UCLPartners

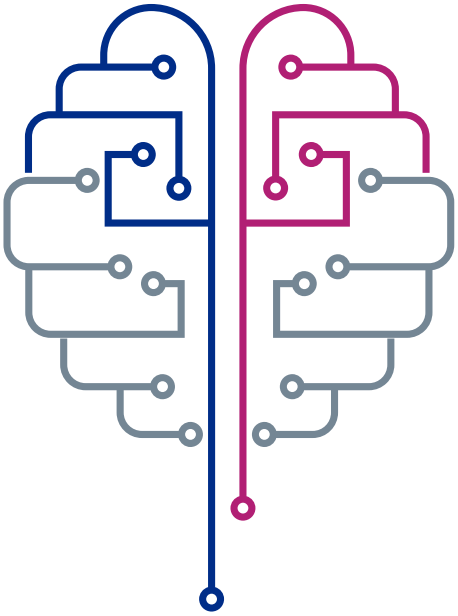
Health Innovation Network South London

NHS London Clinical Networks

London Mental Health Crisis Hub Assessment Framework

Creating a safe and efficient model for people experiencing a mental health crisis during the Covid-19 surge/winter pressures period

December 2020



Foreword

We are pleased to introduce this **best practice service assessment Framework** 'for a safe and efficient model for people experiencing a mental health crisis during the Covid-19 surge/winter pressures period. It has been developed following an analysis of the experiences of mental health services across London over the past few months, and with the input of a large number of professionals and clinicians.

It honours the commitment made to the Mental Health Crisis Concordat '*to work together to improve the system of care and support so people in a crisis because of a mental health condition are kept safe and helped to find the support they need, whatever the circumstances in which they need help and form whichever service they turn to first'.*

During the first wave of Covid-19 pandemic to deal with emergent issues, new models of emergency mental health crisis units have been rapidly put in place by service providers. However, there has been considerable variation of approach, due to different local contexts, but also due to the paucity of research evidence available regarding optimal models for crisis care, and the lack of best practice guidelines. This framework brings together the experiential knowledge or working practitioners combined with the limited available published evidence.

This Framework has been informed by

- A rapid review of the learning from the models put in place since March 2020 by the London mental health trusts
- Engagement with services users and staff from the mental health trusts and acute emergency departments in London
- The Mental Health Crisis Care Concordat - February 2014
- Access to mental health inpatient services in London (all ages). A compact between London's mental health and acute trusts, local authorities, CCGs, NHS England, NHS Improvement, London Ambulance Service and Police services - June 2019
- Mental Health Compact Diagnostics Report - October 2019

The foundation of this Framework is based on the principle that we all need to act as leaders to learn from our experiences and to drive continual improvements. Together we can ensure people who are experiencing a mental health issue who require mental health crisis treatment, are treated with urgency and respect, in a place where they feel safe and with staff who understand their needs.

It enshrines the good practice of continuous quality improvement and we will need your support in collecting data. NHSE/I's commitment to you is to utilise the data collected by all of you against this Framework, to understand the lived experiences of service users, the challenges and opportunities that have arisen, and the sustainability of these models. We will share the learning and insights gathered in order to inform future service provision, best practice guidelines, and future research.

Martin Machray
Joint Regional Chief Nurse and Clinical Quality Director/Covid-19 Incident Director

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Director, Clinical Network and Clinical Senate

NHS England & Improvement - London Region

About AHSNs

The report has been developed in partnership with two of London's Academic Heath Science Networks (AHSNs): The Health Innovation Network (south London) and UCLPartners (north central and north east London).

There are 15 Academic Health Science Networks (AHSNs) across England, established by NHS England in 2013 to spread evidence-based innovations at pace and scale, to improve health and to generate economic growth. Each AHSN works across a distinct geography serving a different population in each region.

