

North Cumbria Locality Care Group

Access and Community CBU

Health and Wellbeing Board
10th March 2023



Our Adult Mental Health Access Hub:

- Further to initial scoping & costings together with need to maintain local presence- decision taken not to bolt onto Sunderland IRS. However project taken forward to improve access- standardising access via central point
- All referrals now received centrally (regardless of which CTT it's sent to)
- Self referral is available for patients previously seen by the service as agreed as part of their discharge/recovery plan. This prevents the need for this group of service users from having to re-refer via GP
- Further self referral options also being explored
- All referrals screened within 24 hours to identify that no immediate risks present which may require crisis response
- All referrals discussed by a duty team with access to a consultant psychiatrist (this is usually within 24 hours)
- Referrals are then triaged & contact made with patient. Either a patient agreed staying well plan is put in place, together with appropriate signposting to online resources or 3rd sector partners or person informed that a full assessment will take place. (Assessment could be nurse, medic & nurse, psychology or OT)



Improved Access (2)

- Once we receive a referral we hold responsibility for the patient (not the GP) until decision made & communicated to patient/referrer etc (hence increase in duty workload)
- Access to Peer support is also available via the Hub with Peer support staff working closely as part of the hub team directly with patients
- If onward referral within CNTW is required (e.g. to First Step) the Hub actions this and informs the patient. GPs do not need to refer in to CNTW again if CTT is not the right service
- The majority of patients therefore receive at least one contact from MH services following referral from the GP within one working day
- Our Hub approach will be enhanced to include older people from Q3 2023. This builds on the scoping work completed for IRS in N Cumbria during 2022



