London’s Mental Health Crisis Care Summit
Event report
March 2016
# London’s Mental Health Crisis Care Summit Event Report

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Executive summary

Key strategic documents including the NHS Five Year Forward View, the Better Health for London report and the recent Mental Health Five Year Forward View all highlight challenges facing mental health crisis care and provide recommendations going forward to improve the current system. In response to this and on behalf of London’s 32 CCGs and NHSE (London) the Healthy London Partnership crisis care programme is working with stakeholders and partners across the health and social care system to improve London’s crisis care system and implement London’s Crisis Care Commissioning Standards.

London’s first Mental Health Crisis Care Summit was held at the KIA Oval on 25th February 2016 to share learning and best practice in crisis care and explore the changes required in order to meet the needs and expectations of Londoners facing a mental health crisis. The summit brought together multi-agency partners including local crisis concordat groups, the Urgent & Emergency Care networks and key partners such as the Police and London Ambulance Service, to promote partnership working and strategic alignment across national, London and local initiatives. The day comprised of three sessions that allowed delegates to hear from national and London mental health leaders, receive updates on different crisis care programmes and participate in ‘share and learn’ workshops and poster viewing that focussed on good practice and innovation to facilitate broader learning.

200 delegates attended the day from numerous agencies across all five of London’s UEC Networks. There was strong representation from service users, commissioners, providers, clinicians, managers and local authorities.

Feedback on the event was received from delegates via evaluation forms and feedback cards; 26 responses were completed. Overall, the event was very well received with 96% of respondents feeling that the event was relevant to them and their organisation and 93% agreeing that it met the stated objectives. Positive comments highlighted the multiple opportunities to learn from others and hear from service users, while suggestions for improvement included covering less content in the agenda and further involving service users in the design and delivery of the event.

There was also a very high level of satisfaction with the workshops. Delegates consistently reported that the quality of presentations was high and the large majority felt there were actions that they could take away for local implementation. The poster display was also well received, 67% felt the posters provided fresh insight, however there were comments that more time was needed to view them.

Feedback and discussions from the event will be shared with all delegates and used to inform programme developments as well as the planning of the next summit planned for Autumn 2016. In addition posters will be collated into a compendium of good practice and shared widely.
Introduction, purpose and structure of the event
Introduction and purpose

The purpose of this report is to provide a summary of the content, discussion and feedback from *London’s Mental Health Crisis Care Summit* held on Thursday 25<sup>th</sup> February 2016. The event was chaired by Jane Milligan, Chief Officer, Tower Hamlets CCG & Co-chair of the London Mental Health Transformation programme and Sophie Corlett, Director of External Relations at Mind.

The aims of the event were to:

• Share best practice and encourage networking across the system to support local areas in addressing common system challenges;

• Improve knowledge and understanding of the work occurring throughout the crisis care system, ensuring alignment between national, London and local crisis care programmes;

• Improve understanding of the pressures affecting the different stakeholders throughout the system;

• Strengthen connections between local crisis concordat groups and UEC networks to facilitate joint working, especially in light of upcoming UEC system changes;

• Promote working relationships at a pan-London and UEC network level continue the delivery of the mental health crisis commissioning standards across London.
Introduction and purpose

The event was well attended with 200 delegates present; of which 25 were patient and public representatives (12%). There was also a good spread of representation from across all five of London’s UEC networks, as detailed below:

<table>
<thead>
<tr>
<th>UEC Network:</th>
<th>NCL</th>
<th>NEL</th>
<th>SEL</th>
<th>SWL</th>
<th>NWL</th>
<th>Other/ Pan London</th>
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<tr>
<td>Delegates registered</td>
<td>14%</td>
<td>11%</td>
<td>20%</td>
<td>12%</td>
<td>18%</td>
<td>24%</td>
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Delegates represented a range of stakeholders and agencies from across London’s health and social care system.
Session One: National and London Programmes - Chaired by Sophie Corlett and Jane Milligan including presentations and questions and answers on:

