Principles and Objectives – urgent mental health care

The vision for the urgent mental health care system in South Devon and Torbay over the next five years is that:

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. No one in mental health crisis will be turned away or find themselves alone in their distress.

Wherever possible, crisis will be prevented from happening through planned prevention work and early intervention.

Services are of a standard that people would recommend them to family and friends.

The Government has put mental health at the centre of its programme of health reform and in the Mandate from Government to NHS England (2013) there is the specific objective to put mental health on a par with physical health care and close the health gap between people with mental health problems and the population as a whole.

At the point of needing to use urgent mental health care services people have high levels of need, are often in crisis and may feel afraid and vulnerable. In many cases people will be at risk of self-harm or suicide. For people to have access to the right care, in the right place and at the right time is critical to health outcomes overall and to the individual's recovery and future engagement with providers of mental health services.

Improvements to the urgent care pathway to support individuals and their families in the community can also reduce costs by reducing the need for hospital admission. The NHS plan (2000) made the provision of Crisis Resolution and Home Treatment (CRHT) Teams a priority and these teams employ dedicated staff to work closely with people in crisis in order to prevent hospital admission.

Urgent care can be a high risk area of mental health care and it is essential that services such as CRHT Teams are well enough resourced and led to provide a timely response, sufficiently intensive support, safe environments and joined up care.

At engagement events across South Devon and Torbay people have told the CCG that there needs to be more consistency in the provision of out of hours urgent care and greater choice for those experiencing mental health crisis. This important feedback, together with the publication of the Crisis Care Concordat has informed the redesign of urgent care services.

The Joint Commissioning Panel for Mental Health guidance (2013) describes the following philosophy of care for high quality urgent care services:

Individuals should be involved in all aspects of their journey from initial assessment, through treatment to recovery and discharge. All treatment and care should take into account their needs and preferences, and patients should have the opportunity to make informed decisions about their care and treatment in partnership with their healthcare professionals.

The following key principles taken from the guidance inform the development of urgent care services:

People who use services and their supporters and carers should be involved in the commissioning, strategic direction and monitoring of care standards.	The urgent care system should provide a full range of evidence based social, psychological and physical interventions as well as residential alternatives to hospital admission which focus on the person's recovery.	Sufficient resources should be available within the urgent care pathway to ensure patient safety, enable choice and for individuals to be treated close to home, and that choice is facilitated through the roll out of personal health budgets.	There should be a range of agreed outcome data and evidenced patient and carer experience and satisfaction data.
Care for people experiencing mental health crisis and requiring urgent access to services should be available 24 hours a day, 7 days a week.	Early intervention is key in preventing distress from escalating into crisis. To be effective the local system needs to anticipate and where possible prevents crisis.	Good communication within the urgent care pathway is essential. In particular there should be clear criteria for entry and discharge from urgent care and clear standards for communication with primary care.	When rapid help is required the person should be treated with as much urgency and respect as if an urgent physical health need required attention.
The full range of National Institute for Health and Care Excellence (NICE) approved interventions should be available for patients in the acute care pathway.	Care should have a recovery focus demonstrated by outcome measurement.	Providers of urgent care must meet their statutory duties under the Mental Health Act and Mental Capacity Act.	Services should be of a standard that can be recommended to family and friends.
There should be protocols to deliver thorough holistic assessment and a philosophy of care which is holistic, person centred and which facilitates recovery underpinned by humanity, dignity and respect.	A care pathway used and understood by all professionals and easily explained to patients and carers which delivers a full range of evidence based social, psychological and physical interventions which focus on the person's recovery.	There should be sufficient staffing to ensure that interventions are available when people require them.	As part of the care pathway there should be access to advocacy and peer support.

Mental Health Crisis Care Concordat

The NHS Mandate (contains an objective for the NHS to make sure that every community develops plans based on the principles set out in the Crisis Care Concordat that mean no one experiencing mental health crisis will be turned away.

The Mental Health Crisis Care Concordat (2014), agreed by a partnership of organisations and representative bodies aims to improve the outcomes for people experiencing mental health crisis by improving the system of care and support to people in crisis because of a mental health condition and reflects the Mind 2011 'Listening to experience', an independent inquiry into acute and crisis mental health care.

