

# Multi Agency Crisis Centre Project Mandate (v0.2)

## Mental Health

*The purpose of this document is to describe the work in sufficient detail in order to gain approval to proceed*

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## BACKGROUND

The overarching aim of the Cumbria Mental Health Transformation Programme is to make a real difference to people's mental health and wellbeing in Cumbria through a person centred and holistic approach. People will be treated with dignity and respect at all times. It is recognised that mental wellbeing is multi-faceted, it is at the core of our approach and includes an individual's psychological, social, physical and spiritual wellbeing. Mental wellbeing is more than an absence of mental illness and is a state "in which the individual realises his or her own abilities, can cope with the normal stresses of life. Can work productively and fruitfully, and is able to make a contribution to his or her community." We aim to ensure that people accessing mental health services in Cumbria will experience "parity of esteem" in relation to service availability, accessibility and resource allocation.

In order to do this, we believe we need to:

- Create a fundamental shift in focus and resources from diagnosis and treatment to prevention, wellbeing and early intervention.
- Create a cultural shift in which all organisations, sectors and communities in Cumbria recognise mental wellbeing and improving mental health as being everyone's business
- ***Ensure that people who develop mental health needs that require more support receive the help they need as quickly as possible to reduce the impact their mental distress has on their day to day lives, their families, friends and community.***

By developing the Multi agency Crisis and Assessment Centre (MACAC) as part of a proof of concept over the next 2 years it will improve access to a crisis response across a multi-agency workforce.

The project is to enable effective intervention through a multi-agency crisis assessment centre to provide a safe evidenced based pathway for people requiring access to services who find themselves coming to the attention of the police. This will improve the quality of timely, appropriate assessments, and signposting for individuals of all ages when in contact with the Police, thereby reducing the inappropriate use of police cells, police time and transport resources.

The multi-agency hub will co-locate police officers and partner organisations. Mental health professionals will have access to health and social care systems and resources interlinked with 3rd sector ensuring timely and appropriate assessments are conducted ensuring the person receives services in the right place and at the right time. This will provide essential support to police officers who attend the centre allowing them to resume patrol quickly making them more proactive and efficient.

The issue we are seeking to address:

- Inappropriate use of police resources and skills
- Inappropriate detentions in police stations and use of S136.
- Lack of Multiagency integration and co-ordinated resources
- Lengthy waiting times and inappropriate responses to people in mental health crisis
- Problems with identifying individuals with mental health issues and unclear care pathways

The model will provide commissioning opportunities by introducing pilot initiatives that will redesign mental health services in Cumbria. This will be a vehicle to significantly reduce police time spent on mental health crisis.

We want to create healthy environments for all those who live in Cumbria. Environments that are inclusive, that promotes self-esteem and is non-stigmatising: in short, environments that prevent the onset of mental health problems.

### **APPROACH, OBJECTIVES and OUTPUTS**

The model is to trial a multi-agency crisis assessment centre as the first point of contact and place of safety for people in mental health crisis. Supporting a pathway for people experiencing mental health crisis will provide an alternative to police custody and inpatient units for persons detained under s136 of the MHA. The proof of concept will evaluate reduction in police time and resources and whether such an alternative could provide a better experience for patients who are awaiting mental health intervention during crisis.

The service will provide 24/7 telephone advice line operated by Mental Health professionals with access to AMHPs and S12 doctors and providing a place of safety with access to crisis/respite beds to avoid hospital admission.

Integration with 3rd sector will support the ongoing success of the service. It will utilise expertise whilst galvanising new partnership working. It will provide that vital link between commissioned services and the community.

The model is intrinsically linked with the Cumbria Police and Crime Plan 2015 working to achieve an effective policing strategy as part of the Policing and Crime Objectives through vehicles set out in the plan directly linked to mental health issues and crisis in our communities including:

- Ensure Cumbria Constabulary provides an effective and efficient service
- Providing a shared accountability for safeguarding will reduce demand on police resources and increase productivity.
- Ensure victims have access to appropriate services to help them cope and recover

This model aligns to the constabularies Continuous Improvement, Efficiency and Value for Money Strategy sharing resources and freeing up vital police time so that work can be conducted at scale in this challenging financial climate.

