

Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Update on mental health crisis support

- 1.1 The contents of this paper can be shared with the general public.
- 1.2 This paper is for the Health & Wellbeing Board meeting on the 14 November 2017.
- 1.3 Author of the Paper and contact details:

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2. Summary

- 2.1 The Health and Wellbeing Board received a paper in November 2015 that provided details of the Mental Health Crisis Care Concordat action plan. The aim of the Concordat plan aim is to improve arrangements for mental health crisis support for Brighton and Hove. This paper provides a progress report on improvements made since 2015 as well as further improvements planned from 2017/18 onwards.

3. Decisions, recommendations and any options

- 3.1 That the Health & Wellbeing Board notes the report.



4. Relevant information

Background

- 4.1 The Government articulated the need to improve the system response for people needing support in a mental health crisis care in the Crisis Care Concordat which was published in February 2014¹.
- 4.2 The Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in mental health 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.
- 4.3 The Brighton and Hove Concordat Plan is overseen by a multi-agency group and underpinned by a signed Concordat with a commitment to work together to improve mental health crisis care arrangements. The Concordat was signed by NHS England, Brighton and Hove CCG, Brighton and Hove City Council, Sussex Police Commissioners, Sussex Partnership NHS Foundation Trust, Sussex Police the South East Coast Ambulance Service, Community Works and Brighton and Sussex University Hospitals Trust. A representative from the East Sussex Fire and Rescue Service has recently been invited to join this group.
- 4.4 The Five Year Forward View for Mental Health published in February 2016 sets out a transformation strategy for mental health services. This reinforced the need for further improvements in mental health crisis response. One of the recommendations is that people facing a crisis should have access to mental health care **7 days a week** and **24 hours a day** in the same way that they are able to get access to urgent physical health care. The specific Five Year Forward View targets to improve the crisis response by 20/21 at the latest are:
- The implementation of 24/7 Crisis Resolution Home Treatment Teams².
 - The development of a 24/7 urgent and emergency mental health service for children and young people.
 - The eradication of out of area hospital admissions for patients requiring acute mental health care.
 - The implementation 24/7 Mental Health Liaison Teams³ in 50% of NHS trusts.

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf

² A crisis resolution and home treatment (CRHT) team is a team of mental health professionals who can people at home during a mental health crisis. It includes a number of mental health professionals, such as a psychiatrist, mental health nurses, social workers and support workers.

³ A Mental Health Liaison Team (MHLT) works in a general hospital. It provides psychiatric assessment and treatment to those patients who may be experiencing distress whilst in hospital and provide a valuable interface between mental and physical health.



- 4.5 In addition, the Sussex and East Surrey Sustainability and Transformation Partnership (STP) has identified improvements to mental health crisis care as a key priority.

What is a mental health crisis?

- 4.5 A mental health crisis is a situation where the person experiencing the crisis (or anyone else) believes requires immediate support, assistance and care from an urgent and emergency mental health service. There are many possible causes or triggers of crisis. Some people experience adverse life events that include psychological, physical or social elements that may require an urgent or emergency response from mental health services. Crises can be different in their cause, presentation and progression.

