

# + Development of the MH Crisis Programme in 2023-24 +

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# Our current Position against the Crisis Programme



Between 2020-22022 we ran the Crisis Transformation vision and programme



We had a set of achievements



We have ongoing “in progress” actions



We have a set of “still to be done” priorities



We have some ongoing pressures which require system solutions



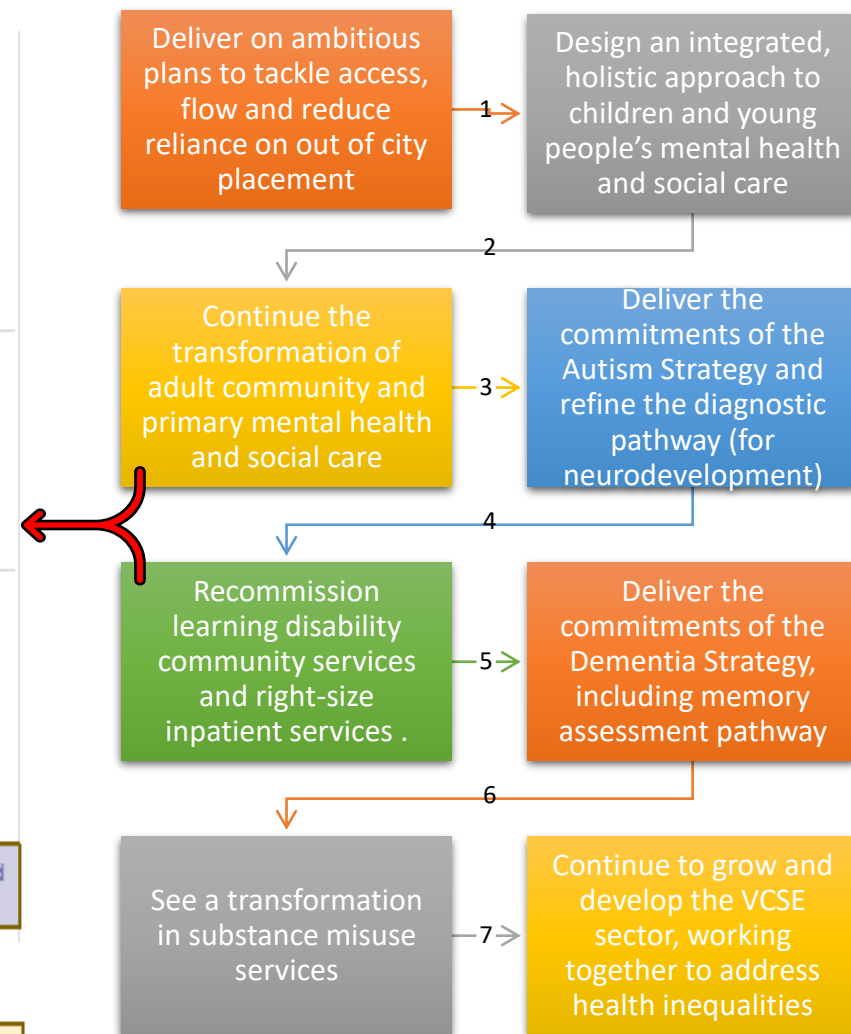
We will reinstate the Crisis Transformation Programme, with reviewed membership and commitment

# Sheffield Place Plan - Proposed Priorities

To support discussion, we have set out below the reasons for identifying these priorities, objectives and importantly how this will support our communities along with where we will deliver this work – across our delivery groups in some instances.

We need to align the MHLDDA DG 8 Priorities onto the HCP priorities

	Discharge and Home First	Same Day Access to Care	Mental Health Crisis (all age)	Neurodiversity	Building a model neighbourhood
Why is this a priority	Significant challenges in our discharge pathways which has an impact on hospital flow and patient experience.	Significant challenge in levels of presentation in ED, ambulance handover delays and demand on primary care along with levels of occupied beds.	Challenges in achieving core standards due to increase in demand and presentation in ED for people in crisis that impacts on experience and outcomes and an opportunity to deliver alternative models of support.	The neurodiversity service has received more than double the number of referrals compared to 18/19 and 19/20. increasing demand which has a significant waiting time for patients.	To address the health inequalities experienced by communities residing in the north-east of the city, where we have the highest levels of deprivation and poorer outcomes
Objectives	To work together to reduce delays in discharge, implement home first principles across the city including roll out of the optimum model for D2A, including acute, community and adult social care.	To develop a new model for same day care that delivers the national ambitions and enables our communities to access the right service based on need	To ensure there is 24/7 access to mental health crisis support for children, young people and adults	To work jointly to improve waiting times to access services as well as ensuring we have a variety of support offers for patients post diagnosis	To work with our local communities in the north east of the city to develop a neighborhood model which best supports their needs
How will this support our communities	Improve patient experience and outcomes through appropriate and timely discharge and recovery in patient's own homes.	Will result in shorter stays for patients and unnecessary delays in leaving hospital, this will also support us to improve access in ED and primary care on the day improving flow	Delivery of a more person-centred, responsive and supportive service whilst improving the response times to age-appropriate services to those in mental health crisis	Faster diagnosis and support for children, young people and their families improving experience and outcomes.	Improve health outcomes, patient experience and the overall health and wellbeing for our local people
Delivery Groups	Urgent and Emergency Care Primary Care and Community	Planned and Elective Care	Mental Health, Learning Disabilities and Autism	Children and Young People	Community Development and Inclusion
Our golden threads	Improving population health and reducing inequalities				
	Focussing on access and outcomes				