As the only bodies that connect NHS and academic organisations, local authorities, the third sector and industry, AHSNs are catalysts that create the right conditions to facilitate change across whole health and social care economies, with a clear focus on improving outcomes for patients. Although AHSNs are small organisations, this ensures we remain flexible and responsive to emerging opportunities and challenges, and we facilitate large regional networks. The impact of AHSNs rests in our ability to bring people, resources, and organisations together quickly, delivering benefits that could not be achieved alone.

Acknowledgments

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Professor Steve Pilling: Research Department of Clinical Health and Educational Psychology, University College London

Matthew Trainer: CEO: Oxleas NHS Foundation Trust and Co-Chair: London Mental Health Urgent and Emergency Care Board

Background

In January 2019 the NHS Long Term Plan made a number of commitments to improving crisis care nationwide, including working towards 24/7 community-based response, improved liaison services meeting 'core 24' service standards, and increasing alternative forms of provision for those in crisis. More recently for London, the Mental Health Compact Diagnostics report, identified that more than half of the people who went to emergency departments (EDs) for help because of their mental health waited more than four hours to get the right care. The report stated, '*It is clear these patients are not receiving the care and support they need in a coherent and consistent basis*'. (Pg. 36, see References for report)

Against the backdrop of these long-term challenges, the rapid response to COVID-19 has accelerated change in crisis pathways across London. To mitigate the infection risk posed to people attending Emergency Departments (EDs) during the COVID-19 first wave, London's NHS Mental Health Trusts rapidly established new services - named 'mental health emergency departments', 'ED diversion hubs' or 'crisis hubs' – to enable people with mental health needs to be assessed in temporary spaces separate from ED's. While many were temporary, others continue to operate, and all areas remain on standby to reinstate diversion measures over winter 2020/21 in the continuing context of the COVID-19 pandemic. For consistency, the term '**Mental Health Crisis Hub**' has been used throughout this report.

The London Regional Team, led by the Senior Responsible Officer Martin Machray, were keen to evaluate these rapidly implemented Mental Health Crisis Hubs; firstly, so that any lessons learnt could inform practice for winter 2020/21 during wave 2 of the pandemic, and secondly, to inform the optimal provision of mental health crisis care over the longer term.

An initial review of local reports from the Mental Health Trusts in London regarding the changes was undertaken by the three London AHSNs (phase 1 of this project), working as part of the London-wide Evaluation Cell. This initial work (carried out in September 2020) found that the implemented service models were highly variable. The information collected by these rapidly deployed services was neither comprehensive nor comparable, which meant that it was not possible to conduct the robust evaluation that the Regional Team had sought. In addition, due to the paucity of evidence around models of crisis care, there are no agreed standards of best practice, against which existing services could be evaluated.

However, the initial review and analysis did provide some useful insights into service provision models which were felt to be valuable to inform key principles of future delivery. It also identified some areas of concern that had been raised, for example with regard to safety.

Based on the insights gained in Phase 1, and the lack of recognised best practice models, the AHSNs proposed a Phase 2 of the project, which would bring together the clinical service providers from across London to work together to co-design a "best practice service assessment framework" which could help the Mental Health Trusts to modify and improve their local models, and use agreed metrics to monitor standards of delivery throughout the winter period.

NHS England and NHS Improvement (NHSE/I) London commissioned London AHSNs, to develop this Framework.

The purpose of this best practice assessment Framework is to:

(i) address areas of concerns highlighted from the AHSN review of these new services implemented during the first wave of COVID-19, by identifying the key indicators that all Mental Health Crisis Hub services should adhere to.

(ii) provide a minimum dataset for collection by these new services going forwards, to enable collection of data that is comparable and comprehensive and proportionate in order to facilitate meaningful evaluation that supports ongoing service development.

Implementing Mental Health Crisis Hubs based on this Framework, and monitoring the key metrics over the coming months, will enable evaluation across London. This will both develop evidence to shape future guidance around mental health crisis and highlight any need to prioritise funding for further research.

Scope

This assessment Framework has been developed for use by Mental Health Crisis Hubs (also referred to as mental health emergency departments, ED diversion hubs, mental health urgent care centers).

