

**Report to Gloucestershire Health and Care Overview Scrutiny Committee
15th January 2019**

**Subject : Adult Mental Health - What happens in a crisis situation?
An update on Gloucestershire's system of urgent and emergency
mental health care.**

1.0 Introduction

- 1.1 The purpose of this paper is to provide a progress report to members of Gloucestershire Health and Care Overview Scrutiny Committee about Gloucestershire's system of urgent and emergency mental health care for scrutiny.
- 1.2 The paper offers a background to the developments in local services which have been shaped by a partnership approach over a number of years through Gloucestershire's Mental Health Crisis Care Concordat Continuous Action Plan. Gloucestershire's multi-agency model pathway for supporting recovery from urgent and emergency mental health care is described as is the progress and performance in aspects of service delivery. Furthermore measures of rigorous quality assessments and local involvement initiatives are provided.
- 1.3 To illustrate the system approach to mental health urgent and emergency services an infographic has been provided [Appendix 1]. In addition, a headline summary and chart of the Whole System Review of the status of urgent and emergency mental health services in Gloucestershire is also included [Appendix 2] .

**2.0 Background to Gloucestershire's review of Urgent and Emergency
Mental Health Care**

- 2.1 A system-wide, dynamic and dedicated local process has been in place for a number of years to ensure development of services for people who experience urgent and emergency mental health care in Gloucestershire. A Task and Finish Group (co-chaired by the former Gloucestershire Clinical Commissioning Group chair and by an Expert by Experience) was convened in 2013. This local action was undertaken within the context of NHS

England's Urgent Care Review and the publication of the '*Crisis Care Concordat*'¹.

- 2.2 The early part of this work ran alongside and promoted the 'NHS Gloucestershire's *Joining up your Care*' consultation in 2014. The methodology was inclusive and included Task and Finish Groups with a wide range of stakeholders, informant interviews, literature searches of evidence, policy and legislation and a particular focus on safeguarding matters.
- 2.3 The work concluded that the main area for development within the county was a need to clarify, define and share a clear pathway for people not currently known to mental health services, who present in a crisis with an urgent need for support.
- 2.4 An ambition was set to ensure that no one presenting to publically funded services requiring urgent or emergency support for mental illness would be turned away². To achieve this, Gloucestershire has been actively:
 - Developing greater integration between health and social care provision for people needing urgent advice, assessment or treatment
 - Further developing alternatives to hospital admission
 - Updating service specifications for local service provision
- 2.5 An important amendment was made to 2gether's Crisis Resolution & Homes Treatment Team specification (now known as the Mental Health Acute Response Service -MHARS) and updated operational policy which allowed for assessments to be made without prior screening from a GP or other clinician. This is further evidenced on 2gether NHSFT website³.
- 2.6 Gloucestershire was the first County in England to develop and launch their Action Plan and Declaration in September 2014, supported by 19 local voluntary organisations and agencies, including the NHS, Police, housing and Social Care Services. The action plan applied a theoretical pathway based upon a four stage model for urgent and emergency mental health care with the ultimate goal of supporting people back their day-to-day lives as illustrated in the pathway below.

¹ https://www.crisiscareconcordat.org.uk/wp-content/uploads/2014/04/36353_Mental_Health_Crisis_accessible.pdf

²

NICE Quality Standards and the Gloucestershire Declaration

³ <https://www.2gether.nhs.uk/>

Figure 1 Model pathway for supporting recovery from urgent and emergency mental health care



3.0 Progress on delivering Gloucestershire’s review of Urgent and Emergency Mental Health Care

The following four sections of this paper offer HCOSC members a summary of initiatives and progress to date to achieve the range of services and community involvement required to achieve development in the four stages of the urgent and emergency mental health care model (Figure 1) with the aim of supporting people back to their day-to-day life (represented in red). Each colour-coded section offers an emphasis on the more significant outcomes that have been achieved. For below detail on actions referred to in Appendix (2).

