Yorkshire and the Humber Urgent & Emergency Community Mental Health Network Launch 15.09.17

Table Top Discussions Summary Feedback

1. **Examples of good practice or innovation from your local area that you would like to showcase**
   - Crisis pad – Joint working with Humbercare. Joint working with local drug and alcohol services (MH Drop in Clinic). Good relationship with consultant psychiatrists – leadership role. Frequent attender work, work as part of the A&E liaison developments.
   - Police initiatives – Nurses in control room, 24 hr street triage – police & ambulance. Primary care liaison. OCS – Use of home treatment and unit based treatment. Crisis assessment unit. Strong voluntary sector provision in Leeds.
   - Fidelity to the model, learning from SU's feedback, cross boundary working. Regular IHBT Network meetings.
   - We have an Older Adult crisis home treatment team which provides crisis assessments, bed management, home treatment which specialist functional and organic treatment pathways early discharge from in-patient services.
   - We have hospital liaison based on our local hospital site this includes older adults. We are not yet Core 24 as only 8 – 8 in the day – after this time it returns to in reach from crisis team. From October we are delighted to be able to return to offering crisis and a home treatment – employing 3 new support workers to adults to provide specific home treatment.
   - Hit 4 hour mark Access team Scunthorpe. Fast track discharges Scunthorpe. Repeat attendees Focus Group – Partnership agencies – Scarborough, Whitby and Ryedale CRHT. Scarborough, Whitby, Ryedale – 100% gatekeeping. Scarborough, Whitby, Ryedale – Street triage team.
   - Early discharge process – Two identified link workers – sits in handovers on the ward – 30% of IHBTT caseload. PIPA – Purposeful inpatient admission – strong input from IHBIT – multi team approach to plan in-patient care and discharge – family involved 100% gatekeeping for all admissions including MHAS.

Medical input for all patients within 3 days of being taken onto the caseload.

- Y&H DCO Team. NAVIGO – Acute unit clinic day in Diversion. York – New MH Unit – OA placements at beds. CAMHS – York T4. CYP prevention.
- Crisis care concordat meetings – Partner agencies able to come together for joined up approval.

2. **Anything that you would like to learn more about**
   - Reducing OAPs (what strategies can we use). Other training delivered in other trusts to ensure there is a skilled workforce. Safer staffing numbers (are there any algorithms).
   - Good examples – like in more across Trust – learn from best practice. What is the role of CMHT over the next 5 – 10 years? What is it going to look like? Shared understanding needed – done together so there isn't impact on another part of the system. Rotation of staff across services, to increase knowledge and resource.
   - Bespoke training regarding risk assessment/improvement for IHBT. Data and intelligence that can be used by providers and commissioners and evidence impact of IHBT. How other areas are dealing with substance misuse/social stresses i.e. Unemployment, finances.
   - Specific evidence based crisis home treatment interventions for older adults focusing on a specific area, organic and functional. How other services manage and integrate.
   - How we establish fidelity to the model when this has been lost. Crisis was seen as expensive and we feel we are trying to recover from the erosion of the service and the priority in our locality changing to in-patient. We want to work together to ease the pressure on in-patient services.
   - Home based treatment staying with a patient for 4 hrs – is this being done, how can we learn from this?
   - National/Regional admission rates. Can a CRHT ever decline referrals due to the activity of their caseload? How should we be managing their situations? How long should/do patients stay under the care of CRHT i.e. the equivalent of in patient length of stay?

3. Local challenges

- Geographical areas Whole system approach. Lack of good suitable housing (especially in Hull). Lack of joined up approaches with Social Care. Substance misuse (especially in Hull).
- Disconnection in use of street triage – types of issues called for. Containment of distress in duration of visit. Integration with social care – speed of response and liaison between the two. Service transformation – impact on carers and patients. Recruitment – loss of experienced staff, new staff have less experience. Meeting demand through single point of access. Prioritisation of acute services, difference within the city of how CMHT's work.
- Interface issues. Multiagency care planning for high risk SU's.
- No older adult crisis services 24 hours only 8am – 9pm 7 days. No older adult specialist liaison service 24 hours 9 – 5 5 days. Integration with social care. Improvement in physical health promotion within crisis care – training and education for staff.
- Drug and alcohol issues, social deprivation, getting the crisis concordat to communicate effectively. Lack of community resources. Lack of qualified staff.
- Scarborough/Whitby/Ryedale – large geographical area up to 1.5 hrs. Scunthorpe up to 1 hr distance – unsafe roads. Sometimes have to work as an intensive CMHT to avoid referral to CMHT. Finances. Lack of MDT staff in team.
- Funding/Resource issues. Increasingly defensive practice becoming evident. How do CRHT manage personality disorders with changing staff (shift pattern).
- How to relax savings. Integration with wider health services- Joining up service.

4. Other key deliverables

- Upskilling of team members – interest in training – brief psychological intervention. Funding does not match demand – demand continues to increase. High levels of expectations from public. GP's/Primary care – passing on easily.
- Information sharing, research and training.

- Refining bed management process within wider locality so bed availability can be shared. Networks for specialist area of older adults. How can we put older adults on the map, research, practice and service?
- Advice on how to access funding and resources. Housing a combined age service. Sharing of information.
- Hard to reach groups – Vulnerable groups. NHS deliverables need prescribing.