plan

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<td>2</td>
<td>COMMISSIONING TO ALLOW EARLIER INTERVENTION AND RESPONSIVE CRISIS SERVICES</td>
<td>6</td>
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<tr>
<td>3</td>
<td>ACCESS TO SUPPORT BEFORE CRISIS POINT</td>
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</table>

2. COMMISSIONING TO ALLOW EARLIER INTERVENTION AND RESPONSIVE CRISIS SERVICES

Matching local need with a suitable range of services

2.1 Explore funding possibilities to:

- Develop Positive Caring mental health specific courses to include different mental health conditions/strategies for coping with crisis provider information and input to Carer Support Groups about dealing with crisis
- Provide 1:1 peer mentoring support to carers to enable locally based non-judgemental support

<table>
<thead>
<tr>
<th></th>
<th>October 2014</th>
<th>Tim Poole</th>
<th>Carers Gloucestershire</th>
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</thead>
<tbody>
<tr>
<td>Carers better able to:</td>
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</tbody>
</table>
- Recognise and deal with the onset of a crisis through having a greater understanding of the conditions affecting the person they care for.
- Respond to changes in the person's condition, knowing what is normal to expect and when to alert others.
- Flag up changes leading to crisis earlier
- Ask questions that might otherwise not be able to ask

2.2 Following review, commission a new model of Crisis and Home Treatment Service ensuring services and pathways are designed across the age transitions from under 16s through to adulthood and recognising the needs and rights of young carers

<table>
<thead>
<tr>
<th></th>
<th>April 2015</th>
<th>Eddie O'Neil</th>
<th>Clinical Commissioning Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Simon Bilous</td>
<td>Gloucestershire County Council</td>
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<td>'gether NHSFT with Mandy Bell</td>
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<td>Gloucestershire Young Carers</td>
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<td>'gether NHSFT contract to commence delivery from April 2015</td>
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<td>Agree performance indicators and reporting for new service</td>
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<td>Well planned and managed transition</td>
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<td>Clarity over criteria/ thresholds and ways to overcome them</td>
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<td>Outcomes-led/ needs-led approach</td>
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<td>Age removed as a barrier to accessing appropriate support</td>
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<td></td>
<td></td>
<td></td>
<td>Young carers are recognised and listened to</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Prevention of some crisis through listening to young carer and recognition of warning signs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Young carer needs are met</td>
</tr>
</tbody>
</table>
Template action plan to enable delivery of shared goals of the Mental Health Crisis Care Concordat

Localities do not need to use this template if they do not wish – it is intended as a guide.

### 1. Commissioning to allow earlier intervention and responsive care

<table>
<thead>
<tr>
<th>No.</th>
<th>Action</th>
<th>Timescale</th>
<th>Led By</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Matching local need with a suitable range of services</td>
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<td></td>
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<tr>
<td></td>
<td>Improving mental health crisis services</td>
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<tr>
<td></td>
<td>Ensuring the right numbers of high quality staff</td>
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<tr>
<td></td>
<td>Improved partnership working in X locality</td>
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</tr>
</tbody>
</table>

This checklist is based upon the I statements made within the Concordat. It is intended as a prompt to help people working on local Declarations develop local action plans.

**A. Access to support before crisis**

When I need urgent help to avert a crisis, I, and people close to me, know who to contact at any time, 24 hours a day, seven days a week. People take me seriously and trust my judgement when I say I am close to crisis, and I get fast access to people who help me get better.

**A1 Early intervention – protecting people whose circumstances make them vulnerable**

Please say how you will improve outcomes for people approaching crisis point.

