

	<p align="center">Health and Wellbeing Board</p> <p align="center">28th March 2019</p>
Title	Mental Health – the crisis care pathway and developments
Report of	Head of Commissioning, Mental Health and Dementia
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	<p>Appendix A –provides an overview of the following services: -</p> <ul style="list-style-type: none"> • Primary Care Link Workers • Crisis Resolution Home Treatment Team • Mental health liaison services <p>Appendix B- provides an overview of the crisis care pathway and key developments</p>
Officer Contact Details	<p>Sarah Perrin, Head of Commissioning, Mental Health and Dementia</p> <p>Sarah.perrin@barnet.gov.uk / sarah.perrin1@nhs.net</p> <p>020 8359 3487</p>

Summary

This report provides an overview of the mental health crisis care pathway and key issues, challenges and opportunities to improve the pathway for Barnet residents. This report also outlines work already in train to support improving the crisis care pathway for Barnet residents to achieve better outcomes and sets out recommendations, for the Board to support activity in this area.

Recommendations

- 1. The Board is asked to note the contents of the report and developments occurring to improve the crisis care pathway for Barnet patients.**
- 2. That Board members provide advice and support to maximise the impact of the work being undertaken and discuss how to support strengthening the pathway across the whole system.**

1. WHY THIS REPORT IS NEEDED

1.1 Ensuring that people experiencing mental ill health have access to good crisis care that is integrated into urgent and emergency settings, and effective preventative support for adults to maintain their health and wellbeing aims to achieve:

- improved outcomes for patients
- parity of esteem between mental and physical health (equal value is placed on both physical and mental health)
- improved crisis care for people of all ages
- improved management of demand for services
- improved patient flow across the system

1.2 Urgent and emergency care, mental health services and social care are all facing significant challenges and, whilst progress has been made to improve the crisis care pathway and improve outcomes, there are clear opportunities for further improvement. Key challenges include: -

- ensuring appropriate alternative provision is in place to prevent unnecessary admission into acute settings
- increasing demand
- fragmentation in the system
- ensuring sufficient appropriate provision is in place to meet complex needs to support timely and good step down from acute settings

1.3 The crisis care pathway can be defined by four key stages: -

1. Access to support before crisis point; the provision of readily accessible support 24 hours a day 7 days a week- this is for people who are close to crisis and need quick access to support that may help prevent escalation of their problems.
2. Urgent and emergency access to crisis care - when people need emergency help related to their mental health needs when in crisis. The emphasis is on treatment being accessed urgently and with respect in a similar manner to a physical health emergency.
3. Quality of treatment and care when in crisis - the provision of support and treatment for people in mental health crisis. Effective treatment is provided by competent practitioners, who focus on the individual's recovery and is provided in a setting that best suits their needs.
4. Promoting recovery/ preventing future crises - the provision of services that will support the process of recovery for people with mental health illness and help them stay well.

A high-level overview of the main pathways for those presenting in mental health crisis is provided in the attached presentation - see Appendix B.

1.4 Barnet Clinical Commissioning Group and Barnet Council are committed to ensuring that residents experiencing mental health crisis have access to high quality support which meets their needs appropriately and work is being undertaken to support improvements. Additionally, work is occurring across North Central London and pan London to improve support for adults

experiencing mental health crisis which is linked into the work being undertaken locally. Therefore, this report aims to set out work occurring to improve the pathway and asks that the Board discuss how to support strengthening the pathway across the whole system. The key objectives to be achieved through work being undertaken are: -

- To improve the equality and accessibility of services for the four key stages of the mental health crisis pathway
- To improve outcomes for people experiencing mental health crisis

1.5 The Five Year Forward View for Mental Health set out a commitment that there should be improved access to high quality mental health care and proper funding for mental health crisis care; setting out the expectation that mental health support and services should be fully integrated within NHS urgent and emergency care to deliver parity of esteem between mental and physical health and improve outcomes for patients. The Five Year Forward View for Mental Health stipulated 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 therefore essentially be eliminated for acute mental health care for adults.
- All acute hospitals will have all age mental health liaison teams in place and at least 50% of these will meet the core 24 service standard as a minimum

1.6 The NHS Long Term Plan (2019) builds upon the priorities set out in the Five Year Forward View for mental health specifically identifying a need to improve support for people with mental ill health within primary care and crisis and emergency provision to deliver better outcomes.