The Concordat describes what people experiencing a mental health crisis should be able to expect of the public services that respond to their needs and how different services can best work together. The Concordat has been informed by engagement with people who have needed to use crisis services and establishes key principles of good practice that local services and partnerships should use to raise standards and strengthen working arrangements.

The Concordat spans the health, social care and criminal justice systems and is also relevant to other partners such as housing providers. The Concordat focuses on the need for agencies to work together to deliver a high quality response when people with mental health problems need help; to establish joint intent and common purpose as to the roles and responsibilities of each service. For example Police Officers who respond quickly to protect people and keep them safe, paramedics who may initial assessment and care, and health professionals who assess and arrange for appropriate care.

While the Concordat has been agreed nationally real change can only be delivered locally and the most important ambition of the Concordat is that localities adopt the principles of the Concordat and embed these principles into service planning and delivery. Central to this ambition is the expectation that local areas commit to delivering their own mental health crisis declaration.

The Concordat builds on and does not replace existing guidance and current service provision will continue while the improvements envisaged are put in place.

Crisis Care Concordat Principles

The Crisis Care Concordat is arranged around four key areas:

1) Access to support before crisis point

2) Urgent and emergency access to crisis care

3) Quality of treatment and care when in crisis

4) Recovery and staying well/preventing future crises.

Access to support before crisis point

There is growing evidence that it makes sense both for the health of the population and in terms of economics to intervene early when people may have an issue with their mental health in order to reduce the chances of them going on to develop more serious and enduring mental health problems.

People whose circumstances make them vulnerable and their families and carers need fast access to services 24 hours a day, seven days a week. Early intervention is key in preventing distress from escalating into crisis.

With this in mind, the urgent care system has been redesigned with a variety of options being developed to complement existing healthcare provision ranging from a telephone helpline, volunteer peer support, access to planned respite care, rapid access to a crisis house and an out of hour's sanctuary service.

At times of need people using the service, their families and carers and professionals need to know who to contact; to simplify and improve access, a single point of access to urgent care will be a key development of the redesign.

Early intervention includes suicide prevention work. The Mandate from the Government to the NHS states that it is important for the NHS to take action to identify those groups known to be at higher risk of suicide than the general population. The South Devon and Torbay Suicide Prevention strategy and Implementation Plan 2014 - 2017 will inform the redesign of the urgent care pathway as will the CCG's membership of the South West Zero Suicide Collaborative. The Zero suicide collaborative builds on key areas of the Government's strategy Preventing Suicide in England (2011); it brings people together from communities and agencies across the region, to share good practice and learn from each other. The aim is ambitious – to reduce suicide to zero across the south west by October 2018 - and is inspired by the experience of others who have achieved this apparently impossible goal.

Urgent and emergency access to crisis care

- **People in crisis will be kept safe, have their needs met and be helped to achieve recovery.**

  Responses to crisis should, where possible, be community based, close to home and the least restrictive option available appropriate to the needs of the person; importantly no one experiencing mental health crisis will be turned away. As part of this urgent mental health services need to be available 24 hours a day, seven days a week.

  The urgent care system is being redesigned to include a variety of options many of which complement existing healthcare provision with a focus on out of hours provision:

  -Liaison Psychiatry Service - the service that provides assessment for those presenting with mental health problems to the Emergency Department - extended to provide a service Monday to Friday, 8am to 10pm with a pilot commencing in January 2014 to provide a Liaison Psychiatry Service at weekends

-Psychiatric Assessment and Management Service introduced; Nurse Practitioner and support staff out of hours - at night and weekends - to provide an assessment and advice service.

