

NHS 111 and the Crisis Care Concordat

All areas across England are signed up to a local agreement to improve mental health crisis care – the Crisis Care Concordat.

The Crisis Care Concordat focuses on four main areas (the crisis care pathway):

1. Access to support before crisis point – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
2. Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
3. Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment.
4. Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

When people need urgent help to avert a crisis, or if emergency help for their mental health is needed, they and those close to them need to know who to contact at any time, and this should be treated with as much urgency and respect as if it were a physical health emergency.

In order to ensure 24/7 access to urgent mental health care, every local area as part of its multi-agency agreement (its "Concordat") either should already have in place, or have set out its plans to have soon, a 24/7 telephone crisis line, that is open to anyone.

Many local areas are commissioning NHS 111 to fulfil that function. Some others already commission, or have plans to commission, an alternative 24/7 telephone crisis line. Some areas have a mixture of both.

NHS 111 clearly has an important role to play as the primary route for the public to access urgent care services in England, and it is expected that more areas will commission and promote NHS 111 as the single number for mental health crisis/urgent care.

There is a programme of work going on to improve NHS 111 and ensure parity of esteem and of response for mental and physical health. See details in the Appendices.

Please note that new NHS integrated urgent care commissioning standards will be published in the autumn.

Some recommendations for local Concordat groups:

1. Review local Crisis Care Concordat implementation plans in line with NHS 111. Local areas have been asked to update their action plans by the end of October 2015.
2. Explore and share best practice and table NHS 111 as a routine aspect of your local Concordat planning meetings
3. Keep up to date with outcomes from the mental health 111 pilots and consider how these can be applied in your locality
4. Where NHS 111 is commissioned as the mental health crisis line / single point of access into mental health services, ensure it is as able to respond to urgent mental health care as physical health care. This will include ensuring that:
 - the Directory of Services is up-to-date and accurate and includes all services that form part of the local mental health crisis care pathway
 - call handlers are trained appropriately to handle challenging calls and in mental health
 - mental health professionals are available in the NHS 111 call centre or via a 'cloud'
 - call handlers are able to refer calls directly to appropriate services
5. Where there are alternative 24/7 telephone crisis lines, local Concordat groups will ensure that NHS 111 is well-linked with that service and able to make seamless transfers.

Appendix 1: NHS 111 and mental health

NHS 111 background

NHS 111 was introduced to make it easier for the public to access urgent healthcare services. The service was piloted in 2010 and progressively rolled out across England over the following three years.

The free to call 111 number is available 24 hours every day, 365 days a year to respond to people's healthcare needs when:

- people need medical help fast, but it's not a 999 emergency
- people don't know who to contact for medical help
- people think they need to go to A&E or another NHS urgent care service
- people require health information or reassurance about what to do next

The NHS 111 service is specified nationally, so that a consistent identity and quality of service is provided, and commissioned locally by CCGs so that the service is tailored to local needs and integrated with local services.

If people call 111, they will speak to a highly trained advisor, supported by healthcare professionals. They will ask callers a series of questions to assess their symptoms and immediately direct them to the most appropriate place or team.

Calls are free from landlines and mobile phones. NHS 111 is not a listening service but is developing local Directories of Service (DoS) available in all areas. Access to support before a crisis and in an emergency is a key requirement of the Crisis Care Concordat.

The aim of the Mental Health NHS 111 project is to design, pilot and evaluate mental health-related NHS 111 service developments that deliver an improved patient experience.

The objectives of the project are to:

- Produce a quality standards document for the profiling of all mental health services, both commissioned and third sector into the existing NHS Pathways Directory of Services.
- Identification of evidence based mental health service improvements within NHS 111 as part of NHS 111 learning and development programme of work for inclusion in the 2015 NHS integrated urgent care commissioning standards.
- Inclusion of Mental Health Algorithms within the NHS 111 Digital Service.
- Facilitate accurate profiling of mental health services within the DoS, both commissioned and third sector on the Directory of Services.

