



SHEFFIELD PLACE MENTAL HEALTH CRISIS TRANSFORMATION PROGRAMME
SHEFFIELD HEALTH AND CARE PARTNERSHIP BOARD

15 AUGUST 2023

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Sponsor	Ian Atkinson, Interim Deputy Executive Place Director, SYICB
Purpose of Paper	
<p>1. To update the HCP members on a proposed outline of the crisis transformation programme for Sheffield to deliver the HCP priority to improve all age mental health crisis care.</p> <p>2. To ask HCP to ensure that they have identified senior leadership and programme management support to create the Mental Health Crisis Transformation Programme so that this work can commence.</p>	
Key Issues	
<ul style="list-style-type: none"> • Difficulties in achieving the right care, in the right place, at the right time due to increased demand and clinical acuity for children, young people and adults presenting in mental health crisis, which impacts on their outcomes and experience. • Challenges in accessing 24/7 mental health crisis support for all ages, including crisis alternatives to reduce admission to mental health inpatient beds, and to reduce avoidable attendance at Emergency Departments. • Mental health crisis care has multiple interdependencies in addition to the increase in demand and complexity of presenting need, which all impact on how the crisis pathways perform in Sheffield including: <ul style="list-style-type: none"> - long waiting times to access all mental health services; - delayed discharges from mental health inpatient wards; - MH national health, social care and VCS workforce shortages; - national MH inpatient bed shortages; - continued understandable local disruption arising from necessary SHSC inpatient ward refurbishment programme; - the changes to the SY Police response to mental health (the Right Care, Right Person initiative); - having 2 Emergency Departments and 2 mental health providers covering differing age ranges. 	
Is your report for Approval/Consideration/Noting	
<p>Sheffield Health and Care Partnership Board is asked to consider and note the above challenges, the requirement for system leadership and programme management support, and the proposed outline for a new Crisis Transformation Programme to achieve the HCP Objective to improve Crisis Care.</p>	



Recommendations/Action Required by the Sheffield Health and Care Partnership Board	
<ol style="list-style-type: none"> Note and consider the attached proposed outline programme plan; As requested following the Urgent and Emergency Care Board in June, ensure that there is mandated leadership by all system partners, with nominations to Ian Atkinson of SYICB by the middle of August 2023, so that the Crisis Transformation Programme can be further developed, and the attached objectives refined to develop an all-party agreed delivery plan; Identify Programme Management Capacity from across system partners (Band 7). 	
What assurance does this report provide to the Sheffield Health and Care Partnership Board in relations to the ambitions of the Health and Wellbeing Strategy 2019-2024	
	Please ✓
Every child achieves a level of development in their early year for the best start in life	
Every child is included in their education and can access their local school	
Every child and young person has a successful transition to independence	
Everyone has access to a home that supports their health	
Everyone has a fulfilling occupation and the resources to support their needs	
Everyone can safely walk or cycle in their local area regardless of age or ability	
Everyone has equitable access to care and support shaped around them	✓
Everyone has the level of meaningful social contact that they want	
Everyone lives the end of their life with dignity in the place of their choice	
Are there any Resource Implications (including Financial, Staffing etc)?	
<p>The Crisis Transformation Delivery Plan, when developed, may have financial implications which may not be fully met by the national resource available through the Mental Health Investment Standard if Sheffield is to deliver an ambitious transformation programme.</p> <p>However, Sheffield does spend more on mental health services than some other areas, and therefore we also need to understand benchmarking data to see if this is delivering cost effective services.</p> <p>Additionally, recruitment and retention of staff within all NHS, Local Authority and Voluntary Sector partners with the right skills to work within the field of mental health crisis care is a national and local challenge.</p>	
Have you carried out an Equality Impact Assessment and is it attached?	
This will be completed by the Crisis Transformation Programme Group when it forms.	
Have you involved patients, carers and the public in the preparation of the report?	
Not yet in the development of this report and outline plan, but engagement and coproduction will be a key deliverable as part of the programme, and there are already experts by experience embedded in ongoing work from the previous crisis transformation programme work, and other related programmes, who advise on crisis pathway delivery who have been alerted to this new programme of work.	



