

Crisis Care Action Planning Mapping 2016

Clinical Network (CN) Project Description:

Implementation of the Mental Health Crisis Care Concordat (CCC) and supporting the new Urgent and Emergency Care Networks (U&ECNs) on Mental Health (MH).

National Context/Targets:

“Achieving better access to mental health services by 2020” set the expectation that, by 2020, people with mental health problems will be receiving the right treatment at the right time and the right place in the least restrictive setting and as close to home as possible. This includes people who are referred through contact with the police or criminal justice system.

Phase 1 (2014/15) set out the aim for continued work to secure nationwide sign up to the Crisis Care Concordat, with additional investment designed to accelerate the full implementation of local crisis care concordat-compliant.

The NHS Mandate (2015-16) set out the expectation that by March 2016, every community will have plans to ensure no one in crisis will be turned away, based on the principles set out in the Mental Health Crisis Care Concordat. The deliverables for 2016-17 are to agree and implement a plan to improve crisis care for all ages, including investing in places of safety.

The NHS Operational Planning Measures (2015-16) included the Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period.

The Taskforce recommends 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 a 24/7 community-based crisis response and intensive home treatment as an alternative to acute in-patient admissions. Out of area placements will essentially be eliminated for acute mental health care for adults. A model of care will be developed for children and young people within this expansion programme.

By 2020/21, adult community mental health services will provide timely access to evidence based, person-centred care, which is focused on recovery and integrated with primary and social care and other sectors. This will deliver:

- At least 60% of people with first episode psychosis starting treatment with a NICE-recommended package of care with a specialist early intervention in psychosis (EIP) service within two weeks of referral.
- A reduction in premature mortality of people living with severe mental illness (SMI); and 280,000 more people having their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention each year.
- A doubling in access to individual placement and support (IPS), enabling people with severe mental illness to find and retain employment.
- Increased access to psychological therapies for people with psychosis, bipolar disorder and personality disorder.

Background:

Crisis resolution and home treatment teams have been introduced throughout England as part of a transformation of the community mental healthcare system. They aim to assess all patients being considered for acute hospital admission, to offer intensive home treatment rather than hospital admission if feasible, and to facilitate early discharge from hospital. Key features include 24-hour availability and intensive contact in the community, with visits twice daily if needed.

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. In February 2014, 22 national bodies involved in health, policing, social care, local government and the third sector came together and signed the Crisis Care Concordat. It focuses on four main areas:

- *Access to support before crisis point* – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- *Urgent and emergency access to crisis care* – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- *Quality of treatment and care when in crisis* – making sure that people are treated with dignity and respect, in a therapeutic environment.
- *Recovery and staying well* – preventing future crises by making sure people are referred to appropriate services.

The Yorkshire and Humber Clinical Network MH Team agreed to undertake a mapping of the most up to date crisis care concordat action plans from across the region including:

1. Log all the action plans on a summary spreadsheet, to include the latest date that the plans have been updated.
2. Review all the action plans and undertake a thematic analysis to highlight any common areas of work across Yorkshire & the Humber (YH), include Children and Young People and Perinatal Mental Health.
3. Share the findings with stakeholders across the Clinical Network (CN).
4. Explore how best to share and give access to the spreadsheet utilising the YH CN website
5. Present the findings of the exercise to a variety of meetings/forums.

The spreadsheet contains all 13 of the CCC group action plans from the YH region, we have cross checked with the Crisis Care Concordat map (<http://www.crisiscareconcordat.org.uk/explore-the-map/>) to ensure we have included the most up to date plan for each group. The spreadsheet is set out using the key themes from the original Crisis Care Concordat, with an additional theme at the beginning around Commissioning the CCC and at the end a theme for patient and public engagement, both of are reflected in all of the plans.

We make links to each plan relating to areas of crisis care work and have tried to pick out the very high priority areas that the majority are working on, by following each link you will be able to reference what each CCC group are doing in relation to that project area.

We have also added in links to the plans where there is work in relation to Children and Young people (CYP), Perinatal Mental Health (PMH), Child and Adolescent Mental Health Services (CAMHS) and areas of work targeting Dementia/Older people (DOP) and also Veterans (V).

It was not possible to interlink all of the different strands of work as each CCC Plan differs slightly in layout and language used to describe projects, however we hope that having all the plans together in a single spreadsheet will be useful for network stakeholders and colleagues to have a reference to what others are doing across the region in Crisis Care. If it is deemed to be useful the spreadsheet can be developed further, added to and improved under the guidance and feedback from stakeholders and colleagues.

