Mental Health Crisis Care 24/7 Response Service

Introduction

Mental illness is a challenge for all of us. When a person's mental state leads to a crisis episode, this can be very difficult to manage, for the person in crisis, for family and friends, and for the services that respond. There have long been concerns about the way in which health services, social care services and police forces work together in response to mental health crises.

In recognition of this the Mental Health Crisis Care Concordat was launched in February 2014[1]. The concordat is a national agreement between services and agencies involved in the care and support of people in crisis. The concordat sets out a new agreement between police, the NHS and other emergency partners in a bid to improve mental health crisis care. The system signed up to the delivery of the Crisis Care Concordat in December 2014.

It builds on the NHS England Mandate commitment that every community should have plans to ensure no-one in mental health crisis should be turned away from health services. Key to the implementation of the Concordat is the challenge it gives to local health, social care and criminal justice partnerships to provide strong leadership, develop and improve local responses to support people experiencing a mental health crisis. This not only serves the individual concerned better, but also helps those emergency services perform their roles better.

A Pan Essex Crisis Care Concordat group (now Urgent Care Mental Health – UCMH) was set up to coordinate the implementation of the Action Plans developed to evidence response to the Concordat mandate, using a consistent approach and collaboratively exploring opportunities where economies of scale would achieve the best outcomes for people in crisis using services as well as deliver value for money.

Five of the seven CCGs are also part of the Essex Success Regime with a focus on transforming acute services. A need was identified under the Success Regime to undertake the development of a 24/7 Mental Health Crisis Response Service. In response to this a project team (Appendix 1) was set up to progress a work plan that will set out the requirements the system will need to meet for a 24/7 Crisis Response Service. Appendix 2 indicates the respective organisations/stakeholders represented in this work.

The purpose of this project mandate is to describe the approach that this collaborative team will take to define the requirements of a Pan Essex Mental Health 24/7 Crisis Care Response Service in line with the Concordat objectives of ensuring that there is:

1. Access to support before crisis point
2. Urgent and emergency access to crisis care
3. The right quality of treatment and care when in crisis
4. Recovery and staying well, and preventing future crises

Background

In its recent review of **crisis care**, the Care Quality Commission found that only 14 per cent of adults surveyed felt they were provided with the right response when in crisis, and that only around half of community teams were able to offer an adequate 24/7 crisis service. Only a minority of hospital Accident & Emergency (A&E) departments have 24/7 cover from a liaison mental health service,

[1] *Mental Health Crisis Care Concordat Improving outcomes for people experiencing mental health crisis. (Department of Health, 2014)*

even though the peak hours for mental health crisis presentations to A&E are between 11pm and 7am. Too often people in crisis end up in a police cell rather than a suitable alternative place of safety.[2]

People facing a crisis should have access to mental health care 7 days a week and 24 hours a day in the same way that they are able to get access to urgent physical health care. Getting the right care in the right place at the right time is vital. Better access to support when in crisis is one of the top priorities identified by people with severe and enduring mental health problems.

Suicide is rising, after many years of decline. Suicide rates in England have increased steadily in recent years, peaking at 4,882 deaths in 2014. Improving the 7 day crisis response service across the NHS will help save lives as part of a major drive to reduce suicide by 10 per cent by 2020/21.

Failure to provide care early on means that the acute end of mental health care is under immense pressure. Waiting times – for first appointments and for the right follow-on support – are unacceptably long. Basic interventions are in short supply, services are under pressure and thresholds for access are being raised. As a result, people's needs often escalate and they can become acutely unwell or experience a crisis, resulting in poorer outcomes and a reliance on higher cost care.

The Mandate from the Government to NHS England in 2014 established specific objectives for the NHS to improve mental health crisis care. The government expects:

- NHS England to make rapid progress, working with clinical commissioning groups (CCGs) and other commissioners, to help deliver on our shared goal to have crisis services that, for an individual, are at all times accessible, responsive and high quality as other health emergency services.

- NHS England to ensure there are adequate liaison psychiatry services in Emergency Departments.

- Every community to have plans to ensure no one in crisis will be turned away, based on the principles set out in the Concordat.