3.1 Stage 1 : Support before Crisis Point

3.1.1 Mental health crisis café (The Cavern)

Kingfisher Treasure Seekers Ltd are a local voluntary and community sector organisation who provide a crisis café for adults in Gloucestershire aged 18+. The Cavern supports people experiencing acute emotional distress associated with a mental health problem (whether diagnosed formally or not). They provide a safe, welcoming and comfortable place for people who feel they are at risk of reaching crisis or need some support in the evenings. The aim of the service is to provide earlier intervention for those at risk of crisis, improve people’s coping skills and resilience and prevent the need for admission to an inpatient setting or attending the emergency department.

Performace

An initial evaluation of the service has been completed and the results are encouraging with a wealth of positive comment from service users. However, as this is a relatively new provision a structured analysis will be undertaken over time.

3.1.2 Crisis Care Concordat Workforce Development

The multi-agency Mental Health Crisis Care Workforce Development Group was set up to oversee the implementation of the agreed multi-agency, multi-professional workforce development strategy (3-5 years) for Gloucestershire. The strategy addresses the training needs of partner organisations coming into contact with people in mental health crisis and aligns with the practice development programme for specialist workers in 2gether NHSFT. The Group continues to meet quarterly to oversee the development, delivery and evaluation of a prioritised, and where appropriate bespoke, programme of training and development interventions in mental health awareness and mental health crisis care. Following a successful year, two STP bid, £30,000 2018/19 funding has been secured from Health Education England for workforce development.

Performance

The following programmes, in agreed priority areas, have been delivered since April 2018:

- **Police** : Following the initial programme in November 2017, and trialling difference delivery models, a full day training programme commenced in April and has now been delivered to 154 police staff (mostly response officers who use how the authority to use Section 136 of the Mental Health Act and Police Community Support Officer's (PSCO's). Feedback has been positive and the programme continues to be rolled out.
- **Ambulance** : To date 24 South Western Ambulance Service Foundation Trust staff have received bespoke training and further dates are booked. Feedback has been good. The sessions are similar to those for the police but with a different emphasis for ambulance staff, especially focussing on mental capacity.
- **Housing and Homelessness** : A one day course was delivered to P3, a community based support provider in May 2018. The service commissioner and team leader for 2gether NHSFT Accommodation Team also attended. A bespoke programme for housing has been developed and is ready to deliver.
- **Personality Disorder Awareness** : The training already delivered for 2gether NHSFT staff was opened up to allow 10 complimentary places on each date to be available to staff from other agencies. A further 4 courses have been scheduled for non 2gether NHSFT staff. To date 32 non 2gether NHSFT staff have attended these. It is recommended that staff attend the Mental Health Crisis Care awareness training prior to this programme which is a delivered by a Clinical Psychologist.

Additional training developments:

- **Gloucestershire Fire & Rescue Service** : a bespoke training package has been designed and was piloted and rolled out in November 2018.
- **Multi-agency** : the development of a multi-agency half day Mental Health Crisis Care awareness sessions was piloted in the autumn 2018.
- **E-learning** : An identified provider has been identified and two levels (awareness and specialist) training is being developed.
- **Rethink Mental Illness** worked with Gloucestershire Constabulary to deliver a series of workshops to control room staff to support improved understanding of self-harm and suicide.
- **The Independence Trust** also provided 'crisis' training to the Gloucestershire Safe and Social Environments (cafes, museums, garden centres, libraries, etc).
- **Additional training of Together's Crisis Team (MHARS)** staff to enable them to triage Children and Young People 11 years+ and the Mental Health Liaison Team to triage 16 years+ has been undertaken in addition to training for working with Children and Young People in partnership with the Tavistock and Gloucestershire Counselling Services.

3.1.3 Samaritans

The Samaritans in Gloucestershire have raised awareness and enabled referral to local NHS mental health services. They have a presence periodically at Gloucester Royal Hospital and in 2019 there are three slots guaranteed. Leaflets, posters and cards about Samaritan's service and contact details are provided for surgeries and clinics albeit on an adhoc basis.

