South West Strategic Clinical Network

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South West Strategic Clinical Network

(Mental Health, Dementia and Neurological Conditions)

Crisis Collaboration Event

with outputs on slides titled in red

#msswscn

Taunton Conference password: conference

Taunton Racecourse
Wednesday 4th February 2015
09.30 am to 4.30 pm

A Few Opening Words

Justine Faulkner

Manager, Strategic Clinical Network, Mental Health, Dementia and Neurological Conditions

Code for today

- Listen generously and give in the same way.
- We haven't got until lunchtime to get up to speed.
- Be in the room; and if you can't resist an excursion, come back in thoughtfully.
- Today is a group of system peers working together.
- Watch the body language.
- No big 'big make wrongs'.
- Be thoughtful presenters.

Introduction and scene-setting

Keith Pople

Purpose

- For stakeholders to share topical learning and best practice; to discuss improvement opportunities in crisis response; and to influence the direction and work of the SCN so that it creates as much value as possible for people and organisations in the South West.

Objectives

- To have reviewed where the SCN is; what it is planning to do and how activities are linked; and where it is going.
  - To have provided feedback to the SCN on how to increase the value it will create in the future.
- To have discussed – and provided feedback – on specific current SCN work:
  - On activity mapping across the South West.
  - On a VSM for MH needs in the crisis pathway as part of improvement planning.
- To have discussed how to make practical progress with the crisisconcordat.
- To have reviewed the latest evidence – and its possible implications for commissioners and providers – in the following areas:
  - Use of crisis houses.
  - Street triage.
  - Zero suicide.

Outcome

- An engaged stakeholder community that has understood and influenced SCN plans; has discovered some good practice that can be taken back to organisations; and has contributed to turning crisi concordat principles into practical action plans.

Agenda before lunch (09.30 am to 12.45 pm)

- *9.00 Registration and Coffee available*
- 09.30 Welcome – Justine Faulkner
- 09.40 Introduction and scene-setting – Keith Pople
- 09.50 Presentation – Crisis Houses*
- 10.10 Presentation – Activity Mapping*
- 10.30 Newsnight interview – the Crisis Concordat
  - *11.00 Refreshments*
- 11.30 Group work 1 – Action planning for the Crisis Concordat
- 12.10 Presentation – Street Triage*
- 12.30 Vignette – National research study*
  - *12.45 Lunch*

Agenda after lunch (12.45 pm to 4.30 pm)

- *12.45 Lunch*
- 13.30 Vignette- National Research Study*
- 13.45 Presentation – Zero Suicide*
- 14.05 Presentation – This is the SCN and how we think all the things in today's event fit together for us
- 14.15 Presentation – MH needs in the urgent care pathway
- 14.30 Vignette – Liaison and Diversion
- *14.45 Refreshments*
- 15.15 Presentation – These are our forward plans and where we currently intend to take the SCN
- 15.30 Group Work 2 – how we want to influence the SCN
- 16.00 Questions
- 16.30 Close

Some feedback

- You want to hear more about the Crisis Concordat and, in particular, how the agreed principles can be developed quickly into implementable plans that can deliver real value for people.
- There are several topical areas that you want to hear more about, but in particular:
  - Zero suicide.
  - Crisis houses.
  - Street triage.
  - Liaison and diversion.
- You are keen to listen to latest learning and evidence but you also want to contribute to action planning and you want to influence things.

Crisis Houses

Eilis Rainsford, Chief Executive Officer, Community Care Trust
Jo Hammond, Mental Health Commissioning Manager, South Devon and Torbay CCG

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Activity Mapping – a mapping exercise of crisis teams in the South West

Anna Bilham, Project Manager, South West Strategic Clinical Network

HM Government

The Newsnight Interview

Mental Health Crisis Care Concordat
Improving outcomes for people experiencing mental health crisis

Justine Faulkner and Jim Symington

NHS
South West Strategic Clinical Network

Group Work 1

Action Planning for the Crisis Concordat

NHS
South West Strategic Clinical Network

Action planning for the Crisis Concordat

You should be sitting on themed tables:

- (MH) clinicians:
  - Service management
  - Front line delivery
    - Urban
    - Rural
- Commissioners
- Police and ambulance
- Physical acute
- Local authority

Action planning for the Crisis Concordat

- On your tables find:

  1. On Flip Chart One: where have you seen things go well with Crisis Concordat so far / where are you confident of constructive progress?
  2. On Flip Chart Two:
     a. Where do you see barriers at system level to an action focus / where are you wary?
     b. How can your organisations / professions help clear those barriers away?