National programme update: Geraldine Strathdee, National Clinical Director for Mental Health, NHSE

The service user perspective: Adam Perry and Kat Cormack, Young person and Adult service user

Celebrating success and progress across London: Cmdr. Christine Jones, National Police Chiefs’ Council Lead for Mental Health and Policing, Dr Beverley MacDonald, Mental Health and Urgent Care GP Lead, North West London and Dr Cornelius Kelly, Consultant Psychiatrist and Medical Director CNWL

London programme update: Dr Marilyn Plant, Mental Health Crisis Care subgroup Co-chair, GP and Dr Emma Whicher, Mental Health Crisis Care subgroup Co-chair, Clinical Lead, London Mental Health SCN & Medical Director, SWLSTG MH NHS Trust

The session ended with a Q&A session chaired by each of the chairs.

Session Two: Workshops – Delegates were assigned to workshop groups and attended four workshops on the following topics:

A. Crisis prevention: Models aimed at preventing readmissions into secondary care.
B. Mental Health Crisis Care in Emergency Departments.
C. London’s s136 Pathway and wider system change.
D. Alternative or enhanced models to standard acute care pathways.

The workshops were facilitated by stakeholders and service users from across the system.
Sharing Good Practice and Innovation: Poster Display

Throughout the breaks there was also an opportunity for delegates to share and learn from poster displays in the ‘Good Practice and Innovation Market Place’. Posters were submitted in advance of the event and displayed innovative, good practice crisis care models from across London and the UK. In total 23 posters were displayed, including London’s Mental Health Crisis Care ‘I’ Statements which outlined what Londoner’s (both adults and children) expect from crisis care services.

Session Three - London programmes and making change happen: Chaired by Sophie Corlett and Jane Milligan, including presentations and questions and answers on:

Children and Young People crisis care programme: Steve Ryan, HLP Strategic Lead for CAMHS Transformation, Sue Jennings, HLP CYP Mental Health Crisis Sub-Group Chair

Integrated Urgent Care: Eileen Sutton, HLP Integrated Urgent Care Lead and Dawn Chamberlain, Chief Operating Officer, SWLSTG MH NHS Trust

Driving system change: Tonia Michaelides, Chief Officer, Kingston CCG & MH Commissioning work stream lead, Claire Murdoch, Chief Executive, CNWL NHS Foundation Trust & Chair, Cavendish Square Group and Tim Bishop, Assistant Director for Adult Social Care and Joint Commissioning, London Borough of Camden

This was then followed by a discussion session which focussed on implementing the crisis care vision across London. Delegates were grouped according to their UEC network and asked to discuss their vision for 1, 2 and 5 years and the actions and support required to achieve this.

Sophie Corlett and Jane Milligan then summarised the day and next steps
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Session One: National and London Programmes

Discussion and Feedback

Transforming London’s health and care together
Discussion and feedback

Session One: National and London Programmes

**National Programme update:** Dr Geraldine Strathdee, National Clinical Director for Mental Health, NHS England

“We are here, we are a national priority.”

Dr Geraldine Strathdee gave a high level overview of the national mental health crisis and acute care programme, referencing the alignment with the recent Mental Health Five Year Forward View report. She highlighted the need to focus on prevention alongside providing a rapid, expert, needs-led response, which has led to the NHSE’s mental health crisis strategy spanning prevention, out of hospital and inpatient care. She asked delegates to think about who is in crisis, and stated the importance of understanding and addressing the social determinants of mental health and developing a ‘life course strategy’ to reduce those suffering from mental-ill health in future. Geraldine outlined innovative models across the country and acknowledged how much has been achieved in London in recent years. The take home message emphasised the importance of leadership, data, focussing on prevention, sharing best practice, and strong partnership working for achieving the vision for improving crisis care in London…“Let’s cook with love and stop point scoring.”