The Policing and Crime Bill 2016 was placed before Parliament in February of this year. Sections 59-61 represent the amendments to the Mental Health Act 1983 that were announced by the Minister for Preventing Abuse Exploitation and Crime, Karen Bradley, in February. The estimated timescales are Royal Assent and effect from April 2017. Main points/changes identified are:

- No children or young person (under 18) should be taken to police stations as a POS under any circumstances.
- Adults can be taken to custody as a POS, only in circumstances to be specified in regulations, yet to be determined, by the Secretary of State. *It is anticipated the criteria will be exceptionally violent individuals, those who cannot be safety managed elsewhere.*
- Maximum assessment time of 72hours in a POS reduced to 24 hours – which can be extended to 36 hours if authorised by the doctor leading the assessment, or a Superintendent if a custody suite has been used as the POS.

[2] *The five Year forward View for Mental Health: A Report from the independent Mental Health Task Force to the NHS in England. (Department of Health, 2016)*

- A requirement, *where practicable*, to consult a doctor, mental health Professional or AMHP prior to removing a person to a POS. No such requirement presently exists.

Project objectives

The project objectives are to:

- Define a Contingency Plan that will be in place by 1st April 2017 when the Policing and Crime Bill proposed amendments to the MHA will be implemented.
- Develop a specification for a Mental Health Crisis Care Response service that is consistent, compassionate, comprehensive and operates 24/7 so that anyone who needs urgent support during a mental health crisis has access.
- Deliver a business case to inform commissioning plans for the service and resource implications taking into account the recently published Implementing the Five Year Forward View for Mental Health investment and savings indications[3]
- Explore external funding opportunities to support project and contingency plan implementation e.g. U&EC Capital Funding Bid.

Scope of the project

The following national policy recommendations inform the scope of this project:

1. By 2020/21, NHS England should expand Crisis Resolution and Home Treatment Teams (CRHTTs) across England to ensure that a 24/7 community-based mental health crisis response is available in all areas and that these teams are adequately resourced to offer intensive home treatment and not just assessment as an alternative to an acute inpatient admission. (For children and young people, an equivalent model of care should be developed within this expansion programme).
2. By 2020/21 no acute hospital should be without all-age mental health liaison services in emergency departments and inpatient wards, and at least 50 per cent of acute hospitals should be meeting the 'core 24' service standard as a minimum[4].
3. Implementation of the Policing and Crime Bill 2016 proposed amendments to the Mental Health Act 1983, in April 2017.

Whilst there is recognition that an All Age approach would be beneficial a significant programme is already underway for Children and Young People developed over two years and is just initiating the implementation of a new model. Opportunities will be explored to align both processes so as to ensure any gaps in transition are minimised.

The scope for this project will therefore cover adult services and focus on two objectives of the Crisis Care Concordat (outlined above) i.e.:

- Urgent and emergency access to crisis care
- The right quality of treatment and care when in crisis

The system will need to define how the other objectives will be met by reviewing current models of care and ensure efficient and effective utilisation of resources in order to support all levels of future service provision in this rather financially challenged environment

[3] Implementing the five year forward view for mental health. (Department of Health, 2016)

[4] *The five Year forward View for Mental Health: A Report from the independent Mental Health Task Force to the NHS in England. (Department of Health, 2016)*

The workstreams underpinning this project are broadly:

Service model development workstream

- Define parameters of a 24/7 service and what it needs to do
- Service mapping and gap analysis
- Needs assessment – respective system JSNAs and MH Strategies
- Police & Crime Bill – amendments to the MHA
- Contingency Plan for implementation by 01/04/2017
- Essex s136 Suites bid

Commercial workstream

- Resource requirements to meet project delivery
- Financial and activity analysis and modelling
- Costing future proposed model and financial envelop

Communication workstream

- Governance
- Communications and engagement strategy
- Stakeholder engagement

Key Milestones

The project will have specific milestones in respective workstreams as they are developed. Appendix 3 summarises high level key milestones that the project will endeavour to deliver bearing in mind system governance requirements. Detail will be added as the project progresses.