Impact



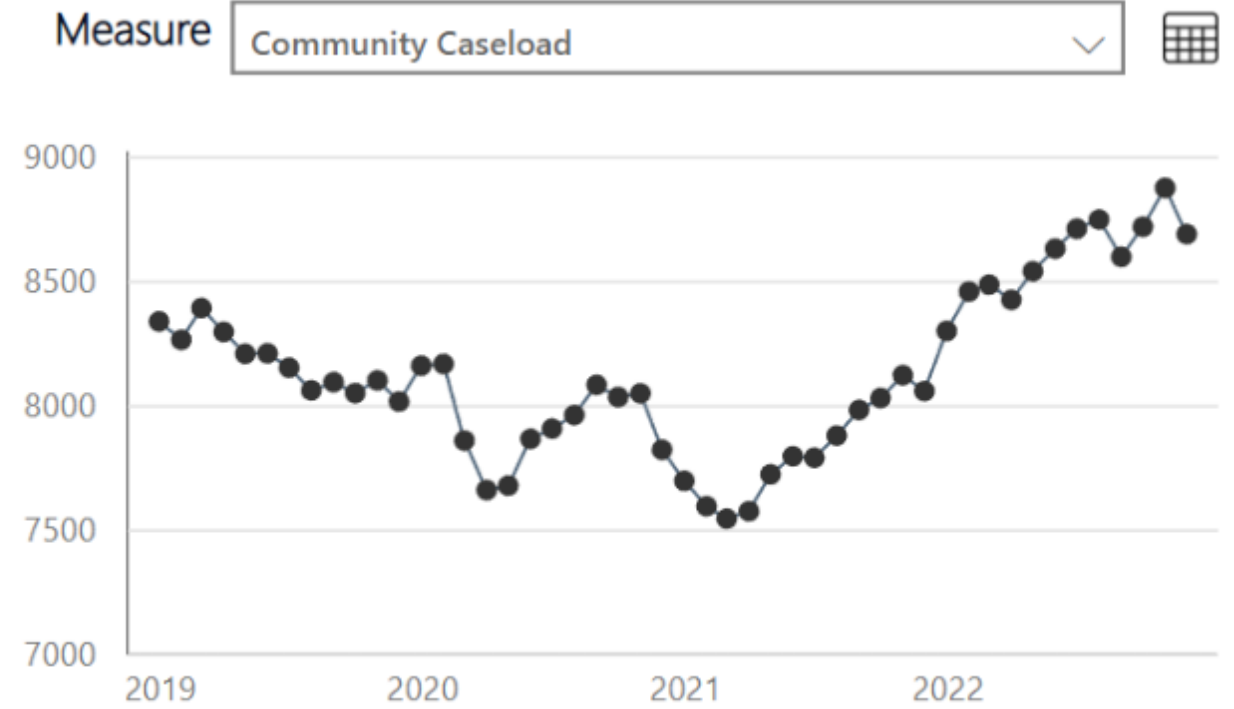
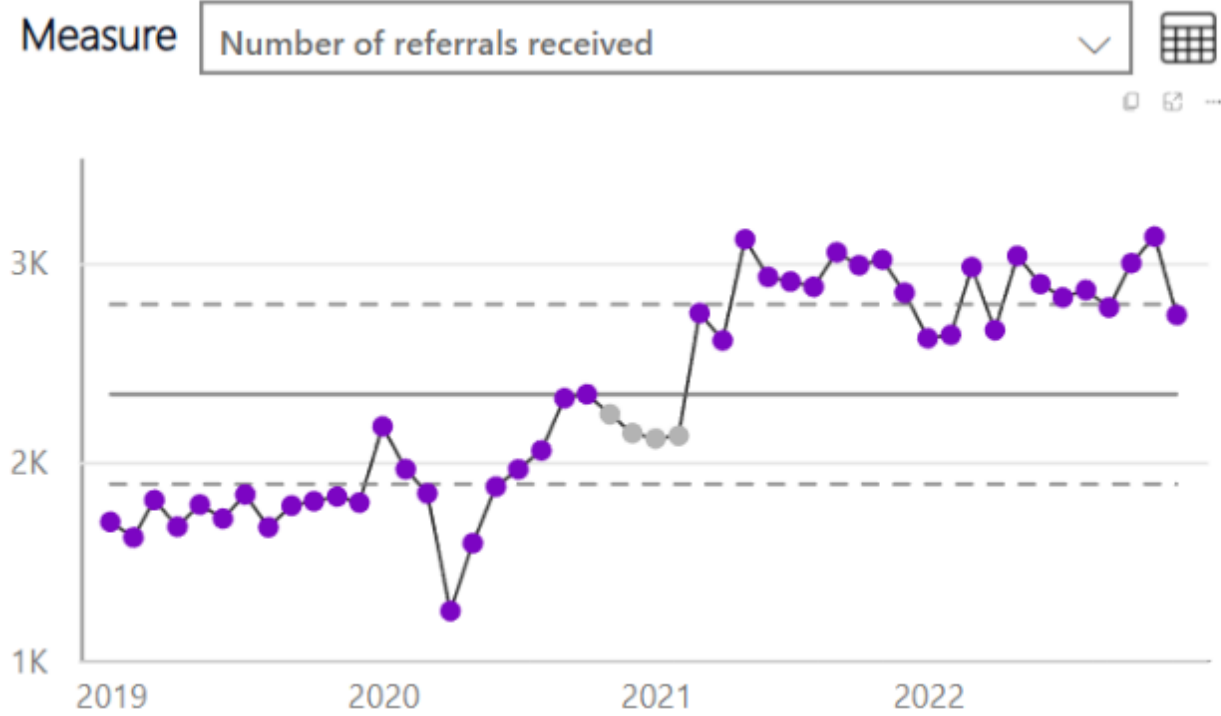
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- Significant improvement in speed of access to services for patients
- More accepted referrals from primary care & reduced need for GPs to refer
- Aligns to CNTW wide access targets
- Supporting Community Transformation
- Supports change to 4 week waiting times
- Aligns to developing ARR model to reduce impact on GPs, promote earlier screening in primary care and seamless access to support