- Be prepared to report back on one thing.

Crisis Concordat – going well

Mental Health Services – managers
Has helped to develop working relationships e.g. Ambulance / Police
Principles are directionally correct – now need to align services
Possibilities for improving pathways e.g. Crisis House
Street Triage / Liaison and Diversion
Something good on which to hang Mental Health services
Local ownership developing

Crisis Concordat – going well

Mental Health Services – front line – urban	
Multi agency communication	Devon
Access to 24hr support • Improved relations with A&E (POS / S136 suite)	North Somerset
Crisis House	Torquay
Street Triage / Liaison and Diversion	

Crisis Concordat – going well

Physical Health - acute	
Raised profile of MH – an excuse to talk about it!	
Commissioners leading – others engaged	
Opportunities for evidence-based, creative services	
CAMHS crisis services	
Transition	

Crisis Concordat – going well

Police / Ambulance	
Enforced engagement	
Direction – different agencies working together	
Appreciation of challenges facing other agencies	
Sharing responsibility	
Separating issues e.g. shortage of funds / others	

Crisis Concordat – going well

Commissioners	
Partnership sign up and engagement +++	
Information sets – who presents, where, why?	
Awareness of unmet needs	
Prevention and recovery	
Diversion pilot / 111 / triage – produces data – improves confidence	
3rd sector role	
National action plan as model for local work	
Brought to a head several years of 'grumbling' – lanced the boil / brought issues into the open	
'Parity of esteem' raised +++	
Momentum to service redesign	

Crisis Concordat – going well

Local Authority	
Somerset (largest county) has: • 2 places of safety • Crisis Concordat group in place • Joint positive Mental Health Strategy	
Increased 24hr availability of specialist MH crisis team	
There is huge, cross party, support and interest in MH by elected members (particularly related to service provision)	
Huge public and media support	

Crisis Concordat – going well

Mental Health Services – front line – rural	
Improved profile in public arena	
Health POS	
Multi-agency partnerships	
Enhanced responsibility for Mental Health amongst services	
Street Triage pilot / co-working / sanctuary	
CAMHS / CRHT	
Possibility of money moving from police / physical health to MH	

Crisis Concordat – blockers / unblockers

Mental Health Services – front line – urban	
Blockers	**Unblockers**
Relationships between CCG and other providers - funding	Take funding from poorly performing services – use to streamline and enhance access to services
Computer systems all different	Read only access / common sense confidentiality / single point email systems (secure)

Crisis Concordat – blockers / unblockers

Mental Health Services – front line – rural	
Blockers	**Unblockers**
Resources	
Poor leadership	Improve leadership (project management)
Different agendas and focus – leading to silo-based thinking	Shared expectations Talk, listen and share understanding Value others' experience Clinician engagement

Crisis Concordat – blockers / unblockers

Mental Health Services – managers	
Blockers	**Unblockers**
Poor relationships – perception / reality Interpretation by specific agencies e.g. Police	Develop county-wide / regional multi-agency approach e.g. crisis and contingency planning Forging 'new' relationships based on trust
'Letting go' of current responsibilities Inward focus – others 'not interested' whilst having their expectations raised	Effective performance management: • Allowing time for change to work
Resources in general CCG commissioning priorities	Develop commissioner relationships: • Collaborative • Forward looking • System redesign

Crisis Concordat – blockers / unblockers

Physical Health - acute	
Blockers	**Unblockers**
Lack of parity / stigma	Education, education, education…
'Perfect Storm'	Street Triage; more MH beds; crisis accommodation; respite care; expert / specialised care for individuals with PDs (care management plans; psychological therapies)
Record keeping / access	Joined up information systems

