# Supporting people to manage crisis

The COLLABORATIVE

# Agenda

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|---|---|
| **Welcome and objectives for the day** | 9.00 - 9.20 |
| **What the Collaborative has done to date and setting the scene** | 9.20 – 9.30 |
| **Case study**: supporting crisis at home through enhanced HTT from NEFLT | 9.30 – 10.00 |
| **Supporting people to manage crisis design session in 2 parts**<br>**Choose one of the following:**<br>1. Supporting people in A&E who are experiencing Crisis<br>2. Supporting people in a place of respite/safety/sanctuary whilst in crisis<br>3. Supporting people in their own home who are experiencing crisis<br>4. Supporting people to manage crisis while on acute psychiatric wards | **Part 1:** 10.00 – 10.45<br>**Break:** 10.45 – 11.00<br>**Part 2:** 11.00 – 11.45 |
| **Feedback from design session** | 11.45 – 12.00 |
| **Next Steps and Close** | 12.00 – 12.15 |

# Welcome and objectives for the day

**David Monk**
Chair Lambeth Living Well Collaborative

# What the Collaborative has done to date and setting the scene

**Nicholas Campbell-Watts**
Director Mental Health – Certitude

**Patrick Nyikavaranda**
Peer Involvement Coordinator – Certitude

# Our collaborative journey

**June 2010:**
**Lambeth Living Well Collaborative established**

**Innovations already in place :**

- Community options service and Primary care support team – 500+ people supported
- SWOT team and VCS supporting people to move to independent living – better outcomes, reduced cost
- Range of peer support initiatives – 700+ people contacts
- "Connect and Do" initiative supporting people to get connected.
- Living well partnership resource centre
- Personal health budgets – 110 in place
- Living well network hub – 790 people "introduced" since November 2013
- Multi agency "co-production" workforce development via the LWN
- Development of Buddy pack and Living Well Live

**March 2011:**
**Range of new initiatives commence**

**September 2011:**
**Provider Alliance Group established**

**November 2013:**
**LWN commenced**

**April 2014:**
**System change**

# Our collaborative journey

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**Lambeth Living Well Collaborative established**