It does not cover

- Assessment of children or young people (aged 18 and under) as it is recognized there are specific additional considerations for the assessment and management of young people at the transition of care.
- Consideration of system-wide constraints on service delivery relating to inpatient bed capacity.

The principles of the Framework could be applied to other services who assess service users presenting in mental health crisis.

How this framework was developed

To ensure this Framework is available for services in time for the 2020/21 winter period, the project team have drawn on a range of rapid methods to inform its development, including:

- A rapid review of the Mental Health Crisis Hub reports submitted from 9 London NHS Mental Health Trusts to NHSE/I regarding their experience from Wave 1 of COVID-19
- A series of pre-workshop interviews with clinical and/or service leads from 8 of the Mental Health Trusts and other stakeholders with expertise in mental health crisis pathways
- A workshop inviting a wide range of stakeholders including Mental Health Trust Executive leads, Clinical Directors, Service Directors, Approved Mental Health Professional, and clinicians directly involved in delivering the service, service user representatives and Emergency Department directors
- A review of key relevant policy documents and other literature (see references).

This Framework should be treated as an iterative document to be reviewed and refined once it has been tried and tested.

Issues to be resolved

Given the rapid development of this Framework, there remain a number of issues that have not been resolved and require consideration when implementing local data collection:

- The funding and sustainability of these models
- There is no one single data source for these new services where they span both emergency departments and mental health as there is no interoperability of trust data systems.
- The responsible authority for CQC registration is unclear and needs to be clarified. An interim pragmatic approach taken in some areas is that this is considered by location, i.e. that services located on an acute site fall under acute trust's registration, those on a mental health site fall under the Mental Health Trust's registration.
- Administrative processes to support collection of routine data
- The integration and/or impact on Liaison Psychiatry and other mental health crisis commitments in the NHS Long Term Plan
- The integration with existing mental health crisis pathways.

Quality Framework

The Institute of Medicine (IoM) identifies six dimensions of healthcare quality and whilst there is no universally agreed definition to quality, IoM defines it as:

'*The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.*'

The six dimensions are:

Safe
Avoiding harm to patients from care that is intended to help them

Timely
Reducing waits and sometimes harmful delays

Effective
Providing services based on evidence and which produce a clear benefit

Efficient
Avoiding waste

Equitable
Providing care that does not vary in quality because of a person's characteristics

Person-centred
Establishing a partnership between practitioners and patients to ensure care respects patients' needs and preferences

The Framework focuses on each of the six dimensions and has been applied to mental health crisis.

How to use this Framework

The Framework should be read as a whole, no one quality dimension stands or should be monitored alone.

In completing the requirements of the Framework and the data to be collected, we have taken a pragmatic and proportionate approach. Several elements may well have been incorporated in more than one quality dimensions e.g. 'time to assessment' could be included in all dimensions. For ease of completion such measures are only within one dimension, e.g. all aspects related to time are captured within the 'Timely' quality dimension. The person-centred quality dimension includes all the other 5 quality dimension that directly relate to person centred care. There are two indicators that require data from ED, for ease of recognition these appear against a blue background.

We advocate that peer support workers and/or service users are enlisted to engage and design a service user survey, carer representatives to be involved in the carer survey and staff representatives (from all grades) are engaged to design a staff survey.

Framework delivery indicators

Safe
Timely
Effective
Efficient
Equitable
Person-centred

Safe

Avoiding harm to service users from care that is intended to help them
Keeping staff safe