**Service User Presentations:** Kat Cormack, Adult service user and service user representative in HLP CYP crisis care programme and Adam Perry, Young person service user

Kat Cormack spoke about the need to address critical issues in mental health crisis care such as the unacceptably high incidence of out of area placements…“our services are in crisis, not just our patients.” Kat outlined many examples of substandard crisis care from both her own experiences and those of friends but that the appetite for change demonstrated by the attendance at the summit gave hope for the future. Kat closed by sharing some of London’s crisis care ‘I’ statements.

Adam Perry, shared his experiences of crisis care as a young person, highlighting the dangerous gaps in services for those transitioning between children and adult services. His honest account of treatment in A&E highlighted key areas that need to be addressed including the lack of confidentiality in waiting rooms and the importance of compassion and better understanding of mental health problems from all staff. Adam provided delegates with powerful reminders of the importance of treating young people with dignity and respect when they are at their most vulnerable and asked that service users are continually included in driving forward positive change.
Following the national programme update and service user presentations there was a Q&A session where delegates were given the opportunity to ask questions and provide feedback.

The following discussion points were raised:

• The lack of a clear care pathway for those experiencing a mental health crisis which is exacerbated by services often only operating in ‘office hours’, this therefore results in people defaulting to A&E. This is a particular problem for children and young people, as highlighted by the experiences shared by service users. Crises can happen at any time and we need to address the gaps between child & adolescent and adult services for some of the most vulnerable young people. In response, Sarah Khan from the national mental health programme acknowledged the issues raised, and explained that the national programme was taking an all-age approach. She reiterated the importance of data to make the necessary changes and that recent steps had been taken to ensure that the right information was being collected through national datasets.

• There was also discussion around what the recent additional funding for mental health care will do for crisis services. It was confirmed that £15m will be dedicated to improving access to health based places of safety across the country, an area where London has been nationally recognised as leading the way, with the significant reduction in the use of police cells as places of safety. There was discussion about the need for making money available for developing alternatives to admission for those in crisis.

• The need to consider how the primary care workforce can be better supported to manage mental health crisis was also raised. There was a particular focus on the difficulty for GPs working out of hours and facing the combination of unclear pathways, patchy service response and a lack of training around how to support people presenting in crisis…“We are crying out for training in mental health crisis care.” It was noted that Health Education England and NHS 111 are involved in ensuring these issues are adequately addressed.
Celebrating success and progress across London: Cmdr. Christine Jones, National Police Chiefs’ Council Lead for Mental Health and Policing; Dr Beverley MacDonald, Mental Health and Urgent Care GP Lead, NWL and Dr Cornelius Kelly, Consultant Psychiatrist and Medical Director, CNWL

Cmdr. Jones set the scene reflecting on the Police’s role within the crisis care pathway. She recognised the positive work that has already occurred across London but reflected on the increased use of s136 because of the lack of alternatives that provide care for those in crisis. There was a strong theme of collaboration and “losing individual egos” to improve the system and providing a range of services that are fit for the patient. Cmdr. Jones acknowledged the role of the Police but going forward the need for a better range of services that provide appropriate care for the patient, therefore limiting the role the police currently have in the pathway...“I believe it is draconian that I can arrest people for having a mental health crisis.”

Dr. MacDonald and Dr. Kelly provided an update on the North West London (NWL) strategy for mental health and wellbeing. The presentation reflected on the crisis care concordat being a key driver to implement the programme and acknowledged its success was due to the commitment of a wide range of stakeholders in NWL. Dr. Kelly provided further detail into specific work programmes including training programmes for GPs and new urgent care and assessment pathways including a single point of access.
Discussion and feedback

Session One: National and London Programmes

London programme update: Dr Marilyn Plant, Mental Health Crisis Care subgroup Co-chair, GP and Dr Emma Whicher, Mental Health Crisis Care subgroup Co-chair, Clinical Lead, London Mental Health SCN & Medical Director, SWLSTG MH NHS Trust

The Healthy London Partnership crisis care programme was outlined by the crisis care clinical leads. Dr. Plant detailed the case for change and referenced examples of substandard care in Emergency Departments and across the s136 pathway. London’s crisis care work programme was detailed, this included an overview of the Health Based Place of Safety specification which is in development as well as the linkages with London’s UEC reforms.