**March 2011:**
**Range of new initiatives commence**

**September 2011:**
**Provider Alliance C established**

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**LWN commenced**

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**System change**

## Next steps at scale and pace

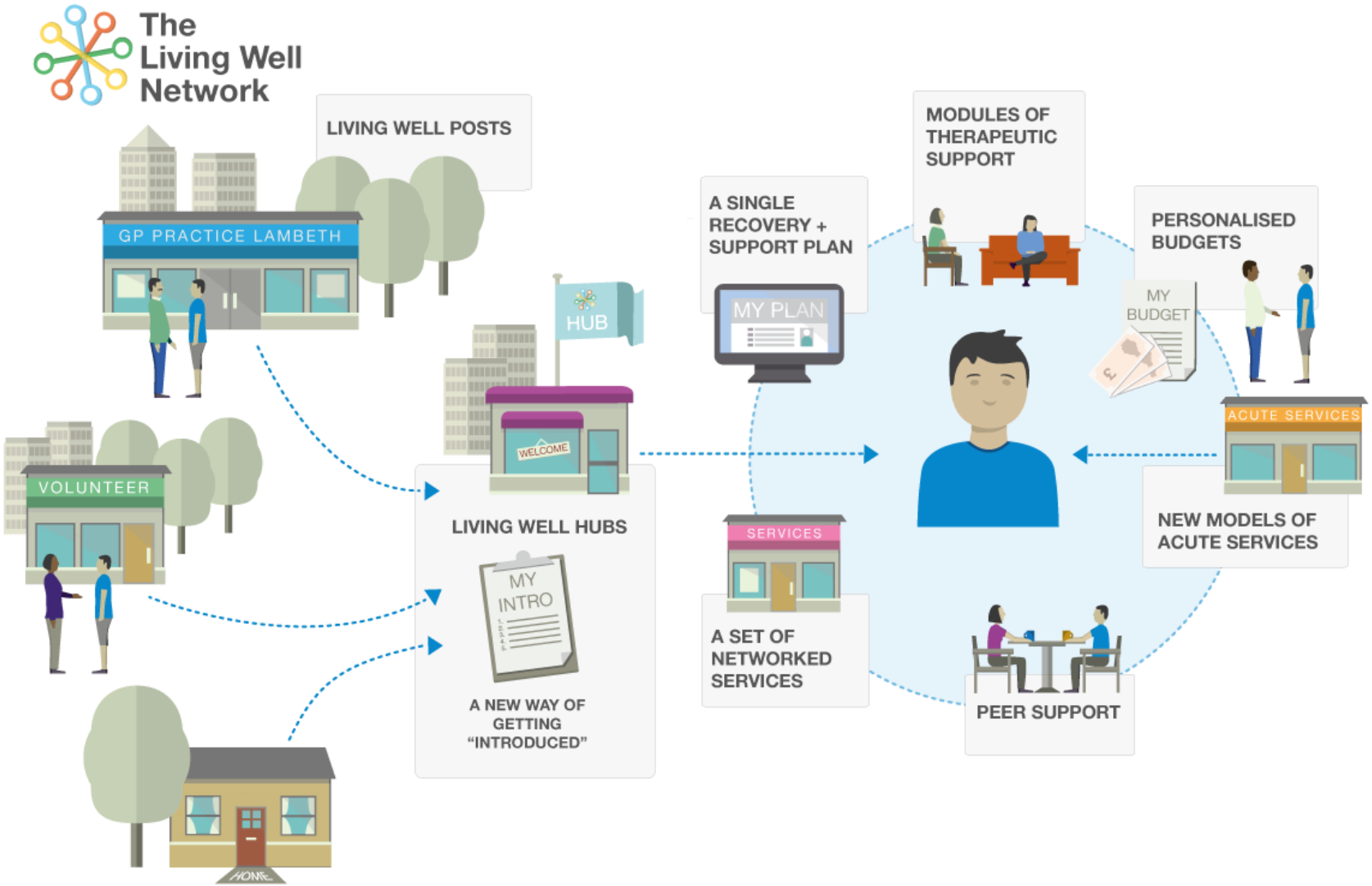
- Grow innovations to scale – peer support, connect and do, personal health budgets etc
- Implement an expanded LWN across the borough
- Implement Secondary care remodel
- Implement Integrated Personal Support Alliance contract framework to support transformation – Oct 2014
- Support workforce development and culture change

# What do we know about crisis?

- ‘Crisis’ is a breakdown of someone’s normal coping methods, leading to an urgently felt need for help.
- It doesn't follow a template.  It’s messy and distressing, and it mostly happens at inconvenient times!
- Ideally, service responses (operating within their resources) need to be highly flexible, provide 24hr access, operate with minimal formality, feel safe  and welcoming.
- Ideally we want people to have more choices about the support they need
- Great crisis services recognise how important it is for people, in times of distress, to be heard and they support people to tell their whole story.

# What are we doing?

- Building on the range of innovations focused on delivering the Big 3 outcomes – staying well, etc…
- Turning our crisis led system on its head
  - Living Well Network across the whole borough
  - SLaM AMH redesign of community services
- Growing Peer Support in all settings
- Connecting people “back to life”
- Building on crisis retreat review work


The Living Well Network
LIVING WELL POSTS
GP PRACTICE LAMBETH
VOLUNTEER
HUB
WELCOME
LIVING WELL HUBS
MY INTRO
A NEW WAY OF GETTING "INTRODUCED"
A SINGLE RECOVERY + SUPPORT PLAN
MY PLAN
MODULES OF THERAPEUTIC SUPPORT
PERSONALISED BUDGETS
MY BUDGET
ACUTE SERVICES
NEW MODELS OF ACUTE SERVICES
SERVICES
A SET OF NETWORKED SERVICES
PEER SUPPORT

# Solidarity in a Crisis

- Developed out of a poorly conceived, little used, out-of-hours crisis service
- 'Co-produced' with user, carer and provider expertise
- Powered by people with lived experience of crisis
- A focus on listening, connecting, helping people to move from *fear* to *hope*.
- Building resilience and self-management
- Integrating with a range of other services

The COLLABORATIVE

# Street Triage

**Victoria Glen-Day**
SLaM

# What is Triage?

•Triage aims to improve the experience of people who are in crisis and come into contact with the police.

•The pilot will aim to reduce the use of Section 136 MHA amongst the police.

•Reduce the amount of time that officers spend dealing with people who are in crisis due to mental health problems.