**Have you considered:**

- How to make people aware of who to contact in a crisis
- A combination of early intervention services that meet local need
- Joint crisis care planning
- The role of primary care
- Vulnerable groups, including BME communities, people with learning difficulties, people with physical health conditions, people with dementia and children and young people
- Suicide prevention
Using local data

- What does the joint strategic needs assessment tell you?
- S136 assessments, locations and outcomes
- Beds (e.g. acute, Child and Adolescent Mental Health Services (CAMHS), recovery, Psychiatric Intensive Care Unit (PICU, out of area)
- Non-medicalised settings (e.g. Crisis Resolution and Home Treatment Teams (CRHT), crisis house)
- Mental health presentations at A&E including frequent attenders?
- Crisis plans/Wellness Recovery Action Plans (WRAPs) /Rainy Day plans/Advance statements (% for those on Care Programme Approach
- User feedback
- Audit programme (e.g. CORE participation)
- Data gaps and data quality
Get inspired

Find out more about what excellent mental health crisis care looks like and how other organisations are putting together their Declarations and Action Plans.

Commissioning to allow earlier intervention and responsive crisis services
Access to support before a crisis
Urgent and emergency access to care
Quality of care and treatment in a crisis
Recovery and staying well
General

Commissioning to allow earlier intervention and responsive crisis services

Joint Commissioning Panel for Mental Health: Guidance for commissioners of mental health services for people from black and minority ethnic communities
More info...

Royal College of Psychiatrists Manifesto: Making parity a reality
The Royal College of Psychiatrists Manifesto, Making parity a reality: Six asks for the next government to improve the nation’s mental health.
More info...
Get Inspired - Good Practice from the website

Joint Commissioning Panel for Mental Health
www.jcpmh.info

Guidance for commissioners of mental health services for people from black and minority ethnic communities

A commissioner’s guide to primary care mental health

Transforming urgent and emergency care services in England
Urgent and Emergency Care Review End of Phase 1 Report
Appendix 1 – Revised Evidence Base from the Urgent and Emergency Care Review
High quality care for all, now and for future generations

The NHS Constitution
The NHS belongs to all
Further national work

- Bi-annual meetings of national signatories’ actions and overall progress
- National annual summit to share good practice and problem solve (27th November 2014)
London Concordat experience

• What are the barriers and challenges you still face?

• What additional support do you need from the national team?
Thank you

contact@crisiscareconcordat.org.uk
www.crisiscareconcordat.org.uk
Dr Nick Broughton
London Strategic Clinical Network Urgent and Crisis Mental Care Chair

#MentalHealthLDN
Mental Health SCN
Urgent & Crisis Care

Dr Nick Broughton
London Crisis Concordat Event
27 October 2014
Strategic Clinical Networks

Strategic Clinical Networks advise commissioners & providers in driving improvements & reducing unwarranted variation

- Established 01 April 2013
- Sit within NHS England
- Address complex pathways of care
  - Mental health, neurological conditions & dementia
  - Children & maternity services
  - CVD, stroke, renal & diabetes
- Bring together stakeholders to deliver transformational change

**London mental health SCN**

**Aim:** Work in partnership to improve mental health outcomes that matter to Londoners

Chaired by Dr Matthew Patrick
London Mental Health Strategic Clinical Network

Work in partnership to improve mental health outcomes that matter to Londoners

<table>
<thead>
<tr>
<th><strong>Mental health in Primary Care</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop principles &amp; values to strengthen primary care mental health commissioning. Promoting proactive, accessible and coordinated services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Integrating mental health &amp; physical health</strong></th>
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</thead>
<tbody>
<tr>
<td>Support those with long term conditions who also have mental health conditions. Focused initially on mental health interventions for patients with diabetes</td>
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<table>
<thead>
<tr>
<th><strong>Resilience in younger people</strong></th>
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<tbody>
<tr>
<td>Tackling mental ill health prevention. Working in collaboration with Public Health England &amp; UCLPartners</td>
</tr>
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<table>
<thead>
<tr>
<th><strong>Mental Health CCG Leadership</strong></th>
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</thead>
<tbody>
<tr>
<td>Supporting lead mental health CCG leads in developing leadership &amp; commissioning skills through leadership programme. Assist London MH CCG Network in developing &amp; sharing best practice in collaboration with UCLPartners</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Crisis &amp; Urgent Care</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieving consistency &amp; clarity of crisis mental health care services. Address problems in prevention, response, treatment &amp; support provision</td>
</tr>
</tbody>
</table>
Variation of mental health crisis services