Summary of the Mapping Exercise:

All 13 Crisis Care Concordat action plans from the groups across the Yorkshire and the Humber region have been added to a single excel workbook. Common themes have been identified and listed under the key themes set out in the Crisis Care Concordat. Hyperlinks have been added on the common themes worksheet which link back to that theme in each of the CCC plans. Charts have been inserted in to separate worksheets, they illustrate which of the common themes identified feature in the individual CCC group's action plan. A contacts worksheet has also been added with contact details for each of the CCC groups. A broader search was also done within each CCC plan to highlight where there was a mention of work with Children and Young People (CYP), Perinatal Mental Health (PMH), Child and Adolescent Mental Health Services (CAMHS), Dementia, Older People (DOP) and Veterans services (V) results are illustrated in the common themes worksheet with hyperlinks to the CCC plan. They are also illustrated in a charts worksheet.

A further search was done to highlight where service users involvement has been encouraged in the CCC action plan, this is also included in the common themes worksheet with links to the CCC plan. We were able to highlight as many as 3 projects that related to this in some plans, 2 in some and at least 1 in all CCC action plans. This is reflected in the spreadsheet in the common themes and also in the charts.

Common Themes:

Number of CCC plans the key theme is identified in appears in (brackets):

Commissioning Crisis Care Concordat

- ALL CCC groups focus on commissioning their action plan (13)

Where there was a mention of

- Children and Young People CYP (7)
- Perinatal Mental health (1)
- CAMHS (4)
- Dementia/Older People (4)
- Veterans (0)

A. Access to support before crisis point

- Single point of contact for Mental health services (8)
- Crisis Support including Suicide Prevention (13)
- Herbert Protocol (3)

Where there was a mention of

- Children and Young People CYP (4)
- Perinatal Mental health (2)
- CAMHS (2)
- Dementia/Older People (8)
- Veterans (2)

B. Urgent and Emergency Access to Crisis Care

- Review of S136 (13)
- S136/Street Triage (8)
- Preventing admissions (unnecessary) (5)
- Attention Deficit Hyperactivity Disorder (ADHD) / Autistic Spectrum Disorder (ASD) (6)
- Single point of contact to emergency services (6)
- Liaison mental health in A&E (10)

Where there was a mention of

- Children and Young People CYP (7)
- Perinatal Mental health (0)
- CAMHS (7)
- Dementia/Older People (5)
- Veterans (0)

C. Quality of treatment and care when in crisis

- Transport/Conveyancing/Ambulance Service (12)

Where there was a mention of

- Children and Young People CYP (1)
- Perinatal Mental health (0)
- CAMHS (1)
- Dementia/Older People (0)
- Veterans (1)

D. Recovery and staying well preventing future crises

- Care Plans (8)

Where there was a mention of

- Children and Young People CYP (3)
- Perinatal Mental health (0)
- CAMHS (3)
- Dementia/Older People (0)
- Veterans (1)

Using the experiences of users and carers/families

- At least one example in CCC PLAN (13)
- 2 examples in CCC PLAN (8)
- 3 examples in CCC PLAN (4)

Conclusion and Next Steps:

This report, the resulting spreadsheet and charts are being shared through the main contact of each crisis care concordat group. Stakeholders are asked to consider:

- The content of the report, particularly in relation to local Crisis Care Action Plans.
- Whether there is anything additional that we can/could have added?
- How can the Clinical Network continue to develop this spreadsheet further with input from our stakeholders?

Future Direction:

We understand that the future of the national crisis care concordat programme is likely to develop into a set of new NHS England initiatives in relation to standards for the provision of:

- 24/7 Liaison Mental Health services (adults/older age adults)
- 24/7 blue light Mental Health responses for all ages
- 24/7 community based Mental Health response services (adults and older age adults)
- 24/7 CYP MH U&EC crisis and liaison

Consideration could therefore be given to any implications that this might have for network working to share practice and work collaboratively to achieve the ambitions.

It may also be important to consider how the crisis care ambitions in the October 2016 West Yorkshire Sustainability and Transformation Plan (STP) impact on the crisis care work of this group, its links with the WY vanguard and the WY U&EC Network (including the roles of the A&E Delivery Boards).

We welcome any thoughts/ideas feedback please feel free to contact us at the Clinical Network

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