Many agencies leave the Samaritan telephone number on their Out of Hours voice mail. There is a national free call number for contacting the Samaritans (116 123) in addition to offering the NHS referrals locally and visits to the Gloucester Samaritans Centre at 9 Park End Road. There is potential for a more streamlined referral system which has been referred to the Regional Director for consideration at Samaritan Central Office.

3.1.4 Suicide Prevention

The Suicide Prevention strategy was developed by the multi-agency Gloucestershire Suicide Prevention Partnership Forum (GSPPF), with input from partners across the public and voluntary sectors. Its objectives reflect the national suicide prevention strategy and local context to ensure that all action plans are aligned, that duplication is minimised and priorities are addressed through the most appropriate route.

A Gloucestershire Suicide Prevention Partnership (GSPP) Forum workshop was held in October 2018 and well attended with partners from across all sectors. Partners were updated on the work of sub-groups and local and national policy changes.

The workshop also included a 'Share and Learn' element which allowed partners to provide more information on what services they offer or a project they are working on, which included the Letter of Hope and Stay Alive app information from 2gether Trust and Sunflowers Suicide Support on their work. The 'Frequently Used Locations' Sub-Group met to discuss railways (which was attended by Network Rail, British Transport Police – the GWR representative was unable to attend). The work have the subgroup has included promotion of the ASSIST suicide prevention training amongst partner agencies (e.g. Network Rail, NCP).

3.1.5 Alexander Wellbeing House

In partnership with Swindon and Gloucestershire MIND, 2gether NHSFT and Gloucestershire CCG have developed and commissioned the Alexander Wellbeing House. The service provides a retreat for up to 5 guests who can stay for up to two weeks as a way of proactively managing their mental health. The aim is to avoid the on-set of a mental health crisis. As a preventative model of social care, the service can actively prevent deterioration of mental health and avoid admission into hospital while also supporting step down from hospital admissions back into community life.

Performance

In the Q1 and Q2 of 2018 the Alexandra Wellbeing House received over 60 referrals. Approximately 20 of these converted into 2 week stays in that time period. This equates to a 50% bed occupancy which is steadily improving within this new service.

3.1.6 Development of a new Gloucestershire Intensive Recovery and Intervention Service (IRIS) for Children and Young People

The joint initiative with the CCG, NHS England and Gloucestershire County Council focusses on a different approach to working with children and young people with mental health issues. It comprises different strands including residential, independent supported living, Foster Care, Casework team, intensive family and young person support, therapeutic day provision and emergency and crisis responses.

The challenges experienced to purchase a suitable property to provide the residential component of IRIS are being addressed by GCC.

3.2 Stage 2 Urgent and Emergency Care Access to Care

3.2.1 Mental Health Acute Response System (MHARS)

- **A new model of care**

The new holistic model of urgent and emergency mental health care which reflects the partnership working across the County was commissioned in April

2017 for younger people. This provides a single point of access and clear, concise pathway of care. Medical eligibility criteria has been replaced with the criteria of severe and emotional distress and now offers a service which includes young people from 11 years old. In the last quarter 100% of children were telephone triaged within 1 hour (1 case in total). 4 out of 5 urgent referrals had a face to face assessment within 4 hours which equalled 80% compliance. In addition the service is designed to respond within an hour to adults where assessed as necessary.

Performance to date for **2018/19** shows the services to have received **2,241** referrals which gives a sense of scale about the service provided. These can be broken down further to describe:

Number of face to face assessments – required when a person is considered to have gone into crisis and the team need to assess mental state and make a decision whether a person needs a full mental health act assessment for potential admission.	1,376
Home Treatment Contacts – Limited intensive intervention over a few weeks to support a person to a stage when they can be transferred back to the community mental health team i.e. Recovery Team.	10,010