Challenges facing mental health crisis care

**Quality** of services
- Limited capacity & availability
- Lack of knowledge in primary care
- Inadequate crisis plan

**Availability** of information
- Multiple unnecessary assessments
- ‘Bouncing’ between services
- Unclear routes of care

**Inequality** in delivery
- BME groups

**Navigation** between services

**Misdirection/inappropriate setting**
- Default to A&E
- Use of police cells

**Parity of esteem**

**Accessibility** of services
- Long waiting times
- No Self referral options
- No alternative service
- Postcode lottery

**Navigation** between services
SCN Urgent & Crisis Care Work stream

To identify, develop & promote core commissioning standards for good mental health crisis care across London

Objectives:
• Identify areas for improvement in mental health crisis care services
• Recommend evidence based practice
• Endorse national guidelines & established standards
• Co-produce standards, listening to individuals who have experienced mental health crisis
• Adopt partnership working with stakeholders

Desired outcome:
To standardise mental health crisis services, improving accessibility & quality of mental health crisis services, thereby achieving better outcomes for individuals experiencing mental health crisis
“Standards describe the core requirements & quality metrics for services.

The intent is not to prescribe how commissioners deliver these requirements but to ensure that patients can depend upon receiving the same high quality service wherever they live or access services in England.

Commissioners may wish to enhance and add to these requirements to ensure that local specifications are comprehensive & appropriate for their local area”

NHS 111, Commissioning Standards, NHS England, June 2014
SCOPING CRISIS MH PROVISION
• Scope London mental health crisis provision
  ➢ London Mental Health Trust questionnaires
  ➢ London CCG mental health questionnaires
    • Website analysis
    • Literature review
• Review of other standards/guidance (NICE)
  COMPLETION: March-July 2014

DEVELOP CRISIS MH COMMISSIONING STANDARDS
• Propose draft standards
• Test/consult standards with
  ➢ Service users
  ➢ Wider stakeholders
  COMPLETION: July-Sept 2014

DISSEMINATION
• Support London Crisis Concordat event
• Publish and showcase manual, guide & standards at the Crisis Concordat event
  COMPLETION: October 2014
# London Crisis Commissioning Standards;
# 12 Areas of Service Delivery

## ACCESS TO SUPPORT CRISIS CARE
- Crisis telephone helplines
- Self-referral
- Third sector organisations
- GP support and shared learning

## EMERGENCY & URGENT ACCESS TO CRISIS CARE
- Emergency departments
- Liaison psychiatry
- Mental Health Act Assessments and AMHPs
- Section 136, police and mental health professionals

## QUALITY OF TREATMENT OF CRISIS CARE
- Crisis housing
- Crisis Resolution teams/Home Treatment teams

## RECOVERY & STAYING WELL
- Crisis care and recovery plans
- Integrated care
## SCN Crisis Commissioning Standards

<table>
<thead>
<tr>
<th>Area</th>
<th>Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACCESS TO SUPPORT CRISIS CARE</strong></td>
<td></td>
</tr>
<tr>
<td>1. Crisis telephone helplines</td>
<td>• A local mental health crisis helpline should be available 24 hours a day, 7 days a week, 365 days a year with links to out of hour’s alternatives and other services including NHS 111</td>
</tr>
<tr>
<td>2. Self-referral</td>
<td>• People have access to all the information they need to make decisions regarding crisis management including self-referral</td>
</tr>
<tr>
<td>3. Third sector organisations</td>
<td>• Commissioners should facilitate and foster strong relationships with local mental health services including local authorities and the third sector</td>
</tr>
<tr>
<td>4. GP support and shared learning</td>
<td>• Training should be provided for GPs, practice nurses and other community staff regarding mental health crisis assessment and management</td>
</tr>
</tbody>
</table>
## SCN Crisis Commissioning Standards