The model fits with the plan ensuring that there is close working with Cumbrian public sector agencies, other Police and Crime Commissioners and police forces to explore opportunities for further operational and support service collaboration.

It links to the strategic objectives and declaration statement through the crisis care concordat which is fully signed up to by Cumbria Constabulary, British Transport Police and all other partner agencies.

Partners will work together towards a common outcome and support parity of goals which fits with the strategic direction of each organisation. The commonalities to agreeing a shared pathway for safe support will reduce the likelihood of harm through effective referral support and that organisations can access and refer into.

We have reviewed best practice from other forces to identify models with Police Officers working with dedicated mental health professionals. The models reviewed are showing significant impact and are models which see Police Officers working in company with a dedicated mental health professional.

Police Officers will be able to resume duties more quickly and the person receives the necessary support they need.

KPI's and outcome measures will be formulated through the model design. The development of the 'single version of the Truth' in the MH strategy, will ensure there is clear understanding across the partner organisations on the current data capture systems. Data will be collated from all partner agencies to measure the models success.

### **Outcomes**

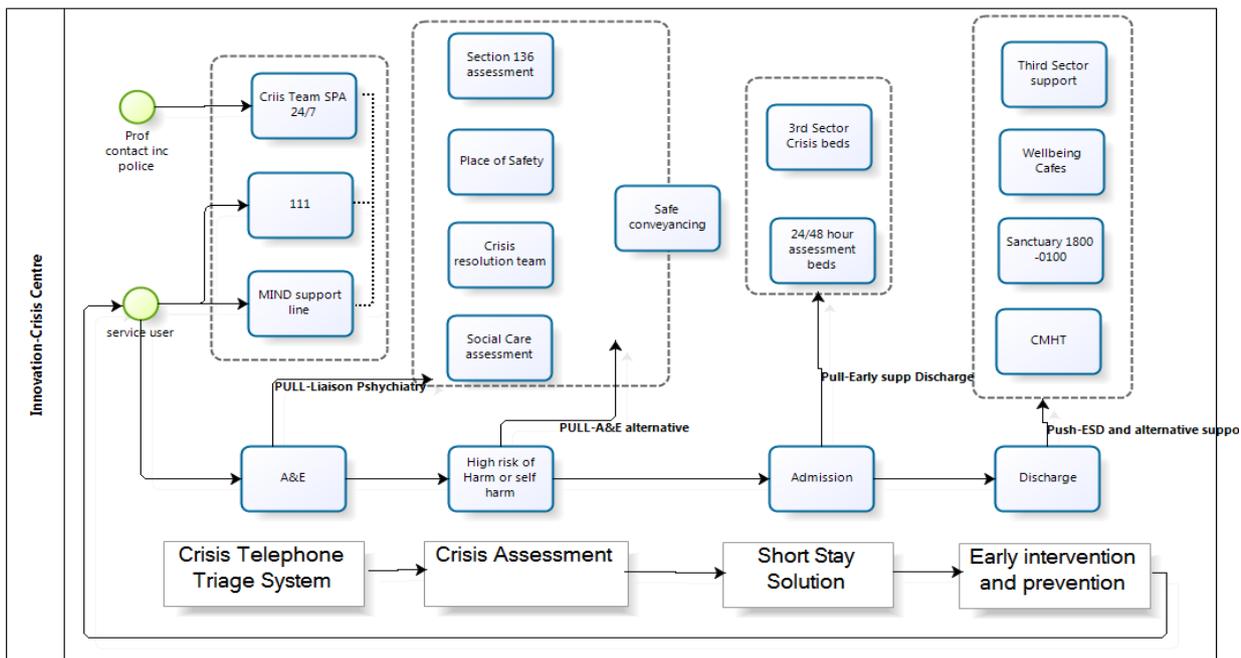
- Reduction in use of s136
- Reduction in police time spent dealing with mental health crises
- No children/adults in custody suites as a place of safety under the Mental Health Act
- Improved access to assessment and support when experiencing a mental health crisis
- Reduced waiting times for Mental Health Act assessment
- A clear robust evidence based crisis pathway
- Access to alternative crisis/respite beds closer to home and hospital admission avoidance
- Improved access to assessment and support for carers when a person they are caring for experiences a mental health crisis.
- Reduction in number of serious and untoward incidents

### **SCOPE**

- The project covers the next 2 years and considers the mental health crisis pathway within the Model of Care.