Indicator	Definition	Frequency	Data source
Risk Assessment	Risk assessment taken place, based on population prevalence and Mental Health Crisis Hub environment, to include service user and staff requirements to be safe, effective, efficient, timely, person centred and equitable.	Once/as required	Evidence of MH Trust Risk Assessment document
Security	Provision of security is proportional to risk assessment	Once /as required	Evidence of MH Trust Risk Assessment document
	Training of security staff. NB needs to be included as a requirement in contract with security company • Mental Health awareness • Restraint	Induction /refreshers as required	Security company Training records
Transport	Transport protocol and pathway in place with London Ambulance Service (LAS) and or transport services to ensure safe and timely transport to and from Mental Health Crisis Hub	Once/as required	Evidence of Transport Protocol and Pathway
	Training of LAS/transport staff. NB needs to be included as a requirement in contract with Transport company • Mental Health awareness • Restraint		LAS /Transport company training records
Staff Trained	Training requirement to be in place, and recorded for each staffing role and grade by all staff in the Mental Health Crisis Hub to include: • Mental health awareness training • Mental Health Act/legal legislation • Relevant physical health training • Suicide Prevention Training • Restraint • Knowledge of all the quality measures requirements in this Framework	Induction /refreshers as required Monthly reporting	MH Trust Training Records
Violence and Aggression	Number of Incidents (to include alleged). Which may include but not limited to: • Acts of Violence • Aggressive incidents • Assault • Harassment • Sexual Violence	Weekly	Datix
Suicide and Self Harm	Number of incidents of self-harm recorded as: • attempted suicide • actual self-harm • alleged/suspected self-harm • attempted self-harm • Number of suspected suicides	Weekly	Datix
Restraint	Number of incidents recorded where restraint has been used.	Weekly	Datix
Absence without leave (AWOL)	Number of service users' AWOL Including status: • AWOL from Mental Health Crisis Hub • AWOL transferring from ED to Mental Health Crisis Hub • AWOL from transport	Weekly	Datix

Timely

Reduces waits and sometimes harmful delays

Indicator	Definition	Frequency	Data source
Single Point of Access	Availability of mental health crisis single point of access agreed and communicated with stakeholders, service users, and carers	Once	SPA Protocol
In-hospital Transfer	Service Level Agreement in place for in-hospital transfer which defines standards for transfer within the hospital e.g. on foot	Once	Hospital Transfer Policy
Transport to MH Crisis Service	LAS to respond within one hour of decision that ambulance is required.	Monthly	LAS Data
	If other transport is needed, the person should start their journey within one hour of the request for transport being received. N.B. Need to specify data collection with transport provider within contract		Transport Provider Data
Core 24: 1-hour Target	Number of breaches of 1-hour target. An urgent and emergency mental health service to respond to the person within one hour of receiving a referral. An emergency response consists of a review to decide on the type of assessment needed and arranging appropriate resources for the assessment.	Daily	MH Trust Dashboard
	Document evidence why service user did not receive the recommended response within one hour.	Monthly	MH Trust Performance Report
Core 24: Four-hour response standard	Number of breaches of four-hour standard. Individuals in crisis to have a physical and mental health assessment and a care plan in place within 4 hours of arriving at a Health Based Placed of Safety (HBPoS) or emergency department, or from the point of referral to the local crisis team or liaison and diversion service.	Daily	MH Trust Dashboard
	Document evidence why service user did not receive the recommended response within four hours.	Monthly	MH Trust Performance Report
AMHP and S12 Doctor assessment	Number of AMHP and S12 Doctor's breaching 3-hour target.	Daily	MH Trust Dashboard
	The AMHP and Section 12 doctor to attend within 3 hours of being contacted to conduct assessment.		
12-hour response to admission	Number of breaches of 12-hour target by the Mental Health Crisis Hub. If the outcome of a mental health assessment is that an individual needs admission, that person to be admitted to hospital as soon as possible following the decision to admit, and within 12 hours.	Daily	MH Trust Dashboard
	The 12-hour breach is to be measured from time of arrival at first point of entry either to the ED or Mental Health Crisis Hub.	Monthly	MH Trust Performance Report
	Breaches to be reported daily to NHSE/I	Daily	MH Trust Report to NHSE/I

