

# **Nottingham & Nottinghamshire Mental Health Crisis Transformation**

## **Briefing for Nottingham Health and Adult Social Care Scrutiny Committee**

### **March 2024**

## **Introduction**

This briefing will provide an update on the transformation of the mental health crisis service offer since the NHS Long Term Plan for Mental health (2019) was published and outlines planned future developments. It also includes references to people's experiences of accessing local mental health care in a crisis and feedback gathered from Nottinghamshire Healthcare NHS Foundation Trust's Involvement Team which will help system partners to prioritise improvement work.

Part two refers to the provision of the Crisis Services by Nottinghamshire Healthcare Foundation NHS Trust (NHFT), with a particular focus on those for people living in the City of Nottingham. The subsequent section presents the additional services which have been designed and delivered by other system partner organisations to broaden the offer and to improve access to care for patients experiencing a crisis.

## **1 Local Delivery of the NHS Long Term Plan**

The NHS Long Term Plan (LTP) sets out an ambition for all regions to have 24/7 age-appropriate crisis care available via 111 by April 2024. Including:

- A 24/7 Crisis Resolution Home Treatment (CRHT) service for all adults, operating in line with best practice as outlined within Core Fidelity Standards for Crisis Services (more detail provided in the following sections).
- An integrated 24/7 crisis provision for children and young people that meets the needs of people under the age of 18 years and their families
- The development of local crisis services in addition to that offered within Emergency Departments (ED), developed in partnership with local VCSE organisations and local authorities and as an integrated part of the system's mental health care pathways.,
- A programme for mental health and ambulance services to work together to deliver services, including the introduction of a mental health transport vehicle(s), training for ambulance staff and the introduction of nurses and other mental health professionals in Integrated Urgent Care Clinical Assessment Services.
- All general hospitals will have mental health liaison services, with at least 70% of these services meeting the 'core 24' standard for adults and older adults.

These ambitions are in the process of being delivered for the people of Nottingham City and examples of recent feedback about the services have been shared throughout the briefing so

illustrate where patient outcomes and expectations are being delivered and where further improvement work is required.

The main clinical services are the Crisis Resolution Home Treatment teams (CRHTs) which cover the whole of Nottingham City and the County. They function as three separate teams, one covering Nottingham City and a second for the South of the County (based at Highbury hospital and work closely together), with the other working across the broader geography of the middle and north of the county.


The local Integrated Care Board (ICB) and NHFT collaboratively use the 39 Core Fidelity Standards (CFS) as a framework upon which crisis services are commissioned and delivered. The CFS framework is a useful tool for measuring effective service delivery and improvement of crisis services. For reference, a list of the 39 CFS can be found at the following link [fidelity-scale-final-pdf\\_0.pdf \(ucl.ac.uk\)](#).

### **Achieving Core Fidelity Standards for CRHTs**

In March 2023, an assessment of Nottingham and Nottinghamshire crisis services against these standards was conducted and 19 areas of improvement potential were identified. NHFT worked in partnership to formulate actions and work towards achieving all outstanding 19 standards within the next year, many of which are aligned to the mobilisation of the new Crisis Clinical Access Telephone Line (also to be discussed later in this briefing).

In Nottingham City this work has included:

- Increases in capacity to offer more effective and responsive services
- An increase in service options for people experiencing a crisis
- An acknowledgement that service needs in the City are different to those of the rest of the system and that local services need to meet the needs of local patients



*"If it wasn't for all of you I wouldn't be here today, I feel that I'm not alone and if I need the support I know where to get it [...] Thank you."*

Service user from City CRHT

In January 2024, a follow up review of the crisis service's CFSs showed that the number previous areas identified for improvement (19) had been addressed and reduced by 11, but that 8 areas of improvement remained.

These are,

1. The Crisis Resolution Team (CRT) responds quickly to new referrals.
2. The CRT facilitates early discharge from hospital.
3. The CRT responds to requests for help from service users and carers whom the CRT is currently supporting.
4. The CRT closely involves and works with families and wider social networks in supporting service user.
5. The CRT provides psychological interventions.
6. The CRT has adequate staffing levels.
7. The CRT can refer to Acute Day Service.
8. Risk assessments and management plans are reviewed by staff during CRT care and changed where clinically appropriate.

