

5 September 2019		ITEM: 8
Health and Wellbeing Overview and Scrutiny Committee		
24-7 Mental Health Emergency Response and Crisis Care Service		
Wards and communities affected: All	Key Decision: N/A	
Report of: Mandy Ansell – Accountable Officer NHS Thurrock Clinical Commissioning Group		
Accountable Associate Director: Jane Itangata – Associate Director Mental Health Commissioning, Mid & South Essex Sustainability and Transformation Plan		
Accountable Director: Mark Tebbs – Director Mental Health Commissioning, Mid & South Essex Sustainability and Transformation Plan		
This report is a progress update of the 3rd phase of the Mid and South Essex STP Urgent and Emergency Care Mental Health (UECMH) programme – 24-7 Mental Health Emergency Response and Crisis Care Service implementation.		

Executive Summary

People facing a mental health crisis should have access to 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. Failure to provide care early on means that the acute end of mental health care and Accident and Emergency (A&E) Departments will routinely be under immense pressure.

National expectation is that Clinical Commissioning Groups (CCGs) will demonstrate commitment to additional investment at pace for the full delivery of all aspects 24/7 Crisis Resolution and Home Treatment Teams (CRHTT) services by 2020/21. Thurrock CCG as the Sustainability and Transformation Plans (STP) mental health lead developed an ambitious Urgent and Emergency Care Mental Health Programme (UECMH) that has been implemented at pace over the last 18 months in the following phases:

Phase 1 – the system response to the legislative amendments of the Mental Health Act (1983) by the Policing and Crime Act (2017) which saw the mainstreaming of Street Triage as part of the Integrated Health and Justice Service to support the police with mental health expertise and divert detentions.

Phase 2 – enhancing the mental health liaison services at the 3 acute hospitals in the STP so that everyone attending the general hospitals have their mental health

considered at par with their physical health, ensuring a quality of care, respect and dignity.

Phase 3 – development of a 24-7 Mental Health Crisis Response and Care service. This last phase is the focus of this update to the committee.

Locally the current CRHT service offer only covers 12 hours a day, 7 days and does not support access for self-referrals, access is purely through health professionals and the home treatment function operates only to 8pm.

To deliver the national mandate and provide a fit for purpose, 24-7 responsive and high standard service, the Thurrock CCG led STP mental health commissioning team developed a business case for additional investment to resource a new service model that will more appropriately meet the needs of people in a mental health crisis. The team also successfully bid for national transformation funds to establish 3 crisis cafes within the STP that will be located in the following areas:

- Thurrock – covering Thurrock, Basildon and Brentwood.
- Southend – covering Southend, Castlepoint and Rochford
- Chelmsford – covering Chelmsford, Braintree and Maldon

The cafes will be operated by the voluntary sector and will provide more suitable, preferable alternatives to A&E for many people in a mental health crisis who do not have medical needs. The service specification of the new Mental Health Emergency Response and Crisis Care service is being co-produced with all stakeholders in the system ensuring users, carers and families play a key role in shaping the model of delivery.

The ambition is the new service will be fully operational by April 2020.

Implementation of this new service will respond to the recommendations of the Thurrock Joint Strategic Needs Assessment for Common Mental Health Disorders in Adults, Local Government Association Peer Review into Mental Health and the Healthwatch survey undertaken in 2018 which highlighted that, 'Out of Hours **Crisis support** needs to be reviewed to ensure a service is available to prevent people attending/being sent to A&E as their only option'.

1. Recommendation(s)

1.1 The Health and Wellbeing Overview and Scrutiny Committee asked to note the progress made in the development of a responsive 24-7 Mental Health Emergency Response and Crisis Care service that will be available via 111 to anyone in a mental health crisis.

2. Introduction and Background

2.1 A mental health crisis is a situation that the person or anyone else believes requires immediate support, assistance and care from an urgent and emergency mental health service. All crises will be different in their cause,

presentation and progression. It is important to identify the trigger (for example, abuse, trauma or relapse of the current mental health condition), associated risks and options for ongoing care, and respond to the crisis according to the individual's need and circumstances.

In 2000, the Department of Health for England recommended the creation of Crisis Resolution and Home Treatment Teams (CRHTTs). The aim was to reduce the number and length of hospital admissions through provision of intensive home support for people experiencing acute mental health crises who would otherwise be admitted to hospital. CRHTTs were given the task of assessing all potential hospital admissions and deciding whether or not admission was required. Gate-keeping was seen as pivotal to their success and the teams were likely to achieve their potential if the interface with acute and Community services was maximised.

The ambition for Implementing the MH5YFV is that 'by 2020/21':
'All areas will provide crisis resolution and home treatment teams (CRHTTs) that are resourced to operate in line with recognised best practice – delivering 24/7 community-based crisis response and intensive home treatment as an alternative to acute in-patient admissions.'

The 'Preparing for 2019/20 Operational Planning and Contracting Guidance' expects CCGs to commit investment to providing high quality specialised mental health services that are integrated with local health systems and are delivered as close to home as possible, driving further reductions in inappropriate out-of-area placements.

The recently published 'The NHS Long Term Plan' emphasises the expectation for mental health crisis care services to be accessed via 111:
'The Clinical Review of Standards will make recommendations for embedding urgent and emergency mental health in waiting time standards. This means that everyone who needs it can expect to receive timely care in the most appropriate setting, whether that is through NHS 111, accessing a liaison mental health service in A&E, or a community-based crisis service.'