- Produce a service user developed training package for NHS 111 staff around mental health and crisis.
- Improve access to Mental Health Crisis records, ensuring that best practice guidance is followed for the format of the shared record.

Measures of success and improvement

The primary measures of success and improvement are:

- Improved service user feedback for those calling NHS 111 about a mental health need.
- Increased seamless ("warm") transfer referrals to services for those calling in mental health crisis.
- Increase in the number of both commissioned and third sector mental health services profiled on the Directory of Services.
- Improved access to mental health care plans where available.
- Evidence based results to inform and support commissioners in their future decision making and procurement activity.

6 pilots, which started in spring 2015, are well underway and detail of the pilots can be found in the appendices. The National Project Board, led by the 111 team, is implementing plans to ensure parity between mental and physical health.

100% of England now have action / implementation plans as part of their Crisis Care Concordat obligations. As part of the redesign of services it is crucial that NHS 111 is factored in and is an essential aspect of the care pathways into services. NHS 111 now being expanded to mental health services provides a range of opportunities to consider how NHS 111 could fit in and what it can do for localities to complement existing modernisation plans.

It is essential that the opportunity NHS 111 and mental health services offers is fully embraced as this will support the messages that mental health is truly on an equal footing with physical health and that it is not viewed as an exception.

As areas are strengthening the mental health aspects of 111, many locality groups are also redesigning 24/7 mental health crisis responses, in line with the December 2014 NHS Planning Guidance for 2015/16 see para 4.17:

"The Crisis Care Concordat describes the actions required of commissioners and providers to ensure that those experiencing a mental health crisis are properly supported. This includes the provision of mental health support as an integral part of NHS 111 services; 24/7 Crisis Care Home Treatment Teams; and the need to ensure that there is enough capacity to prevent children, young people or vulnerable adults, undergoing mental health assessments in police cells."

Notable features of the phased redesign of crisis resolution and home treatment services action plans in many areas are:

- * adoption of a single point of access
- * improved information / directory of services
- * ensuring that self-referrals can be responded to (UCL Core study of 75 team shows a baseline of just over one third of teams accepting self-referrals and this is part of the gap being addressed)
- * improved access to care plans/ advance statements/ crisis plans (and making these available to mental health specialists and GP services 24/7)
- * better integration with social care services (particularly Mental Health Act. AMHPs and Emergency Duty Teams) up to or including co-location
- * various models of triage with police or ambulance services
- * 30 minute ambulance response to transport people held under Section 136 of MHA.

This provides a huge and timely opportunity for further join up between the 111 mental health programme and current developments within local Concordat groups.

Appendix 2: Pilot Projects

- i. **Pilot 1** is being led by Nottingham City CCG and is focussing on the facility for seamless (“warm”) transfer from NHS 111 to the mental health crisis team within the designated hours. The objective is that this will result in an enhanced and better informed level of advice and a more appropriate disposition for service users.
- ii. **Pilot 6** is hosted by Devon Partnership Trust. The objective is that the provision of a mental health clinician within the NHS 111 hub within designated hours will result in an enhanced and better informed level of advice and a more appropriate disposition for service users. It is anticipated that the availability of the mental health clinician will result in fewer emergency department referrals during the designated hours.
- iii. **Pilot 17** is being led by NHS Pathways and involves the delivery of an online interactive mental health learning package via e-learning that will be acceptable to and effective for NHS 111 call handlers and clinicians. This will contribute to improvements in individual call handler knowledge, confidence and self-efficacy, and will positively influence call handler behaviour and working practices within the call centre. NHS 111 and the Crisis Care Concordat Briefing for local areas
- iv. **Pilot 44** is being led by East and North Hertfordshire CCG and is linking the Mental Health Single Point of Access to NHS 111 using cloud based technology to provide seamless contact. The hypothesis is that by creating a direct link between NHS 111 and the Mental Health SPA, and by opening the SPA 24/7 for the duration of the pilot, more patients will be directed to the mental health SPA directly, shorter call lengths, and fewer ED, ambulance and urgent primary care dispositions. This will also help increase the knowledge and confidence in the service for all call takers at the local NHS 111 service and will facilitate better patient outcomes.
- v. **Pilot 55** is led by Sandwell and West Birmingham CCG and is based on the Mental Health Triage Car which is an existing Project that is supported through the Mental Health Foundation Trust, the Police and the Ambulance Trust (999). Overall the project aims to deliver better access routes to the Mental Health Cars through NHS 111, it currently only receives referrals through 999 (police and ambulance). The work to develop the better access routes is about scoping out the potential demand from 111, so that trust can be built to enable direct referral from 111. A community psychiatric nurse (CPN) will be placed in the NHS 111 call centre, during the hours of operation, to identify callers that could benefit from a direct referral to the service. We will have 6 weeks of live operation with a CPN to capture the potential of NHS 111 referrals. NHS 111 and the Crisis Care Concordat Briefing for local areas
- vi. **Pilot 62** is being led by Birmingham and Solihull Mental Health and is focussing on mental health enhancements in the NHS 111 call centre with a view to improving patient outcomes, enhancing service users and workforce experience, and reducing onward referrals. An NHS 111 Mental Health Crisis and Information Line pilot looks to provide enhanced mental health information and clinical support for NHS 111. This will be achieved