The vision of significant transformational change that could occur across the crisis care system was also shared as well as referencing transformations that have occurred in physical health (e.g. London’s stroke model) that illustrates change can be achieved. Dr. Whicher introduced herself as the new clinical lead and acknowledged the opportunity we have as a system to make changes, especially in light of recent policy drivers.

Twitter activity throughout the day demonstrated support for London work which is seeking to lead the way in improving Mental Health Crisis Care.

Marilyn Plant saying #healthyLDN like a 'lovechild between crisis & UEC programme'. Hope we do this nationally too! @fairdoos88 @SarahKhanMH
10:39 am · 25 Feb 16
Discussion and feedback

Session One: Q&A Part 2

Following the ‘celebrating success and progress across London’ presentation and the London Programme update there was a Q&A session where delegates were given the opportunity to ask questions and provide feedback.

The following discussion points were raised:

• The importance of ensuring that information about new developments, such as the Single Point of Access described by North West London, are shared widely to the right stakeholders, success of these models depend on strong communication.

• The need to better tackle the ongoing challenge of stigma and improve the appropriateness of the way we respond to people in crisis was raised by a delegate with carer experience. This included questioning the role of the police in managing mental health and that the current reliance on the police service demonstrated failings in current health and social care provision.

• There was discussion around how best to plan and deliver services for children and young people (CYP). Delegates challenged why CYP are not given equal attention with adults and suggested that all-age services should be considered to reduce problems associated with transition. There was acknowledgment of the need for high quality data so that we really understand the problem we are trying to address. Speakers agreed, explaining that the London crisis care programme is leading all-age inclusive work and undertaking a baseline data exercise which will include and focus on children and young people.

• The need to address the issue of ensuring a high quality mental health workforce was raised. Changing the way the system operate relies on having the right people with the right skills available to deliver this change and workforce is a key lever. We need to understand what is already in place and the cost of closing the gap. Healthy London Partnership’s Workforce Programme working closely with Health Education England will be crucial in addressing this issue.
Session Two: Workshop Sessions
Discussion and Feedback

Transforming London’s health and care together
**Discussion and feedback**

**Workshop A: Crisis prevention - Models aimed at preventing secondary care readmissions**

This session covered examples of models that were aimed at preventing readmissions into secondary care, the following models were discussed:

- **Enhanced Primary Care Services:** Presented by Sarah Garner, Newham CCG
- **Crisis Care Plans:** Presented by Miles Rinaldi, SWLSTG Mental Health Trust

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**The following points were brought out by delegates in the discussions:**

**Good relationships:** Delegates acknowledged that the two examples discussed highlighted the importance of having good relationships amongst key stakeholders whilst developing and implementing the models.

**Co-design:** Delegates emphasised the importance of co-designing these processes and ensuring meaningful engagement with patients and service users…*“We don’t want to deliver to, we want to deliver with”* Service users reported effective ownership of the plan when healthcare professionals demonstrated they had understood and read the plan…*“Don’t ignore my plan, it works really well and can avoid crises when actually used!”*

**Interoperability:** The need for IT systems to share information across the care pathway is critical.

**Sustainability of the models:** Evaluation of the service is crucial, evaluation is ongoing for both models discussed with positive results seen so far. There was concern from service users regarding the sustainability of implementing new models with one service user reporting that due to financial constraints they had experienced a reduction in the care package offered.

**The need for Out of Hours options:** Delegates emphasised the need for OOH options to prevent crisis occurring. Models need to concentrate on services at the weekends and out of hours as this is when people need the support. *“It’s really reassuring that there are lots of alternatives being developed.”*
Discussion and feedback

Workshop B – Mental Health Crisis Care in Emergency Departments

This session covered mental health crisis care in Emergency Departments, focussed mainly on liaison psychiatry models and educating and training frontline staff in Emergency Departments. This session was facilitated by Sean Cross, Consultant Liaison Psychiatrist at King’s Hospital and Alex Thomson, Consultant Liaison Psychiatrist at Northwick Park.