These are critical service elements to an effective, personalised and safe crisis service and remain our collective priority to improve in partnership with patients and their families. Current programmes of improvement work are focussed on recruitment of Psychologists, training in Trauma Informed Care for teams, retention of experienced clinicians within the local crisis teams and capacity management to ensure services can respond quickly.

A significant programme of work is focussed on supporting each crisis team to work with patients and carers to ensure that their voices inform both individual care plans and all improvement work which is undertaken. This is being supported by Patient Involvement Teams and local volunteers.

These improvement plans form part of the Crisis Service's 2024/25 operational plan and updates and partners would welcome the opportunity to update the committee throughout the forthcoming year.

### **Funding for Transformation Programmes**

The national transformation plans for mental health are evidence-based and comprehensive and have been translated into local plans that aim to transform patient experience, outcomes and proactively reduce health inequalities. In order to facilitate the delivery of these plans, Integrated care Boards (ICBs) are allocated ringfenced funding for mental health which is specifically assigned to each area of mental health service transformation.

This investment is part of the requirement to meet the annual Mental Health Investment Standard (MHIS), which is about evidencing year on year, increased spend on mental health services for local people. £2.78m has been invested recurrently since 2019/20 and £1.9m non recurrently to increase the availability of Crisis Response and Home Treatment Services, incorporating developments to meet the objectives outlined in the Mental Health Long Term Plan and to ensure staffing is funded to core fidelity quality standards.

Services are commissioned from a range of organisations with a proportion of the funding allocated for secondary care services commissioned from and delivered by Nottinghamshire Healthcare NHS Foundation Trust (NHFT) and where appropriate through subcontracts with the Voluntary, Community and Social Enterprise sector (VCSE) to support the delivery of integrated pathways of care to meet the needs of individuals.

## 2 Transformation of Local Clinical Crisis Services

As a result of the local transformation funding received, we have increased our crisis offer to support the following developments and improvements:

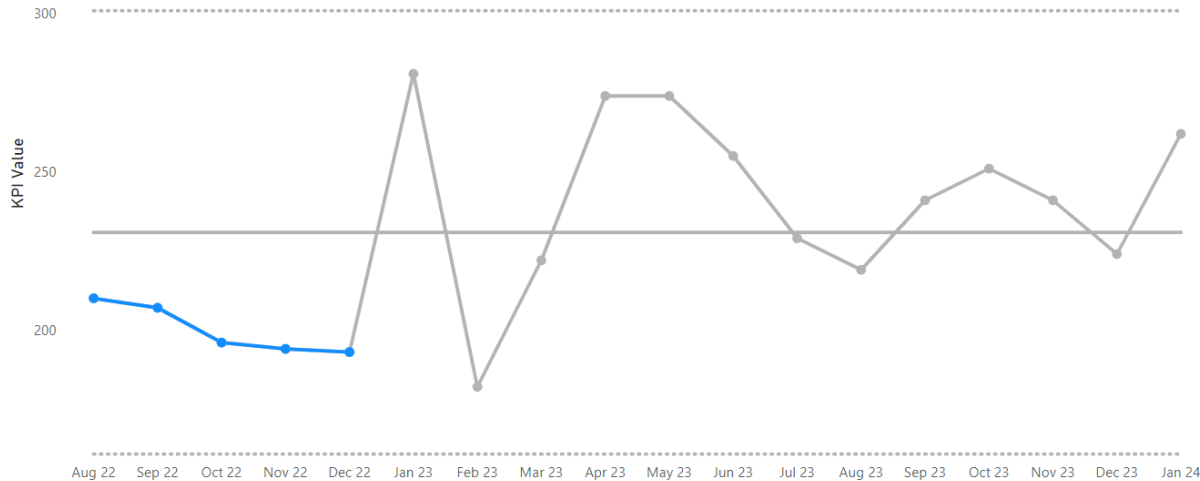


**Crisis Resolution and Home Treatment Teams** operate 24/7 and provide face to face (or remote where desired), assessments and home treatment to people who have immediate care needs. Referrals to the crisis team can be made by clinicians or by individuals themselves if they feel that this is the care they need or indeed, if they are unsure where to go but feel unsafe or acutely unwell.

Referrals to the City crisis teams have increased from an average of 207 per month in 2022/23 to 245 per month year-to-date. The figure below shows the referral numbers received specifically by the city-based crisis teams by month over the last 18 months. To understand the longer-term picture, referrals to the City crisis team have increased from an average of 177 per month in 2020 to the current levels of an average of 241 per month this year.

