North West London Urgent Care Assessment & Care Pathway Redesign

1. Purpose

This paper provides a summary briefing on the Urgent Care work undertaken to date in collaboration between the 8 North West London CCGs and a range of local stakeholders. It offers an outline of the strategic drivers underpinning the urgent care programme and sets out the key deliverables, progress to date, expected benefits and next steps.

2. Strategic Context

Shaping Healthier Lives (SHL) is North West London's Mental Health Transformation Strategy, 2012-15. It provides the framework for a significant re-alignment of mental health services across the 8 NWL CCGs, a key facet of which is increased management of the health and wellbeing of people with mental health problems in primary care rather than secondary. A quarter of a million people in NWL have common mental health problems such as depression and anxiety, often untreated and recurrent. Nearly 30,000 have more severe (long term) mental illnesses such as schizophrenia and bipolar disorder. There is a growing prevalence of organic disorders such as dementia, now affecting 16,000 people and their families. Changing demographics, including an ageing population, mean the demand for services is increasing, creating pressure on service quality and outcomes, as well on the sustainability of the current system over time.

Mental illness has a substantial impact on overall levels of ill health and disability across NWL. The estimated prevalence of common mental illnesses such as depression, anxiety, and obsessive–compulsive disorder (OCD) in the working population ranges from 15% in Harrow to over 20% in Kensington and Chelsea and Hammersmith and Fulham[1]. Rates of serious and complex mental illness (SMI) are estimated to be about 1% across NWL, with higher rates in the inner boroughs compared to elsewhere in the country[2].

Improving integration of mental and physical healthcare can enhance outcomes for patients and the efficiency of health systems. With the right support, more service users could manage their own care more effectively and, with the right combination of care, could be supported more in primary and community based settings. By improving diagnosis and treatment of mental health needs and increasing integration of mental healthcare, physical healthcare and social care, we can significantly improve outcomes whilst reducing system and provider costs.

[1] Mental Health Observatory Mental Health Brief no. 4. Estimating the prevalence of common mental health problems in PCTs in England, 2006.
[2] QOF 2010/11, NHS Information Centre

Improvements will be needed across the broader healthcare system, in terms of clinical staff awareness, confidence and competence, as well as the design of systems which will effectively identify and support patients with mental health needs.

The NWL urgent care programme is one of several key mental health work streams that bring together a broad range of provider, commissioner, academic and service user/carer stakeholders that are working to go beyond engagement and utilise a coproduction ethos in design, planning, delivery and evaluation.

The NWL urgent care 'pathfinder status' afforded by NHS England provided the NWL collaborative the opportunity to bring interested stakeholders together in mid-2013 to commence planning. This provided opportunity to formalise governance and local delivery structures whilst developing new, and strengthening existing partnership arrangements with local, regional and national bodies that would support the NWL collaborative through its urgent care programme. This wider collaboration include the London Urgent Care Strategic Clinical Networks (SCN), Metropolitan Police, Academic Health Science Network (AHSN), MIND, and the National Service User Network (NSUN) plus many others, all of which are key members of the NWL urgent care Expert Reference Group (ERG).

NWL is pioneering transformational change; bringing together health, local authorities, service users and third sector to improve care quality, secure parity of esteem and empower people to maintain independence. The GP and patient are central, around which mental health and physical health needs are addressed in an integrated way for serious and common mental illnesses. As a key enabler of the NWL strategic commitment to move care increasingly closer to people's homes, into primary and community settings, referrers, service users and carers need to be confident that they can access specialist secondary services when they are needed in a timely fashion and appropriate setting.

A key enabler to the NWL 'Whole System' mental health assessment and care pathway is 'Shifting Settings of Care', our strategic approach to repatterning care into the least restrictive setting possible. Reducing the intensity of setting of care will improve patients' experience and recovery by offering tailored support which will enhance their ability to lead more independent lives (e.g., find employment) and to create supporting links to their families and communities[3].

Increased pressure on A&E departments, Police and GP Out of Hours services indicated that crisis services in particular would benefit from review and re-specification, with clear standards setting for access and all key stages of the assessment and treatment response. To do this, a 'whole pathway' view had to be established, with demand mapping across the system, and definition of the roles that services throughout need to contribute to successful delivery. Such an approach led to development of a Mental Health Crisis Concordat Delivery Plan ahead of its publication, Feb '14.