•Improve experience of those who have come into contact with the police due to mental ill health.

•Identfying local training needs and improve relations with SLAM and User groups

# How will Triage be delivered?

- 24 hour telephone advice available to the police.
- Sharing of information to enable informed decisions to be made by officers on the street about the options available to them.
- Face to face assessments (on the street / people's homes etc.) for Lambeth and Southwark forces.
- Onward referrals to appropriate health, social care or support services of individuals who have come to the attention of the police.
- 7 day follow up those individuals referred on to other agencies.

# What are the benefits?

- Better access to s136 Suites.
- Better communication with those dealing with those in crisis.
- Rapid access to supports both formal and informal for those in crisis.
- An opportunity for police and services users/carers to work together on improving understanding of each other.
- Training
- Joint service reviews

# Data April to June

| | |
|---|---|
| Contacts | |
| Face to Face assessments | Total 19 |
| Phone advice/support | 200 |
| Presenting issue | |
| Harm to self or risk of | Total 60 |
| Harm to others or risk of | 28 |
| Intoxication/behaviour | 25 |
| Physical violence | 9 |

# Data

| | |
|---|---|
| Aggressive behaviour | Total 32 |
| Unusual behaviour | 108 |
| Outcome | |
| 136/ | Total 51 |
| Information/advice | 3 |
| A+E | 18 |
| CMHT/HTT | 15 |
| Custody | 4 |

# North East London NHS Foundation Trust MHS Acute Pathway

**Pete Williams**
Assistant Director NEFLT

# Background.

- Over the past 4 years Nelft HTT's have introduced a real focus on offering acute crisis care in the patients own home - as an alternative to acute admission

- We believe treatment at home where possible does promote patient involvement in care and promotes social inclusion, reduces exposure to ward environments, promotes strengths and promotes self-management

- Acute HTT's are a part of a whole system approach to crisis care – integrated with A and E and Access teams.

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# Background.

- A bed base for the most unwell patients in crisis for whom we care is still required
- Safety concerns existed about our stand alone acute unit especially in Waltham Forest.
- In response to this and our reducing bed base - we opened an improved inpatient unit called Sunflowers Court on the Goodmayes Hospital site in February 2011.
- Savings enabled through closure of vacant beds have also allowed increased investment in HTTs

# A new developing model of acute service - what we do….

- HTT work closely with inpatient wards as bed managers.
- HTT's co-located with the inpatient bed base – achieved this borough by borough since 2010
- Specialist HTT assessment service – integrated within home treatment at HTT base – 2 x band 7s leads plus HT staff rotate
- Single in-patient and HTT consultancy
- In addition to MDT and SW dedicated psychology resource in post in all acute teams – helps to promote systems-family working

# What we do…

- HTT work with the ward 24/7
- Each ward holds an 0900 MDT with HTT – reviews/actions any outstanding practical issues for all patients
- All decisions are clinically driven based on an individual assessment of risk – reviewed daily
- Emphasis on care pathway working. Borough based wards and HTTs. Links to CMHTs/Access in place – reciprocal attendance at team/zoning meeting etc by nominated lead staff
- Acute service runs NELFT wide EDT service for LAs – includes AMHPs