The key themes which emerged from the workshop included:

• Understanding what liaison psychiatry is, the different models across London and the difference between the intended service and the reality;

• The support liaison psychiatry can provide to ED front-line staff and community services including crisis teams and primary care. It was mentioned there could be a role for liaison psychiatry to further support GPs as they do not have the skills or time to deal with complex mental health problems;

“There is a need to dissolve the division between mental health and primary care.”

• The importance of multi-disciplinary teams and ensuring all staff within the Emergency Department are equipped with the knowledge and skills to deal with mental health crisis patients.

• Commissioners often struggle with trying to develop pathways that have different funding sources for each component and short term winter pressure funding doesn’t help to develop sustainable services.

• Service users, families and carers need to play a key role in any service development as they can often be overlooked and taken for granted.

In each of the workshop sessions there was an overarching theme that relates to the broader crisis care system where there is a need for greater choice and alternative services so individuals don’t have to access the Emergency Department. However for those in crisis that do find themselves there they should be able to access a high quality, consistent service with staff who are aware of mental health issues as well as knowledge of services to refer to outside of the ED.
Discussion and feedback

Workshop C – London’s s136 pathway and wider system change

The workshop was chaired by Dan Thorpe from the MET Police with support from Suzanne Millan from West London Mental Health Trust.

The workshop focussed on the changes that need to occur across the system to improve London’s s136 pathway. Delegates were asked what the ideal model would look like to improve the quality and consistency of care across the pathway, this included local initiatives as well as transformational changes that might be required at a pan-London level.

Key themes and quotes from the sessions:

• Examples were provided by stakeholders and service users that reiterated the need to improve the s136 pathway and wider crisis care system... “There is no responsibility and accountability across the pathway”... “There is no model of care, no pathway and staff do not want to work in this area!”

• There was a push to develop a clearer pathway and standards for HBPoS sites – the London HBPoS specification were mentioned throughout most workshops and were welcomed as a key initiative to facilitate change. However the need for more preventative measures were highlighted to prevent people being detained under s136 in the first instance – “s136 is a failure of our care!”

• There was a genuine interest for different models like the Birmingham Psychiatric Decision Unit and bespoke HBPoS sites across London; transformational change across the system that has occurred in physical health was commonly mentioned - “We have the stroke model for physical health....why can’t this be tailored to mental health?”

The following points were made to support change in this area:

• The need for greater information exchange, data and pooled budgets to facilitate change across the pathway;
• The need to ensure local approaches and individualised care is not jeopardised due to London wide approaches;
• Identifying areas of best practice across both the s136 and wider crisis care pathway which London could learn from;
• The importance of commitment from all stakeholders involved in the pathway
Discussion and feedback

Workshop D – Alternative or enhanced models to standard acute care pathways

Best practice examples of alternatives to admission and enhanced acute care pathways were shared by the following facilitators:

- **Highbury Grove Crisis House**: Neil Tryner
- **Drayton Park Women’s Crisis House**: Shirley McNicholas
- **Leeds ‘Crisis Assessment Unit’**: Judith Barnes and Dr Mizrab Abbas

The key themes which emerged from the workshop included:

- Key drivers for developing these models include pressure on inpatient capacity and the demand for alternative services;
- The importance of a flexible offer, including self-referral, in successfully providing a genuine alternative to admission. The structures and inter-organisational links have to be in place to provide wrap around care for the individual.
- A trauma-informed response is crucial in providing good crisis care, seeking to understand and address the causes is key and this can be done in non-medical settings.
- Strong partnership working with a good understanding of local service provision is essential to achieving a safe alternative to admission. This includes robust risk management structures, particularly important in non-clinical settings;
- The importance of involving service users in designing what the model should look like and continuing to gather feedback from those that use the service to enable ongoing improvement.