The former Crisis Transformation programme which ran until 2022 did have extensive engagement to develop a model of care, and this model and new transformation plan will be reviewed and refined with the above stakeholder groups.



SHEFFIELD HCP PRIORITY PROGRAMME BRIEF

Priority Programme Title – Launch of Mental Health Crisis Transformation Programme 2023-2025	Reference No.	n/a
Place Team and Governance	UEC Delivery Group: Lead MHLDDA Delivery Group: Support and Oversight	
Place Leads	To be confirmed across all partner organisations. Confirmed so far: SYICB: Sandie Buchan/Ian Atkinson- Executive Lead STH: Josh Weaver SCFT: Chris Hayden YAS: Lesley Butterworth/Natalie Howson VCF: Under consideration by the sector SCC CYP and Adults: TBC SHSC: TBC SYP: TBC	
Project Leads	Programme Management and Project leads to be identified from partner organisations.	
Clinical & Professional Lead	TBC	
National NHS MH Objective 23/24 – 31 metrics	Mental Health 1. Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019); 2. Increase the number of adults and older adults accessing IAPT treatment; 3. Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services; 4. Work towards eliminating inappropriate adult acute out of area placements; 5. Recover the dementia diagnosis rate to 66.7%; 6. Improve access to perinatal mental health services.	
Date Completed	August 2023	
Project/Pilot Aims	<ol style="list-style-type: none"> 1. To improve patient access to timely crisis care in the right place, at the right time and from the right service; 2. To improve access to alternatives to admission into MH services/attendance at A&E; 3. To reduce avoidable admissions into adult inpatient and CYP Tier 4 beds, but to ensure timely admissions, and appropriate Length of stay/timely discharge when these are required; 4. To improve response times to assessment of MH needs/risks/MHA; 5. To maximise management of care when people are awaiting an admission to a mental health bed; 6. To benchmark Sheffield’s spend on mental health pathways for crisis care with other areas to ensure best outcomes and value for money; 7. To identify common data sets on performance that we are collectively 	





	<p>sighted on as system partners to see how performance in Sheffield benchmarks with other areas;</p> <p>8. To ensure that the VCF are embedded into pathway delivery to help to prevent crisis escalations and to support people to maintain recovery;</p> <p>9. To connect this work with work on reducing mental health delayed discharges, led by UEC Delivery Group.</p>
Rationale	<ol style="list-style-type: none"> 1. Despite considerable progress in the delivery of mental health crisis care across adult and children services in Sheffield, there are still areas to further improve; 2. We want to further reduce client and family distress and an over reliance on inpatient care, by ensuring that people are seen in a timely manner by skilled staff in the least restrictive environment; 3. We need to maximise the use of mental health crisis care alternatives within the VCF and statutory services in the community in Sheffield to help to manage demand and flow across mental health and acute care pathways, both for admissions avoidance and discharge planning; 4. We need to manage the needs of people with complex presentations so that these do not escalate into less cost-effective solutions, such as over heightened care package costs of being placed in the wrong environment. There may be invest-to-save aspects of this proposal; 5. We need to further minimise the pathway impact of having 2 NHS mental health providers and 2 different Emergency Departments covering different age ranges, whilst recognising that there are also positive benefits to having both adults and children’s specialist provision; 6. We need to mitigate against a potential increase in self-harm and suicide.