Benefits

Whilst the benefits of delivering this project will be defined more fully as the plan develops high level short, medium and long term indications will be:

1. Non – Cashable (Quality and Activity savings)

- Alleviation of the suffering of individuals in a mental health crisis
- Support emergency services to perform their roles better and efficiently
- Seamless pathways and better utilisation of resource to deliver value for money
- Reduction in A&E attendances of people in a mental health crisis
- Reduction in mental health admissions and re-admissions
- Reduction in suicide rates
- Elimination of Out of Area Placements for acute health cares for adults

2. Cashable (Financial savings)

- Quantified through the financial and activity modelling part of the project.
- Aligned with the proposed analysis indicated in the 5YFVFMH implementation plan[5]

[5] Implementing the five year forward view for mental health. (Department of Health, 2016)

Dependencies

- This project is significantly contingent on the system being able to reconfigure mental health services to release resources in order to deliver a comprehensive 24/7 Crisis Response service.
- There is recognition that to minimise any adverse impact on the system by the implementation of the Policing and Crime Bill (2016) proposed amendments to the Mental Health Act in April 2017; is significantly dependent on the completion of this project.

Key Risks

- Whilst it is hoped that the project would deliver a cost neutral business case it's likely gaps in service provision may not be met adequately by current resources in the system which would lead to cost pressures in an already financially challenged system.
- Project team may be stretched too thin if expertise/resource is not flexibly available from the system to undertake tasks within the workstreams

Stakeholders and Communication

This part will be defined as the workstreams are worked through. To ensure this work is embedded in respective partner work plans and alignment with the CCGs' financial cycles for planning and allocation and to meet governance requirements, a communications and engagement plan is being developed so that all agencies and stakeholders have regular updates on developments and can input into the process.

Governance

The mandate for this project was signed off at the AOs meeting on 14th September 2016 and will be on a Pan Essex footprint. Collectively the 7 Essex CCGs' AOs will be the sponsors of this project. Thurrock CCG will lead and coordinate all the work required to ensure that the intended outcomes of the project are achieved. The UCMH group will be a critical forum and driver for this work as developing a 24/7 crisis response service is part of the work plan for the Crisis Care Concordat. Formal governance arrangements for the UCMH are being worked through.

Appendix 1

Function	Responsibility	Membership
Project group	• Project leadership • Own the project mandate (PID) • Coordinate workstreams	<u>Commissioners</u> • Mark Tebbs (Project lead) • Jane Itangata (Co-ordination) • Catherine Harrison • Ben Hughes • Christine Dickenson • Sipho Mlambo <u>Emergency Services</u> • Craig Wiggins • Duncan Moore • Lisa Grannell <u>Clinical</u> • Dr Caroline Dollery • Dr Rajan Mohile • Dr Sunil Gupta
Service model development workstream	• Define parameters of a 24/7 service and what it needs to do • Service mapping and gap analysis • Needs assessment – respective system JSNAs and MH Strategies • Police & Crime Bill – amendments to the MHA • Essex s136 Suites bid • Contingency plan	• Jane Itangata (W. Lead) • Catherine Harrison (W. Lead) • Sue Waterhouse (CPT&FG lead) • Craig Wiggins • Caroline Bogle • Julie West • Jo White • David Stratford • Jo Dickinson • Carla Fourie • Tendayi Musundire • Alfred Bandakpara-Taylor • Funmi Worrell • Ibrahim Bakarr • Glyn Halksworth • Kim James • Sarah Range • Emma Strivens • Ron Gutu
Commercial workstream	• Resource requirements to meet project plan needs • Financial and activity modelling • Costing future proposed model and financial envelop	• Femi Otukoya (W. Lead) • Christine Dickenson • Jane Itangata • Funmi Worrell • Ben Hughes • Craig Wiggins • Simon Ford
Communication workstream	• Governance • Stakeholder engagement	• Dr Caroline Dollery (lead) • Mark Tebbs • Richard Stone • Communication reps