Crisis Concordat – blockers / unblockers

Police / Ambulance	
Blockers	**Unblockers**
Access to patient information	Standardised information Patient should have a 'chip card'
Academic, abstract language Acronyms Crisis – system / service / individual (different meanings)	Communicate in language that is understandable
Patient / family / carer access to MH system	Put charities on directorate of service Direction – one number

Crisis Concordat – blockers / unblockers

Commissioners	
Blockers	**Unblockers**
Lack of parity of esteem for MH across health & social care economy MH as mental health / illness	Named, accountable MH 'champions' Strong service user / carer voice Strong 3rd sector network / local resources and market development Value based
Lack of metrics and targets	Top up accountability
Collaborative working	

Crisis Concordat – blockers / unblockers

Local Authority	
Blockers	**Unblockers**
Lack of accurate, timely information and analysis	Accurate, timely information and analysis
Definition of MH crisis	Clear definitions for emotional stress and MH crisis
Small number of people with complex needs and challenging behaviours	Risk management arrangements
Lack of Crisis House and Street Triage (in Somerset)	Funding made available for Crisis House and Street Triage
Poor A&E liaison and audit	High quality A&E liaison and audit
Tension between Social Care and NHS	Improve relationships through putting commitment, partnership and outcomes above short-term organisational differences

Street Triage

Catherine Wevill, Programme Manager MH and LD
Bristol CCG

National Research Study

Chris Ellis, Consultant Nurse for Intensive Teams, AWP

Zero Suicide

Adrian James

Value Stream Mapping – MH needs in the Urgent Care Pathway

Keith Pople

The SCN's forward plans

Justine Faulkner
Network Manager, South West Strategic Clinical Network for Mental Health, Dementia and Neurological Conditions

An introduction to the SCN and its forward plans

Justine Faulkner
Network Manager, South West Strategic Clinical Network for Mental Health, Dementia and Neurological Conditions

Liaison and Diversion

Dr Karen Gough, Consultant Forensic Clinical Psychologist
Somerset Partnership

Group Work 2

Influencing the SCN

Influencing the SCN

- On your tables decide:

• The things the SCN should **start** • 1 • 2 • 3	• The things the SCN should **stop** doing • 1 • 2 • 3
• The things that need **adjustment** • 1 • 2 • 3	• The things to be **preserved** at all costs • 1 • 2 • 3

The SCN should start…

- Lobbying government re shortage of CPNs etc. – stuff we need for workforce development.
- Work with Health Education South West – understanding education in MH (especially GPs) including schools doing emotional intelligence education / training. Information could be put on SCN website and maintained as research is updated.
- Extending influence where something is seen to be really good and / or is happening anywhere on our patch – sending letters / inviting those with decision making power / influence. Helping spread influence across SCN – Anna's mapping exercise was brilliant – more of this sort of thing and share results at regular events like this.
- A form of update 'newsletter' – sharing good practice; putting different services 'in the spotlight'.
- Bridging CAMHS and AMHS.
- Development of PD pathway and service provision.
- Deepening understanding of recovery rates around IAPT standard / non-standard models (i.e. data collection and analysis – insight).
- Workforce planning / recruitment / retention / development.

The SCN should stop…

- Nothing

The SCN should adjust…

- We need to make sure everyone is routinely made aware of upcoming opportunities / funding etc. (some would require more than one CCG to come together so sufficient notice important).
- We all need to know where / how to feed in suggestions (e.g. about how to do things), especially where it involves services in more than one area – to avoid duplication especially.
- Outward communication with provider Trusts.

The SCN should preserve at all costs…

- Bringing people together – improved co-operation / communication **but** invitations can be a bit random.
- SCN should really work on inviting people consciously – great idea to mix professionals in same situation across areas rather than on 'area tables'
- Inclusive of edges of CRHT and other types of service + experts from outside own Trust + outside of South West – sharing good practice.
- Diversity of attendees representing where services are good and not so good.

Questions

The Panel

Closing Remarks

Justine Faulkner

Network Manager, South West Strategic Clinical Network for Mental Health, Dementia and Neurological Conditions