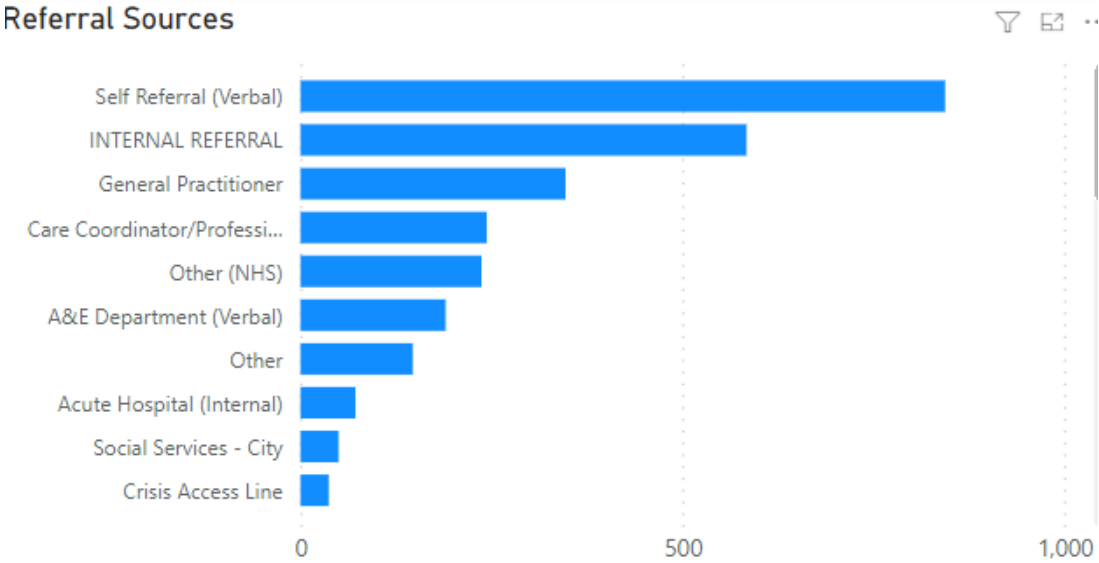
### City Crisis Service Referrals by Month

New Referrals - Monthly Trend (Number)



During the last 12 months (January 2023 – end of December 2023), 2893 referrals were received by the City CHRT. 29% of referrals (844) were self-referrals, and 80% of these were accepted. The remaining 71% (2049) of referrals come from professionals, and 84% of these were accepted. The similarity in conversion rates from referral to acceptance for both self and professional referrals is an important point to note. This data indicates strongly that many of our communities are seeking help appropriately. However, there is substantial work to do in terms of improving access and reducing inequity of access across communities. 0

The following figures gives a further breakdown of the sources of referral into the City Crisis teams.



The NHFT crisis services covering the city’s population make over 1000 patient contacts every month.

Average monthly caseloads have increased from an average of 278 per month in 2022/23 to 325 per month year-to-date. Some of this increase is reflective of an increase in demand for services but some is also related to an increase in acuity of presentation and the period of care people are requiring.

As a system crisis service, the majority of the investment has funded additional clinical posts to increase team sizes and to meet the growing demand. Recruitment to these posts has been successful with low vacancy rates across the teams and despite the increase in demand, delivery against the 4 hour standard for patients requiring an emergency response face to face, is 80.9% of patients (55 out of 68) in January 2023.

**Telephone Access**

Telephone access to the crisis services is currently via the Nottinghamshire Mental Health Crisis helpline number, 0808 196 3779. Several options are available to people accessing this line, differentiated by those accessing services for the first time and those already under the care of a CRHT.