-Place of Safety at Haytor Unit for those detained under 136 of the Mental Health Act enhanced to provide consistent 24 hour availability

-Introduction of volunteer peer support to urgent care pathway - pilot project commenced October 2014

-Provision of community hospital step down beds from acute mental health beds

-Introduction of out of hours sanctuary support for people to receive self-management coaching, peer support, company, signposting and information

-Planned residential respite provision with post discharge telephone support

-Crisis House provision increased to 5 beds for immediate support with post discharge follow up

-Volunteer/peer support mental health helpline 8pm to 11pm, 7 seven days a week

-24 hour telephone access to mental health professionals

- **Staff, across agencies, should have the right skills and training to respond to mental health crisis appropriately.**

  Outside the expertise provided by clinicians and support staff in mental health services there are many personnel in other agencies who come into contact with people experiencing mental health crisis. Staff across agencies require increased mental health awareness to improve their response to people in mental health distress.

  Mental health awareness training will be integral to the improvements introduced as part of the redesign of the urgent mental health care pathway. Work is underway across agencies to describe and identify who needs to do what and how local training systems fit together so all agencies come to a greater understanding of each other's roles in responding to mental health crisis.

  Local examples include

  -A set of practice standards/key working principles developed for clinicians in the Emergency Department to improve the experiences of people using the service and those who care for them as well as improving the skills and confidence of staff.
  -A pilot is in the early stages of implementation regarding the roll out of a mental health awareness training programme for all NHS 111 staff.
  -Mental Health First Aid an educational course which teaches people how to identify, understand and help a person who may be developing a mental health problem, is

being rolled out across agencies with an associated Training the Trainer Course to ensure sustainability.
-The Knowledge and Understanding Framework training for Personality Disorder is available to those working in Health, Social Care and Criminal Justice. The goal of the framework is to improve service user experience through developing the capabilities, skills and knowledge of multi-agency workforces. There is an associated Training the Trainer Course to ensure sustainability.

- **People in crisis should expect a prompt and appropriate response and support when they need it. In particular providers of mental health care services should work towards NICE Quality Statement 6: Access to Services, (2011) for service user experience in adult mental health with regard to access to services:**

  -**Standard: People in crisis, their carers and GPs will have access to a local 24 hour helpline staffed by mental health and social care professionals:** The redesign of the urgent care pathway means that additional resource is now available to operate the CRHT telephone provision out of hours, meaning that people accessing telephone support and advice will not have a prolonged wait for contact should they have to leave a message requesting contact - something that has previously impacted on the experience of those accessing the CRHT Team out of hours .

  In addition other telephone support options are being added to the pathway: a peer support/volunteer mental health helpline will be available seven days a week between 8pm and 11pm. Planned out of hours telephone self-management coaching sessions will also be introduced as part of the planned sanctuary service in Spring 2015.

  - **Standard: Access to the Crisis Resolution and Home Treatment Teams is available 24 hours a day, 7 days a week**: The local CRHT Teams operate between 8am and 10pm seven days a week. Outside these hours the Psychiatric Assessment and Management Service is available. Nurse Practitioners provide assessment, advice and support face to face or on the telephone.

  -**Standard: People in crisis referred to mental health secondary care services are assessed face to face within four hours in a community location that best suits them:**
  The CRHT Teams provide assessment within four hours of a referral being made to the team that requires a rapid response. Assessments are routinely conducted in peoples' homes and carers are included in the assessment process; understanding of the social circumstances of the individual is a key part of assessment. The CRHT Teams operate between 8am and 10pm. Out of hours arrangement are through the Psychiatric Assessment and Management Service as described above with people needing crisis intervention asked to attend for assessment in the Emergency Department; response times from the Nurse Practitioners to the Emergency Department are usually within the hour. As part of the redesign process improvements are planned with regard to the environment where people are assessed out of hours - an out of hours assessment hub is under development on the Haytor Unit for

those who do not have co-existing medical problems that would require the intervention of Emergency Department staff.

In addition the Mental Health Act specifies that step down beds from hospital and other residential beds should be commissioned at a level that allows for beds to be readily and locally available in response to a person in urgent need:

From January 2015, the Crisis House provision has been expanded from three to five beds, and there are, in addition, a range of short term recovery facilities provided by the Community Care Trust that include outreach and planned residential support to prevent crisis. The Community Care Trust also provides access to community hospital beds as an alternative to admission to acute mental health beds and also step down from acute mental health beds.