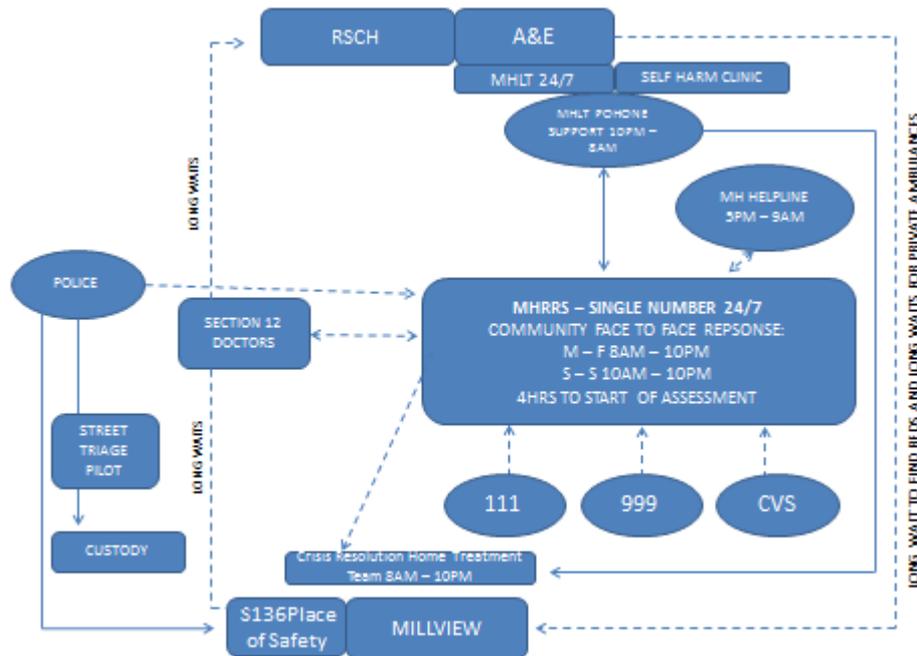
- 4.5 When a person's mental state leads to a crisis episode, this can be very difficult to manage, for the person in crisis, for family and friends, and for the services that respond.

Improving the mental health crisis response is not just about having excellent mental health support available 24/7 although of course this is vital. It is also necessary to have whole system arrangements in place between the various agencies that may come into contact with someone in crisis. This includes the emergency response services (such as police, fire and ambulance), the criminal justice system, the NHS including A&E departments and mental health services and social care.

Mental Health Crisis Care System - Adults

4.6 There are a range of services for people experiencing a crisis in their mental health. These are shown diagrammatically in figure 1 below.

Figure 1: Current Mental Health Care Crisis System



- Anyone can call the Sussex Mental Health Line, NHS111 and 999 and be directed to local mental health services.
- The Mental Health Rapid Response Service (MHRRS) provides telephone support staffed by mental health professionals 24/7. This service is for any adult who is a risk to themselves or others and can be accessed by patients, carers and professionals including the police.
- The MHRRS is able to carry out face to face assessments 7 days a week within 4 hours. The service is available until 10pm.
- There is a 24/7 Mental Health Liaison Team at the Royal Sussex County Hospital (RSCG) which is able to provide mental health assessments for anyone attending A&E.
- The Crisis Resolution Home Treatment Team (CRHT) provides 7 day a week intensive support to people in the community to prevent acute mental health hospital admissions. It also supports people to be discharged back into the community immediately after discharge from hospital. The service is available until 10pm at night.
- The police have the powers to detain individuals under the Mental Health Act and take people to the health based place of safety at Millview Hospital (also known as the section 136 suite) or custody in exceptional circumstances.