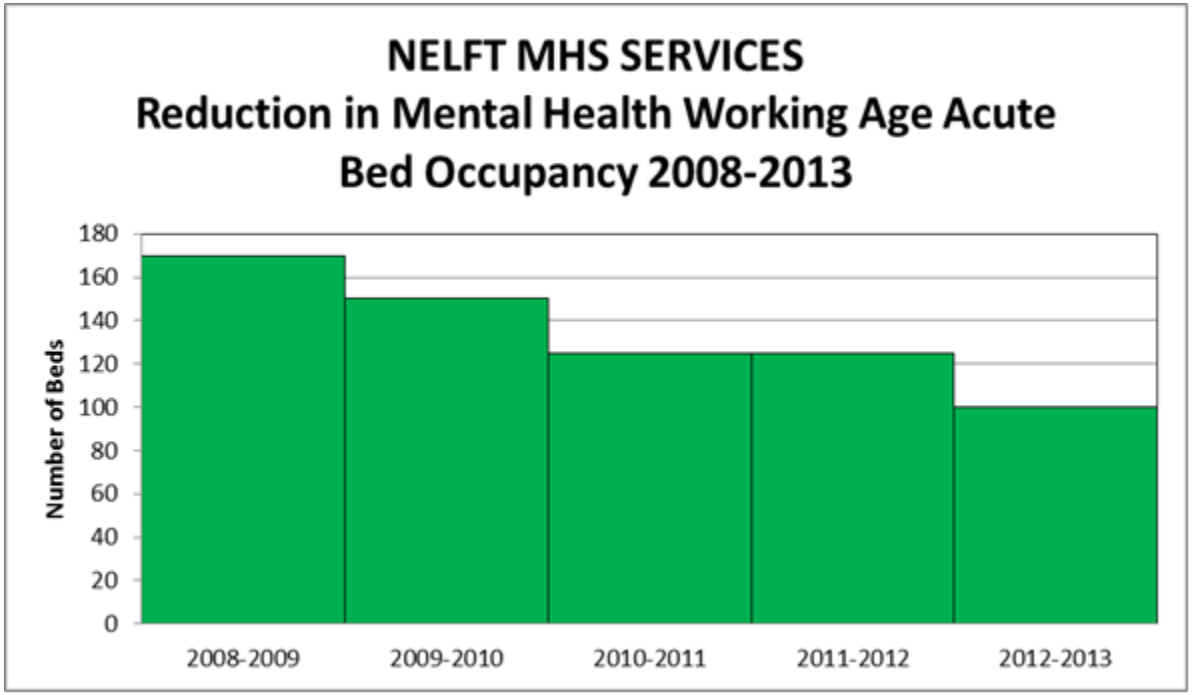
# What we do….

- Discharge plans in place at the point of admission
- HTT lead on discharge from wards – backgatekeeping!
- HTTs are becoming highly clinically skilled in home treatment – also mobile working, video conferences MDTs etc
- Resource teams to PIG levels – 14 staff per 25 caseload
- Working towards integrating HTT and in-patient staff groups
- Working with UCL CORE Fidelity team
- We also developed a dedicated HTT for older adults across North East London – bed occupancy now at 70%

