

## **Developing new approaches for community-based adult mental health support services:**

**Crisis and urgent care**

**Briefing document**



**#LeedsCommunityMH**

## Introduction

1. NHS Leeds Clinical Commissioning Group (CCG) and Leeds City Council (LCC) have been conducting a joint review of adult community-based mental health commissioning arrangements with the aim of developing a future commissioning approach designed to meet local needs and strategic objectives. The services being considered in this review can be grouped into 6 themes (see paragraph 4 below). This document supports the work being done under the 'crisis and urgent care' theme.

## Context

2. There has been a lot of work in Leeds over recent years, scrutinising and developing services for people with mental health needs. Outcomes of this work include the establishment of LiveWell Leeds commissioned by LCC, and the Leeds Mental Wellbeing Service, commissioned by NHS Leeds CCG. The current joint review is a logical next step, to enable a similar strategic focus on a range of other community mental health support services.
3. At the same time, there are several national mental health priorities and programmes supported by NHS England and Improvement which are focussing increasingly on integration; working together and making our third sector partners ever more closely involved in the local healthcare landscape. Now is therefore the right time to be looking in detail at the range of mental health support services that we currently commission, to enable us to deliver high quality and sustainable care, in an integrated approach for mental health services, where people can get the help they need from the right place at the right time.
4. The review is focussing on a range of community-based mental health support services, commissioned either individually or jointly by NHS Leeds CCG or by LCC from different third sector providers working in Leeds. These services fall into 6 themes:
  - crisis and urgent care services;
  - supported accommodation;
  - specialist community support services for people with complex needs or at high risk;
  - mental health support for refugees and asylum seekers;
  - service user involvement in mental health service development;
  - specialist employment support
5. You can find out more about the background and context to the review, together with an overview of the Review itself by reading our background document, which you can find [here](#).



### The Crisis and Urgent Care theme

6. The National Collaborating Centre for Mental Health (NCCMH) part of the Royal College of Psychiatrists, in its 2020 report [All Age Crisis Care: Improving the Quality of Care in England](#) describes mental health crisis as:

“a situation that is believed by the person experiencing the crisis or anyone else (an adult, child, young person, family member or carer) to require immediate support, assistance and care from a statutory or voluntary mental health crisis care service. This includes where there is significant intent or risk of harm to the person or others.”

7. Crisis care services are described as “services that provide immediate, short-term care for the alleviation of mental health crises and offer an alternative to inpatient admission. Mental health crisis care is delivered by a range of statutory and voluntary sector services, including professionals from health, social care and ‘blue light’ services.”
8. NHS Leeds CCG commissions a number of community-based third sector services to deliver mental health crisis care (see table on the next page).



Provider	Contracts	Service
<b>Crisis and urgent care services</b>		
Leeds Survivor Led Crisis Service (LSLCS)	<ul style="list-style-type: none"> <li>• Dial House</li> <li>• Connect Helpline</li> <li>• Dial House @Touchstone</li> <li>• LSLCS Deaf Project</li> </ul>	<ul style="list-style-type: none"> <li>• Out-of-hours crisis safe haven for Leeds people with complex mental health needs. Operates 5 evenings a week, 6.00pm – 02.00am</li> <li>• Out-of-hours telephone support line for Leeds people with severe mental health conditions. Operates every evening, 6.00pm – 02.00am.</li> <li>• Out-of-hours crisis safe haven support specifically for diverse ethnic communities, operating 2 nights a week.</li> <li>• Support workers able to use BSL to provide support to deaf and hard of hearing clients.</li> </ul>
Touchstone	<ul style="list-style-type: none"> <li>• Well Bean Crisis Café</li> </ul>	<ul style="list-style-type: none"> <li>• Out-of-hours café-style service for Leeds people in or approaching mental health crisis. Operates 7 nights a week across three different locations.</li> </ul>
BARCA	<ul style="list-style-type: none"> <li>• High Volume Service User Project</li> </ul>	<ul style="list-style-type: none"> <li>• The Barca Outreach Support Team works in partnership with LYPFT/LTHT and other services to develop managed and personalised pathways through services, to meet the needs of patients who frequently attend Urgent Care services.</li> </ul>



**What do we already know about these services?**

9. There are several key features about the services in this theme.

**Integration/collaboration**

10. There is already a high level of integration between Touchstone and LSLCS in the delivery of these services. Each has staff seconded into the workforce of the other, and each has membership on the other’s governance structures. In addition, they work collaboratively to provide support to service users who are frequent visitors to hospital emergency departments, working with BARCA to identify those who would benefit most from the kind of support available through the cafés and Dial House. There is also collaboration with statutory crisis services, such as LYPFT’s Crisis Resolution Intensive Support Service (CRISS).

**Demand vs supply**

11. Demand for services is always high, and visitors regularly have to be turned down because all the available one-to-one slots are full. Similarly, LSLCS reports regularly that not all calls to the Connect helpline can be answered, because call handler capacity is fully utilised.

**Demand/Supply 01.01.2021 – 31.03.2021**

Service	Number of supports/calls	Number turned away/calls not answered
Well Bean Crisis Cafés (all locations)	618	38
Dial House	622	13
Connect Helpline	1,743	265

**Impact of COVID**

12. All the providers in this theme have done their utmost to keep some level of service going during the various lockdowns imposed due to the pandemic. At first, all face-to-face activity stopped completely, but services quickly developed ways of working remotely, and supported clients to engage with telephone and digital alternatives. It is only common sense to learn the lessons from some of this innovative thinking and delivery, to further enhance services as they return to being able to deliver more face-to-face support again.

**Visitor/caller feedback**

13. Client feedback is almost universally positive about all the services in this theme. Clients are grateful for the holistic approach to their support. It is not uncommon, for example, for support workers to accompany clients to, eg, housing interviews, or debt counsellor appointments, providing ongoing support to help prevent crisis, rather than only once the crisis has been reached.



### What does good practice look like?

14. The NCCMH report mentioned above sets out six principles of effective crisis care.

Anyone in MH crisis should:

- have easy access to good quality, appropriate mental health crisis care, regardless of their age or background.
- know which service to contact – this requires services to work within their local communities to tell people about their service and what they offer.
- be able to call one number and access the right service.
- receive a first response in the community.
- know they will receive high quality care no matter where they live or who they see.
- be seen in their community or an alternative location to hospital; going to A&E should be a last resort, and only if there is a physical or medical reason.

15. The report also makes seven recommendations to underpin a successful mental health crisis support service:

- focus on and work with the person.
- equal and inclusive access to care.
- getting the right help, in the right way, at the right time.
- appropriate and safe spaces.
- collaborative care and partnership working.
- having the right staff.
- ensuring a quality service.

16. It is extremely encouraging that our very own Dial House is cited as a good practice example in relation to the first, second and seventh of these recommendations!

### What we want to explore in the workshop

17. One of the things we need to explore is whether these principles and recommendations work for Leeds, or whether we need to put our own stamp on them to meet our own needs profile. We are confident that it is evident that crisis care alternatives in Leeds – i.e., alternatives to NHS statutory services – are already thriving and fitting well with the overall direction of travel, both nationally and locally. This theme is not about shoring up a weak or failing service. But there are still issues that could benefit from further enhancement.

18. For example, although integration and collaboration between statutory and 3<sup>rd</sup> sector service providers is stronger in this theme than in some of the others, there are still opportunities develop this even further.



19. Further work is planned at a city-wide level to consider how we develop a comprehensive integrated crisis care pathway for Leeds recognised by all providers, statutory and third sector. But this review provides the opportunity to enhance develop a third sector support offer as a critical element of such a pathway.