Efficient

Avoids waste – duplication/inefficient use of time and skills

Indicator	Definition	Frequency	Data source
Accepted daily referrals to Mental Health Crisis Hub	Number of referrals that were accepted in the reporting period.	Monthly	MH Trust dashboard
Rejected daily referrals to Mental Health Crisis Hub	Number of referrals that were rejected in the reporting period.	Monthly	MH Trust dashboard
Repeated Service User Assessments	Number of repeat assessments in single attendance. Use of trusted assessor framework to avoid repeated assessments.	Monthly	Audit of a minimum 10% of service user records
Returning to ED after attending the Mental Health Crisis Hub	Number of service users returning to ED due to a physical health concern within the same episode of care. Record outcome of return (i.e. discharge/admission/ICU/death).	Monthly	Audit of a minimum 10% of service user records
Daily mental health presentations to ED	Number of mental health presentations to ED daily	Monthly	ED Dashboard

Effective

Provides a service based on evidence, which produce a clear benefit.

Indicator	Definition	Frequency	Data source
Governance	Governance process is in place and highlight reports are presented to Trust Board	As per Routine Board Reporting	MH Trust Board minutes and action plan
Senior Leadership	Senior leadership pathway is clearly in place and supports the **Compact Escalation Process Map**	Once	Evidence of documented pathway visible within unit
Communications	Communication strategy in place and delivered, to inform stakeholders and service users and carers of the new model and access information	Ongoing	Evidence of MH Trust Communication Strategy and Action Plan
Crisis Care Pathway Map	Mapping of local Crisis Care Pathway to be completed, shared with relevant staff and to be visible on Mental Health Crisis Hub. Pathway to include but not limited to: • Crisis line /111 • Alternatives to Emergency Care • Crisis Emergency Care • Crisis Home Treatment Team • Community Mental Health Teams • Social Care • Community Support • Drug and alcohol /gambling support • Peer Support • Carer support	Once To be reviewed annually	Evidence of Crisis Map Pathway Document
Accessibility of service	Location mapping to include transport links and time to access by public transport for population served. To include travel time for staff covering multiple locations Staff reported accessibility	Once	Mapping documentation Staff survey
Access to Multidisciplinary team	Access to multidisciplinary team assessment as relevant to include but not limited to; old age and adult mental health, liaison psychiatry dual diagnosis, physical health, and emergency medicine specialists	Monthly	Audit of a minimum 10% of service user records
Discharge outcome	Documentation of onward pathway to include Admissions – MH trusts – Clinical prioritisation framework to be followed Referral to: • Crisis and Home Treatment Teams • Other community Mental Health services • Social Care • Peer support • Community support • Drug and alcohol /gambling support • Carer support	Monthly	Audit of a minimum 10% of service user records
Repeat attenders	Number of repeat attenders at Mental Health Crisis unit /Acute ED within 28 days	Monthly	MH Trust & ED Trust records
Staff sickness	% of staff sickness in unit compared with trust norm	Monthly	MH Trust Records
Use of Bank staff	% of Bank staff contracted compared with trust norm	Monthly	MH Trust Records
Staff Wellbeing Survey	Staff survey to be co designed with unit staff to include but not limited to: • Staff feel they are treated with dignity and respect – by employer/stakeholders/service users • How safe is the unit from the perspective of staff? To include: the environment, violence and aggression, self-harm, physical health, COVID-19/PPE. • Staff report they have required training • Staff defined as all relevant staff and peer workers all grades to be represented	Monthly	Audit of 25% of unit staff all grades.

Equitable

Provides care that does not vary in quality because of a person's characteristics.