The helpline is delivered in partnership with voluntary sector organisation Turning Point and when choosing the first option on the 0808 number, calls are received and answered by skilled and

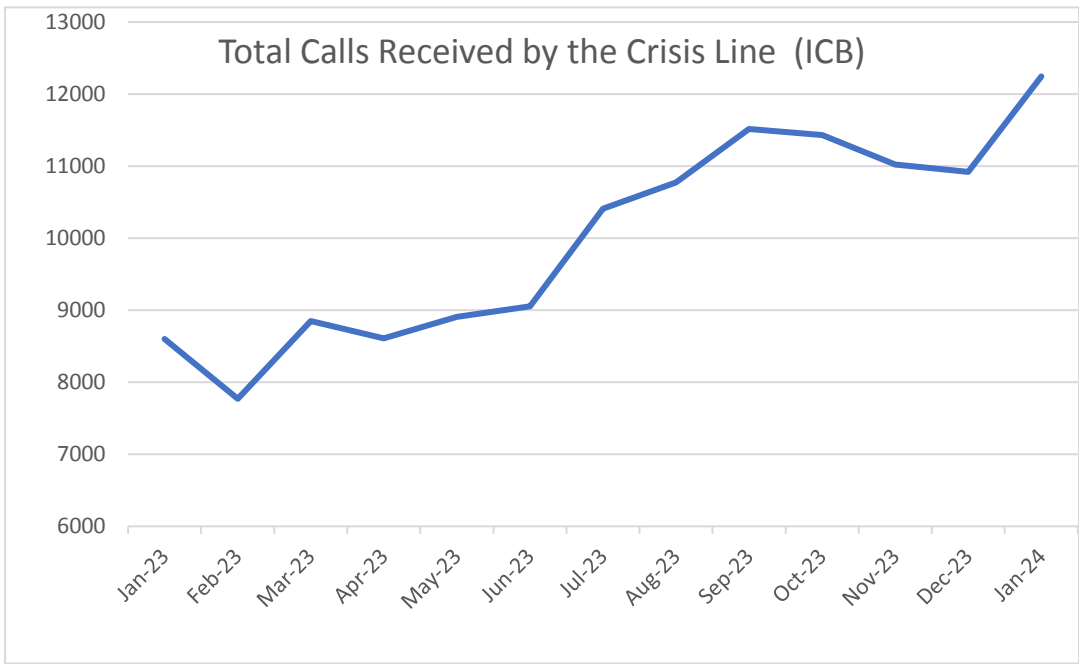
pecially trained call handlers. This team provides immediate emotional and therapeutic support and can also facilitate onward signposting into other services.

Turning Point are co-located with NHFT colleagues and use the same electronic patient record which facilitates a smooth transfer between services and minimises the need for repetitive questioning.



Callers are given a choice of options, including the team they require if they are already receiving care. These calls are diverted directly to NHFT’s clinical crisis teams who aim to answer calls within 2 minutes. As the current telephone system does not facilitate intelligent call-waiting, those not answered within the time period are forwarded to answerphone which is monitored and responded to daily by the NHFT clinical crisis team.

However, the 0808 telephone number as a service is under pressure with captured monthly call rates increasing by over 87% in the last 12 months alone. This is demonstrated in the following figure (*note, this is a total number of calls received by the Nottinghamshire Mental Health Crisis Line as at present, call numbers for City patients only cannot be extrapolated from the data*).



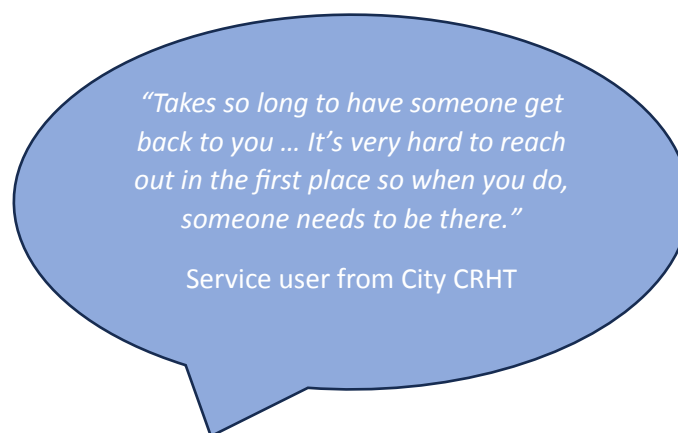
Latest figures (January 2023) show that 3576 calls were made to the City Crisis teams made via the 0808 number, which is 30% of all calls to the 0808 number. Of those calls, 80% (2845) were answered either in person or a voicemail was left for the crisis team to return the call. 20% of calls were abandoned. The data required to show how these calls are split between patients and professionals, and numbers of individuals is not available. 56% of calls were answered in person and the remainder were managed via the voicemail system. Also of note, 44% of calls were received between 8am and 8pm, with 56% received overnight, with a peak until 2am before a regular quieter period until 8am.