[3] Naylor, C., and Bell, A., "Mental health and the productivity challenge: Improving quality and value for money", King's Fund and Centre for Mental Health, 2010

The NHS England Mandate[4] states that 'by March 2015, service providers need to make measurable progress towards achieving true parity of esteem, where everyone who needs it has timely access to evidence-based services. The Keogh Report[5] and Crisis Concordat[6] offer further detail associated with the improvements needed to align mental health urgent access and care with that of physical health. The Concordat focuses on four main areas:

- Access 24/7 365 to services before crisis point
- Treatment of mental health emergency with the same urgency as physical health emergency
- Quality of treatment when in crisis
- The prevention of future crisis through integrated multi-agency recovery focused post crisis support.

3. NWL Urgent Care Key Deliverables & Progress

An initial review of NWL mental health urgent care was commissioned (April to June 2013) to identify issues and test appetite for common standards, processes and pathways. It quickly determined that to properly address the 'urgent' pathway, the 'crisis' and 'routine' pathway needed also to be defined, and the associated criteria and standards.

Over 50 clinicians, managers, users and carers from the two NHS Trusts, all 8 CCGs, local authorities and users and carers attended an initial co-production event during the afternoon of Friday 12th April 2013. Through use of case studies and vignettes that reflected some 'lived patient experiences', workgroups assessed the existing pathways into urgent assessment and care and reflected on whether they were optimal for our service users and carers. The following benefits were identified:

- An innovative joined up Urgent Response that sees health, social care and criminal justice professionals working side by side, flexibly and irrespective of setting, to ensure that service users in mental health crisis receive timely, expert assessment and care.
- A single phone number for accessing urgent mental health assessment and care.
- Reduced reliance on MHA assessments via the EDT as the only alternative means of urgent assessment out of hours if service users are unwilling or unable to attend A&E.
- Much needed support for colleagues in Police and Probation services to help identify mental health issues, refer for and receive support.
- Reduced time spent in custody or s.136 by those with mental health problems.
- Harm reduction: confidence the whole system has done all it can to reduce suicide and homicide risks, and risks of violence and aggression.
- Joint working across the pathway with homelessness agencies, hostels, the third sector, 111 and the London Ambulance Service.
- Strengthened scope for expert cover, 24/7/365, across the geography: with the benefits of 'at scale' efficiency.
- Reduced bureaucracy and increased clarity over shared care roles and responsibilities

[4] NHS Mandate 12th February 2013, NHS England.
[5] Emergency and Urgent Care Review, 7 day working clinical standards, NHS England, 15th December 2013.
[6] The NHS Crisis Concordat, February 2014.

- Better integration of mental and physical health across the spectrum
- Mental Health services 'stitched in' to the fabric of the health, social care and criminal justice whole system.
- More care in people's homes, as supported by the evidence-base and what patients and carers express as their preference.
- Earlier intervention and improved management of relapse, and relapse prevention.
- Increased home visiting for crisis resolution, 24/7/365, reducing the likelihood of inpatient admissions and the distress of visits to A&E.
- Emergency Departments and Wards across NWL will have access to high quality, timely and effective Liaison Psychiatry Services aimed primarily at those with primary physical and secondary mental health presenting issue. Those services will arrange seamless.
- 'Parity of esteem' in the commissioning and delivery (quality, impact, cost effectiveness and availability) of specialist mental health services for those in a mental health crisis, their Carers and their GP, including, but not limited to, (ageless) home.
- In-patient facilities and transport services minimise use of, and operate, control and restraint in line with the Code of Conduct.
- All services users who have had a crisis episode are offered a 'Crisis Plan', in line with the NICE Quality Standard on Crisis Planning.
- Incorporation of the principles and practice of the 'Patient Passport' to ensure appropriate care continuity and standards into MH

The workgroups also addressed the question of shared care communication and what standards service users and carers should reasonably expect by way of response times when accessing urgent mental health care. Common standards were proposed, and the desire to work at scale to define common shared care principles, 'paperwork' and processes, supporting training and communications to secure embedded-ness and informatics for assurance reporting.

The high level principles were drafted into an NWL-wide 'Access Policy', which was shared with Trusts and all eight CCGs on 1st May 2013, and signed off at the mid-May Mental Health Programme Board. The core face-to-face assessment response standards agreed were:

- Crisis (A&E) < 1 hour from referral
- Crisis (Community) < 4 hours from referral
- Urgent < 24 hours
- Routine Plus < 7 days (typically)
- Routine < 28 days

A high-level 'core processes and standards' flow diagram (Appendix One) was developed that summarises all the standards contained within the access policy along the breadth of the pathway, referral to discharge.