Project Time Frame

Start date	July 2023	End date	July 2026	Review period	Monthly via UEC Group/ with oversight also from MHLDDA Delivery Group to ensure connections with the other MHLDDA objectives.
				July 2024	

Project Team	Role	Time Commitment	Oversight
Sandie Buchan/Ian Atkinson	SRO (ICB exec lead)	TBC	UEC/MHLDDA Delivery Groups
TBC	SRO (clinical lead)	TBC	
TBC	Provider Exec Leads	TBC	
Heather Burns	ICB	TBC	
Josh Weaver	STH Delivery Lead	TBC	
TBC	SCC Delivery Leads (CYP and Adults)	TBC	
Chris Hayden	SCFT Delivery Lead	TBC	
TBC	Programme Management Capacity	TBC	





VCS Under consideration by the sector	VCS Lead	TBC
SHSC	TBC	TBC
SYP	TBC	
YAS	Lesley Butterworth	

Project/Pilot Objectives (SMART)

Taken from the NHS E LTP For MH

The new Mental Health Crisis Transformation Programme Group for Sheffield, when formed, will need to prioritise these objectives below from the Long-Term Plan for focussed action, adding SMART milestones and outcomes, recognising also where some objectives are already in progress.

(See Appendix 1 LTP First draft cut objectives)

Emergency mental health support:

1. Continue to ensure that 24/7 community-based mental health crisis response for CYP, adults and older adults is available across Sheffield;
2. Explore the availability of intensive home treatment as an alternative to an acute inpatient episode;
3. Ensure that the All-age mental health liaison service in A&E departments and inpatient wards meets the 'core 24' service standard as a minimum;
4. Ensure that 111 enables access to 24/7 mental health support with clear standards for access to urgent and emergency specialist mental health care;
5. Ensure 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. **(NB Already an established Suicide Prevention Group which leads on this area);**
6. Ensure that there are alternative forms of provision for those in crisis. (eg; Sanctuaries, safe havens and crisis cafes);
7. We will further explore/refine models such as crisis houses and acute day care services, and clinical decision units as alternatives to admission/attendance at A&E;
8. Review the waiting time standards and recommendations from NHS E Clinical Review of Standards to ensure that everyone who needs it can expect to receive timely care in the most appropriate setting;
9. YAS 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;
10. Introduce new mental health transport vehicles to reduce inappropriate ambulance conveyance or by police to A&E;
11. YAS plan to introduce mental health nurses into ambulance control rooms to improve triage and response to mental health calls, and to increase the mental health competency of ambulance staff through an education and training programme;
12. Expand specialist perinatal mental health services so that more women who need it have access to the care they need from preconception to two years after the birth of their baby.

Children and Young People: in addition to some of the actions mentioned above:

1. Continue to invest in expanding access to community-based mental health services to meet the needs of more children and young people/ ensure positive benchmarking/return on



investment;

2. Ensure that waiting time standards for eating disorder services are achieved as one week in urgent cases and four weeks for non-urgent cases. **(NB Sheffield Place ASERT (All Age Eating Disorder Programme) is already established to look at eating disorders pathway, plus SYICB Provider Collaborative is leading a piece of work in this area);**
3. Expand timely, age-appropriate crisis services to improve the experience of children and young people and reduce pressures on accident and emergency (A&E) departments, paediatric wards and ambulance services;
4. Ensure that the single point of access through NHS 111, gives all children and young people experiencing crisis access crisis care 24 hours a day, seven days a week;
5. Embed mental health support for children and young people in schools and colleges through expansion of and learning from the Mental Health Support Teams national pilot;
6. Ensure that we are able to meet the 4-week national waiting time standards for **all** children and young people who need specialist mental health services, when applicable;
7. We will create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults;
8. Work with the Student mental Health Services to build the capability and capacity of universities to improve student welfare services and improve access to mental health services for the student population, including focusing on suicide reduction, improving access to psychological therapies and groups of students with particular vulnerabilities.

Inpatient care – Adults and CYP Tier 4:

This following set of LTP mental health crisis objectives will also be the focus of other UEC Workstreams such as Discharge planning workstream, and the MHLDDA Delivery Group objective to reduce out of area placement, which all have an impact on crisis pathways

1. For people admitted to an acute mental health unit, ensure that therapeutic environments are available to provide the best opportunity for recovery;
2. Ensure purposeful, patient-orientated and recovery-focused care is a goal for each person admitted;
3. Reduce inappropriate out of area placements for non-specialist acute care;
4. Reduce the length of stay in MH inpatient units to the national average of 32 days.