- The whole population mental health of adults, including older adults with mental health problems, child and adolescent mental health.
- People who have mental health needs arising from learning disability, autistic spectrum disorders, attention deficit hyperactivity disorder, drug and alcohol misuse problems and long term physical health conditions.
- Proof of concept can be 'tested' throughout the county but with the initial scope for the project and assessment centre is centre Carlisle.

## MODEL



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## ASSUMPTIONS

- Sufficient resources available to support the Project.
- All parties are committed to delivering the 'multi agency approach and that they can safely support the project implementation.
- The successful delivery of the project will be dependent of capacity within the partner organisations and strong governance and decision making arrangement being in place throughout the life of the project.
- The project will have adequate skills and experience and capabilities from the membership in terms of financial understanding, project management and clinical leadership
- Support is provided to the project through the structures of both Better Care Together and the Success Regime strategies and an assumption that the enabling Work-streams are engaged.

## STAKEHOLDER GROUPS AND ROLE

### **Project steering group**

Multi agency project steering group established to provide the overarching governance and project control.

### **Cumbria Constabulary**

Ensure that people undergoing mental health crisis are supported to a place of safety or detained under S136 MHA.

Utilise the model ensuring that people who are in mental health crisis can access a place of safety as soon as possible or detained under S136 resulting in reduction in handover times for police when a patient does not pose an 'exceptional' risk

### **Cumbria Clinical Commissioning Group**

Coordinate and implement the model with partners. To ensure places of safety have onward pathways in place for those detained. To actively seek to commission third sector organisations to support people detained as an alternative to custody

### **Cumbria Partnership NHS Foundation Trust**

Provide current S136 service for Cumbria.

Provide a swift and efficient staff team to triage patients to appropriately through the centre.

Support a reduction in response times, reduce inappropriate inpatient admissions and inappropriate out of county placements.

### **North West Ambulance Service**

Provide emergency and non-emergency ambulance transportation for patients who are in mental health crisis.

Provide most appropriate use of vehicles for patient need to the centre.

### **Cumbria County Council**

Provision of AMHP's as part of the multi-agency service

### **3rd Sector Organisations**

Provide wrap around services to support people who access services including counselling, domestic violence, victim support, advocacy and representative services

Helping to break the cycle with recovery workers working with people to build resilience and de-escalation strategies

### **Section 12 (Mental Health Act) approved Doctors -**

Reduced waiting times and easier access to S12 Drs

### **Parent / Carers Groups**

Integral to the development of the service including design and evaluation.

Advocating the use of the service and supporting the service through parent / carer networks

## BENEFITS/KEY OUTCOMES

Cost savings emerge from reductions in police time in the provision of support to people with

Mental Health problems can be significantly reduced with an Integrated Mental Health Assessment process. The impacts on the following areas will be demonstrated through the proof of concept including:

- Responses by police to people with mental health problems
- S136 detentions-Police facility
- Conveyances
- Mental Health Act Assessment
- Support to NWAS
- Absconders from A&E
- Missing persons
- Private place scenarios
- Public place scenarios

An enhanced crisis care team will increase the efficient and swift treatment of people in Mental Health crisis. It will reduce unnecessary demand on the police and expectations that they will remain indefinitely with patients awaiting assessments. The reduction in demand on police time is essential as police numbers continue to reduce.

The estimated savings of £1.3m per year could be significantly higher, when factoring in wider benefits and savings not accounted for. This includes a reduction in loss of output to the economy and other business. Reduction in alcohol abuse, which costs Cumbria £199 million per year. There is strong evidence that alcohol abuse is linked to mental health issues either as a direct causation or as a coping mechanism.

The key benefit outcomes from the initial projects will;

- Improve systems and process to drive the parity of esteem agenda
- Maximise the potential benefits that excellent mental health services can deliver for physical health services
- Reduce the physical health inequalities for people with mental illness
- Less duplication of provision and promote integration
- Develop a cultural shift in which all organisations, sectors and communities in Cumbria recognise mental wellbeing and improving mental health as being everyone's business

### **Benefits realisation**

The benefits have been identified for the Project and it is envisaged that some benefits will take longer to materialise than others. A benefits register will be developed as part of the programme plan and should be reviewed on a regular basis.