4.7 The **strengths** of the current system are as follows:

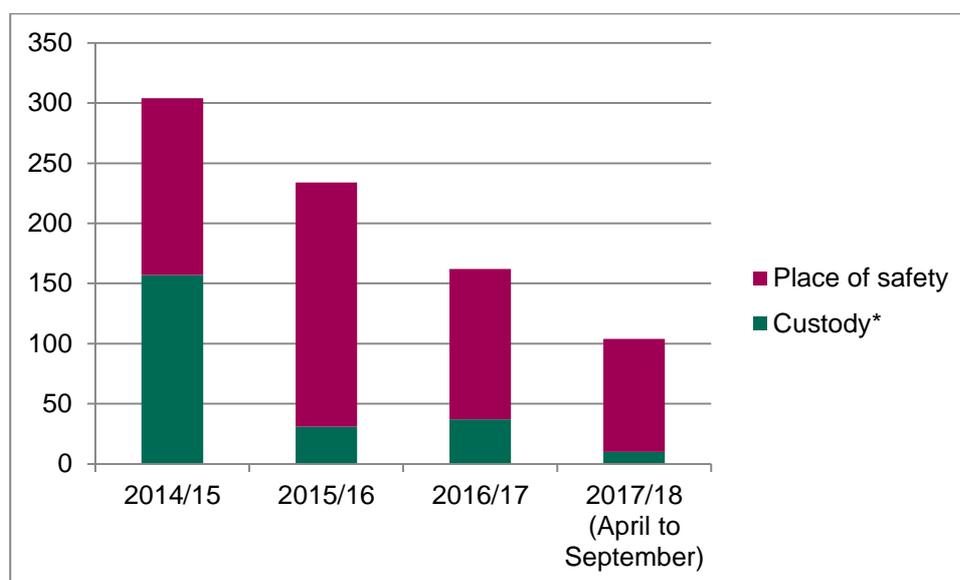
- (i) The MHRRS provides **24/7 telephone** support to individuals. The service receives over 600 calls per month and provides face to face support within 4 hours to around 40 people each month. Patients are assessed over the phone with a target response time of 30 minutes and if further support is required a visit takes place within the target time of 4 hours.
- (ii) There is a **24/7 Mental Health Liaison Team** at RSCH that provides supports to 2000 referrals per year attending A&E. 85% of people receive a response within 1 hour against the target of 95%.
- (iii) There is a new community based **self harm clinic** that was set up in 2016 and aims to reduce self-harm in patients attending the Accident and Emergency. The service aims to both reduce repeat attendances to A&E following an episode of self-harm and to reduce and prevent further acts of self-harm. During the period December 2016 to October 2017 a total of 18 patients were seen at the clinic and although numbers are relatively small the initial findings are positive. Only one patient required onward referral to mental health services at the end of therapy and only 2 of the 18 patients re-attended at A&E.
- (iv) Across Sussex the police are able to access 5 different health based places of safety. The local place of safety in Brighton and Hove is at Millview Hospital. . There has been a **50% reduction in the number of Brighton and Hove people detained to custody** under the Mental Health Act since 2014/15. The detailed in Figures 2 & 3 below. This reduction is as a result of improved partnership working between SPFT and the police including the development of a multi multi-agency protocol and the introduction of a single point of contact for the police to access the places of safety across Sussex Partnership Foundation Trust.

Figure 2: Detentions Under Section 136 of the Mental Health Act

| Year | Custody* | Place of safety | Total |
|---------------------------------|-----------------|------------------------|--------------|
| 2014/15 | 157 | 147 | 304 |
| 2015/16 | 31 | 203 | 234 |
| 2016/17 | 37 | 125 | 162 |
| 2017/18 (April to September) | 10 | 94 | 104 |
| Total | 235 | 569 | 804 |



Figure 3 Detentions Under Section 136 of the Mental Health Act



Areas Identified for Improvement

4.8 Whilst there are a number of strengths in the existing pathway there are a number of areas that require further improvement to ensure a fully comprehensive 24/7 mental health crisis response. Key areas identified for improvement are as follows:

- (i) There is no community based crisis response after 10pm at night. At night time the only option for face to face support for a mental health crisis care is to attend A&E.
- (ii) The 24/7 phone system is not always able to respond swiftly enough if several callers contact the service at the same time.
- (iii) Feedback from service users and carers is that the response times of 30 minutes for a phone response and 4 hours for a face response is not rapid enough in terms of support in crisis
- (iv) There are sometimes delays and blocks in the system including:
 - Delays in finding approved doctors to carry out Mental Health Act assessments.
 - Delays in securing an available bed at Millview Hospital for people requiring an acute mental health admission. It is not always possible for Brighton and Hove residents who require a mental health hospital admission to Millview Hospital. In the period April to September 2017 27 Brighton and Hove patients have been placed in hospital beds outside SPFT hospitals.

- There is not always capacity within the MHLT to respond to patients in A&E within one hour.
- (v) At times all 5 places of safety in Sussex are full which results in people being taken unnecessarily in custody.
- (vi) Currently the fragmented system means that it is not possible to track data on patients that access different parts of the system.