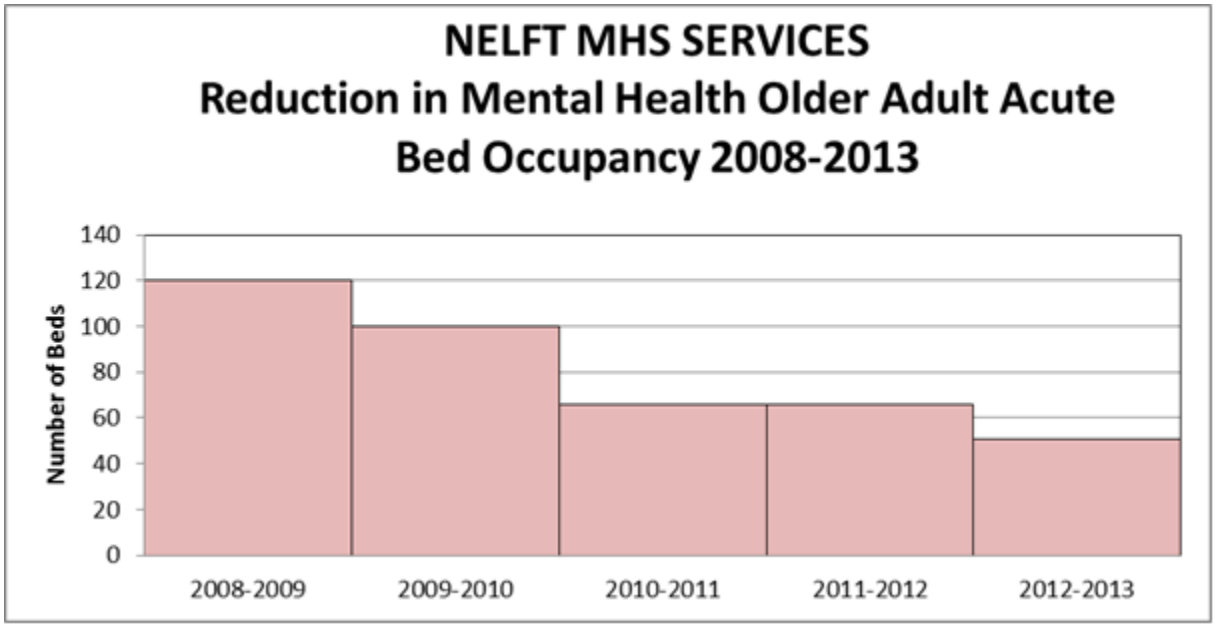
# Current Position

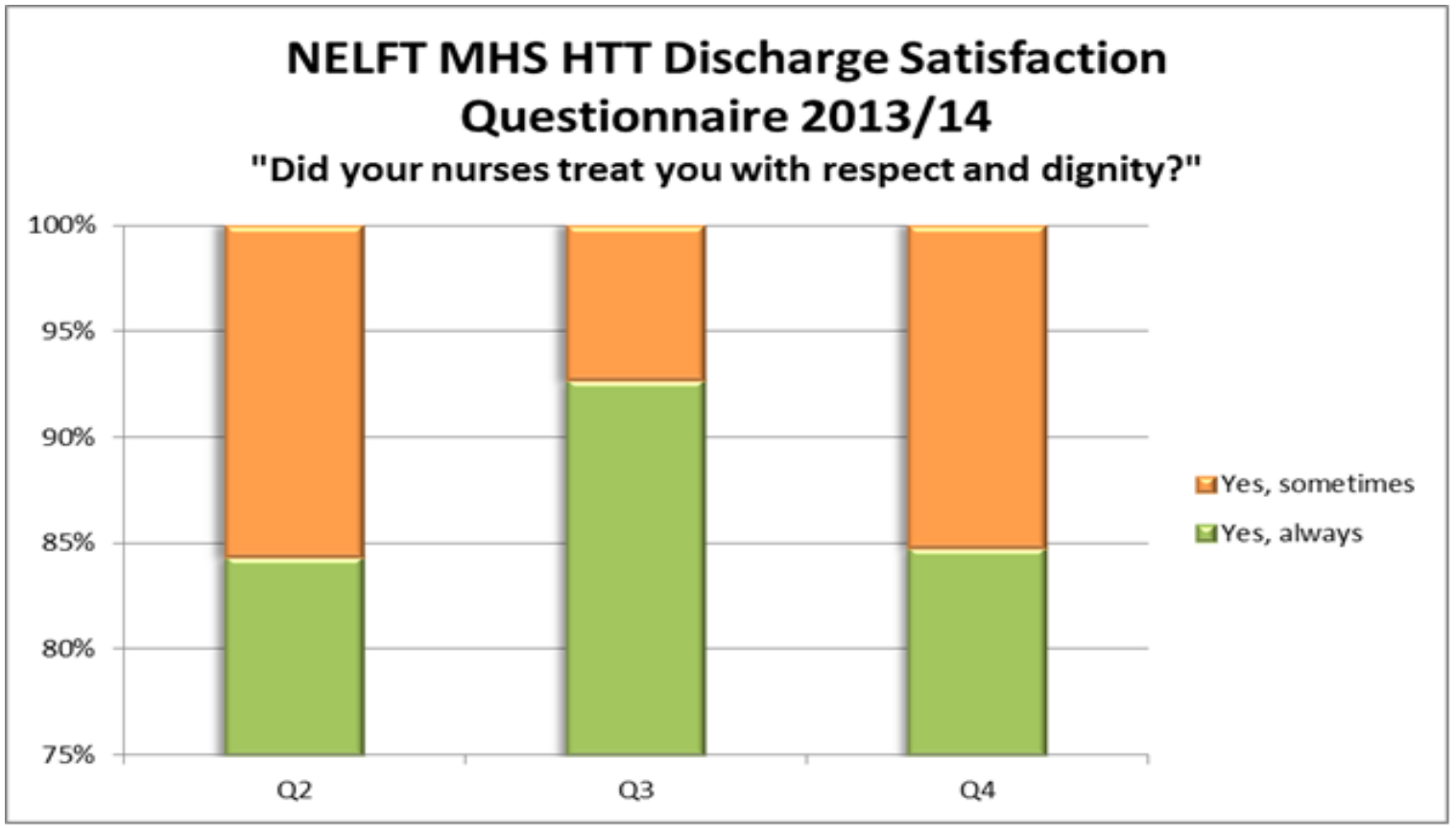
- We operate the lowest bed base in London of 100 beds for the North East London Area reduced from 170 over past 4 years
- High satisfaction rates from HTT clients and negligible rate of incidents compared with in-patient wards
- We have not externally purchased an acute bed for seven years (excluding female PICU) i.e. not operating at 100% occupancy – very good for acute staff and patients
- Dedicated HTT for Older Adults is proving effective working with both organic and functional mental health conditions.
- We continue to develop and meet ‘challenges’!