- **People in crisis in the community, where police officers are the first point of contact, should expect them to provide appropriate help and police should be supported by health services.**

  The Devon Partnership NHS Trust (DPT) Street Triage System provides telephone advice and information to police response units across Devon when they have a request for a call to a person that may have mental health, learning disability, alcohol or substance misuse issues. The service operates four nights a week at peak time on Thursday, Friday, Saturday and Sunday. Clinicians give information and advice to assist with decision making and also carry out appropriate liaison and referral/signposting on, according to identified need. The Service has been shown to have a significant impact on reducing the need for section 136.

  The Street Triage System service links with the DPT Liaison and Diversion Service which provides timely screening assessments to those detainees and defendants presenting in criminal justice services (courts and police custody) with suspected mental health, learning disability, alcohol or substance misuse issues. Clinicians in the service give information and advice to criminal justice staff on how to manage peoples' needs whilst they are going through the criminal justice system and make recommendations regarding the person's onward referral according to identified need.

- **Health based places of safety should be available and equipped for those people removed by police from a public place under section 136.**

  Police have a power, under section 136 of the Mental Health Act to remove from a public place any person an officer believes to be suffering from mental disorder and who may cause concern to themselves or another and take them to a designated place of safety for assessment under the Mental Health Act. The Place of Safety locally is at the Haytor Unit, Torbay Hospital. Evaluation has shown that it has not been possible to provide a consistent place of safety 24 hours a day, 7 days a week and at times this has meant the inappropriate use of police custody suites as places of safety.

The redesign of the urgent care pathway allows for the provision of a 24 hour, seven day a week health based place of safety on the Haytor Unit at Torbay Hospital staffed by Nurse Practitioners and Assistant Practitioners. Local communication and escalation protocols have been strengthened as part of the redesign. It is planned that this enhanced service will go live from March 2015. Detailed data will be made available showing when and why police custody is used as a place of safety, with local partnership reviews taking place to ensure the use of police custody is appropriate and any associated learning is acted upon.

A peninsula wide protocol, agreed across agencies for the use of section 136, has been developed to ensure partner organisations are clear about respective roles and responsibilities in order that responses to people in crisis are risk based, personalised, proportionate and safe. The protocol is in the final stages of sign off and it is hoped it will be implemented from 1 April 2015.

- **When people in crisis appear to health or social care professionals (or to police) to need urgent assessment the process should be prompt, efficiently organised and carried out with respect.**

  Section 12 doctors conduct mental health act assessments together with Approved Mental Health Professionals. Historically there have been issues related to the timeliness of access to section 12 doctors which has impacted on peoples' onward care, support and treatment being facilitated in a timely way. The redesign of the urgent care pathway has included the provision of a local enhanced section 12 approved doctor rota within 9 to 5 working hours; these enhancements are currently being evaluated with a planned roll out to out of hours in April 2015 subject to the findings. The Royal College of Psychiatrists guidance on commissioning services for section 136 states that professionals attending Mental Health Assessments should convene within three hours where there are no clinical grounds to delay assessment and evaluation will be against this criteria.

- **People in crisis should expect that statutory services share essential need to know information about their needs so the professionals or service dealing with a crisis know what is needed for managing a crisis and any associated risks.**

  All agencies, including police or ambulance staff, have a duty to share essential 'need to know' information to ensure peoples' safety at times of crisis. Where people are already known to mental health services, their crisis plan and any advance statements should be available and follow the person through the system where possible; the Concordat provides detailed recommendations for providers of mental health services regarding the information required in such plans.

  A local example of a multi-agency joined up approach to care planning:

  The Liaison Psychiatry Service at Torbay Hospital facilitates 'frequent attendee' meetings; working with partner agencies such as the Emergency Department, Ambulance Service and Police to identify those at most risk of presenting frequently to multiple services and seeking

to understand why this is happening and how to support the person to secure the best outcome.