Suicide prevention: NB The Sheffield and SYICB Suicide Prevention Programme and Board is established to progress these pathways, led by Public Health.

1. Continue to deliver suicide prevention measures addressing high risk groups and maintaining real time surveillance to learn more on targeted prevention through the multi-agency suicide prevention plans for Sheffield/SYICB;
2. Continue to implement the findings from the National Confidential Inquiry into Suicide and Safety in Mental Health, and learn from deaths in NHS settings, to prevent future suicides.

Project Scope	
Project scope – In	Project Scope – Out
<ul style="list-style-type: none"> • CYP community crisis pathways (SCFT and VCS) • Access to Tier 4 CYP inpatient beds and Assessment Bed (CAMHS Provider Collaborative) • Adult Crisis Pathways (SHSC and VCS) 	<p>Other community and inpatient:</p> <ul style="list-style-type: none"> • General MH pathways in CYP and Adults • Learning Disability (LD) Pathways • Autism assessment and diagnostic pathways



<ul style="list-style-type: none"> • Adult access to inpatient care (SHSC and out of city) • Crisis avoidance services in VCS - Sheffield Safe space for 16–17-year-olds/ Sheffield Support Hub for 16+ CY and Adult helplines/ Adult Crisis house/Online support • Psychiatric Decisions Unit • Section 136 adults and CYP • Provision for 16–17-year-olds • Early Intervention in Psychosis (EIP) CYP and adults • MH Liaison CYP and adults • A&E attendance and length of stay/ environment/ MH support at A&E • 111 Dial 2 for MH • YAS MH Response Vehicle • SYP Right Care Right Person 	<ul style="list-style-type: none"> • ADHD assessment and diagnostic pathways • Eating Disorder pathways • Waiting lists for community services • Primary Care Mental Health Services <p>Should all be noted as co-dependencies.</p>
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Benefits	Impact/Outcomes	Stakeholder
<i>What is the benefit</i>	<i>What is the impact/outcome</i>	<i>Who benefits/Who involved</i>
Right place, right time, right care, right skills for people of all ages in MH crisis	<ul style="list-style-type: none"> • People will spend less time in a suboptimal care setting • People will access specialist support in a timely manner • People will receive community or inpatient services commensurate with their needs and risk profile • People will have a range of NHS and VCS alternatives • Reduced inappropriate/ avoidable attendance at A&E 	<ul style="list-style-type: none"> • Patients • Families • VCS • SHSC • STH • SCFT • ICB • SCC • YAS • SYP
Clarity of pathways, flow across community, acute, ED, inpatient	<ul style="list-style-type: none"> • Improved system information available to professionals and the public/111 • People receive support in a timely manner • Pathways for YAS and use of MH response vehicles smooths access to the right care 	<ul style="list-style-type: none"> • Patients • Families • VCS • SHSC • STH • SCFT • ICB • SCC • YAS • SYP
Clear pathways for escalation	<ul style="list-style-type: none"> • Appropriate waiting times for MHA assessment • Appropriate care in the right place at the right time • System ownership and solution focused 	<ul style="list-style-type: none"> • Patients • Families • VCS • SHSC • STH • SCFT • ICB • SCC • YAS • SYP



More availability of alternatives to crisis admissions	<ul style="list-style-type: none"> A range of early intervention and crisis de-escalations offer including those in the VCF service offers are available, visible and accessible to all 	<ul style="list-style-type: none"> Patients Families VCS SHSC STH SCFT ICB SCC YAS SYP
Reduced admission rates under the MHA, and reduced length of stay, so that inpatient beds are available for people in crisis	<ul style="list-style-type: none"> Improved discharge and flow into MH inpatient beds Reduced avoidable admissions Reduced stays in A&E/MAU when appropriate 	<ul style="list-style-type: none"> Discharge Delivery Group: leads Alexis Chappell/Neil Robertson