Key points and challenges raised during discussion:

- More work needs to be done on adapting these models for children and young people.
- Need to think about how service users are involved and whether this involves making more paid positions available.
- Issues of caring for people with no fixed abode is a challenge for services with a specific geographical coverage such as crisis houses.
- More robust evaluation is needed to demonstrate the effectiveness of these models.
Session Three: London Programmes and Driving System Change
Discussion and Feedback
Discussion and feedback

Session Three: London Programmes and Driving System Change

**Children and Young People crisis care programme:** Steve Ryan, HLP Strategic Lead for CAMHS Transformation and Sue Jennings, HLP CYP Mental Health Crisis Sub-Group Chair

Both speakers provided an update on the London CYP Crisis Care programme. Where appropriate their work seeks to align strategically with that addressing the needs of adults while also tackling CYP specific issues such as inherent vulnerability, legal and statutory considerations and dangers associated with growing digital awareness among young people. Challenges currently faced across the system include lack of clear policies and procedures in acute hospitals, variability in service provision and providing all hours care with the existing number of CAMHS professionals. The presenters shared the *Mental Health Crisis Care 24 hour Emergency Department Pathway for CYP* and described their upcoming plans for explicitly addressing of needs of CYP, this includes the all ages Health Based Place of Safety specification and ensuring that needs of CYP are adopted into London’s Crisis Commissioning Standards.

**Integrated Urgent Care:** Eileen Sutton, HLP Integrated Urgent Care Lead and Dawn Chamberlain, Chief Operating Officer, South West London St. Georges Mental Health Trust

Eileen Sutton from the HLP Integrated Urgent Care programme set the scene by outlining service user feedback which highlighted some of the issues across NHS 111 and Integrated Urgent Care. Different initiatives and pilots within the national programme were mentioned as well as London specific interventions that will improve the patient experience to ensure the overall aim of ‘right place, first time’. London interventions include greater access to crisis plans to deliver personalised care, direct referrals to MH crisis helplines via NHS 111, improving the Directory of Service and innovative pilots including the NHS 111 Crisis Advice Line and PICU/Acute bed capacity tools.

Dawn Chamberlain followed Eileen and outlined some local initiatives occurring in South West London aimed at improving the urgent MH care pathway. Dawn reiterated the need for a partnership model and the process they are going through to provide a more standardised, clearer pathway that meets their local population needs. Dawn mentioned some current initiatives they are scoping with commissioners including an accredited training programme for frontline leaders, crisis cafes, crisis houses and a Psychiatric Decision Unit.
Discussion and feedback

Session Three: London Programmes and Driving System Change

**Driving System Change:** Tonia Michaelides, Chief Officer, Kingston CCG & MH Commissioning work stream lead, Claire Murdoch, Chief Executive, CNWL NHS Foundation Trust & Chair, Cavendish Square Group and Tim Bishop, Assistant Director for Adult Social Care and Joint Commissioning, London Borough of Camden

This presentation outlined how system change can occur through the different levers and enablers in place and key principles that need to be followed to drive system change. Tonia Michaelides provided a commissioner perspective and outlined the importance of joint working between providers and commissioners going forward. Tonia described the benefits of the new 5 year Sustainability and Transformation Plans where local leaders will work as a team to address the needs of local populations. The important role of London’s UEC networks was also mentioned who are tasked with implementing whole system transformation of London’s UEC system, including crisis care.

Claire Murdoch followed Tonia and reflected on key principles that facilitate change to make it a reality. Claire asked delegates to think beyond the limitations, believe that change can happen and keep to five ‘golden rules’ – “**keep it simple, focus on a few things, partnership working matters, value the right staff and trust Providers.”**

Following this the point of equitable funding for mental health was raised and considered a key driver to ensure significant change occurs across the crisis care system.