Supporting the Police

- 4.9 Whilst there are improved working relationships between the Police and SPFT there is currently no “street triage” service. Sussex Police funded a pilot of “street triage” for a four month period between 1 December 2016 and 31 March 2017. Street Triage is a generic term used to describe the joint approach to managing mental health crises by mental health services and police. The pilot in Brighton and Hove comprised a mental health nurse from Sussex Partnership NHS Foundation Trust (SPFT) and a police officer from Sussex Police working together for the duration of each shift. The service utilised a dedicated Street Triage car to attend mental health related incidents, During the Pilot, the service responded to a total of 199 call outs, averaging approximately 2 call outs per shift. The service has been evaluated and this demonstrated there was a significant reduction in the use of Brighton Police Custody as a place of detention occurred with no admissions over three consecutive months from January and March 17. The evaluation also found that there was considerable “down time” between calls on some shifts. The CCG is working with partner agencies to refine the street triage model for Brighton and Hove in the most cost effective way.
- 4.10 Changes to the Police and Crime Act which we are expecting to be implemented in 2017 require CCGs to have services in place for the police to contact 24/7 to reduce the need for as many Mental Health Act detentions and will also reduce the amount of time an individual can be detained under Section 136 of The Mental Health Act to 24 hours from 72 hours. Currently the majority of patients are detained for less than 24 hours. The Act will restrict the use of police custody for people detained under the Mental Health Act. The arrangements for when all of the places of safety are occupied are in the process of being developed across Sussex and an agreed system and resources to support the changes and ensure that detainees can be accommodated within mental health environments will be in place by the end of November 2017

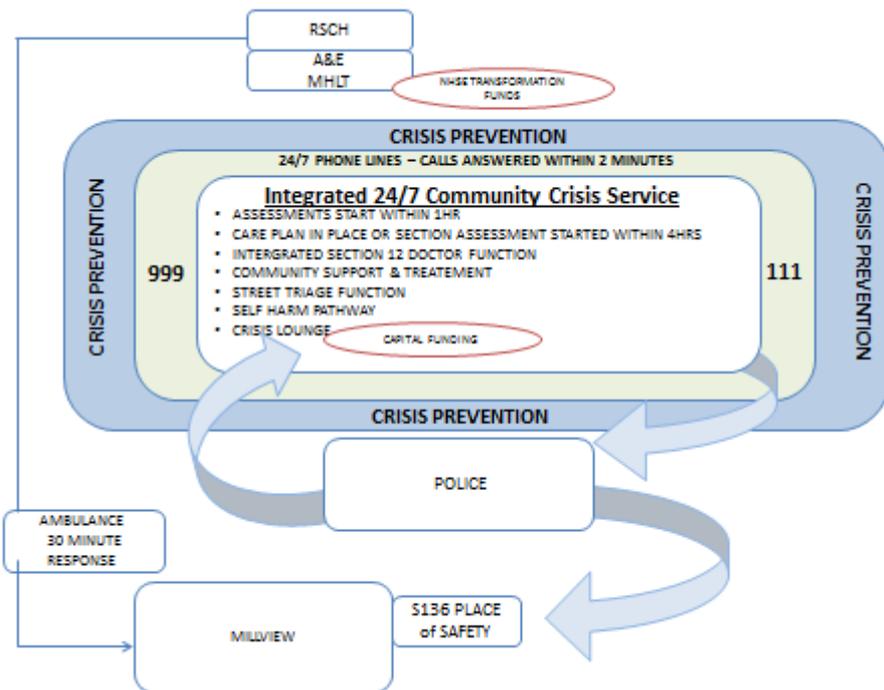
Future Vision

- 4.10 The CCG has been working with partner agencies in 2017 to build on the existing crisis response services and develop an integrated 24/7 crisis response hub that will be introduced in 2018/19.