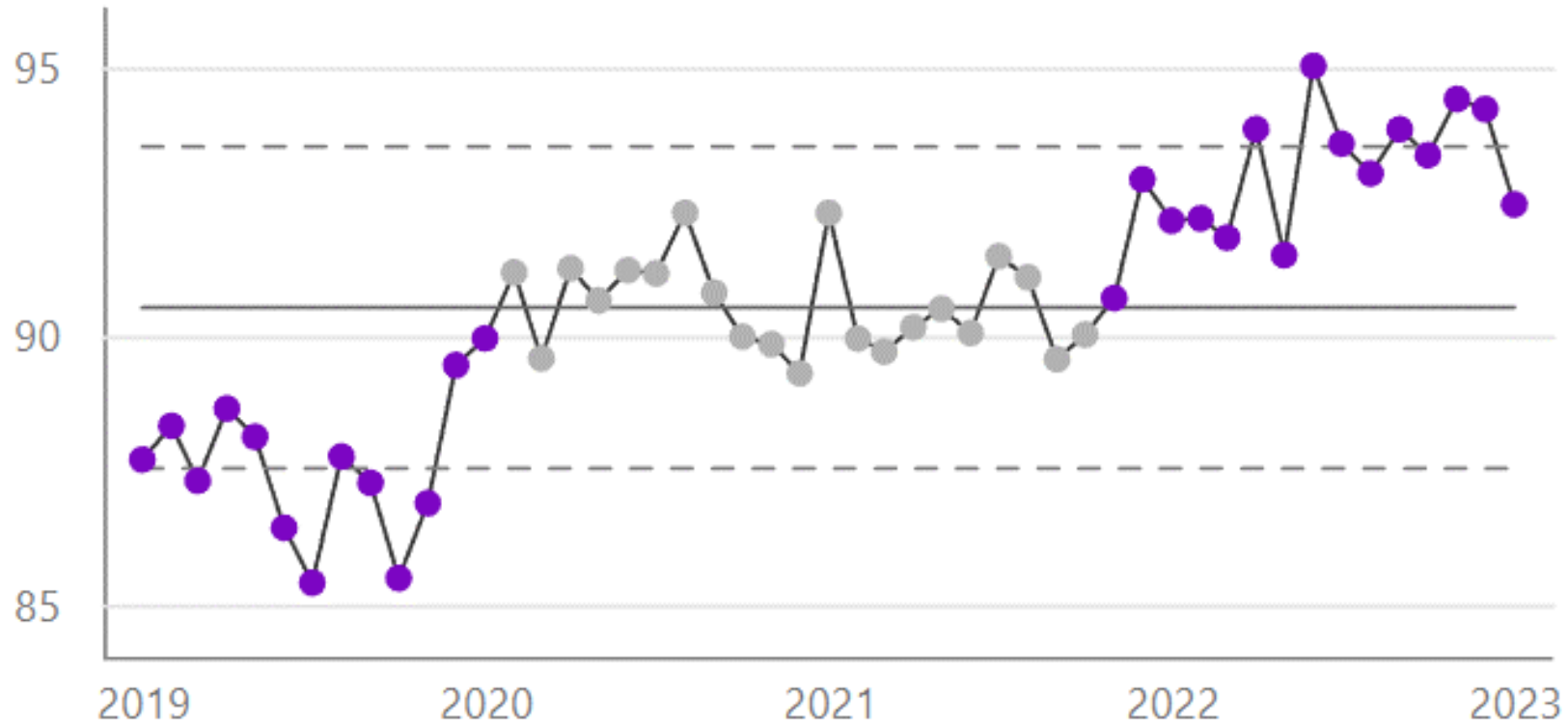
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All North Cumbria referrals and caseload



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All North Cumbria Percentage of Referrals Accepted



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Crisis Resolution & Home Treatment



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Work across our other services has gone hand in hand with work to improve response times in all services for adults, including in our crisis and home treatment teams and to develop street triage.

- Peer review action plan completed to ensure we are following best practice
- Service remodelled in line with CNTW CRHT model