The management of the benefits realisation should be the responsibility of the organisation which is best placed to monitor the changes in the implementation of the project. The realisation of the benefits should demonstrate the project is making a tangible difference and the measurable outcomes are set correctly.

A schedule in the project plan will determine when each benefit will be reviewed, with appropriate milestones to coincide with the programme outcomes. The Multi Agency Project Steering Group will receive a benefit report on progress with detail as required.

## **KEY MILESTONES AND TIMESCALES**

### **Milestones – Phase 1 SPA Triage**

- Confirmed job specification and recruitment has commenced
- Agreed draft operating model
- Agreed and implemented SPA pathways
- Developed and implemented SPA operating policy
- Scoped and identified estate requirements
- Scoped and identified additional IT requirements
- Developed SOP and training / delivery package
- Triage practitioners recruited, start dates confirmed
- Agreed metrics and data to be collected (aligned with HO, OPCC, CCG)
- Monitoring and ongoing benefits realisation plan

## **ENABLING SUPPORT**

### **Workforce Workstream.**

It is essential that the workforce has a fully determined plan for training and development, including policies and protocols signed off by both Better Care Together delivery group and the Success Regime tripartite.

The training and development plan as well as the organisational development plan should ensure that all members of the services being provided maintain their knowledge and skills by keeping up to date with the best practice evidence for mental health and ensure that all professional staff are supported to undertake clinical supervision in line with the relevant statutory body requirements.

A completed gap analysis of the workforce against the anticipated activity realignment will be completed where necessary using a workforce repository and planning tool, which will align the current provision to the of the activity requirements.

The workforce Workstream will be integral to the implementation plan in ensuring mental health service provision has sufficient competences.

### **Estate and Infrastructure Workstream**

The estates Workstream in Better Care Together and the Success Regime can assist the identification of the community estate which has capacity and necessary accommodation to support the activity proposed through the mental health programme. They can support the design of the implementation and investment plan as required and that premises are fit for purpose.

They will form part of the implementation team and ensure the estates and facilities aspects in delivering any specifications are fit for purpose. If there are minimum requirements for facilities they should meet quality standards and the estates and facilities Workstream should inform the process of the quality measures which will need to be in place.

### **Finance Enabling Workstream**

There will be a requirement to finalise the cost analysis and any investment requirements against the activity assumptions and service designs from the projects delivering the mental health programme. The Finance group will work closely with the other Workstreams to provide a whole system cost profile and feasibility analysis before the implementation plan is agreed. Where there are unit cost proposals to work through during the implementation these should be coordinated by the finance Workstream and when the arrangements for procurement are agreed the finance Workstream should inform the implementation process of the contract arrangements.

### **Business Intelligence and Analytics Workstream**

Any models produced to support the mental health design are refined through a clinical review process and assumptions made within any models should be accepted and signed off by the Better Care Together Delivery Group and Success regime tripartite. The Business Intelligence group can then design appropriate data capture requirements and reporting mechanisms which will work alongside the programme outcomes and also inform the IM& T Workstream for any system change requirements.

The business intelligence Workstream will be required to assist ongoing performance monitoring during the implementation stage and also develop reporting systems which are future proof and aligned to the new pathway delivery. They are integral to the developments in the IM& T strategy and should inform any development request to that Workstream group.

### **Informatics Workstream**

The Informatics Workstream is an essential element for the success of the programme. Further work of the requirements and gap analysis is required to fully understand the interoperability issues with community mental health services, Primary Care and Secondary Care. It is important to ensure effective data flow and access to essential records is accommodated.

It is essential that the scoping of the community services and their current IT systems is brought into the IM&T strategy alongside the current interoperability programme. There will need to be strong links with the provider systems in the community to ensure the 'back office systems' are supporting the community developments particularly utilising lower tech solutions in the patient's home to support self-management.

There will need to be a link with the community provider systems and the current infrastructure solutions in place to ensure access to future IT configurations and linked and electronic information is shared securely particularly when supporting electronic referrals.

The community providers alongside the current providers of mental health inpatient services need to have equal access to the following IT developments, all of which are highlighted in the Informatics Workstreams BCT Model.

- Contact centre solution
- On line booking system
- Low tech self-care solutions
- Knowledge management system
- Referral support system
- Integrated care record (where possible)
- Information and performance management systems

All providers who deliver mental health provision also need to ensure they have access and are part of the technology infrastructure with equal access to the network.