- **Co-location with Gloucestershire constabulary**
²gether NHSFT Contact Centre has been co-located adjacent to the Police control room at Waterwells, Gloucester. The team receive referrals from GPs, Police and Ambulance services as well as providing on-site advice to the police control room (See section on Steet Triange below).
- **Helpline support**
 Additional helpline support is now being provided by ‘Mental Health Matters’ who provide support to people who might have previously sought help from NHS urgent and emergency support but do not require an acute response. General advice and support is provided with the option of further facilitated signposting when additional needs are identified. Phase 2 of the helpline has now been rolled out and this provides additional welfare calls to patients open to recovery teams, between scheduled appointments (normally fortnightly). The service aims at providing additional support and early identification of any deterioration in mental health to avoid on-set of a mental health crisis.
- **Steet Triage**
 A successful ‘Street Triage’ Pilot was launched in June 2017 with a mental health clinician attending incidents with a police offer. The service now operates 4 days a week from 2 pm to midnight on Tuesday, Wednesday, Thursday and Friday. Police monitor incoming calls and where a suspected

mental health crisis is identified, the multi-agency team is dispatched in a fast response vehicle.

Performance

This pilot has enabled a 22% reduction in the number of people detained under Section 136 of the Mental Health Act during 2018.

Police officers report increased confidence to manage incidents where people are presenting with potential symptoms of mental illness as a result of partnership working. In addition, the working relationships between NHS Mental Health Services and front line police officers has been enhanced as understanding of respective roles is progressed.

- **Mental Health support to Accident and Emergency Departments**

The Mental Health Liaison Team provide support to Gloucestershire Hospitals NHS Foundation Trust at the emergency departments in addition to liaison with the Older People's Service; Change, Grow, Live (alcohol) and Community Hospitals.

Between April and December 2018 the service received 2,276 referrals for mental health assessments. The service achieved a 63% response rate for urgent referrals within 2 hours and 82% response rate for routine referrals within 24 hours. Currently the service is not funded to the national standards for 'Core 24' liaison services. However phased investment is being negotiated to meet the standard over the next three years and also extend the service to all age provision.

The Gloucestershire High Intensity Network (GHIN) Team has now been formed and is made up of a Lead High Intensity Case Worker, a police officer and an alcohol liaison practitioner. This core team will work in partnership with other agencies as a whole systems approach to formulate co-produced care plans with high intensity users of services. Evidence indicates that where co-produced care plans are facilitated there is a significant reduction in demand on statutory services. Over a three month period attendances at Gloucester Royal Hospital dropped from 115 to 67 where co-produced care plans had been introduced. Similarly admissions dropped from 32 down to 16, a reduction of 50%.

3.2.3 Policing & Crime Act 2018

The Policing & Crime Act 2018 ⁴has been updated recently. In response, the local policy and procedure for detaining people under Section 136 of the Mental Health Act has been revised, the local training strategy was reviewed and revised and data monitoring arrangements have been agreed.

⁴ <https://www.mind.org.uk/news-campaigns/legal-news/legal-newsletter-march-2017/policing-and-crime-act-2017/>

Where demand for holding people in a place of safety exceeds normal capacity (2 people) within the county's current provision (ie 2gether's Maxwell Suite at Wotton Lawn Hospital), the waiting room at the suite has subsequently been identified as an extra Place of Safety if required increasing capacity to 3 in exceptional circumstances. In the event that young people under the age of 17 years are brought to the suite at the same time as an adult need place of safety support there is a local agreement between the police and 2gether NHSFT that the police will remain with the child to ensure the child's safety.

Performance

Recent data suggests that there is still work to be done to ensure that police officers contact mental health professionals before detaining people on a Section 136 of the Mental Health Act. This is a requirement of the Policing and Crime Act and is actively monitored by MHARS who manage the Health-Based Place of Safety.

3.2.4 Intoxication and Mental Health Assessment

A local review of a safe place for care/containment and subsequent mental health assessment for people who are too intoxicated to be interviewed concluded that no organisation, apart from the police, were able to demonstrate/provide data that they work with individuals who are too intoxicated to be subject to a Mental Health Act assessment. Therefore it was not possible to justify commissioning a dedicated/bespoke facility to meet this need. Subsequently the Mental Health Act s136 policy was revised to reflect the change.

3.2.5 Approved Mental Health Professional (AMHPS)

Gloucestershire County Council has a statutory duty to ensure that there are sufficient numbers of competent AMHPs available 24 hours a day to consider requests for assessments under the mental health Act 1983/2007. Responsibility for ensuring competence and approving and/or authorising AMHPs cannot be delegated to health bodies via Section 75 partnership arrangements.