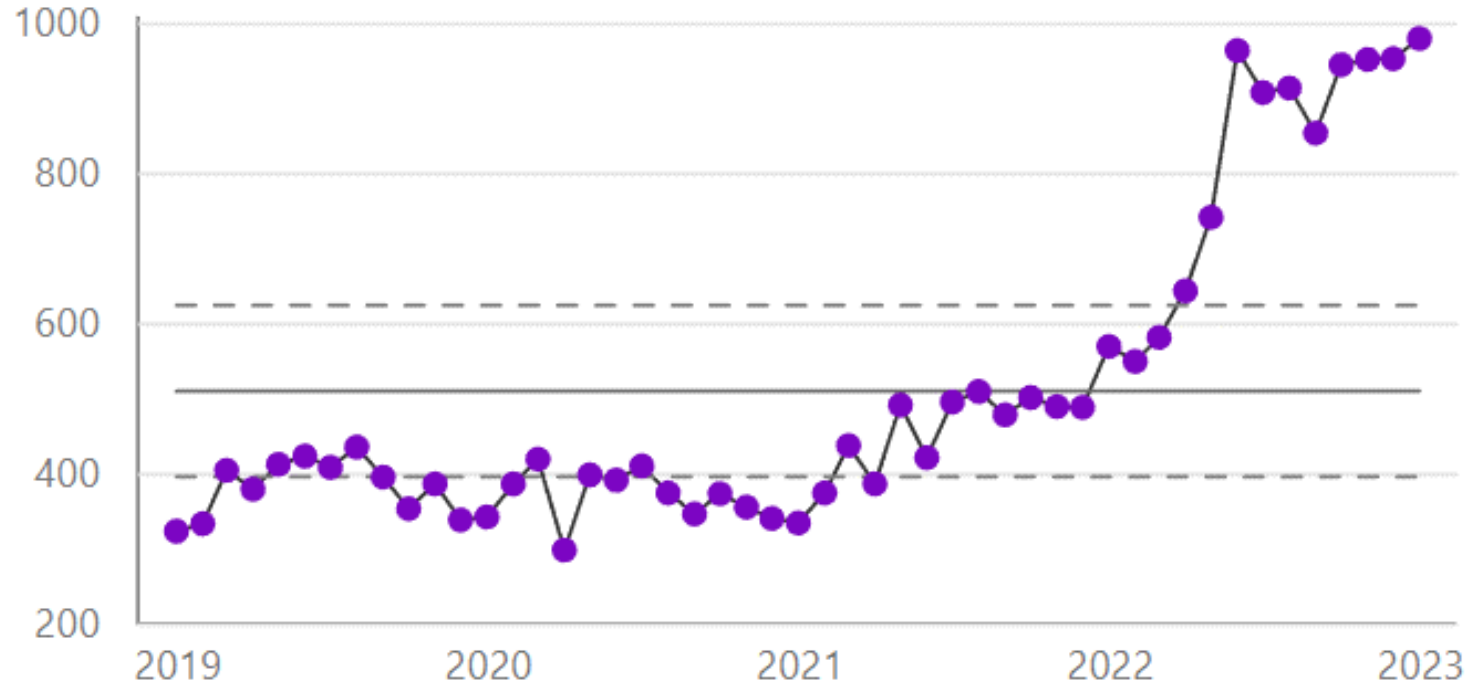
Significant improvement on key areas around:

- Triage & Assessment- response time now within 4 hrs for emergency & assessment within 24 hrs for urgent (97.5% – 100% measured over 5 months)
- Risk assessment and MDT oversight - now 100%
- Core Documentation - 93% is in place a huge improvement and a key thread to improving care and minimising risk
- Restructure of leadership model to provide clear oversight & excellent



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Crisis referrals and caseload