Tim Bishop finished the presentation providing the social care perspective, Tim outlined the importance of looking at the wider system and ensuring leaders from the third sector and ‘experts by experience’ are integral in developments going forward. Tim also reflected on interoperability and the importance of information exchange across sectors. “**Interoperability might be difficult to pronounce but it is not impossible to do.”**
Following the presentations in session 3 there was a Q&A session where delegates were given the opportunity to ask questions and provide feedback.

The following discussion points were raised:

• Delegates raised the issue of over representation of members from the Black and Minority Ethnic (BME) community among mental health service users, particularly in more acute settings and among those detained under the Mental Health Act. It was felt that this is a systemic issue, reflected in the under representation of minority groups among the speakers and presenters at the Summit.

Speakers acknowledged that this an issue that should not be ignored and that we all have a responsibility to address. It was suggested addressing issues of diversity and BME mental health care might provide a useful focus at the next crisis care summit in the Autumn.

• The challenge was also made to involve service users more actively in all work aimed at improving London’s crisis care system. While the service user voice was represented at the summit, delegates felt there might be more opportunities for service user co-production of event sessions and co-presentation with system leaders at future events. This feedback was acknowledged by the Chairs and Healthy London Partnership Team and will inform future work.

• There was finally a discussion around designing services to be needs-led instead of basing services on artificial distinctions such as age. Delegates felt this approach would help to address the challenges across the system regarding transition years and allow for the delivery of more personalised care.
Discussion and feedback

Session Three: Discussion session - Moving forward to implement the vision in London

The last session asked delegates to sit in their UEC network region and discuss what their vision is for crisis care in the next 1, 2 and 5 years and what actions and support is required to achieve this.

The following questions were asked:

- What changes will you aim to achieve in the next one, two and five years?
- What is needed to achieve these changes?
- What enablers already exist and what further support is required?

All the discussions were captured and will be shared with the UEC Networks and local concordat groups in order to inform network delivery plans, some high level themes included:

### Changes to occur over 1, 2 and 5 years

- Increased community provision and alternatives to admission and ED
- Increased focus on prevention
- Increased use of non-clinical models e.g. crisis houses, crisis cafes, better use of third sector support
- Ensuring a 24 hour service
- Whole system approach with integrated systems and joined up commissioning
- Pan-London approach to bed management

### Requirements to support system change:

- Increased mental health commissioning capacity and capability
- Ensuring local engagement and co-design with service users
- Partnership working with local authorities particularly around issues such as housing
- Robust data and evidence base
- Ensuring workforce has the right skills (training for existing and future staff)
- Clear policies
- Information sharing and supporting technology
Delegate feedback and next steps
Evaluation form feedback

Overall responses
• 93% felt that the event met the objectives outlined
• 96% felt that the event was relevant to them and their organisation
• 93% felt there was sufficient opportunity to learn from others
• Nobody disagreed
• 85% felt satisfied with the day overall
• Only one respondent reported feeling dissatisfied

Key themes
**Most helpful aspects of the day:**
1. Input from service users about their experiences
2. Learning from what others are doing and sharing best practice
3. The workshops

**Areas for improvement:**
1. More service user involvement/input/co-production in presentations and workshops –
2. More focus on children and young people required
3. The agenda should no try to cover so much
4. Diversity and BME issues could be better addressed with more minority representation within presenters.

Session One: National and London Programmes
• 78% felt the National Programme update provided them with fresh insight, all other respondents neither agreed or disagreed
• 92% felt the Service User presentation provided them with fresh insight
• 84% felt the presentation on Celebrating success and progress in London’s local areas provided them with fresh insight (only 2 respondents disagreed)
• 91% felt the London Programme update provided them with fresh insight (only 2 respondents disagreed)

Session Two: Workshop Sessions
Percentage of respondents who agreed that the presentations were high quality:
• 89% - Models aimed at preventing secondary care readmissions
• 96% - Mental Health Crisis Care in Emergency Departments
• 100% - London’s s136 Pathway and wider system change
• 90% - Alternative or enhanced models to standard acute care pathways