### **DELIVERABILITY ASSESSMENT**

The proof of concept model will utilise existing property close to A&E departments in Cumbria. These locations are currently supported by NHS systems and infrastructure that will support the swift development of the concept as well as reducing set up time and costs, enabling the service to be operationalised sooner. This will allow mental health professionals to access clinical systems to support the person quickly and safely.

Police will have full access to the centre and will be able to utilise police technology to access police systems and update reports, ensuring they are available operationally as quickly as possible. The site is also familiar to local police so will ensure a swift arrival in a familiar location.

This also supports the Cumbria Police and Crime Plan 2015 where the Constabulary in consultation with the Police and Crime Commissioner, is delivering a strategy to use digital and mobile technology to reduce costs, support better ways of working and provide visibility of officers in the community. The new mobile technology being implemented within the force will integrate into the model to ensure it is future proof.

Locations identified for the proof of concept proposal currently have established networks and communication links which will be utilised when the property identified is adapted to meet the needs of the service. The IT provision within the service will be supported by Cumbria Partnership NHS Foundation Trust E health service desk throughout the timeframe of the proof of concept project.

This model could be replicated in other force areas due to the same infrastructure throughout the NHS and similar system set ups within other force areas.

A set of performance metrics will be developed to ensure the ongoing sustainability of the project. The metrics will support the benefits realisation plan and be owned by the provider organisations with regular reporting in line with standard process for contract monitoring.

The following indicators could be used to evaluate the overall performance of the project:

Improved clinical outcomes for patients are detailed as;

- Improved patients’ experience of all mental health services through crisis support.
- Providing a cost-effective service.
- Diverting a sufficient proportion of patients with mental health problems away from existing blue light services to alternative settings.
- Improved patient access to places of safety

The successful delivery of the mental health programme will have a dependency on the following success criteria;

- Sufficient community venues are available and resourced with appropriate equipment and personnel
- Workforce with skills and competency to deliver the services are sustainable over the long term
- Full appraisal of community capacity is understood and necessary investment plans in place
- Full health needs assessment, reflects the areas under consideration and they are amended accordingly and future proofed
- Integrated IT system including referrals and booking management is essential for the successful implementation of the programme.
- Governance processes are robust and ensure oversight of the clinical safety and effectiveness.

## INTERDEPENDENCIES

Key interdependencies are with the strategies of Better Care Together and the Success Regime