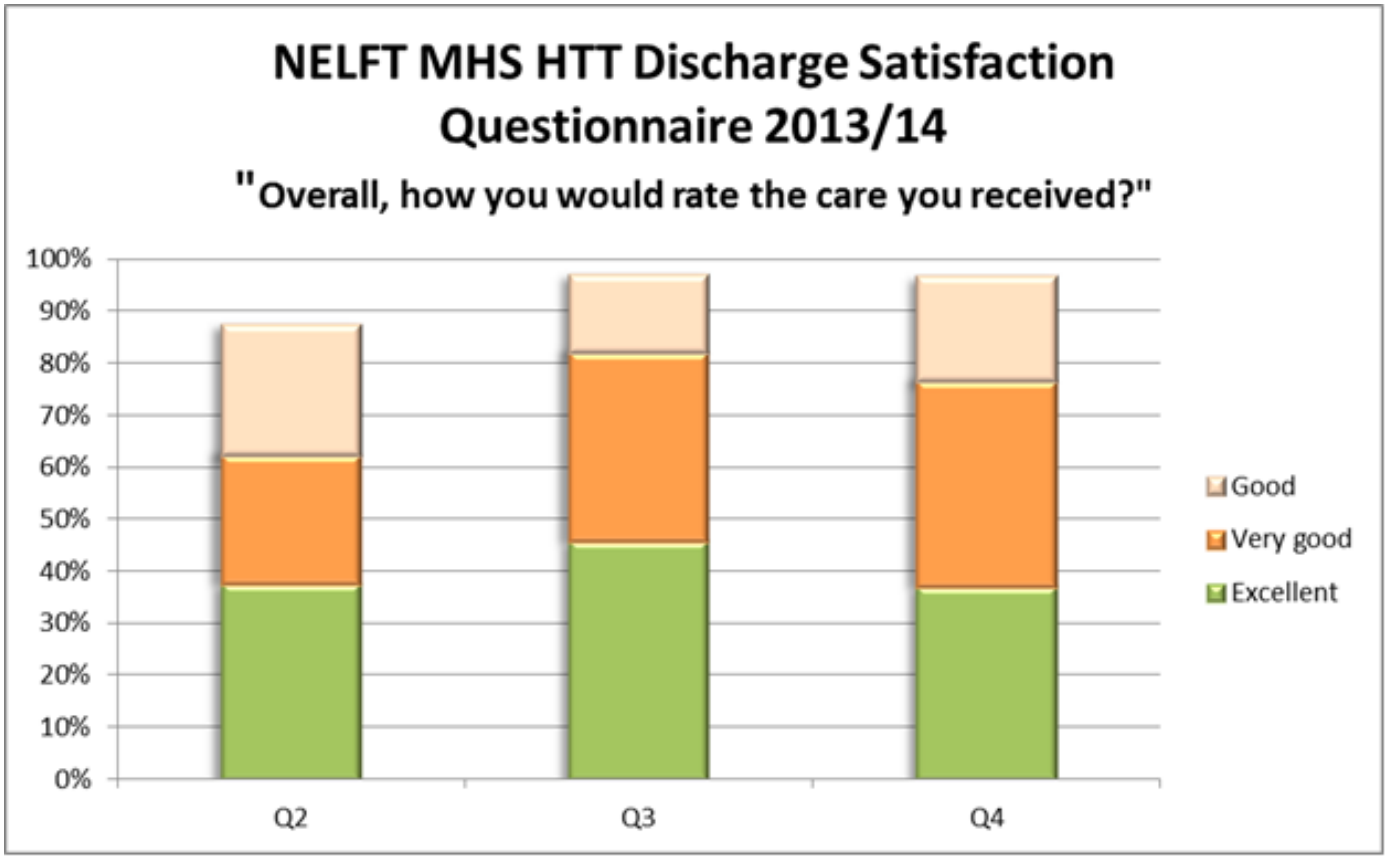
# Bed Occupancy MH Acute Working Age 2008-13