High Level Milestones	Measure	Implementation	RAG rating	Task owner
Establish Crisis Transformation Delivery Group and confirm governance arrangements	Meeting structure in place as per agreed model, with SRO and lead officers/ programme capacity identified	Complete by end August 2023	In progress	Ian Atkinson Sandie Buchan SCC/STH/SCFT/SHSC
Work to ensure colleagues working within all partner organisations fully adopt an agreed working model and transformation plan	Achieve both clinical and managerial/ system support across teams in all partner agencies	Complete by end of September 2023	Amber in progress	Crisis Transformation Group
Identify resource required to enable the delivery of the programme	Programme Manager resource identified	Complete by end August 2023		HCP Partners

Additional Resource Required

Project delivery

Currently there is no programme/project management capacity identified. Previously, when the crisis transformation programme was initiated, temporary national funding was utilised, but when this ceased, maintaining traction became more difficult.

It is imperative to ensure that this programme has the correct leadership and programme support in place across the system partners.

Mental Health Investment Standard national funding stream is unlikely to be able to deliver the investment required to achieve the ideal optimal care for Sheffield.



Finance <i>(please provide high level estimates at this stage)</i>			
To be developed through benchmarking activity by the Crisis Transformation Group when formed			
Interdependencies			
<ul style="list-style-type: none"> - UEC Discharge Planning Workstreams - Winter Planning 23/24 - BCF 23/24 - MH pathways in CYP and Adults - LD Pathways and crisis care - Autism pathways and crisis care - ADHD - Eating Disorder pathways - Suicide Prevention - Waiting list reduction - Out of area reliance reduction - CYP SCC “Belonging Framework” - SYP Right Care Right Person policy implications - YAS planned introduction of MH Response Vehicles - National implementation of 111 MH response 			
Communications Plan			
<ul style="list-style-type: none"> - Communications to teams via UEC/MHLDDA Delivery Group - Wider public communication not required at this stage but will include updates to the Sheffield Mental Health Guide and Press Portal as changes take place. 			
Public Engagement Plan			
<p>We will seek to work with VCF partners and Synergy, (the Mental Health Alliance), the Mental Health Collaborative and the Autism, and Learning Disability Partnership Boards to ensure that Experts by Experience can co-produce the plan and can contribute and will ensure that we will consult the public if any changes meet the criteria to do so.</p>			
Risks			
Risks		Mitigation	
<ul style="list-style-type: none"> - Limited investment available through MHIS 		<ul style="list-style-type: none"> - Clear route of escalation/governance/ reporting to identify capacity gaps to HCP - Benchmarking of MH spend in Sheffield against other ICB areas 	
<ul style="list-style-type: none"> - Lack of Patient or carer engagement 		<ul style="list-style-type: none"> - Engagement plan to be developed using Experts by Experience (EbEs) identified through e.g Mental Health Collaborative/ LD and Autism Partnership Boards and potentially Synergy Mental Health Alliance - Development of clear patient/carers communications - Clear messages re patient benefits 	



<ul style="list-style-type: none"> - Workforce gaps/recruitment constraints 	<ul style="list-style-type: none"> - Work with teams to involve in design/delivery and consider application of innovative roles - Work with partners to maximise recruitment opportunities - Creation of opportunities for staff to feedback experiences - Ensure feedback loops in place to enable staff understanding of patient/system benefits
<ul style="list-style-type: none"> - Programme Complexity/multiple interdependencies 	<ul style="list-style-type: none"> - Ensure clear governance and reporting/ plus SMART programme objectives - Ensure reporting to HCP and UEC/MHLDDA Delivery Groups
<ul style="list-style-type: none"> - Programme management capacity and leadership within each partner agency 	<ul style="list-style-type: none"> - Ian Atkinson has written on behalf of UEC Delivery Group to identify members of the group and capacity to support. - This is a major programme which requires system support for Programme Management which HCP is asked to consider.

Supporting Information

See attached appendix 1 and appendix 2:

- UEC presentation on Crisis Transformation (Former programme operating up to summer 2022);
- MH LTP Objectives as Draft Crisis Transformation Priorities.