through a number of schemes and will be tested over the coming year. The pilot will test mental health provision inside the call centre, with 1 mental health crisis worker in the call centre 17.00 - 23.00 during the week and 10.00 -22.00 at the weekend. The pilot also looks to baseline the level of confidence in dealing with callers with a mental health need amongst call handlers and clinical call advisors. A level of training, testing one to one and classroom training, will be delivered alongside a mental health worker in the room, and this will be used to inform whether this impacts on staff confidence or understanding.

The pilot will develop better links to direct access to mental health services across the West Midlands, with specific focus on low level mental health advice from Mind in Birmingham and Solihull. This will be facilitated through the DOS and helped by the other elements of the pilot.

After the 8 weeks pilot, staff will move to outside the call centre to work in a hybrid role within the Psychiatric Dependency Unit of Birmingham Mental Health Foundation Trust, taking calls from patients within 111 as well as working with patients face to face. The pilot will test whether this (for this specific population) has any benefits to 111 over the calls being managed in the call centre.

Links with RIO inside the call centre are being developed to support some areas of the West Midlands.

Appendix 3: Strategic context

The strategic context is set by the overarching NHS 111 programme and the following key factors:

- The NHS 111 service is now the primary route for the public to access urgent care services in England
- The recent Urgent and Emergency Care Review in England places the NHS 111 at the heart of the future vision for an integrated, 24hr urgent care system
- The future vision for the NHS 111 service is to be more personalised, integrated with local services and offering improved patient choice and experience through digital capabilities
- There are local differences in the current delivery performance of NHS 111 services and it is key that best practice can be shared across the NHS in England

In November and December 2014 the NHS 111 Futures Team held a series of events to listen and engage with service users and professionals who have experience of mental health problems. These events sought opinion and input on how to improve access to services for people experiencing crisis and other mental health problems. They also looked at how NHS 111 worked with providers and service users, to ensure that Parity of Esteem was being achieved and the aims of the Crisis Care Concordat met. The intention was that the input gathered from these events would influence the NHS 111 Commissioning Standards, the NHS 111 Learning and Development programme and educational requirements for NHS 111 staff, via the NHS 111 Mental Health Programme Board Overview.

Mental health has been identified as a key priority for NHS 111 service development, following the publication of the Crisis Care Concordat and other mental health-related initiatives.

Due to the various strands of activity being undertaken around mental health, a Project Board was established to ensure that all these activities are co-ordinated effectively and to ensure oversight of progress and developments.

The project sits within the NHS 111 Futures Programme, linking closely with Stage 2 of the NHS 111 Learning and Development Programme, which runs from October 2014 to October 2015, and with the next iteration of the NHS 111 commissioning standards, due in 2015.