AMHPs do not have to be directly employed by the Council and it may enter into partnership arrangements to ensure there are sufficient numbers of AMHPs. The role of the AMHP was expanded by the revised Mental Health Act 1983 to include first level nurses (Mental Health or Learning Disability), registered occupational therapists and chartered psychologists.

In agreement with Commissioners, 2gether has implemented a hub and spoke model for the AMHP service. The hub currently operates from 9am until 11pm with the Council's Emergency Duty Team having responsibility from 11pm until 9am. The joint intention is to move to a 24/7 hub model this year. Initial indications suggest that the new model has improved the planning of

assessments and it is hoped the new model may provide an opportunity to reduce the number of admissions under the Mental Health Act.

3.3 Stage 3 : Enhanced quality of treatment, care and communication when people are experiencing mental health crisis

3.3.1 Mental health crisis information sharing agreement

The Mental Health Crisis Specific Information Sharing Agreement/Protocol' was developed across nine partner agencies to ensure that information is appropriately shared in mental health crisis situations including safeguarding.

Effective information sharing is a critical and central issue in mental health crisis situations and has the capacity to reduce more formal interventions under the Mental Health Act. The nine partners also signed up to the Gloucestershire Information Sharing Partnership Agreement (GISPA), which is the overarching framework designed to encourage the safe, lawful and secure sharing of personal information between the police, health services, local authorities and their partners.

3.3.2 Review of Mental Health Act (MHA) Transport

As the lead commissioner of the South West Ambulance Service Foundation Trust (SWASFT), Gloucestershire Clinical Commissioning Group undertook a review of the current transport for patients who are subject to the Mental Health Act (MHA). The main outcome from the Group was a best practice matrix of transport options and a service specification that was shared nationally with colleagues working on this issue.

A recent paper for the CCG CORE Group on the review to-date and implications for Gloucestershire concluded that the low volume of activity and associated costs make it financially unviable to provide a dedicated stand alone mental health service. Whilst most of the options are available, work is needed to develop more responsive and timely options within Band 4 for low/medium priority users. At present the most likely solution to meet this need will be through GCC contracted taxis. A business case has been submitted and we are awaiting approval.

Non-emergency patient transport service (NEPTS) will also provide a transport option in some circumstances. The Lead Commissioner for Mental Health and Independent Consultant MHA and MCA are involved in the tender process evaluation and have submitted two questions to assess bids on their understanding and responsiveness to people with mental health needs.

SWASFT will continue to have a critical role for medium/high risk patients and particularly where they have urgent physical care needs. SWASFT also should be transporting the majority of people arrested under Section 136 of the Mental Health Act who are currently transported by the police. This remains a major challenge.

3.3.3 Safeguarding

A multi-agency framework to support people who hoard was launched as part of the Adult Safeguarding Board's Self Neglect Policy.

An evidence based safeguarding protocol for On-call managers within the 2gether NHSFT to ensure MHARS staff and managers are fully aware of their safeguarding responsibilities in all crisis situations has been implemented.

3.3.4 Crisis/Wellness Plans

Through collaboration between the Independence Trust and the Recovery and MHARS Teams, a process was developed to ensure Independence Trust receives a copy of the Crisis Plan on referral and review and to ensure Independence Trust key workers are invited to patient reviews.

3.4 Stage 4 : Recovery and staying well/preventing future crisis

3.4.1 British Transport Police

A very positive link with the British Transport Police in Gloucestershire has been established to involve them in prevention projects to tackle mental health and suicidal behaviour challenges.

3.4.2 Carers

Carers Gloucestershire have worked with carers and family members to draw up and implement 'Carer Response to Crisis' plans bringing together relevant contact details, specific coping strategies etc. which are easily accessible when carers are in the heat of a crisis and under stress.