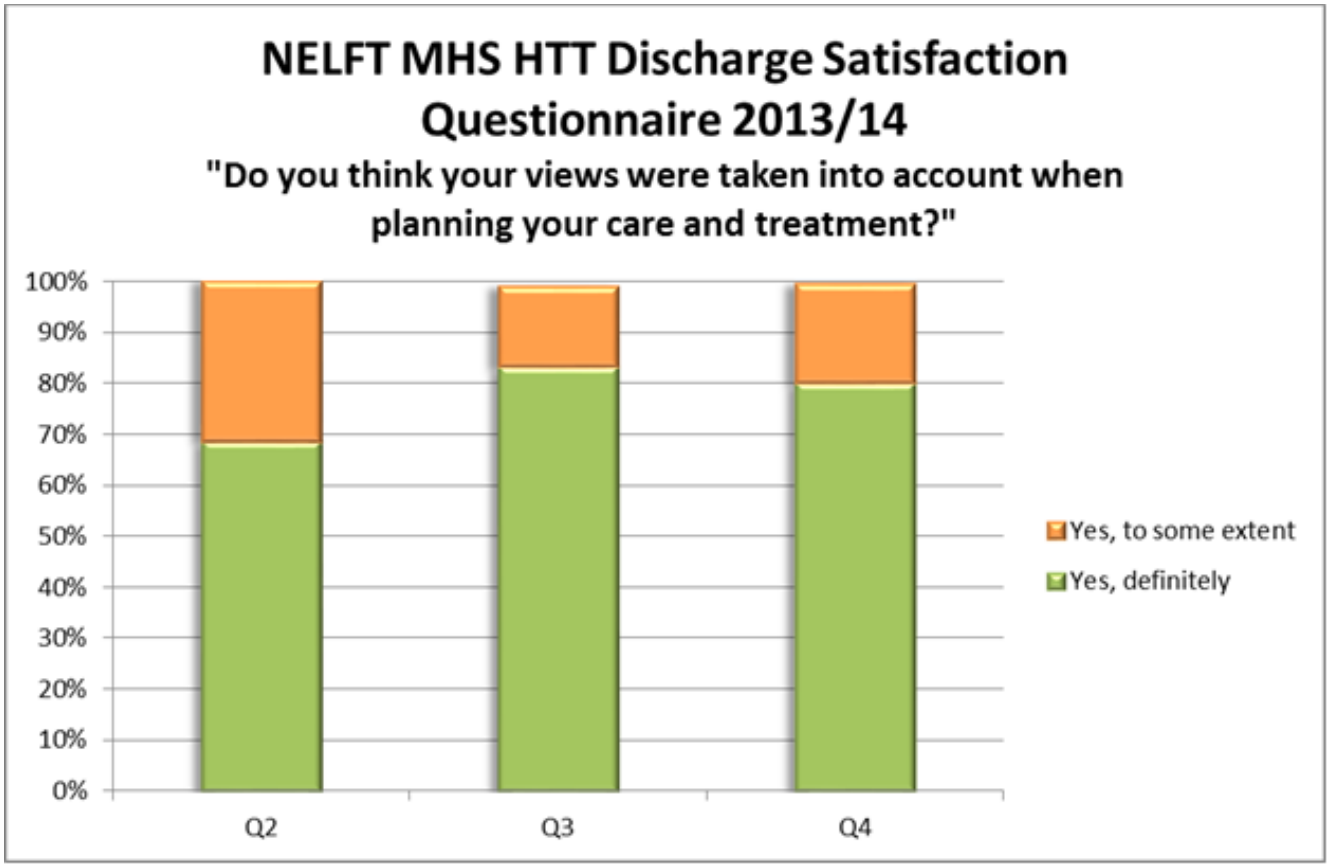


# Bed Occupancy MH Older Adults 2008-13

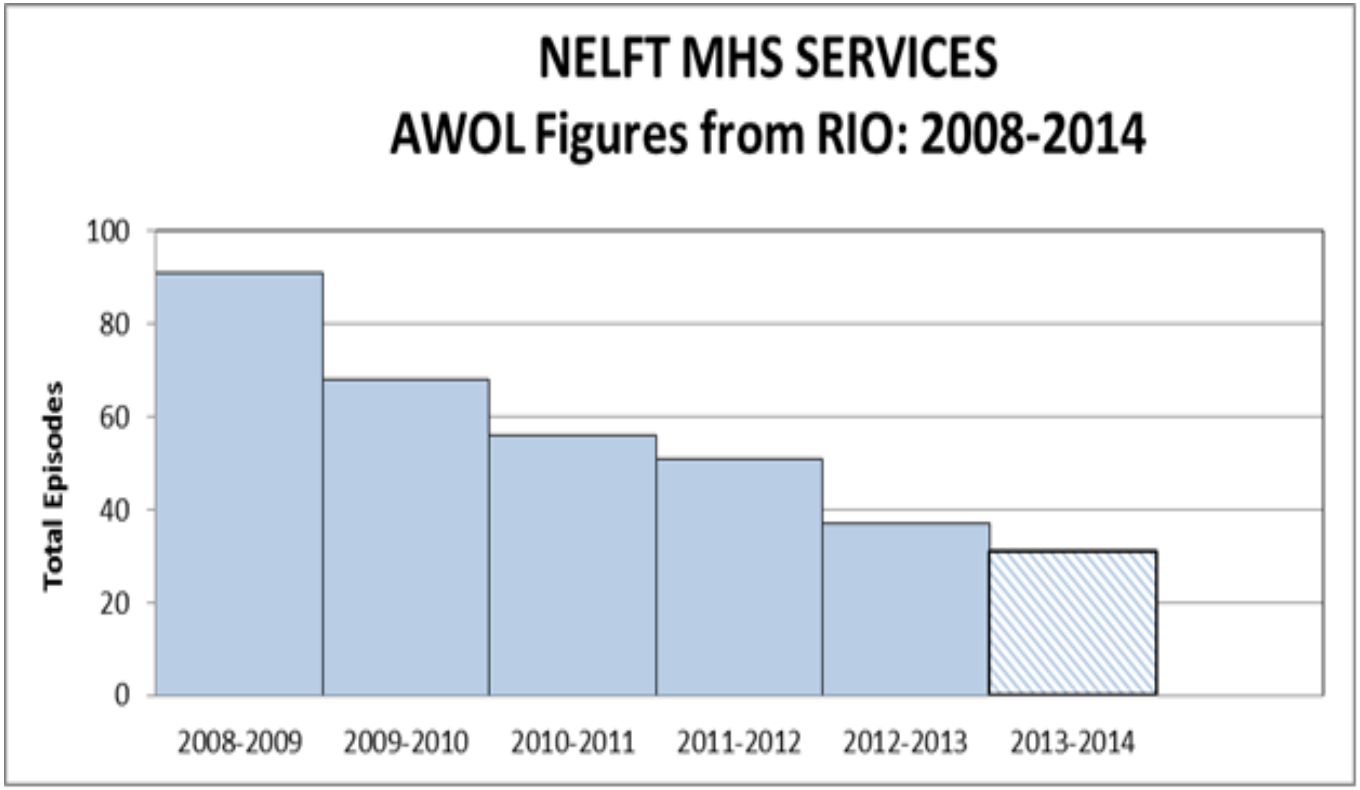



NELFT MHS HTT Discharge Satisfaction Questionnaire 2013/14
"Did your nurses treat you with respect and dignity?"
100%
95%
90%
85%
80%
75%
Q2
Q3
Q4
Yes, sometimes
Yes, always


NELFT MHS HTT Discharge Satisfaction Questionnaire 2013/14
"Overall, how you would rate the care you received?"
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Q2
Q3
Q4
Good
Very good
Excellent


NELFT MHS HTT Discharge Satisfaction Questionnaire 2013/14
"Do you think your views were taken into account when planning your care and treatment?"
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Q2
Q3
Q4
Yes, to some extent
Yes, definitely

# AWOL data 2008-2014



# Design sessions:

**Supporting people in A&E who are experiencing Crisis**

will meet in the foyer outside

**Supporting people in a place of respite/safety/sanctuary whilst in crisis**

will meet in the yellow room

**Supporting people in their own home who are experiencing crisis**

will stay in the big room

**Supporting people to manage crisis while on acute psychiatric wards**

will stay in the big room

# Points to feedback from sessions

1. Two things we can change immediately
2. One big system change that is needed
3. How could technology help / what technology could be used

# Feedback from design sessions

# Next Steps