# Mapping MHLDDA Delivery Group onto HCP Priorities

1. Deliver on ambitious plans to tackle access, flow and reduce reliance on out of city placement

**NO CURRENT GROUP – LEAD ORGANISATION: ICB**



2. Design an integrated, holistic approach to children and young people’s mental health and social care

**NO CURRENT GROUP – BUT SOME GROUPS EXIST FOR SPECIFIC AREAS – LEAD ORGANISATION: SCH**



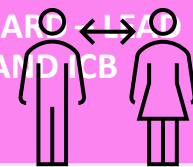
3. Continue the transformation of adult community and primary mental health and social care

**PRIMARY CARE MENTAL HEALTH PROGRAMME BOARD; COMMUNITY MENTAL HEALTH PROGRAMME BOARD – LEAD ORGANISATION: SHSC**



4. Deliver the commitments of the Autism Strategy and refine the diagnostic pathway (for neurodevelopment)

**AUTISM PARTNERSHIP BOARD – LEAD ORGANISATION: SCC AND ICB**



5. Recommission learning disability community services and right-size inpatient services

**LEARNING DISABILITIES BOARD (internal SHSC GROUP to be formerly extended) – LEAD ORGANISATIONS: SHSC/ICB/LA**



6. Deliver the commitments of the Dementia Strategy, including memory assessment pathway

**DEMEMENTIA STRATEGY IMPLEMENTATION GROUP – LEAD ORGANISATION: ICB**



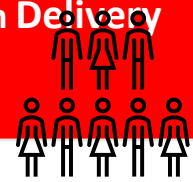
7. See a transformation in substance misuse services

**DRUG AND ALCOHOL PARTNERSHIP BOARD – LEAD ORGANISATION: SCC**



8. Continue to grow and develop the VCSE sector, working together to address health inequalities

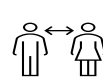
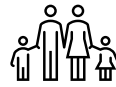
**Option: for VCF to be a strand of each of the other 7 priorities: and /or the Community and Inclusion Delivery Group**



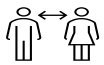
Discharge and Home First  
Same day access



MH Crisis



Neurodiversity



Building a model neighbourhood



# Mental Health Crisis Care Future State Vision

## Person centred design principles:

1. A crisis is defined by the individual in crisis, their carer or trusted professional
2. Everyone will be treated with care, compassion & integrity
3. We recognise people & communities are unique; we will harness diversity and understand and embrace cultural differences
4. People will only have to tell us their story once
5. We will take a strengths based family unit approach to support, treatment and recovery
6. We will plan to build resilience and keep people well once out of crisis

## Infrastructure design principles:

1. Accessible: We will remove barriers so services are accessible taking a 'no wrong front door' approach
2. Safe & Supported: We will increase the availability and range of 'Safe Spaces' in the community
3. Effective All-age Services: We will ensure inclusive treatment & support planning, and seamless transitions into clearly aligned age-appropriate services
4. Aware: We will ensure clear and transparent messages are shared through robust communication channels
5. Diverse: We will provide a range of diverse services which are tuned in to different cultures
6. Connected: We will ensure services are connected across health and social care and other specialists

## Front end infrastructure

Early intervention and Prevention

Community Intervention and Admission Avoidance

Intervention and Treatment

Out of Hospital Treatment, Recovery, Support and Resilience Building

Bolstered / Integrated VCSE Sector Providing a Culturally Diverse Range of Services

NHS Long-term Plan

**2 Crisis Buddies**  
Support to 'walk alongside you' through your crisis

**3 Expansion of Informal Safe Spaces**

Crisis Houses  
Crash Pads  
Crisis Cafes  
NHS Long-term Plan

Whole family approach to support and care planning

GP Practice  
Primary Care Networks / PCMH  
Crisis Outreach / Response

**4 24/7 All-age Multi-disciplinary Crisis Team**  
(and wider virtual e-Hub covering Transitions and specialisms - perinatal to older adult)