3.4.3 Self Harm prevention

A review of the self-harm prevention pathway was undertaken and key recommendations included:

- Improve what happens when people who are self harming or in extreme emotional distress present themselves to the Emergency Department
- Strengthen prevention strategies
- Make it easier for children and young people to get help
- Join up the services that we already have

- Specific needs, e.g. personality disorder, Children & Young People with physical health conditions

A multi-agency plan has been developed and is currently being implemented.

3.4.4 Recovery College

Severn and Wye Recovery College is commissioned by NHS Gloucestershire CCG to run on a co-production and co-delivery ethos to empower people recovering from a mental illness and those who support them to take charge of their own wellbeing through education, self-care and peer support.

The Recovery College supports students to access a mixture of practical, 'recovery' oriented, modular courses and to build confidence and hope through:

- peer led education seminars about conditions and self-management techniques
- the sharing of patient recovery stories
- promoting a shared decision making framework with professionals
- the reduction of feelings of isolation through a proactive, inclusive approach
- sharing information about community resources

Performance

- **208** separate students (**a 7% increase**) attended at least one Recovery College session in 2017-2018.
- **34** Recovery College **courses** were delivered in 2017-2018 which consisted of a diverse programme of education and validation of individual achievement.
- Service experience feedback in 2017-18 suggests that 100% of students would recommend the service.
- Outcome measures indicated that the majority of students benefitted in the recovery from their participation in the Recovery College. A reduction in hospital admissions from the cohort was also indicated in the outcome data.
- Gloucestershire's Recovery College has been nationally recognised as an example of best practice and in a recent development the Health Foundation has commissioned the development of a workbook development of Gloucestershire's curriculum for publication.

4.0 Overall assurance of quality standards underpinning development and delivery of Gloucestershire's Urgent and Emergency Mental Health Care system.

4.1 CQC Inspection

NHS Mental Health Services in Gloucestershire have been inspected twice by the Care Quality Commission (CQC) over the last 4 years. Overall, ²gether NHS Foundation Trust services are rated as 'GOOD'. A number of services were rated as 'OUTSTANDING' and amongst these were the Gloucestershire Crisis Resolution and Home Treatment Teams now known as MHARS. In 2018 the Trust was re-inspected and all services either retained or improved upon their previous ratings. These ratings offer assurance of local quality services.

4.2 Local initiatives to gather service user feedback

In 2018 an independent group of people who have experience of accessing and using local NHS crisis services were invited to undertake a survey of people who have come into contact with local Crisis Teams. In total, 38 people responded to the survey. Four questions which provide quantitative metrics were measured:

How easy was it to contact and talk with the Crisis Team?	• Easy – 84%
How well did the Crisis Team recognise and manage your risk?	• Well – 79%
How well does your recovery plan meet your needs?	• Well – 60%
How well did the Crisis Team behaviour meet the Trust values?	• Well – 77%

Qualitative enquiry was also undertaken with individuals and groups of service users and the feedback is being used to inform further developments.

Experts by Experience have also been recently involved in undertaking a pioneering 15 Steps Challenge to test the welcome provided by the telephone triage service for mental health urgent care response.

4.3 CQC National Patient Survey results of experience of mental health services – Gloucestershire

The CQC inspection ratings are further reinforced by results from the rigorous, comparative survey of mental health service users by the CQC. In the results of this annual survey, ²gether's services are **rated amongst the highest in England which represents year on year improvement.**⁵

5.0 Conclusion

This paper has offered a narrative and performance data to illustrate the significant amount of work which has been undertaken and continues to be progressed through a dedicated multi-agency effort.

⁵ <https://www.cqc.org.uk/provider/RTQ/survey/6>

Whilst progress is being demonstrated there is no complacency. Systems of regular monitoring of progress are in place with very encouraging multi-agency partnership involvement and evidence of attracting funds for further development.

Gloucestershire's annual results from the National Patient survey suggest that 2gether NHS Foundation Trust is offering very good experience of service overall. It could be argued that this might extend confidence about the efforts of the whole system of mental health care in Gloucestershire to an extent.

Appendix 1 : Infographic of Mental Health Acute Response system (MHARS)

Acknowledgements:

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Mental Health Acute Response System (MHARS)