Percentage of respondents who felt the session was interactive and that there were actions they could away
• 63% - Models aimed at preventing secondary care readmissions
• 86% - Mental Health Crisis Care in Emergency Departments
• 83% - London’s s136 Pathway and wider system change
• 77% - Alternative or enhanced models to standard acute care pathways

Session Three: London Programmes and making change happen
• 52% felt the presentation on the Children and Young People’s crisis care programme provided them with fresh insight 10% were indifferent
• 65% felt the presentation on Integrated Urgent Care provided them with fresh insight6% did not feel this way
• 70% felt the presentation on Driving System Change provided them with fresh insight
• 85% agreed that the discussion session helped them focus on immediate and longer term actions to improve crisis care (all other respondents neither agreed or disagreed)

Poster Displays
67% of responses said the good practice market place provided them with fresh insight and the majority would have liked to spend more time viewing them.
Challenge and lightbulb cards

Delegates were encouraged to note their thoughts via the use of feedback cards which were available on the tables. ‘Light bulb’ cards encouraged delegates to note down what inspired them during the day, any ideas or solutions which became apparent to them that they feel empowered to take forward. ‘Challenge’ cards asked delegates to consider what the greatest challenges will be when implementing this new model and ways of working.

The cards were completed anonymously and collected in post boxes at the venue.

What has inspired you today:
“The personal service user stories”

“I feel empowered to continue to speak about these issues and inspired that they are being taken seriously”

What is your great idea to transform services:
“Communicate with every service to pool resources”

“Listen to the voice of the service user”

“We need to have housing represented in the strategic planning processes”

“Crisis care plans would help so much for high frequency users and those patients who present to MH liaison. I’ll take this back to my Trust.”

“Better single point of access, even within each Trust, so that patients get to the right service first time.”

“Let’s look at whole system approaches!”

What do you think are the greatest challenges:
“Budgets and getting all Trusts to collaborate collectively and not as independent solutions.”

“Developing, supporting and maintaining a dedicated crisis service”

“Achieving patient-centredness and the human aspect”

“Making the changes to policy”

“The data and mapping required to understand existing service provision, including places of safety, crisis houses, Allied Mental Health Professional models”

How has today helped support you in developing solutions to these changes:
“It’s been eye-opening and has raised some interesting points to take back to my own Trust”

“Given me a platform to voice my own views”
Follow up action

Next steps include:

• Uploading all speaker and workshop presentations onto the Healthy London Partnership crisis care webpage for delegates to access and use to inform developments across London’s Crisis Care system.

• The findings of the patient engagement survey used to develop the Mental Health Crisis Care ‘I’ Statements will also be added to the site as well as other material and information delegates have shared since the event.

• Developing a full report of the s136 workshop to inform the London crisis care work programme, this will include all discussions relating to the HBPoS specification as well as comments and feedback that focussed on how wider system change can be achieved and what support is required to do this;

• Feedback across the presentations and workshops will also further inform the HLP enabler programmes, particularly workforce.

• Creating a compendium of good practice and innovation from the posters shared on the day and sharing this with all delegates and other stakeholders across the system, this compendium will be added as other examples are collected to ensure the sharing of good practice and innovative ideas is continued across the system;

• Collating all discussions from the final discussion session where delegates were grouped into their UEC network to discuss the vision going forward. Summary reports will be sent to each UEC network and their respective concordat groups to support the development of network delivery plans.

• Continued engagement with service users who attended the event to help support developments within the London crisis care work programme. Specifically using co-production techniques to run workshops that will test the HBPoS specification and see whether service users feel they respond to the ‘I’ statements that were developed.

• Ensure all feedback informs future programme events.
Follow up action

The published event materials will be made available online shortly via:

https://www.myhealth.london.nhs.uk/healthy-london/urgent-emergency

To get in touch with the Mental Health Crisis Care programme please email: england.mentalhealthcrisis@nhs.net