During early May 2013, four co-production teams were commissioned by the MHPB to address the issues identified and work towards solutions, with nominated representatives:

- **C3P** – working on clinical standards, process and paperwork
- **People** – working on skills mix, competencies and training
- **Informatics** – working on an assurance dashboard of indicators and methods, against an initial proposed 'long list'
- **Engagement and Communications** – working on a systematic plan and toolkit to support effect roll out of the above.

The outputs were presented back to a second co-production 'launch' event, on June 27th 2013, part of which divided into area (CCG/Borough) groups to begin local implementation planning. The priority areas for this work planning were agreed, as

- Roll out and embedding of the Referral, Assessment and Care Pathway Standards Policy, associated paperwork for referral and shared care, and underpinning principles. These are attached as **Appendices 2.1 – 2.5.3.**
- More detailed care pathway mapping to examine demand, waiting times, caseload, capacity and throughput, across all areas, over a 12-month period.
- Simplification of the 'way in', with a single number, 24/7/365, that can be used by a range of people (e.g. service users, carers, GPs, Police, Local Authorities) underpinned by a telephony solution, and meeting standards set out by the 'People'

Work continued during the latter half of 2013 and under the direction of the NWL Mental Health Programme Board (MHPB) a clinically led Urgent Care Expert Reference Group was established jointly chaired by a local GP, Dr Beverley McDonald and DCI Daniel Thorpe, Metropolitan Police. Terms of Reference for this Group are attached at **Appendix Three**. This initiated phase 2 of the NWL urgent care programme and was viewed as the platform for more radical reform of the Urgent Mental Health Assessment and Care Pathway.

The ERG defined a model whole system pathway (**Appendix Four**) – preventing a crisis referral to transfer and 'staying well'), and agreed the data set (**Appendix Five**) to inform a NWL wide demand mapping exercise. This work would inform/support both Trusts in their urgent care business case development and support gap analysis in terms of unmet need. The business cases include;

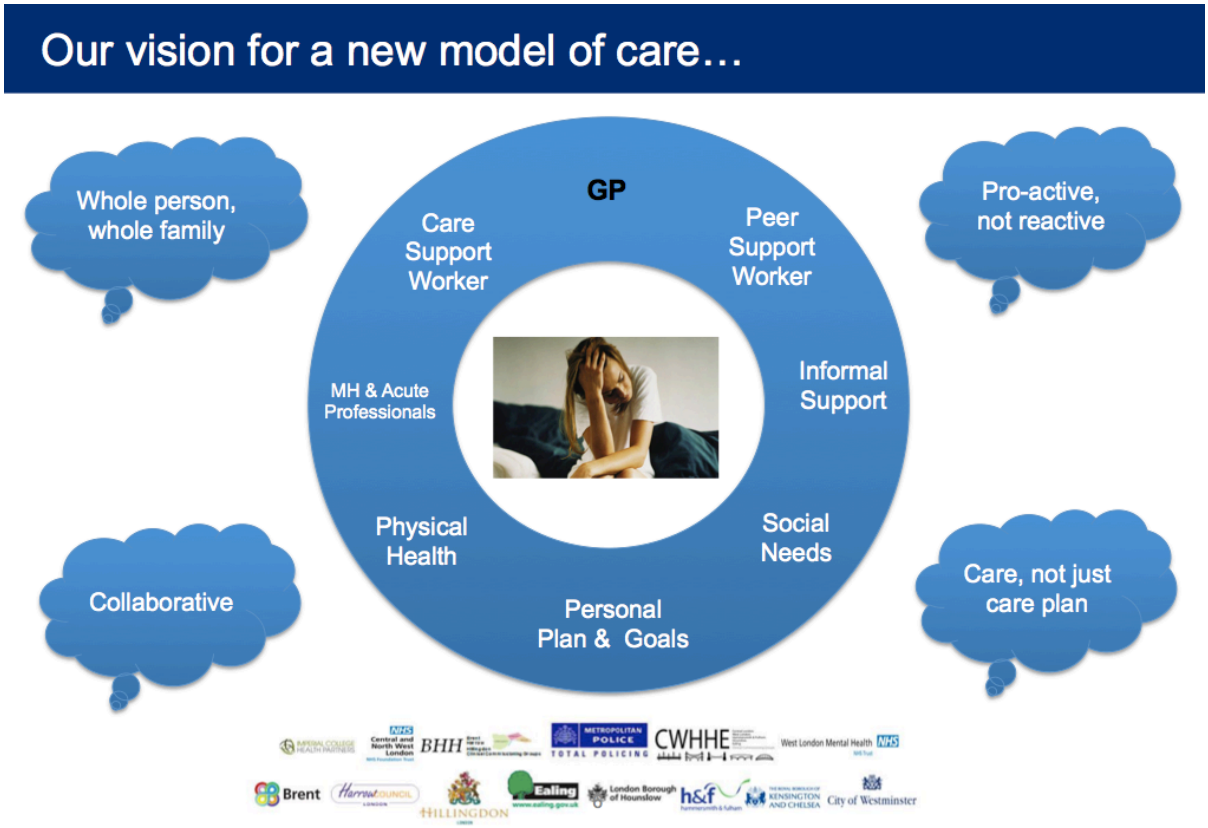
- Implementation of a Single Point of Access to adult mental health services across CCG areas to provide a central point for referrals and assessment
- Extension of operational hours in home crisis/urgent assessment and initial crisis resolution service, operating 24 hours per day, 7 days per week, 365 days per year, by March 2015.
- Achievement of agreed performance trajectories for crisis/emergency, urgent and routine referral to face to face assessment standards