Crisis Resolution & Home Treatment Team  
NHS Long-term Plan

**1 'This is Me' Passport into Services**  
Digital passport of key patient info so people don't have to tell their story over and over again

CAMHS STAR Team

A&E 24/7 Liaison Hospital/ Section 136 Admission/Discharge Conveyance

**6 All-age Single Menu of Crisis Care Services (Digital/Physical)**  
Clear intuitive, user friendly guide to key crisis care services in the city using a shared common language

Single point of access / NHS 111

NHS Long-term Plan

**5 CYP MH Nurse located in Adult A&E/Liaison**

NHS

**9 Secure Shared Records System**

## Back end infrastructure

**7 All-age Crisis Care Shared Data & Intelligence Dashboard**

- Understand demand and trends

**All-age Crisis Care Champions Network and Sharing Platform**

- Single forum/platform to share learning, skills and experience
- Includes: such as Case Studies, Good Practice, Academic Research
- Crisis Care Specific systemwide In-House Learning Programme

**All-age Crisis Care Feedback Loops**

- Continuous improvement and iterative development of the model to ensure it evolves based on input from staff and service users to

# Reflections on Progress and Achievements up to date: in the context of the NHS LTP Objectives

Objective Area	CYP	Adults	Progress
<b>Single point of access / NHS 111</b>	With a single point of access through NHS 111, all children and young people experiencing crisis will be able to access crisis care 24 hours a day, seven days a week.	In the next ten years ensure the NHS will provide a single point of access and timely, universal mental health crisis care for everyone.	NHS 111 updated with adult SPOA: work on 111 conveyancing under way
<b>Accessibility</b>	Improve accessibility to mental health crisis care services for everyone including children and young people in schools and universities, providing age-appropriate services (more detail available)	We will set clear standards for access to urgent and emergency specialist mental health care	Increased access to 24 hour home treatment team for adults and CYP through extended operating hours . Mental Health Support Teams in schools cover 33% of the city which will rise to 50% by 2024, IAPT (NHS Talking Therapies) offer now available to universities Sheffield had previously received PLAN accreditation for the MH Liaison service for adults but increased in demand and longer waits led to this being withdrawn subsequently. Additional nursing and psychology provision funded to extend the offer. However, demand into A&E is meaning capacity to cover all wards across X4 acute hospital sites is stretched.
<b>24/7 liaison provision</b>	We will work towards all-age mental health liaison service in A&E departments and inpatient wards. By 2023/24, 70% of these liaison services will meet the 'core 24' service standard, working towards 100% coverage thereafter.		
<b>VCSE / Third sector provision</b>	We will also increase alternative forms of provision for those in crisis. Sanctuaries, safe havens and crisis cafes provide a more suitable alternative to A&E for many people experiencing mental health crisis, usually for people whose needs are escalating to crisis point, or who are experiencing a crisis, but do not necessarily have medical needs that require A&E admission.		Sheffield Support Hub and the 16-17 y/o Safe Space, is now mobilised.
<b>Transitions</b>	A new approach to young adult mental health services for people aged 18-25 will support the transition to adulthood.		Some progress with SOPs and transitions protocols between LD services and CAMHS. Joint training across SCFT and SHSC staff. A specification for a new MDT is in development for 18-25 offer.
<b>Waiting Times</b>	We will test approaches that could feasibly deliver four week waiting times for access to NHS support, ahead of introducing new national waiting time standards for all children and young people who need specialist mental health	Specific waiting times targets for emergency mental health services will for the first time take effect from 2020. The Clinical Review of Standards will make recommendations for embedding urgent and emergency mental health in waiting time standards. This means that everyone who needs it can expect to receive timely care in the most appropriate setting, whether that is through NHS 111, accessing a liaison mental health service in	Additional investment into CAMHS and STAR team:  New model for assessment and waiting list management has been delivered by SCFT however waiting times are still of concern