1.7 Mental Health has also been prioritised locally as reflected through: -

- Work delivered via the Reimagining Mental Health Programme
- The Crisis Care Concordat 2014
- The Barnet Health and Wellbeing Strategy 2015-20
- The Barnet Health and Wellbeing Priorities 2019-24
- The Barnet Corporate Plan
- The NCL Sustainable Transformation Plan and associated Barnet CCG plans.

1.8 Individuals in crisis can present in community, acute or criminal justice settings. To support improvements to the pathway a review is currently being undertaken and is due to be completed by July 2019, this will set out key recommendations and findings to inform improvements to the pathway.

1.9 The approach that is being applied to the review focuses on the following three areas which are cross cutting components to delivering improvement in crisis care: -

- Prevention of crisis
- Urgent and emergency access to crisis care
- Discharge

1.10 Prevention of crisis

1.10.1 To prevent crises and support people to maintain their own health and wellbeing and prevent escalation of need there must be wide and diverse prevention offer in place and a range of alternative admission options available for people presenting in mental health crisis or who are being stepped down from acute settings.

1.10.2 Currently, the prevention offer in place for Barnet is varied and diverse for adults experiencing mental ill health and includes support via GPs, primary care link workers, the Network (social care), the Wellbeing Hub, community mental health teams, crisis resolution home treatment teams, other secondary mental health provision, commissioned Providers and the wider voluntary community sector (VCS). However, there are numerous opportunities to make improvements in this area thereby reducing the numbers of people inappropriately presenting in emergency department settings and reducing the number of mental health crises from happening. Opportunities include: -

- Developing more community and peer support resources (including diversity of accommodation and employment support)
- developing the local Improving Access to Psychological Therapies (IAPT) offer
- developing mental health support (including support for adults with dementia) within the Care Closer to Home Programme
- reviewing effectiveness of the crisis home resolution teams – considering early system wide interventions/response to mental health crisis and setting out recommendations following the review
- exploring alternative provisions to prevent unnecessary attendance and admission and developing provisions where there are gaps

1.11 Urgent and emergency access to crisis care

1.11.1 Having access to timely and high quality urgent and emergency care when in crisis is key to ensuring that patients receive the right support when they need it. Access to this support is intrinsic to preventing further escalation of need, ensuring that there is parity of esteem between mental and physical health and that robust and appropriate care management is in place to deliver good outcomes for patients.

1.11.2 To ensure that individuals consistently have the ability to access timely and high quality urgent and emergency care when in crisis, several significant issues need to be addressed including improved joint working; patients are being seen by the right teams at the right time (interface), improving integration of mental health support into urgent and emergency settings, improving patient flow to ensure sufficient bed capacity to manage demand

and improving knowledge and awareness of mental wellbeing in acute settings. Key areas to focus on to ensure improvements in this area of the pathway include: -

- improving the role of adult mental health liaison services within acute settings
- identifying opportunities to improve joint working between mental health teams, urgent and emergency care teams, acute staff and social care staff (multi-disciplinary working and educational awareness)
- ensuring that staff in acute settings have a good understanding and knowledge of how to appropriately support people presenting in mental health crisis
- having sufficient alternative community provision in place to support someone in crisis to prevent admission and to ensure sufficient capacity within acute mental health settings where people need to be managed in hospital.