Indicator	Definition	Frequency	Data source
Equality Impact Assessment	Equality Impact Assessment has been conducted to consider the impact of the service development on people by protected equality characteristics and others at risk of inequity	Once / as required	Evidence of MH Trust Equality Impact Assessment document
Demographics	Number accessing the Mental Health Crisis Hub from each demographic group. As *a minimum* demographics for every service user should capture the following and any others highlighted in the EIA: • Age • Sex • Race • Sexual orientation Other Protected Equality Characteristic should be captured at intervals	Monthly	MH Trust Dashboard
Diagnosis	Number accessing the Mental Health Crisis Hub from each diagnostic group.	Monthly	MH Trust Dashboard
Social circumstances	Number accessing the Mental Health Crisis Hub from each group. As *a minimum* circumstance for every service user should capture • Housing status (stable: yes/no) • Living circumstance (living alone, living with family, living with carers, nursing, or residential home, or other) • Employed (yes/no) • Co-existing drug/alcohol use as a feature of this presentation (yes/no)	Quarterly	MH Trust Dashboard
Source of referral	Numbers in each category (demographics, social and diagnosis) accessing the Mental Health Crisis Hub • Self-referral • Other health or social care referral • Section 136 • Mental Health Act Assessment	Monthly	MH Trust Dashboard
Place of assessment	Numbers in each category (demographics, social and diagnosis) accessing other MH Crisis services. • ED • [other as per available models]	Monthly	MH Trust & ED Dashboard
Comparison of discharge outcome	Numbers in each category (demographics, social and diagnosis) receiving each discharge outcome from Mental Health Crisis Hub. Referral to: • Crisis and Home Treatment Teams • Other community Mental Health services • Social Care • Peer support • Community support • Drug and alcohol /gambling support • Carer support	Monthly	MH Trust Dashboard

Person-centred

A partnership is established between practitioners and service users, their carers and/or support network to ensure care respects service users' needs and preferences.

Indicator	Definition	Frequency	Data source
Service User Involvement	Evidence that service users/peer support workers have informed the design of the service user survey	Once	Service User survey design document
Service User Survey	A Service users survey is offered to a representative sample of attendees. The following should be considered for collection: • Ease of access • Feeling of safety • Being treated with kindness and respect • Being involved in their care • Telling their story once • Waiting times • Being informed about their care • Experience of environment • Privacy • Legal rights explained	Quarterly	Service User Survey (minimum 10% of service users surveyed)
Carer involvement	Evidence that carers /carer's support workers have informed the design of the carer survey	Once	Carer survey design document
Carer Survey	A Carer survey is offered to a representative sample of attendees. The following should be considered for collection: • Being treated with kindness and respect • Information and advice provided • Carer assessment offered	Quarterly	Carer survey

Monitoring and reporting framework measures

Leadership is critical to the success and the ability to continually improve on the mental health crisis models. We recommend that each Mental Health Trust identifies a named lead to complete and monitor and report on the Framework, alongside a named executive lead with overall responsibility to the Trust Board.

This assessment Framework is a working document for review, any data that is not currently included that emerges over time as an important quality measure or any measures that are deemed to be no longer relevant should be flagged for discussion with NHSE/I.

Evaluation

Evaluation will require comparison of information to understand where performance is better or worse than expected. It has not been possible to set audit standards for performance for indicators where these have not previously been defined in policy. Trusts may wish to collect the same data from Liaison Psychiatry within ED services to enable a comparison to be made. We are unable to mitigate the yet unknown consequences of potential further COVID-19 outbreaks. Baseline changes in ED attendance which may be subject to variation due to COVID-19 pandemic may also need to be considered.

It is anticipated that more comprehensive collection of data will contribute to informing the wider pathway for example, the review of community mental health services.

Review of reported Framework measures

NHSE/I's commitment is to utilise the data collected against this Framework, to understand the lived experiences of service users, the challenges and opportunities that have arisen, in order to inform service configuration, sustainability of these models, best practice guidelines, and future research priorities.

Abbreviations Glossary

AMHP	Approved Mental Health Professional
AHSN	Academic Health Science Network
AWOL	Absence without leave
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
ED	Emergency department
EIA	Equalities Impact Assessment
HBPoS	Health Based Place of Safety
IoM	Institute of Medicine
ID	Identifier
LAS	London Ambulance Service
MH	Mental Health
NHSE/I	NHS England and NHS Improvement
PPE	Personal Protective Equipment
S12	Section 12
SPA	Single Point of Access

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NHS England: Access to mental health inpatient services in London (all ages:) A Compact between London's Mental Health and Acute Trusts, Local Authorities, CCGs, NHS England, NHS Improvement, London Ambulance Service and Police services *https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2019/10/London-Mental-Health-Compact_June2019.pdf*

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