# Continued reflections on Progress and Achievements: in the context of the NHS LTP Objectives

Objective Area	CYP	Adults	Progress
<p><b>24 hour 'out of hospital' mental health crisis care / Responsive Home Treatment Service</b></p>	<p>The NHS will ensure that a 24/7 community-based mental health crisis response for adults and older adults is available across England by 2020/21.</p> <p>Services will be resourced to offer intensive home treatment as an alternative to an acute inpatient admission.</p> <p>We will ensure that anyone experiencing mental health crisis can call NHS 111 and have 24/7 access to the mental health support they need in the community</p> <p>Models such as crisis houses and acute day care services, host families and clinical decision units can also prevent admission. The NHS will work hand in hand with the voluntary sector and local authorities on these alternatives and ensuring they meet the needs of patients, carers and families.</p>		<p>SHSC PDU open 24/7.</p> <p>Rethink Crisis House for adults works closely with HTT</p> <p>Both adult and CYP provider have had additional investment to extend their community crisis offer,</p> <p>MH Liaison is available at STH 24/7</p>
<p><b>Specific post-crisis support for families bereaved due to suicide</b></p>	<p>This will include post-crisis support for families and staff who are bereaved by suicide, who are likely to have experienced extreme trauma and are at a heightened risk of crisis themselves.</p>		<p>Out of scope off the programme, but work progressing at ICS and place</p>
<p><b>Blue light / Crisis care conveyance</b></p>	<p>We will also introduce mental health nurses in ambulance control rooms to improve triage and response to mental health calls, and increase the mental health competency of ambulance staff through an education and training programme.</p> <p>Ambulance staff will be trained and equipped to respond effectively to people in a crisis. Ambulance services form a major part of the support people receive in a mental health emergency.</p> <p>We will introduce new mental health transport vehicles to reduce inappropriate ambulance conveyance or by police to A&amp;E.</p>		<p>Now ring-fenced SCCG money invested through YAS to pilot across SYICS</p>

**Progress and Achievements: through Programme Work-streams**

**The design and delivery work-streams have been integral to the progress made by the programme, they have helped to produce a number of tangible outputs and outcomes including;**

**5 system-wide work-streams**

**Work-stream 1:** Building the foundations - Immediate crisis care improvements

**Work-stream 2:** Building a supporting infrastructure – exploring the development of formal services

**Work-stream 3:** Improving accessibility and quality of services for patients and staff

**Work-stream 4:** Improving communications and awareness of services

**Work-stream 5:** Improving data and intelligence and exploring digital ways of working

The development of revised ED Process and Protocols for 16-17 year olds

The development and hosting of Crisis Care Stories and menu of services on Sheffield Flourish website (for multiple use)

STH have now got a MH Consultant lead in A&E

A survey of services to understand where people in crisis are signposted to – to inform future mapping and pathway development

Key Sheffield-centric requirements fed into regional shared care records development work

Increased investment in MH Liaison service

Successful bids for funding for crisis alternative provision and 16-17 year old de-escalation safe space provision, totalling £1.044m

Integrated VCSE sector offer including money to bolster crisis care peer support in the city

Crisis alternative provision designed and developed in response to gaps in provision 16-17 year-old de-escalation safe space support for up to 72 hours

Sheffield Support Hub opened in December 2022 and is operational as a drop in/virtual/telephone services Monday –Friday 6pm to 12 pm and weekends 2pm-12 pm



# Continued Recommendations for Crisis Care Priorities in 2023 -2024 identified in 2022

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- The continued development of the MH Liaison Team- with current resource, we cannot provide full Core 24 cover to inpatient wards as demand has increased in STH A&E
- Alignment with Suicide Prevention – Suicide Prevention Strategy and Baton of Hope recommendations
- Alignment with Primary Care Mental Health Service implementation and review of CMHT function in adults
- Hard to reach groups - unearthing lonely and isolated people, and groups which don't talk about MH
- Continue to extend key crisis services/crisis alternatives ( move from pilot to contracted service for CYP safe space)
- Work on adult LDA safe space across SYICB
- Resolution of the CYP Section 136 provision across SYICB
- Develop the 18-25 MDT offer
- Continue to develop the role of the CYP navigators to work with up to 25 year olds
- Align with work on prevention and early intervention, waiting list reduction
- Continue to explore the outcomes of an integrated VCF offer to help with de-escalation

# Issues identified in autumn 2022 by the Crisis Care Transformation Programme for 2023-2024 consideration

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- **Workforce challenges**
- **Staff development across the system**
- **Smarter working** this means ensuring connectivity of the crisis workforce across services; building relationships and knowledge on other parts of the crisis offer across the city.
- **Need to understand and address patient experience whilst on waiting lists**
- **Integrating the VCF sector into pathways**
- **Data and Intelligence** -triangulating crisis data from across the system including YAS and SYP data developing a single dashboard for Sheffield
- **Accommodation availability and suitability**

# Next Steps



Relaunch the Crisis Transformation Programme and agree on priorities



Have we got the right members?



Align with other key objectives of the MHLDDA Delivery Group



How do we enable a culture which promotes system collaboration and helps organisations to work closer together



How do we ensure the right level of engagement from staff teams and the public?