Appendix 2

	Name	Organisation	Title
1	Mark Tebbs	Thurrock CCG	Director of Commissioning
2	Jane Itangata	Thurrock CCG	Head of MH & LD Commissioning
3	Christine Dickenson	North East Essex CCG	Head of MH - North Essex CCGs
4	Catherine Harrison	Essex County Council	MH Social Care Commissioning Lead
5	Ben Hughes	Essex County Council	Head of Commissioning PH and Wellbeing
6	Craig Wiggins	Essex Police	Detective Sergeant
7	Duncan Moore	East of England Ambulance Service NHS Trust	Area Clinical Lead (Mental Health)
8	Lisa Grannell	Essex Police	
9	Dr Caroline Dollery	Mid Essex CCG	MH GP Clinical Lead
10	Dr Rajan Mohile	Thurrock CCG	MH GP Clinical Lead
11	Dr Sunil Gupta	Castle Point & Rochford CCG	MH GP Clinical Lead
12	Sue Waterhouse	SEPT	Director of MH South Essex
13	Caroline Bogle	Castle Point & Rochford CCG	MH Commissioner
14	Julie West	North East Essex CCG	
15	Jo White	NEP	AMHP Practice Lead
16	David Stratford	Essex County Council	Service Manager EDS
17	Jo Dickinson	Southend Borough Council	Strategy and Commissioning Manager MH & Dementia
18	Carla Fourie	SEPT	Associate Director of Social Care and Partnerships
19	Tendayi Musundire	NEP	
20	Alfred Bandakpara-Taylor	Basildon & Brentwood CCG	Senior Commissioning Manager (MH & LD)
21	Funmi Worrell	Thurrock Council	Public Health Registrar
22	Ibrahim Bakarr	Thurrock Council	Interim Service Manager
23	Glyn Halksworth	Southend Borough Council	Strategy Manager, Drugs & Alcohol Commissioning Team
24	Femi Otukoya	Thurrock CCG	Head of Financial Management
25	Sipho Mlambo	Castle Point & Rochford CCG	Senior Commissioning Manager - MH
26	Ron Gutu	SEPT	Interim Associate Director of Adult Inpatient Services
27	Simon Ford	Southend Borough Council	Senior Public Health Manager
28	Richard Stone	Thurrock CCG	Head of Communications
29	Kim James	Healthwatch Thurrock	Chief Operating Officer
30	Sarah Pope	BTUH	Head of Safeguarding
31	Emma Strivens	NEP	Operational Service Manager
32	Sarah Range	Southend Borough Council	
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Appendix 3

Phase	Work area	Actions	Timescales
Phase 1	Project Mandate (PID)	• Set up project group	23/06/2016
		• Develop project mandate (PID)	07/07/2016
		• Define work streams (and necessary task & finish groups)	18/08/2016
		• AOs PID sign off	14/09/2016
		• Project plan (detailed)	30/09/2016
		• Communications Plan	07/10/2016
	Project governance	• Confirm governance requirements in view of STPs/Pan Essex footprint	06/09/2016
		• PCC meeting with CEOs of provider Trusts	22/09/2016
		• PCC meeting with AOs and Directors of Social Care	Oct 2016 (TBC)
	Contingency plan (changes of Policing & Crime Bill)	• Street Triage Business Case	30/09/2016
		• S136 suites central management plan	31/10/2016
		• S136 suites refurbishment	On-going
		• System central bed management plan	30/11/2016
		• Information sharing for repeat attenders	31/01/2017
		• RAID/Psychiatric Liaison review	30/09/2016
		• AMHPH service review to support contingency plan	31/10/2016
		• Review of Crisis Resolution and Home Treatment Teams (CRHTTs)	31/10/2016
	Business case	• Develop a business case to support contingency plan.	31/10/2016
		• Sign off of business case	30/11/2016
		• Sign off contract	31/12/2016
	Implementation plan	• Mobilisation plan	31/01/2017
		• Mobilisation start	01/02/2017
		• Mobilisation completion	31/03/2017

Phase 2*	Crisis response Integrated service	• Pan-Essex Liaison and Diversion, Street Triage and Police Forensic Medical Examiner Draft Specification and Project Plan	2017/18
	111 procurement	• Mental health specification development for 111 service	
	Service redesigns	• Wider system pathway redesigns and developments to support crisis prevention and aftercare	
	Engagement strategy	• Develop engagement plan • Consultations	
	Service specification	• Develop a specification for service model to deliver quality 24/7 Crisis Response by 2021	
	Business case	• To inform commissioning intentions 2018/19	
Phase 3*	Roll out	• Procured services • Implementation of redesigned pathways	2018/19

* Phases to be developed further