<table>
<thead>
<tr>
<th>Area</th>
<th>Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMERGENCY &amp; URGENT ACCESS TO CRISIS CARE</strong></td>
<td></td>
</tr>
<tr>
<td>5. Emergency departments</td>
<td>• Emergency departments should have a dedicated area for mental health assessments which reflects the needs of people experiencing a mental health crisis</td>
</tr>
<tr>
<td>6. Liaison Psychiatry</td>
<td>• People should expect all emergency departments to have access to on-site liaison psychiatry services 24 hours a day, 7 days a week, 365 days a year</td>
</tr>
<tr>
<td>7: Mental Health Act Assessments and AMHPs</td>
<td>• Arrangements should be in place to ensure that when Mental Health Act assessments are required they take place promptly and reflect the needs of the individual concerned</td>
</tr>
<tr>
<td>8: Section 136, police and mental health professionals</td>
<td>• Police and mental health providers should follow the London Mental Health Partnership Board section 136 Protocol and adhere to the pan London section 136 standards</td>
</tr>
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</table>
### SCN Crisis Commissioning Standards

<table>
<thead>
<tr>
<th>Area</th>
<th>Standards</th>
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<tbody>
<tr>
<td><strong>QUALITY OF TREATMENT OF CRISIS CARE</strong></td>
<td></td>
</tr>
<tr>
<td>9: Crisis houses and other residential alternatives</td>
<td>• Commissioners should ensure that crisis and recovery houses are in place as a standard component of the acute crisis care pathway and people should be offered access to these as an alternative to admission or when home treatment is not appropriate</td>
</tr>
<tr>
<td>10: Crisis Resolution Teams/ Home Treatment Teams</td>
<td>• People should expect that mental health provider organisations provide crisis and home treatment teams, which are accessible and available 24 hours a day, 7 days a week, 365 days a year</td>
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</table>
## SCN Crisis Commissioning Standards

<table>
<thead>
<tr>
<th>Area</th>
<th>Standards</th>
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<tbody>
<tr>
<td><strong>RECOVERY &amp; STAYING WELL</strong></td>
<td></td>
</tr>
<tr>
<td>11: Crisis care and recovery plans</td>
<td>• All people under the care of secondary mental health services and subject to the Care Programme Approach (CPA) and people who have required crisis support in the past should have a documented crisis plan</td>
</tr>
<tr>
<td>12: Integrated care</td>
<td>• Services should adopt a holistic approach to the management of people presenting in crisis. This includes consideration of possible socioeconomic factors such as housing, relationships, employment and benefits</td>
</tr>
</tbody>
</table>
Next steps.....

- Formal communication from NHS England to stakeholders
- Detailed manual will be available online next week
- Further review of transport arrangements
- Support and coordinate work to implement the standards