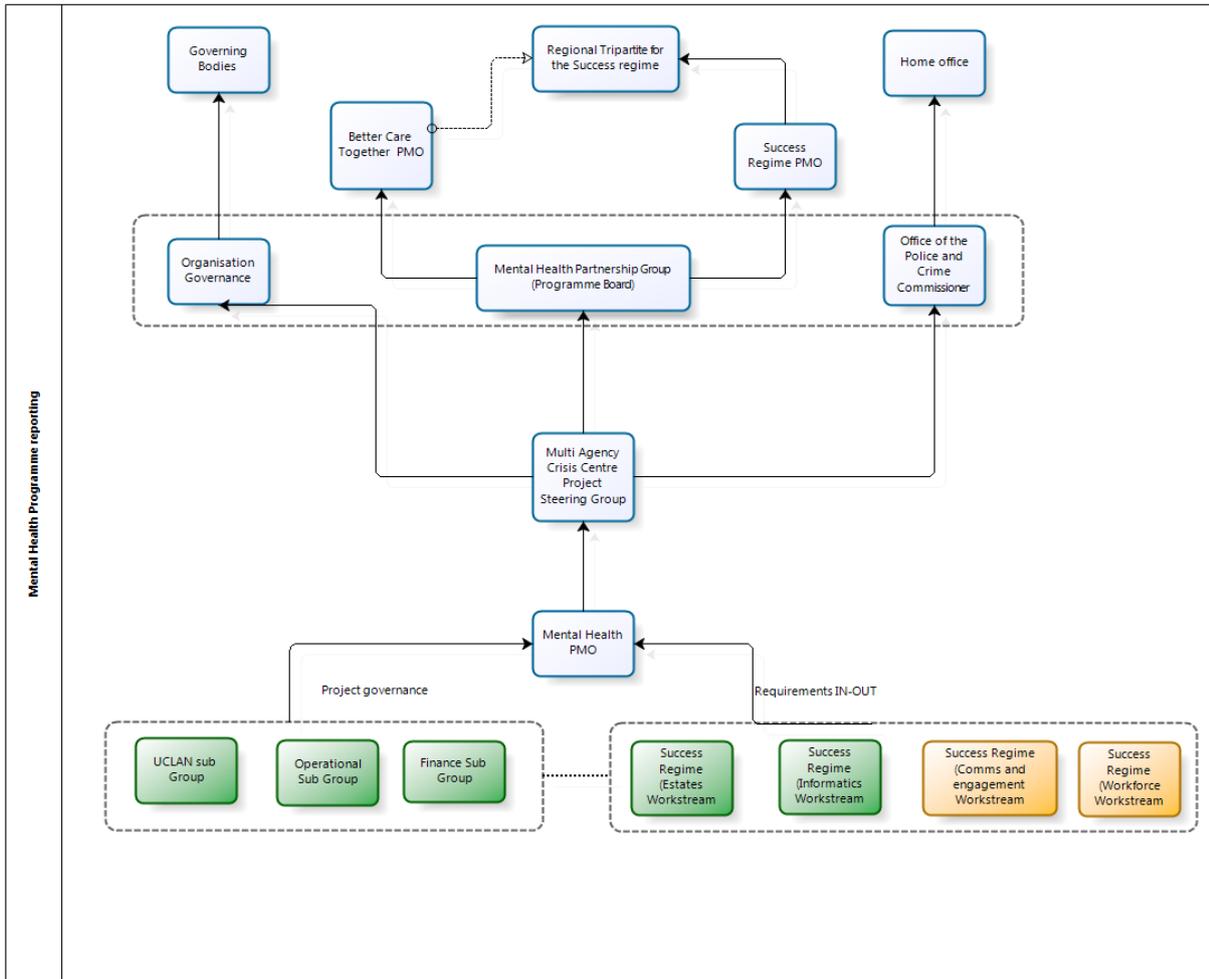
Group/ Project	Outputs	Effect on delivery
Success regime	Support the improvements in relation to: <ul style="list-style-type: none"> <li>• Quality of Care including patient experience</li> <li>• Workforce including, ongoing leadership capacity and capability</li> <li>• Public confidence involvement and empowerment</li> <li>• System wide organisational stability</li> </ul>	HIGH

Better Care Together	<p>The BCT Programme has identified three key challenges it wishes to resolve:</p> <ul style="list-style-type: none"> <li>• Improving the sustainability of our services to meet the current and future health needs of our local communities</li> <li>• Improving the quality, safety and experience of patients using local health and care services, and</li> <li>• Reducing the financial deficit in the system</li> </ul>	HIGH
Finance and contract enabling group	Support to ensure changes to contracts are in line with expected outcomes and recognising financial flows through integrated management arrangements.	HIGH
IM&T enabling Group	Confirmation on the agreed IM&T solutions to support referral and 'hand off' arrangements and access to patient information	HIGH
Workforce enabling Group	<p>Support to access required staff</p> <p>Change management support</p> <p>Training and development support</p>	HIGH
Promoting Mental Health into a Primary Care Community	Agreement on consistent approaches and how the PCC can contribute to delivering the outcomes of recovery	MEDIUM
The women and children's work-stream	Recognising impact and alignment of CAMHS initiatives and agreement on how alignment of the task and finish work is carried out.	MEDIUM

## WORK AREA ORGANISATION

The project organisation should consist of a Programme Manager, Senior Project manager and project support roles as required to deliver the project capabilities. The following structure identifies the governance of the project ,the PMO as a supportive system and links to the strategic

governance structure.



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### Project Office Role and Function

The Project office will ensure the plan supports the vision and strategic objectives for Multi Agency Crisis Centre and will ensure the following functions are achieved.