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North Cumbria Street Triage

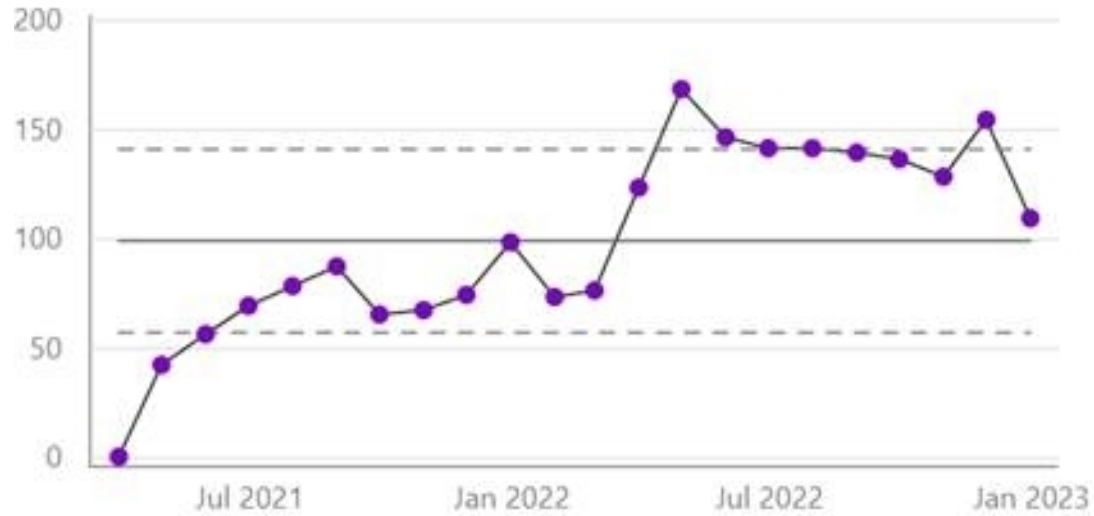


- Service launched in East Cumbria in May 2021 and West Cumbria in January 2022
- Now expanded to 7 days east and 4 in the west (temporarily at 4 days in the east due to police staffing)
- Improved experience for person in crisis, very positive feedback
- Significant impact on both Police and MH services
- Huge reduction in Section 136 detentions & associated costs