- **People in crisis who present in Emergency Departments should expect a safe place for their immediate care and effective liaison with mental health services to ensure they get the right ongoing support in a timely way.**

  People in mental distress often seek help through the Emergency Department. Whatever the circumstances of their arrival at the Emergency Department, people with mental health difficulties should expect Emergency Departments to provide a place for their immediate care and adequate Liaison Psychiatry services to ensure that people obtain the necessary and on-going support required in a timely way. The Mandate to the NHS (2013) contains a requirement for NHS England to ensure there are adequate liaison psychiatry services to make the links between Emergency Departments and mental health services.

  As part of the redesign process, mental health services to the Emergency Department have been enhanced to improve the timeliness of intervention from mental health services. The Liaison Psychiatry Service which provides psychiatric assessment, advice and consultation to the Emergency Department, has been extended from a 9am to 5pm service and from December 2014 now offers a service between 8am and 10pm at night. The Psychiatric Assessment and Management Service provides assessment in the Emergency Department for those hours when the Liaison Psychiatry Service is not operational; the service has recently been expanded to provide cover for the weekends so that there is now a 24 hour, seven day week mental health assessment service in place.

  For those presenting to the Emergency Department in mental distress, without co-existing medical problems, assessment takes place in the Emergency Department environment. There are plans for an assessment hub area to be developed for those who are medically fit to be seen in the more comfortable and less stimulating environment of the Haytor Unit, premises just opposite the Emergency Department. With this facility an increasing number of people can be diverted from the Emergency Department.

  Clear responsibilities and protocols are in place between Liaison Psychiatry, the out of hours Psychiatric Assessment and Management Service and the Emergency Department to ensure that people receive treatment on a par with standards for physical health.

  A set of practice standards/key working principles has been developed for clinicians in the Emergency Department to improve the experiences of people using the service and those who care for them as well as improving the skills and confidence of staff.

  The Emergency Department is about to be refurbished and the Liaison Psychiatry Service is working with the Emergency Department to create a space dedicated to mental health assessment that meets standards for assessment environments as recommended in the Royal College of Psychiatry guidelines (2006).

- **People with urgent mental health needs who access the NHS via 111/999 system can expect their need to be met appropriately.**

The experience of people in mental health crisis accessing the NHS via the 999 system needs to be improved to assist with the initial assessment of mental health presentations and help to ensure a timely and appropriate response.

The new NHS 111 service makes it easier for the public to access healthcare services when they need medical help fast, but it is not a life-threatening situation. NHS 111 can also help to take the pressure off the 999 emergency service and local Emergency Departments, which many people in mental distress turn to if they don't know where else to go for the urgent help they need. NHS 111 is available 24-hours-a-day, 365 days a year. When patients call 111 they will be assessed by trained call handlers who are supported in their role by clinicians.

A pilot service providing mental health information and clinical support to NHS 111 to include 999 response and the Devon Doctor Service with potential to extend the level of support to include police(linking in with the Street Triage Service described earlier)is in the early implementation stage. The pilot includes the rolling out of a mental health awareness training programme for all NHS 111 staff for the duration of the pilot period. The pilot service will operate during periods of peak demand on Friday, Saturday and Sunday nights and bank holidays.

- **People in crisis who need routine transport between facilities and those detained under section 136 powers can expect that they will be conveyed by emergency transport from the community to a health based place of safety in a safe, timely and appropriate way.**

  Police vehicles should only be used in exceptional circumstances to transport people to health based places of safety. NHS ambulance services in England are planning to introduce a single national protocol for the transportation of section 136 patients, which will provide agreed response times and a standard specification for use by clinical commissioning groups.

Quality of Treatment and Care when in Crisis

- **People in crisis should expect that the services and quality of care they receive are subject to systematic review, regulation and reporting**

  The Care Quality Commission (CQC) has introduced changes to the way it monitors, inspects and regulates care services with a focus on whether services are safe, effective, caring responsive and well led. The CQC is developing tools and methods to ensure that consideration is given to the key issues for people experiencing a mental health crisis. This development work has been informed by national emerging concerns relating to the quality of mental health crisis care. For specialist mental health services the CQC will put a greater emphasis on inspecting and monitoring the care that people with mental health problems receive in the community including during a crisis. The CQC will also take account of the Concordat recommendations when inspecting and monitoring the use of the Mental Health Act - this will include making sure the powers of the Mental Health Act are properly used.