Caroline Alexander
Q&A

#MentalHealthLDN

<table>
<thead>
<tr>
<th>Table 1: Crisis telephone helplines</th>
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</thead>
<tbody>
<tr>
<td>North west London transformation</td>
</tr>
<tr>
<td>Beverley McDonald, Hammersmith &amp; Fulham CCG</td>
</tr>
<tr>
<td>Michael Doyle, NHS north west London</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Table 5: GP support and shared learning</th>
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<tbody>
<tr>
<td>City and Hackney CCG mental health training</td>
</tr>
<tr>
<td>Rhiannon England, City and Hackney CCG</td>
</tr>
<tr>
<td>George Howard, Islington CCG</td>
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<tr>
<th>Table 9: S136, Police and Mental Health Professionals</th>
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<tbody>
<tr>
<td>London street triage pilot</td>
</tr>
<tr>
<td>Derek Nicoll, SLAM</td>
</tr>
<tr>
<td>Dan Thorpe, Metropolitan Police service</td>
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</tbody>
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<thead>
<tr>
<th>Table 13: Integrated care</th>
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</thead>
<tbody>
<tr>
<td>Sophie Corlett, MIND</td>
</tr>
<tr>
<td>Dorothy Gould, NSUN</td>
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<thead>
<tr>
<th>Table 2: Crisis telephone helplines</th>
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</thead>
<tbody>
<tr>
<td>Mental Health Direct - NEFLT</td>
</tr>
<tr>
<td>Philippa Galligan, NELFT</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Table 6: Emergency departments and liaison psychiatry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whittington integrated liaison assessment team</td>
</tr>
<tr>
<td>Sylvia Tang, Medical Director, Priory Group</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Table 10: Crisis houses and other residential alternatives</th>
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</thead>
<tbody>
<tr>
<td>Highbury Grove crisis house</td>
</tr>
<tr>
<td>Michelle Crouch, One Housing Group</td>
</tr>
<tr>
<td>Paula Reid, Rethink</td>
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<tr>
<th>Table 3: Self-referrals</th>
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<tbody>
<tr>
<td>Big White Wall</td>
</tr>
<tr>
<td>Carol-Ann Murray, NHS Southwark CCG</td>
</tr>
<tr>
<td>Stephanie Taylor-King &amp; Raza Griffiths, NSUN</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Table 7: Mental Health Act Assessments and AMHPs</th>
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<tbody>
<tr>
<td>Hackney 24 hour AMHP service</td>
</tr>
<tr>
<td>Gill Williams, City and Hackney centre for mental health</td>
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<tr>
<th>Table 11: Crisis resolution teams / home treatment teams</th>
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<tbody>
<tr>
<td>Redbridge home treatment</td>
</tr>
<tr>
<td>Pete Williams, NELFT</td>
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<tr>
<th>Table 4: Third sector organisations</th>
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</thead>
<tbody>
<tr>
<td>Solidarity in a crisis</td>
</tr>
<tr>
<td>Patrick Nyikaviranda, Certitude</td>
</tr>
<tr>
<td>Alison Faulkner, NSUN</td>
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<thead>
<tr>
<th>Table 8: S136, Police and Mental Health Professionals</th>
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<tbody>
<tr>
<td>Vulnerability Assessment Framework training</td>
</tr>
<tr>
<td>Sarah Fairhurst, Metropolitan Police Service</td>
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<tr>
<th>Table 12: Crisis care and recovery plans</th>
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<tbody>
<tr>
<td>Naomi James &amp; Ghzala Ahmed, NSUN</td>
</tr>
</tbody>
</table>

#MentalHealthLDN
We, the organisations listed below, support this Declaration. We are committed to working together to continue to improve crisis care for people with mental health needs in London.

- NHS England, London Region
- Office of London CCG’s
- London Councils
- London ADASS
- The Metropolitan Police Service
- British Transport Police
- The Mayor’s Office for Police & Crime
- The Mental Health Partnership Board
- London Ambulance Service
- Urgent and Emergency Care providers
- Directors of Public Health
- Community Safety Partnerships

- Central & North West London NHS Foundation Trust
- South London & Maudsley NHS Foundation Trust
- West London Mental Health Trust
- Barnet, Enfield & Haringey Mental Health Trust
- Tavistock & Portman NHS Foundation Trust
- South West London & St George’s Mental Health Trust
- Oxleas NHS Foundation Trust
- North East London NHS Foundation Trust
- East London NHS Foundation Trust
- Camden & Islington NHS Foundation Trust
Jane Milligan
Chief Officer
NHS Tower Hamlets CCG
Commissioning mental health for the future and taking forward locally

Jane Milligan. Chief Officer, NHS Tower Hamlets CCG
Where are we now?
UK mentally ill have North Korean lifespan

Risks
Where are CCG’s coming from?

- Whole person care
- Family focus, life-course approach
- System approaches
- Integration
- Partnerships
- Co-production with service users and carers
- Outcomes focussed contracting across the system
What does the future hold?