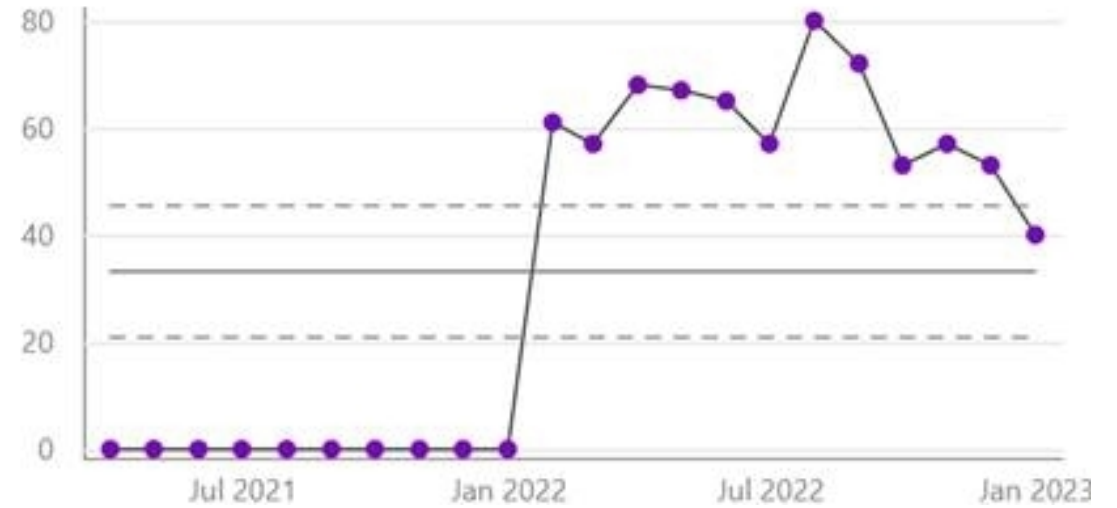
North Cumbria Street Triage



Referrals received – East Cumbria



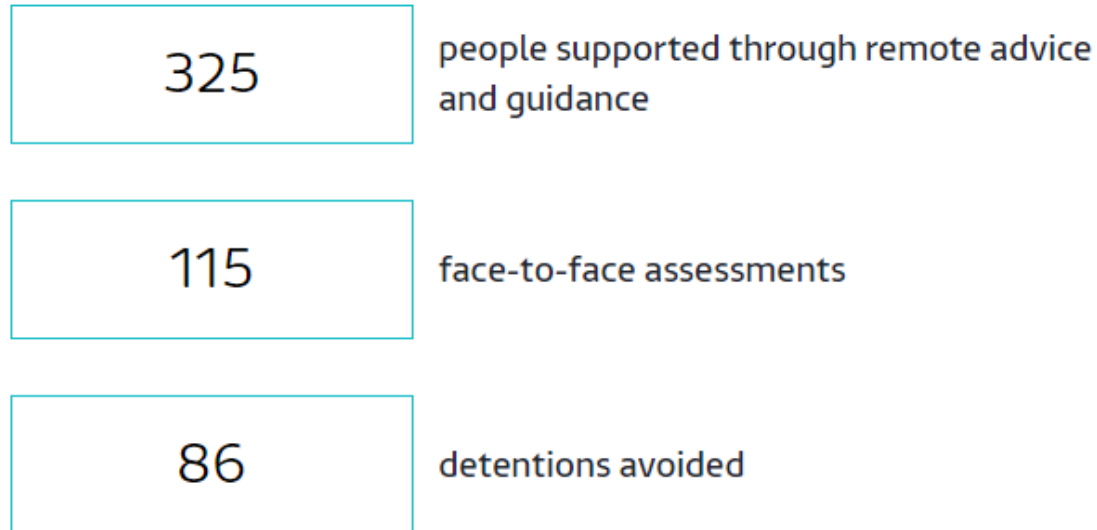
Referrals received – West Cumbria



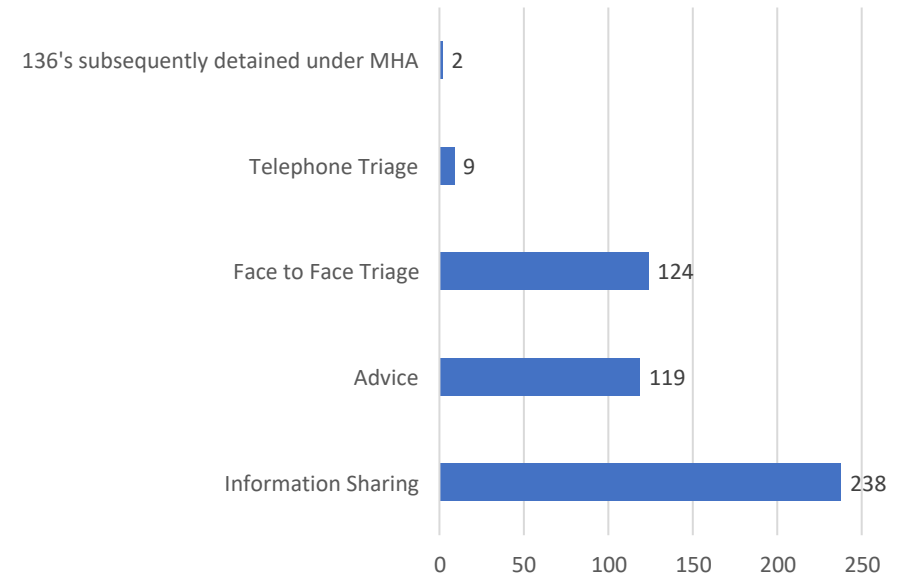
North Cumbria Street Triage



Data collected over a 6 month period from initial go live in May 2021, which demonstrates the impact of this service.



Calls to Street Triage - 492 Total



Further work to improve access to care and Support – NHS 111



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In addition to the 24/7 crisis line, we are working with NAWAS to deliver the national ask around **111 Press 2** over the coming months:

After selecting “MH option” the caller is transferred directly to mental health First Response Service (FRS), Single Point of Access, or similar 24/7 urgent mental health helpline and assessment service in a mental health Trust.

The telephone function is in the mental health trust, and will usually be the same team that is responsible for arranging face to face response and/or supporting people to access other local services as appropriate to their needs.

The recommended model is for NHS 111 to be a means of facilitating access to mental health crisis lines and care pathways, rather than simply to provide a telephone based service.

Further work to improve access to care and Support – NHS 111



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- North Cumbria is playing into both North East and North West regional Steering Groups
- CNTW solution determined to ensure capacity of services
- Analysis of the NEAS/NWAS figures over a 2 year period confirm that the cohorts that would be covered by this proposal namely:-
 - Mental Health Problems
 - Worsening known Mental health problems
- Trustwide solution



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Thank you



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