The NWL urgent care dashboard (**Appendix Six**) was developed and incorporates assurance reporting monthly against each of the NWL urgent care access standards. The dashboard also reports both secondary care Trusts (WLMHT & CNWL) performance against numbers of 'home based' urgent response, and levels of urgent response outside during and outside office hours '9-5/5-9'.

All eight borough pathway maps were populated with 2013/14, baseline demand and flow activity and completed in June 2014.

Further co-production during May 2014 has identified a need to focus on the following principles in service redesign:

- Recovery at all stages: placing greater faith in the ability of individuals to self-manage and be leaders of their care, across all services, with specific emphasis on reducing social isolation, increasing integration and promoting daily living.
- The development of Stages 1 and 4 of the Pathway to provide a vibrant, preventative, upstream service based outside of secondary, to help people stay better longer and prevent avoidable crisis escalation resulting in referral.
- Better integrated services, smoothing key transitions and working across the whole system to wrap care and support around individuals, networks and communities.



4. Next Steps, Q2 – Q4 2014/15

Building on the last 12 months' journey, next steps include the co-production of care pathway service specifications to inform future commissioning. In all there are four service specifications currently under development including:

- Stage 1 – Preventing a crisis Referral
- Stage 2 – Accessing Support & Assessment
- Stage 3 - Treatment
- Stage 4 - Transfer & Staying Well

The development of the service specifications are being informed by a number of pre-existing (NICE Quality Standards) and recently commissioned pieces of work. The latter include the NWL AHSN led psychosis clinical pathway development and NWL Tri-Borough Public Health reform work.

The ERG is also considering the development of a joint plan with Children's and Young People's Service commissioners and providers to secure appropriate crisis MH services for young people, in particular those in transition (16-18) or considered vulnerable (e.g. looked after children, offenders).

The identification of competencies required for non-mental health specialist frontline workers in providing care across the 'whole' pathway is also a priority for the ERG and will result in a NWL wide multi-agency awareness and skills development training programme.

The ERG is exploring the opportunity for building on the West London police liaison and diversion pilots currently underway across three of the eight NWL boroughs. This pilot funded for 18 months enables the embedding of senior nursing staff alongside local police to deliver faster MH assessment and enable availability of prompt formal Mental Health Act Assessment. This work is complimented by the development of clear s136 protocols, from first identification of a potential detainee, through referral and possible detention, that secures active engagement from crisis mental health and social care services, and an appropriate onward pathway to a place of safety or ward, thereby minimising or eliminating such use of custody suites (>50% reduction by 2014/15).

Finally the ERG is considering the identification of appropriate health transportation: should services users (and their carers) need to be transported in an emergency, or routinely, either to access their treatment or whilst in treatment.

Our Integrated Urgent Care/Crisis Concordat Delivery Plan format is included at **Appendix Seven.**

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