1.12 Discharge

1.12.1 Good care co-ordination and multi-disciplinary working should ensure that good outcomes for patients are achieved and that patients are stepped down in a timely and appropriate manner. For adults with mental ill health, discharge can relate to transferring/ discharging patients to mental health beds from acute beds and vice versa and, effective and timely discharge and support back into the community when patients are both physically and mentally well enough from either acute beds or mental health beds. Therefore, when considering discharge for patients with mental ill health to support effective transfer within acute settings or, discharge back into the community, specific opportunities for improvements include: -

- improving early and high-quality care planning and coordination
- supporting effective flow through inpatient beds for mental health patients to prevent delayed transfers of care from acute settings and out of area placements wherever possible.
- ensuring sufficient high-quality step-down provision and support that appropriately meets people's needs
- improving system resilience for adults with mental health illness – joint working and supporting a reduction in delayed transfers of care

1.13 Supporting friends and family who care for someone with mental ill health

1.13.1 Presently there is a range of support available for carers of someone with mental ill health. However, there are many opportunities to do more work to develop this offer. Carers of adults with mental ill health are key to supporting admissions avoidance and self-management of need. It is therefore vital that there is a range of support to help them in their caring role. This should include training, inclusion in discharge planning, peer support, information and advice and raising awareness of carer identification and support with professionals.

1.14 Current work to improve the crisis care pathway

1.14.1 To support improvements to the pathway and better outcomes for residents, work is already underway. This includes: -

Crisis Pathway Development

- Review of the current crisis care pathway for Barnet – to be completed by the end of Q1 2019 (extensive engagement to be carried out to inform the review and set out recommendations).
- A Mental Health Compact for London (a compact between London mental health and acute Trusts, Local Authorities, Clinical Commissioning Groups, NHS England, NHS Improvement, London Ambulance Service and Police Services) will be implemented in 2019

Early help and support

Building on the engagement and service development from Reimagining Mental Health which implemented the Wellbeing Hub and improved access into mental health services through primary care link working – next phase of work includes:

- Further investment by Barnet CCG in improving access to psychological therapies (IAPT) offer for Barnet patients to meet presenting demand and deliver NHS England targets.
- Commitment to develop the mental health offer as part of CHIN delivery and CHIN 5 dementia focus.
- A Mental Health Awareness Campaign delivered by Public Health to increase awareness of mental ill health and reduce stigma
- Delivery of the Public Health Suicide Strategy Action Plan (supported by key stakeholders across the system)
- An individual placement support service (IPS) is being developed for patients in secondary mental health services for Barnet in 2019 (employment support offered through the service will be integrated into mental health services within Barnet, Enfield and Haringey Mental Health Trust)
- A review of the current Accommodation and Support offer for adults with mental ill health to ensure services can meet emerging needs

Mental health liaison in acute hospitals

- North Central London (NCL) commissioners are carrying out a joint procurement for mental health liaison services to deliver an improved service model across NCL hospitals.
- A member of Barnet, Enfield and Haringey Mental Health Trust now attends the Urgent Emergency Care Boards in place within Barnet to support improved patient flow in acute settings and improve joint working

Discharge from mental health inpatient care

Improved patient flow programme in place to:

- Implement the mental health System Resilience Framework (to improve system visibility of patient flow)
- Support the Trust's updated discharge policy; and
- Support continued embedding of new processes to reduce delayed transfers of care; including delayed transfer of care (DTC) meetings occurring between Adult Social Care and the Trust
- Embed resources to support improvements across Barnet, Enfield and Haringey (Resilience Officer)
- Work with Barnet, Enfield and Haringey Mental Health Trust to deliver 0% out of area placements by 2021

2. REASONS FOR RECOMMENDATIONS

- 2.1 Ensuring that people presenting in mental health crisis have timely access to effective intervention as an alternative to hospital or, if needed appropriate access to a health based place of safety and / or inpatient care and treatment is key to delivering good crisis care and support. This report recognises that currently inconsistent decision making and a lack of transparency around how capacity is managed and how issues are escalated can result in delays to access and the individuals care and treatment and, that there are opportunities to improve the pathway for people presenting in mental health crisis.
- 2.2 The Board is asked to provide advice and support to maximise the impact of the work being undertaken.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None.