- 4.11 This new model of care will address the gaps in the current pathway and bring together all existing crisis care functions into a hub providing a single point of access. There will be increased capacity in community services on a 24/7 basis to assess and treat patients which will reduce reliance on hospital based services such as A&E (particularly at night time) and acute mental health inpatient care.
- 4.12 It will involve the development of a crisis lounge at the Millview Hospital site that will provide an alternative place to assess patients in a crisis away from A&E. It will also provide improved pathways with the police and crisis prevention services.
- 4.13 There will also be increased mental health resources at RSCH to ensure a timely response in A&E and other parts of the hospital and NHS England Transformation funding is available from April 2018 to support this part of the pathway.
- 4.14 The new model of care is shown diagrammatically in figure 4 and would enable the following response times to be achieved:
- 24/7 crisis telephone support and advice line with a response within a maximum of 2 minutes, by a person
 - Within a maximum of 1 hour of contact, the mental health crisis service should provide the person who contacted the service with an update/feedback on care and support to be provided.
 - Within 4 hours of contact with mental health crisis service, any person experiencing a mental health crisis should have received the appropriate response or outcome to meet their needs

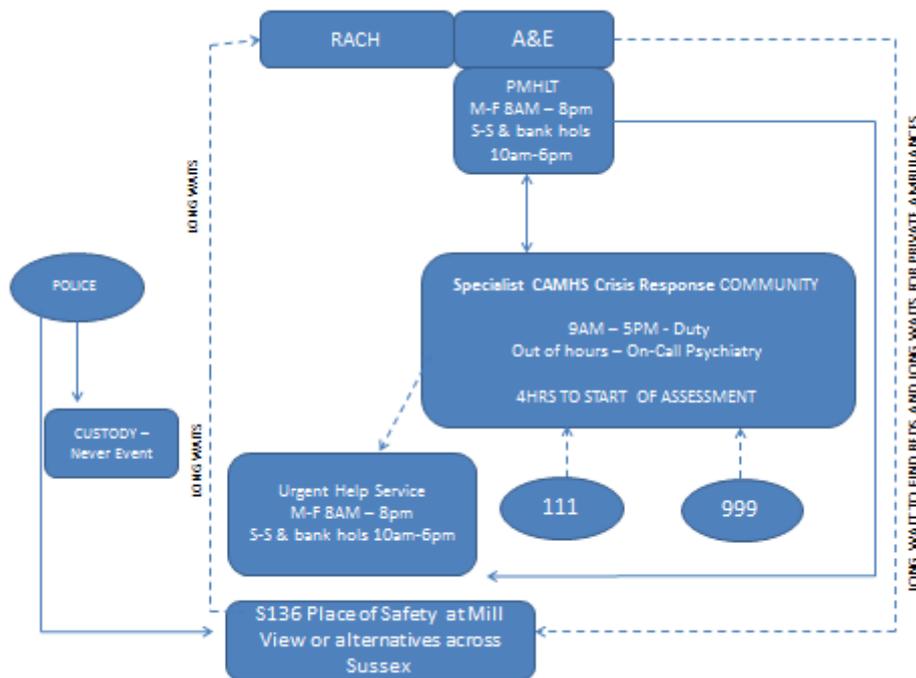
Figure 4 – Future Vision



The mental health system for children and young people in Brighton and Hove

4.15 There are a range of services for children and young people (CYP) experiencing a crisis in their mental health. These services largely exist as part of a separate system to the services available for adults but there are similarities in terms of their strengths and weaknesses. However the numbers of children and young people requiring support are significantly lower than adults. The current system of care is shown diagrammatically in figure 5 below.