The current telephone system does not facilitate intelligent call waiting or a queue system. In order to ensure both patient and professional callers to the crisis line are not left with a significant period of ringing, the answerphone is activated after 2 minutes of waiting. The system is not satisfactory in terms of patient or team experience but funding has been secured to procure a new telephony system to improve patient experience and to support the mobilisation of the new Mental Health Clinical Access Line (described in the following section).

This new telephony system will enable staff to know when callers are waiting to speak to the service with live information, will manage call queues, give callers wait time information, enable call-backs and will provide critical information about abandoned calls and where care has not been provided in a timely way. The system will be operational from April 2024.

System partners have also been preparing for the inception of 111, press 2 which is due to be nationally switched on for patients who contact 111 in a mental health crisis in April 2024. Changes in demand will be monitored carefully to ensure that any changes in required capacity are responded to quickly and safely. Monitoring will be looking for both increased in demand as well as any changes in peak times for activity so that workforce planning aligns to need and keeps telephone waiting times to a minimum for patients.

The impact on Helpline demand of the switch-on of 111, press 2 is largely unpredictable as it is likely (and is hoped to), find previously unmet need as well as having the potential to become a new way of accessing services for patients under other mental health services. However, current 111 mental health activity has been analysed and system partners are working with both regional and national teams to use the information available to predict and manage capacity to maximum effect.



It was therefore important to ensure that system capacity has been pre-emptively maximised and that the system infrastructure is modernised to manage both demand and improve patient experience.

### **Mental Health Clinical Access Line**

During March 2024, a new combined telephone service will be mobilised which is aimed at improving access to patients seeking support and care for their mental health via telephone. The service has been developed in partnership with service users who have experience of accessing Crisis Services via the telephone.

The line will build upon what has been in place since 2020 and provide an all age, 24/7 service for all local people and will see NHFT clinical teams and Turning Point's skilled workforce working as one team to deliver a single service to meet the needs of as many people as possible.

The Mental Health Clinical Access Line will respond to all callers who call either 111, press 2 or who call the 0808 helpline. The combined service will be able to provide support, triage and signposting but will also offer clinical assessment and immediate care. Integrated senior clinical capacity has been introduced into the service to ensure patients are able to access the right support. This addition (which is 24/7), will also facilitate stronger working links with the Crisis Team. There has been additional investment into the team to enable sufficient capacity to be created before service switch-on, however, demand and capacity will be continuously reviewed from the launch.

It is intended that this new approach will support all callers (patients, family members and referrers) in accessing services and in help to better understand the needs of patients across the City so that they can be met effectively. Demand, times of longest calls waiting, levels of abandoned calls and feedback from both patient and carers will be triangulated in the ongoing evaluation of this critical service.

National and local communications campaign to promote 111, press 2 for mental health as the main route into crisis services to support people getting to the right place more effectively.

### **Mental Health Liaison Services**

Following additional system investment at all three Acute Hospital sites, mental health liaison provision for 24/7 services are now in place. Liaison services deliver assessments for patients who are referred by A&E or other acute hospital ward teams, due to concerns regarding their mental health presentation. The Service accepts referrals from A&E and inpatient wards and respond within 4 or 24 hours depending on the urgency of the referral.

When a patient requires an additional period of assessment or treatment, the crisis team(s) work in partnership with liaison services to offer the right clinical pathway. This may be brief intervention within the A&E department, planned home treatment or a period of inpatient treatment if clinically indicated.

## **3 Investments into Additional Crisis Services**



This section presents the additional services which have been designed and delivered by other system partner organisations to broaden the offer and to improve access to care for patients experiencing a crisis.

**24/7 Text NOTTS Crisis Support** is provided via national Charity SHOUT. This service was commissioned in 2023 and service can help with issues such as anxiety, stress, loneliness, depression, and suicidal thoughts. The ICB and NHFT communications team are supporting the promotion of the service across Nottingham and Nottinghamshire, including printed materials and social media campaigns. If required, the Text Notts can also refer directly into crisis services should a service user require immediate, more intensive support.

**The Crisis House** is delivered in partnership with Turning Point and provides a homely and welcoming space for people who are feeling distressed or experiencing a crisis that is affecting their mental health and time away from home is of benefit. It provides a residential setting for stays of up to 7 days. During the last 12 months, over 200 people have spent resident time at this facility.