4. POST DECISION IMPLEMENTATION

- 4.1 The review occurring of the current crisis pathway will continue informed by members and partners suggestions.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 In 2014 the Clinical Commissioning Group and Council signed up to the national Crisis Care Concordat, which emphasises the importance of achieving parity of esteem between physical and mental health.
- 5.1.2 The Barnet Health and Wellbeing Strategy 2015-20 reflected the priority of mental health and the Health and Wellbeing Board priorities for 2019-24 include - encouraging residents to lead active and healthy lifestyles and maintain their mental wellbeing, and supporting residents across the life course to maintain and improve their mental health and wellbeing by raising awareness, tackling stigma and discrimination and making mental health everyone's business.
- 5.1.3 The Corporate Plan includes a commitment to ensure that people with mental health issues receive support in the community to help them stay well.
- 5.1.4 The Joint Strategic Needs Assessment identifies rates of mental illness,

dementia and suicide in Barnet and compares these with national rates. Prevalence of mental illness and rates of suicide are below the national average but rates of diagnosed dementia are higher. Common mental health prevalence for Barnet (42,184) is higher than our NCL partners prevalence rates.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The Crisis Care Pathway review is being undertaken by existing staffing resource within the Joint Commissioning Unit. Recommendations from the review where additional financial resourcing requirements are identified will be considered by key stakeholders within the clinical commissioning group and the council to inform decision making.

5.3 Social Value

5.3.1 The Public Services (Social Value) Act 2012 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits.

5.3.2 Therefore, prior to initiating a procurement process, commissioners should consider whether and how the services they procure or the procurement methodology could secure additional value and benefits for their area or stakeholders.

5.3.3 This approach has been employed wherever possible when improving the crisis pathway and allied services and functions.

5.4 Legal and Constitutional References

5.4.1 The terms of reference (Responsibility for Functions – Annex A) of the Health and Wellbeing Board are set out in the Council's Constitution and include:

- To work together to ensure the best fit between available resources to meet the health and social care needs of the whole population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing.
- To promote partnership across all necessary areas.

5.5 Risk Management

5.5.1 The effectiveness of work occurring to improve the crisis care pathway is dependent on several factors including local work occurring across the clinical commissioning group, council and with commissioned providers. Additionally, work is dependent on activity occurring across North Central London and pan London to improve crisis care support.

5.5.2 The scope and delivery of the recommendations that will be set out post the crisis care pathway review will be dependent on partners' willingness and capacity to implement recommendations in conjunction with available funding should recommendations include additional commissioning of services.

5.6 Equalities and Diversity

- 5.6.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of Policies and the delivery of services.
- 5.6.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to: Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 5.6.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues.
- 5.6.2 Rates of mental illness vary across different groups including those as defined by protected characteristics.

5.7 Corporate Parenting

- 5.7.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council.
- 5.7.2 There are no implications for Corporate Parenting in relation to this report.

5.8 Consultation and Engagement

- 5.8.1 Extensive engagement will be carried out to inform the local crisis care pathway review and to support work being undertaken. Key stakeholders already actively engaged with or to be engaged with include Barnet Council, Barnet Clinical Commissioning Group, Barnet, Enfield and Haringey Mental Health Trust, NCL partners, the voluntary and community sector and people with lived experience of mental health illness and their carers.

5.9 Insight

- 5.9.1 Mental health priorities are informed by local data, particularly the Joint Strategic Needs Assessment.

6. BACKGROUND PAPERS

6.1 [Barnet Joint Health and Wellbeing Strategy 2015-20](#)

6.2 Barnet Adults and Communities priorities for 2018/19 are set out in the Barnet Corporate Plan 2018/19 Addendum which is available online at <https://www.barnet.gov.uk/citizen-home/council-and-democracy/policy-andperformance/corporate-plan-and-performance>.

6.3 [Barnet Crisis Care Concordat](#)

6.4 [Barnet Joint Strategic Needs Assessment](#)