- Improvements to system working to support children and young people with mental health problems, or at risk of developing them
- Development of primary care mental health services for people with stable serious mental illness
- Integrated services, revolving around the person
- Improved access for assessment and treatment
- Productivity
- Contracting for outcomes, quality and innovation
- Maintaining our high performing crisis pathway
Our service model for working age adults

- Resettlement Team and supported accommodation pathway
- Inpatient services
- Home Treatment Team and Crisis House
- Community mental health services
- Enhanced primary care
- Primary care
- Voluntary sector recovery & wellbeing services
Impact

**Adult inpatients - Bed occupancy**

- Bed Occupancy Rate
- 90% plan
- 93% Threshold
- Linear (Bed Occupancy Rate)

**Number of placements at year end**

- 2003/4: 94
- 2004/5: 94
- 2005/6: 115
- 2006/7: 113
- 2007/8: 124
- 2008/9: 135
- 2009/10: 129
- 2010/11: 130
- 2011/12: 118
- 2012/13: 116
- 2013/14: 99
- Aug-14: 90
On a final note…

Mental and physical health services delivered separately

People with a mental health problem have their physical health problems identified, assessed and treated, and people with physical health problems have their psychological needs met

All health encounters provide holistic care, regardless of setting

Sohrab Panday, Chair of Parity Working Group
Dr Beverley McDonald
GP Mental Health Lead
Hammersmith & Fulham CCG
NWL Clinical Lead Urgent Care

Mr Glen Monks
NWL Mental Health Programme Lead

#MentalHealthLDN
North West London
Mental Health Urgent Assessment & Care
setting standards, simplifying access, improving care

Dr Beverley McDonald, Co-Chair NWL Urgent Mental Health Care ERG/
Mental Health Clinical Commissioner (Hammersmith & Fulham CCG)
Glen Monks, NWL Mental Health Programme Director
NWL Mental Health Programme Board

- Population of 2m; Spend of £450m; 160,000 patients of whom 32,000 ‘SMI’ (50-60%Primary care alone)
- 8 CCGs & Local Authorities, Police, Mental Health Trusts, 3rd sector providers, Services Users & Carers, AHSN - enables us to take a whole system/cross-pathway view
- **Expert Reference Groups** to lead co-production of change at scale, supporting local delivery
- Started work on Urgent Pathway redesign April 2013
- Impetus from Concordat and NHS Mandate pledges
- Signed off Action Plan March 2014; Declaration Oct 2014
Service Transformation: Phase 1, Laying Foundations

- Patient journey perspective/whole system MH Pathway including MH Single Point of Access (SPA).
- NWL Wide Access Criteria & Standards
- NWL Wide standardised paperwork underpinned by shared care principles each stage of Pathway
- Quality Standards, co-produced ‘outcomes’ at each stage:
  - **Urgent Care ERG** for Stage 2 (Advice, Support, Assessment) and Stage 3 (Treatment)
  - **Whole Systems ERG** for Stage 1 (Pre-referral) and Stage 4 (Recovery & Staying Well).
NWL Mental Health Single Point of Access

24/7 365 days

A Single Telephone Number
Referral Management & Triage
Telephone Triage by Clinicians
AMHP & EDT Interface
Referral Advice Line for GPs/Police/Other
e-referral /Choose and Book system access
Links with Referral Management Services

Self Management & Signposting
24/7 Service User & Carer Support Line
Web based self help & IAPT Interface
Signposting to Community Services

Managed Care
24hr clinical advice to GPs/Police
Interagency IT Interface
Crisis Plans

Front Door of Specialist Mental Health
Focus on Advice, Support, Prevention
Tele-Triage & e-Referral Screening
Fully Integrated Health & Social Care
All age inclusive
Signposting via e-directory of 3rd sector
Assessment function with redirection of known referrals direct to treatment
Interagency IT Connectivity Technology / Web interface
NWL Mental Health Urgent Care Standards

Assessment (face to face), with ‘home setting as standard response’:

- < 1 hour Emergency (A&E Liaison)
- < 4 hours Emergency (Community/Ward)
- < 24 hours Urgent
- < 7 days Routine Plus
- < 4 weeks Routine
Service Transformation: Phase 2, Delivery (1/3)

- Contract CQUIN to support transition & innovation: Transformation Business Cases, Quality Audit and Multi-Agency Training in Primary
- Demand & Flow mapped (by CCG x 8) at each stage of pathway - 12 month baseline

- Clinical evidence collated for each stage
- Outcomes mapped for each stage – Population, Service, Individual & Experience
- Outcome-based service specifications
- Police liaison and diversion pilots in Ealing, H&F, and Hounslow – to minimise time in custody
• Working on ambition for s136 detentions taken to police cells as a *de facto* ‘never event’.