**Crisis sanctuaries** provide safe places people can go to at times of crisis. The service is delivered by a partnership of providers including Nottinghamshire Mind, Turning Point and Framework. In the City, sanctuaries operate daily, 6pm- 11pm at the Wellbeing Hub at Hounds Gate, with other sites also offered in Chilwell, Mansfield, and Worksop. The City crisis hub offers a range of face to face and digital interventions. Over the last 12 months a total of 488 people received an intervention from the city crisis hub. 58% of those were self-presentations with the remainder referred by professionals from other access points including the CRHT.



**Ambulance response to mental health** is a programme for mental health and ambulances, including mental health transport vehicles, training for ambulance staff and the introduction of nurses and other mental health professionals in Integrated Urgent Care Clinical Assessment Services. Nottinghamshire have been allocated a Mental Health Response Vehicle, funded by NHSE which will be staffed by a paramedic and mental health professional, providing an on the scene joint response to people in mental health crisis and this will be implemented in June 2024/25. Initially, this will be a partial mobilisation of a single shift per day to enable a full assessment of demand, feeding into a future case.

**Harmless: The Tomorrow Project** provides an all age primary care based, short-term crisis management support pathway providing emotional and practical one-to-one support and advice and safety planning (often for issues such as housing, debt and other factors leading to suicidal ideation). The service responds within one working day. The service received 227 referrals between April and December 2023, 40% being from Nottingham City. Outcomes for patients include reported reductions in self-harm, reductions in suicidal thoughts and planning, improvements in ability to tolerate distress and feeling more positive for the future. This service has been reproposed as part of the system's suicide prevention strategy and the full service commences on 1 April 2024.

### **Community Transformation**

Whilst not specifically crisis services, it is important to note key elements of the new model implemented within community service which will provide support to people experiencing a crisis, including;

- Mental Health Practitioner roles in Primary Care Networks (PCN)
- Peer Support Workers, a new joint pathway for people who access a Mental Health Service (with a substance misuse need) or a Substance Misuse Service (with a mental health need)
- Transition Workers supporting young adults transitioning from Children and Young Peoples services into adult services and VCSE services
- Mental health enhancement to PCN social prescribing to increase the capacity and capability of social prescribing to support patients with common and severe mental illness.
- Personality Disorder (PD) Hub is now operational and provides dedicated support for patients with PD throughout the mental health pathway, including crisis support.

### **Peer Support Workers**

Throughout the transformation programme, growth in the Peer Support Workforce has been a key requirement, recognising the value that people with lived experience can bring to a model of care and offering further engagement through non-clinical, person-centred support. Peer Support Workers are embedded across many areas of the model including in the Coexisting Mental Health and Substance Misuse Pathway, in the Personality Disorder pathway and in Crisis Services through Carer Peer Support Workers, supporting loved ones of people in a crisis.

## **4 Continuing to Improve the Experience and Outcomes of People in Crisis**

### **System Partnership**

Key partner organisations from across the Nottingham and Nottinghamshire ICB formed an urgent care & crisis taskforce group in 2018 to work together to deliver against priority areas. This group works alongside the System Mental Health Partnership Board which includes members from health, local authority, Police Universities and local VCSE organisations and focusses on how partnership working can support people with mental health needs more effectively to improve outcomes and experience.

Our system has a good foundation and history of working collaboratively for example, the development and mobilization of the street triage vehicle which enables mental health practitioners and police to respond to the needs of local people, together. Throughout 2024/25 we are working together to review other opportunities to collectively improve service delivery for local citizens

which will be informed by work to understand, measure and respond to the changes in presentation of emotional distress across local communities.



### **Co-Production**

In 2023, Healthwatch were commissioned to undertake a project that aimed to understand the experiences of people access local clinical mental health services. This report was published in November 2023 and can be found at the following link [HWNN-SMI-Report-Specialist-Mental-Health-Services.pdf](#).

Findings within the report include people feeling that they have to reach a crisis point in their health before they can access care, that there is a need for more options in terms of accessing care in a crisis (including crisis cafes or safe places) and that more clarity is needed so that people know where to go in a crisis and access the right help.

The ICB and NHFT are working together with Healthwatch to develop an action plan with people with lived experience and partners to address the key recommendations within the report by the end of September 2024.

### **5 Recommendation**

The Committee is asked to receive this update on local services for people experiencing urgent Mental Health needs and note future plans to improve service delivery.