- Project Infrastructure to support implementation
- Define the delivery team and reporting processes
- Identify stakeholders
- Align project tasks to deliver implementation
- Identify milestones to delivery
- Identify Governance arrangements
- Develop a project implementation plan.
- Benefits management strategy
- Information management strategy
- Communication and stakeholder engagement strategy

The project office will support the Multi Agency Crisis Centre Project Steering Group (Project Board) and deliver aspects of assurance and provide information from a central point. This will include;

- **Tracking and reporting** progress against the plans and utilising the suite of project tools, reporting documentation and IT solutions.
- **Information management**-Hosting master copies of project information, generating all necessary quality assurance and monitoring documentation, maintaining controlling and updating all programme documentation and holding information in an accessible informatics solution.
- **Risk management**-Ensuring there is a central risk management system and log and provide the regular updates to the steering group.
- **Issue management**-Ensuring there is a robust issue resolution process and clear escalation protocol to support issue management
- **Interface**-analysing the critical dependencies and interfaces between projects and recommend appropriate actions via the programme manager.
- **Quality Control**-establish consistent standards adhering to the programme governance arrangements, including project planning, reporting, change control, analysing risks and maintaining progress reports
- **Change Control**-register changes and ensure prompt and timely action and reporting when carried out
- **Benefits**-hosting the benefits maps, benefit profiles and benefits realisation plan to ensure the benefits and owned and quantifiable and have timescales associated with their realisation.

#### EARLY RISKS IDENTIFICATION AND REGISTER

Risk and mitigation	
Risk descriptor	Mitigating action
The new designs do not meet patients' needs	<b>Stakeholder Engagement</b> - Building on the workshops and stakeholder engagement the implementation plan should ensure clinical, patient and public engagement 'markets' the proposals and the pathways into primary and community care
The new service models are not acceptable to local service providers	
Current developed and successful Services may not be replicated.	<b>Workforce</b> -the workforce planning will be inclusive of the third sector providers and also the redesign of the pathways will ensure the access is built in. The implementation plan will include the delivery of the activity includes access to third sector providers alongside the principle community provision.
Existing providers withdraw before the new	<b>Procurement</b> -The implementation plan will ensure the roll out of the activity is supported by robust procurement processes.

<p>service model is ready to come into operation</p> <p>Insufficient community workforce able to provide services required</p>	<p>Existing providers will be informed through the engagement process that a robust process will be in place to support the delivery of the new activity and there will be clear timescales to ensure providers can plan forwards to ensure they have resources in place to deliver the activity.</p>
<p>There is slippage in the timescale for the sign off service specification or other key documents</p>	<p><b>Approval-</b> There will be a clear steer to take the work forward in a phased approach.</p>
<p>The Health and Care Community do not devote sufficient clinical, managerial, business intelligence or procurement support to the implementation.</p>	<p><b>Implementation Plan-</b> A clear and precise implementation plan will ensure the required work areas are included in the delivery model and the expectations of the enabling Workstreams and responsibilities of the partner organisations are clearly understood and communicated.</p>
<p>Performance targets are not achieved</p>	<p><b>Performance-</b>performance indicators and provider contract arrangements are inclusive of the Performance targets and any associated activity expectations and proposed benefits realisation planning.</p>
<p>Providers not being given access to secure electronic referral system</p>	<p><b>Infrastructure-</b> There are clear requirements of the enabling Workstreams in the implementation plan and how the functionality if the IT infrastructure needs to be developed alongside the estates and facilities to ensure accredited providers have the correct facilities and equipment to implement the activity in the pathways</p>
<p>Unexpected increase in demand as a result of unmet need (easier availability of access)</p>	<p><b>Health needs assessment-</b>a responsive plan to support a health needs assessment is put in place to manage the anticipated activity and respond to the needs of the population in a proactive way using resources across community assets/ third sector and community organisations</p>

## REPORTING SCHEDULE

The schematic below demonstrates the flow of reporting through the delivery of the wider programme. Each project lead will report monthly to the PMO using a standardised template for highlight reporting which the PMO will coordinate into a programme highlight report to present

monthly to the Mental Health Delivery Group. Alongside the highlight report the PMO will report risks and issues and any exceptions arising from the projects.

The reporting schedule will be managed through the Mental Health PMO and consist of a series of highlight and exception reports which will be coordinated to report in line with the reporting arrangements of the strategic groups.

The PMO will support the Mental Health Delivery Group produce the highlight report to the Mental Health Partnership Group (programme Board) for decisions, approvals and resolution of issues. A status report can then be sent to the Programme offices of both Better Care Together and the Success Regime on behalf of the Mental Health Programme.