• Clear protocols for circumstances when, very exceptionally, police may be called to manage patient behaviour within a health or care setting.

• Needs of under-served groups are properly assessed and addressed – links to JSNAs.

• Integrate into CAMHS review 2015/16 (OOH done).
• Urgent Care pathway with built in ‘reasonable adjustments’ for people with LD & Dementia.

• NWL wide Transport protocol with clear criteria and standards associated with transportation of people in MH crisis by the Police, LAS and MH Providers.

• Community Crisis/Recovery Houses with 3rd sector.

• ‘Community Living Well’ (Stages 1 & 4) focus on prevention, resilience and maintaining recovery (bio-psycho-social); direct GP and user access.
• MHPB Partnership with Co-Production as bedrock.
• Transformation is a process not event.
• It’s easy to agree **what** needs to change, far harder to secure the necessary system-wide enablers to drive cultural and structural shifts within and across organisations.
• Co-Delivery: try everything in your endeavours!
• Constant learning – the more we share our experiences the better we will become at this.
Steve Davidson
Service Director
South London and Maudsley
NHS Foundation Trust
Mental Health Street Triage Service
Background

Arose from recommendations of Lord Adebowale’s report on Mental Health and Policing – May 2013

AIMS:

• To improve the experiences of people who have mental ill-health who come into contact with the police, including those in crisis

• To reduce the use of Section 136 amongst the police

• To reduce the amount of time officers spend dealing with people who are in crisis due to mental health problems

SLaM has had the highest numbers of people detained under S136 in London, consistently, every year since 2009 (data provided by NHS Trusts)

721, 675 and 610 pa in 2009/10, 2010/11 and 2011/12 respectively
Commissioning arrangements:

- Funded by the DH
- Co-commissioning model between MOPAC, MPS and NHSE
- On-going local CCG engagement throughout
The Street Triage Service

- 12 month pilot (£260k budget)
- Covers London Boroughs of Lambeth, Southwark, Lewisham and Croydon
- 24/7 telephone advice service to the police in four boroughs
- Face to face assessment service to Lambeth and Southwark
- Based at the Maudsley Hospital
- One practitioner on duty 24/7
Activity – first 6 months

- Telephone call only
- Face to Face

April: 0
May: 0
June: 10
July: 0
August: 0
September: 10
Ethnicity
Reason for Intervention

- Harm to Self (or threat of)
- Harm to Others (or threat of)
- Intoxication
- Physical violence
- Other aggression
- Unusual behaviour
Outcome of Triage Intervention
Initial scoping and 6 months on

• More face to face assessments of those considered for S136
  • No significant reduction in S136 activity.
  • Triage advised an alternative to use of S136 on 156 occasions (average of 26 per month), so this perhaps, is a hidden reduction. S136 presentations were rising month on month but have now plateaued at around 70 – 75 per month.
  • Police in the four Boroughs already use S136 very appropriately – demonstrated by historically high rates of admission or referral to community mental health services following S136 (approx. 60 – 65 % admission rate).

• Calls from private premises - limitations of police powers and MHA
  • Police access to mental health advice 24/7 is high valued.
  • Improved joint working with police for users where alcohol and /or drugs is a factor.
  • Streamlined access to use of Section 4 and AMHPs in extreme cases
  • Advice available about consent.
Some case studies
Scoping and 6 months on (cont...)