Figure 5: CYP mental health crisis response



4.16 Specialist Child and Adolescent Mental Health Services (CAMHS) provide an urgent response to a mental health crisis (where a child or young person is at risk of causing themselves or someone else serious harm) with the following services:

- A 24/7 response through on call consultant psychiatry is available to professionals working within the system such as GPs, Police and Ambulance Service;
- A Specialist CAMHS Duty response (9am-5pm) for professionals as well as children, young people and their family/ carers;
- A Sussex-wide Urgent Help Service operating 7 days per week (8am-8pm weekdays and 10am-6pm weekends and bank holidays) responding to those at risk of admission to an inpatient bed or subject to section 136 Mental Health Act. They provide short and intensive assessment and treatment to reduce risk and stabilise working within community settings and people’s homes. They also work with inpatient units to support safe discharge; and

- A Paediatric Mental Health Liaison team (PMHLT) has been in place since October 2015, based at The Royal Alex Children’s Hospital (operating the same hours as the Urgent Help Service). The team supports the hospital staff for those children and young people who attend and / or are admitted, who have a mental health issue. They respond with a risk assessment completed within 2 hours and develop a suitable on-going care plan for the individual which may include a follow up in Specialist CAMHS. The team support, on average, 37 children and young people each month in A&E and the wards.

4.17 The table below shows the section 136 detentions for children and young people over the last four years. Since 2015/16 there have been no detentions in custody for children under 18, since this was deemed a ‘never event’. In most cases children and young people under 18 who are under Section 136 go to Mill View Hospital as their place of safety, however, that is full (with an adult for example) then Brighton and Hove children will go to one of the four other places of safety within Sussex. Figure 6 below shows the data.

Figure 6 – Place of Safety Data for Children and Young People

| | Custody | Place of Safety (Mill View) | Total |
|---------|---------|-----------------------------|-------|
| 2014/15 | 5 | 14 | 19 |
| 2015/16 | 0 | 10 | 10 |
| 2016/17 | 0 | 3 | 3 |
| 2017/18 | 0 | 6 | 6 |

Current Position

4.17 Whilst there are strengths in the current model of crisis support for children and young people the pathway is fragmented and there is scope for further improvement to ensure a community based 24/7 community response.

4.18 The strengths of the system include:

- a) The availability of mental health support at the RACH;
- b) A single provider response from SPFT (through the Urgent Help Service, Duty and PMHLT); and
- c) Children and Young People have not been admitted to custody since 2014/15

4.19 The areas for improvement include:

- a) There is not a comprehensive 24/7 community based mental health crisis response
- b) There is no 24/7 open access phone line



- c) There is not a standalone child / young people specific place of safety available in Sussex.

Improvement Plans

- 4.20 From November 2017 Specialist CAMHS will pilot an extended Specialist CAMHS Duty response until 10pm (Monday – Friday). The service currently ends at 5pm. This will enable professionals within the system to have access to a specialist mental health practitioner out of hours with an additional follow up response the next day. The pilot will work with other agencies such as Police, Social Care, GPs and Ambulance Service to evaluate the impact and plan for further developments from 2018/19 onwards.
- 4.21 In addition to this there are plans in development with partners across Sussex to develop a telephone hub as a single point of access. Initial scoping work has indicated that a Sussex wide approach would give sufficient economies of scale.

Future vision

- 4.22 The future vision for CYP mental health crisis response has not yet been fully developed but will be informed by both the pilot work that is taking place in 2017/18 and the learning from implementing the model of care for adult services. The anticipated features include
- a) Developing a more robust 24/7 community response; and reducing reliance on hospital based service;
 - b) Developing a 24/7 open access phone response.

5. Important considerations and implications

Legal

There are no legal implications arising from this report which is for information

Lawyer consulted: Elizabeth Culbert

Date: 03/11/17

Finance

- 5.1 The financial implications of the proposed developments are being considered by the CCG.

Finance Officer consulted: David Ellis

Date: 3/11/17

Equalities

- 5.2 An equalities impact assessment will be developed to inform the planned changes to the community pathway

Officer Consulted: Sarah Tighe-Ford

Date: 3/11/17



Sustainability

- 5.3 Improving adult mental health services across the whole system will help build more sustainable communities by supporting people to become more resilient, more able to contribute the economy through work and more able to contribute to society more generally.

Health, social care, children's services and public health

- 5.4 See main body of the paper.

