

Mental Health Programme Board for North West London

Excellent, integrated mental health services to improve mental and physical health, secured through collaboration and determination to do the best for the population of North West London

Title/Programme: Urgent Care Assessment & Care Pathway Redesign

1. Aim

To create a single, consistently responsive and high quality, secondary care mental health assessment and treatment pathway for all professionals, users and carers to use, pan-NWL.

2. Rationale

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. 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. Methodology, deliverables, timetable.

In two phases, Co-Production, involving clinicians, managers, CEOs of mental health Trusts, GPs, service users and carers, Police, Third Sector, Acute Urgent Care Boards, and local authorities:

- **Phase 1 (April to June 2013)** to produce and roll out NWL-wide Access Policy & Standards, Common Referral and Shared Care Paperwork, Assurance Dashboard and Toolkits to support Engagement, Communications & Workforce Skills Mix/Training roll out at local level.
- **Phase 2 (January 2014 – March 2015)** via a diverse membership Expert Reference Group, jointly Chaired by GP Urgent Care Lead and Metropolitan Police Lead, to define a model whole system pathway (pre-referral to discharge and 'staying well'), populate with data/flow, co-produce care pathway service specifications covering Pre-Referral/Staying Well; Referral/Assessment; Treatment and Transfer/Staying Well, including 'we-defined' outcome statements, supporting providers to deliver robust transformation delivery plans to secure prevention and recovery-focussed/social integration services to help better prevent crises and a 24/7/365 crisis advice, support, assessment and treatment, where and when its needed.

4. Resource required

Phase 1: 28 days of senior level external consultancy, delivered over 14 weeks, including forward action plan for Phase 2. Participation of stakeholders in 2 large scale co-production events, plus venue costs, and smaller 'task and finish' working groups of c6 people each, to deliver paperwork, finalise standards, develop dashboard and both Toolkits.

Phase 2: 2 days per week Head of Urgent Care Programme (8D), Leadership/Supervision by Programme Director (1 day a week), administrative support for Expert Group, Chairing and attendance by Group members, Co-Production workshops, Programme Delivery Leads within provider Trusts supporting delivery, allocation of CQUIN and Transformation funding within NHS contracts 2014-15.

5. Lessons learned

- Invest in **partnership** and **process** – it's all about people. Know your champions for change.
- Data and evidence should underpin the decision-making, but it's people who make changes.
- **Co-Production** is essential. Co-Design is easy, Co-Delivery more of a challenge.
- **Plan and map the whole pathway in one** – vital to see the sum of the parts to learn more.
- The best-handled crisis episode is a prevented one! Believe in the agency of people with mental health issues. **Invest in self-management, resilience and staying well services.**
- Write a project Gantt in draft and double the timescales! **Change is a process not an event.**

Contact Details for further information

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