- Distressed and frequent callers to the police – lots of police time spent with no mental health involvement
  - Phone assessment provided by triage
  - Linking in to CMHTs or referral if not known
  - Arranging alternatives to police attending – alert CMHT etc.
  - An area for expansion

- Engagement – real desire of police, SLaM and users to improve experiences and use opportunity to change culture and practice
  - Small user group with lived experience active in all aspects of the pilot
  - Positive feedback from police and users
  - User led audit of S136 experience has begun
  - Improved working relationships, information sharing and support between police and SLaM
MH Crisis Care Concordat Core Principles

• Access to support before crisis point
• Urgent and emergency access to crisis care
  – *Triage contributes to this*
• The right quality of treatment and care when in crisis
  – *And to this*
• Recovery and staying well and preventing future crises
SLaM Developments linked to Concordat

Considerable investment from local commissioners in the development of a reconfigured model of AMH care across the Trust. The aims of this are:

1. Improved entry point to service and liaison interface with primary care.

2. Reducing relapse rates and hospital bed usage through applying lessons from the early intervention model and from evidence about effective interventions in promoting recovery community teams.

3. Improving emergency access to care / easy in, easy out to support primary care in providing community based care.

4. Transferring patients who no longer require secondary level care to community / primary care settings.

Known locally as the ‘the AMH model’
Developments linked to Concordat (cont...)

• **Access to support before crisis point**
  – Help, support and advice line development
  – Smaller case loads in community teams – better access to care co-ordinator
  – Extended home treatment function to work collaboratively with promoting recovery teams to avoid crisis (and admission)
  – Peer support

• **Urgent and emergency access to crisis care**
  – Assessment services – highly skilled and open at the same time as GP practices (inc. Saturday mornings). Urgent assessment when required
  – HTTs working with assessment service to provide rapid response to urgent calls from GPs
  – Help and advice line development – need to build on experiences of street triage and extend
Developments linked to Concordat (cont...)

• The right quality of treatment and care when in crisis
  – Skilled practitioners 24/7 – phone line and HTT intervention – development of out of hours DBT

• Recovery and staying well and preventing future crises
  – Intervention focussed work in promoting recovery teams – delivering at scale, CBT and family interventions as per NICE guidance on the treatment of psychosis
  – Low intensity teams to give practical support to the work of promoting recovery teams
Thank you
Any questions?

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<td>North west London transformation</td>
<td>City and Hackney CCG mental health</td>
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<td>Beverley McDonald, Hammersmith &amp;</td>
<td>training</td>
<td>London street triage pilot</td>
<td>Dorothy Gould, NSUN</td>
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<td>Fulham CCG</td>
<td>Rhiannon England, City and Hackney CCG</td>
<td>Derek Nicoll, SLAM</td>
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<td>Michael Doyle, NHS north west London</td>
<td>George Howard, Islington CCG</td>
<td>Dan Thorpe, Metropolitan Police service</td>
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<td>Mental Health Direct - NEFT</td>
<td>Whittington integrated liaison assessment team</td>
<td>Highbury Grove crisis house</td>
<td>Naomi James &amp; Ghzala Ahmed, NSUN</td>
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<td>Philippa Galligan, NELFT</td>
<td>Sylvia Tang, Medical Director, Priory Group</td>
<td>Michelle Crouch, One Housing Group</td>
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<td>Paula Reid, Rethink</td>
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<td>Carol-Ann Murray, NHS Southwark CCG</td>
<td>Hackney 24 hour AMHP service</td>
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<td>Stephanie Taylor-King &amp; Raza Griffiths, NSUN</td>
<td>Gill Williams, City and Hackney centre for mental health</td>
<td>Pete Williams, NELFT</td>
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<td>Patrick Nyikavuranda, Certitude</td>
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<td>Naomi James &amp; Ghzala Ahmed, NSUN</td>
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<td>Alison Faulkner, NSUN</td>
<td>Sarah Fairhurst, Metropolitan Police Service</td>
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Ghzala Ahmed, NSUN
Plenary –
carer reflection
Matthew Patrick
Chair
Mental Health Strategic Clinical Network
Thank you

Close