Recovery and staying well and preventing future crisis.

The principles of integration of care are valuable in making sure the pathway of services is comprehensive and organised around the patient particularly during transition from urgent care to community mental health care services.

A person's transitions between primary and secondary care must be clear and effective with clear criteria for entry to and discharge from urgent care and should include fast track access back to specialist care for people who may need this in the future. The crisis plans referred to earlier in this document will be key in this respect. Local commissioning for quality and innovation (cquin) work in 2013/2014 focussed on transfer between secondary mental health services and primary care, introducing standard templates for transfer to ensure consistency of information sharing and introducing a rapid re-referral pathway.

The urgent care pathway is dependent on well-functioning community mental health services for those who will not recover within the timeframe for urgent care. It is essential that people have information and referrals to services that support the process of recovery and staying well with opportunities to reflect on periods of crisis to explore better ways to self-manage mental health.

No Health Without Mental Health (2011) includes a commitment for Public Health to work to reduce mental health problems by promoting improvements in mental health and wellbeing. Work led by Public Health England seeks to develop the resilience of the population by addressing the individual community and societal factors that can lead to a crisis such as environmental, psychological, emotional or social problems. Good housing, decent income and good health promote good mental health.

A strategic approach to commissioning services for people on a wider definition of emotional or mental health crisis should help ensure that people can access timely support whether they need the acute care pathway or a less intensive response. Locally the Joint Health and Wellbeing Strategy 2012/13 - 2014/15 outlines priorities.

CCGs will be rolling out personal health care budgets for people with long term conditions. The Department of Health Evaluation of the Personal Heath Budget Pilot Programme (2012) has found that personal health budgets have a significant positive impact on care related quality of life, psychological wellbeing and subjective wellbeing. They have been shown to be effective for people with mental health problems and are a real option for people with long term mental health problems who may periodically need to use acute mental health services. As personalisation of health care develops there will be a growing evidence base of what individuals choose to buy to support them through mental health crises which will also help to inform future commissioning.

Outcome Measures

The effective planning and management of urgent mental health care services, including the involvement of patients and their carers in the development of the services, will support the following shared outcome objectives:

- More people will have good mental health: high quality urgent care will support the lasting recovery of people in mental health crisis. It will also improve the wellbeing of people who experience mental health crisis by providing confidence in the availability and quality of support when needed.
- More people with mental health problems will recover: high quality urgent care supports recovery and connecting people with community resources.
- More people with mental health problems will have good physical health: high quality urgent care will help prevent deaths by suicide, mitigate the adverse effects of medication and facilitate access to physical healthcare where appropriate.
- More people will have a positive experience of care and support: high quality urgent care is central to meeting this objective as it is in mental health crisis that people are least likely to feel they have choice and control and are more likely to be subject to restrictions.
- Fewer people will suffer avoidable harm: the philosophy and standards of high quality urgent care and the use of outcome measures will help achieve this objective.
- Fewer people will experience stigma and discrimination: a high quality urgent care service that is valued and effective is likely to contribute to public understanding and attitudes.

Key outcomes will be related to the accessibility and responsiveness of services to support people through crisis and prevent admission and provide treatment close to home. Service providers have the responsibility for monitoring the quality of their responses to people in crisis and outcome standards related to the monitoring of the quality of responses to people in crisis will be included in contracts with providers of mental health services. Importantly patient reported outcome measures will be at the centre of outcome evaluation to provide additional narrative to more traditional performance data and clinician reported outcomes. Where possible standards will be applied across providers to encourage providers to work together to meet shared aims.

There are a range of outcome measures that can be used to determine the quality of patient care along the urgent care pathway to be agreed between commissioners and providers. Patient satisfaction surveys will also provide important reflections of peoples' experience of care.

Work stream	**Responsible Group**	**Lead**
Redesign of Acute Mental HealthCare Pathway	Acute Care Pathway Steering Group reporting to Mental Health and Learning Disability Redesign Board	Head of Mental Health Commissioning

References:

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