Locally the CRHTTs work with working age and older adults with severe mental illness (e.g. Schizophrenia, manic depressive disorders, severe depressive disorder) with an acute psychiatric crisis of such severity that, without the involvement of a crisis resolution home treatment team, hospitalisation would be necessary. Such patient should be willing to receive home treatment which can be safely provided in their home environment. The CRHTTs also provide a Direct GP crisis line access for Primary Care in South Essex to enable a smooth referrals' pathway for those patients in mental health crisis, undertakes 7 day follow ups for patients requiring this from mental health assessment unit (MHAU) and also attends to mental health act assessments.

Current service aims to provide a 4 hours target response to referrals and assessments including face to face within 24 hours for referrals depending on

capacity. The south service accepts referrals for any one aged 18 or older assessed by a mental health professional as ordinarily requiring admission to an acute mental health ward. Telephone referrals are accepted from a GP or a mental health professional that has seen the person within the last 24 hours. The service is unable to accept self-referrals.

The CRHT Team is multi-disciplinary with the following staff: Consultant Psychiatrist, Staff Grade Doctor, Nurses, Occupational Therapists, Social Workers, Support Workers and Psychologist. Treatment interventions, procedures and protocols are evidence-based and where appropriate compliant with the CRHT procedural implementation guidelines, NICE guidelines and Home Treatment Accreditation Scheme (HTAS) standards. The two south teams have a quality award of peer review accreditation from the Royal College of Psychiatrists quality improvement HTAS.

3. Issues, Options and Analysis of Options

3.1 The current service offer is not resourced with adequate capacity therefore does not support:

- 24-7 access and a comprehensive out of hours service
- Self-referrals option
- Intensive home treatment
- Routine response within the stipulated target time
- Non-clinical crisis resolution environments

A business case was developed and approved in March this year to secure CCGs' investment to enhance the service and enable it to offer a more responsive and accessible service via 111. Additional transformation funds were secured later in July to enable the set-up of voluntary sector led crisis cafes as part of the Mental Health Emergency Response Service.

Appendix 1 below shows a diagrammatic representation of the new service and the process of co-producing the delivery plan as well as the governance framework within which the work is being undertaken. The work is overseen by the Urgent & Emergency Care Mental Health (UECMH) Steering Group with a number of key sub-groups to deliver key work-streams that link in with wider system services e.g. Housing, Employment, Social Inclusion, Social Care and Integrated Primary and Community Care Mental Health.

The groups have representation from health, social care, emergency services, mental health trust, Healthwatch and the integrated health and justice service. We are in the process of further developing the STP's co-production approach so that user, care and family voice significantly shapes delivery of the transformation programme. All the groups have signed off their Terms of Reference and meetings are progressing. A programme plan is currently under development and will be shared with the system to communicate the work plan and milestones.

3.2 The Mental Health Emergency Response Service (MHERS):

The proposed MHERS will operate 24-7, 365 days and will create the ability to provide emergency and urgent response within the STP and will interface existing mental health services and with Thurrock First in the locality to ensure seamless pathways with other teams and services. The emergency response service will operate screening and triage to the appropriate care option, namely:

- **Emergency care** – An immediate response to time critical healthcare need. If identified as part of screening then to offer a face to face assessment in 4 hours.
- **Urgent care** – The response before the next in hours or routine (primary care) service is available; as appropriate to offer a face to face assessment in 24 hours.
- **Routine care** – Identified individual would be transferred to appropriate services after telephone triage.

The service will be accessed through 111 as the Single Point of Access (SPA) and will be open to self-referrals, referrals from professionals in primary care, secondary care, social services, community care and the Acute hospitals as well as the emergency services – Police, Ambulance, Fire and Street Triage. Home treatment will:

- Be available 7 days a week; 08:00 to midnight;
- Focus on home assessment, treatment, interventions as an alternative to hospital admission.

Crisis cafes will provide flexible, practical and emotional support providing a calm and safe place for people in a mental health crisis and may be used as an alternative to admission to statutory services where appropriate. They will also provide onward support that initiates and is provided in a coordinated way with other partners once the crisis has resolved. The service would be accessed via the MH Triage.

3.3 Next steps:

- Co-producing the service specification and implementation plan for the new service offer;
- Defining a comprehensive workforce plan that will meet needs holistically to ensure the best possible outcomes for people in a mental health crisis, carers and families;
- Development and implementation of the crisis café delivery model through co-production.

4. Reasons for Recommendation

- 4.1 The implementation of the 24-7 Mental Health Emergency Response and Crisis Care will address the unmet needs identified in the Thurrock Joint Strategic Needs Assessment for Common Mental Health Disorders in Adults and the Local Government Association Peer Review into Mental Health as well as respond to the concerns raised by people in Thurrock through the Healthwatch survey undertaken in 2018 which highlighted that, 'Out of Hours **Crisis support** needs to be reviewed to ensure a service is available to prevent people attending/being sent to A&E as their only option'.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 N/A

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 N/A

7. Implications

7.1 Financial

N/A

7.2 Legal

N/A

7.3 Diversity and Equality

Quality and Equality & Health Inequalities Analysis & Privacy Impact Assessments will be undertaken as part of developing the implementation plan.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder or Impact on Looked After Children)

N/A

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

N/A

9. Appendices to the report

Appendix 1 – 24-7 Mental Health Emergency Response and Crisis Care

Report Author:

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