

Policing and Mental Health	Recommendations	Updates
	<p><b>RECOMMENDATION 1a</b> – That the Cabinet utilises the requirement of the Care Act, to improve information to users of health, social care and wellbeing services to better signpost mental health services to residents including those available from partner agencies.</p>	
	<p><b>RECOMMENDATION 1b</b> – That Cabinet endorses the TeleCareLine Service for use by those with mental ill health and requires further promotion be given to how the service can support those with mental ill health. This builds on the successful promotion of the service to residents with a learning difficulty and will support the ethos of reducing the demand on future social care services.</p>	
	<p><b>RECOMMENDATION 2</b> – That Cabinet welcomes that Hillingdon Council is one of the first Local Authorities in the United Kingdom to sign up to the Crisis Care Concordat and requires the London Mental Health Crisis Commissioning Guide to be used by the Council and its partners to ensure services meet the needs of Hillingdon residents.</p>	
	<p><b>RECOMMENDATION 3</b> – That Cabinet requests that the Health and Wellbeing Board asks the CCG for an update in relation to how it is responding to the London Mental Health Crisis Commissioning Guide and how existing community services will be utilised to develop clear care pathways for people in, or at risk of, mental health crisis.</p>	<p>There are 11 elements of the London MH Crisis Commissioning Guidance (see below) which require collaboration across all partners to implement improvement. This is overseen by the NWL Mental Health and Wellbeing Board work programme, where engagement is required across London (e.g., Interface with Ministry of Justice , London Transport, Metropolitan Police). Locally, responding to London Mental Health Crisis Commissioning Guidance has been agreed as a key priority for 2015/16 by LBH and HCCG, to build on improvements in 2014/15, and address finding in the refreshed Mental Health needs Assessment ( December 2014). This priority was also discussed at Social Services, Housing and Public Health Policy Overview Committee in March 2015.</p> <p>Specific progress to date includes:</p> <ul style="list-style-type: none"> <li>• Development of a pilot crisis telephone help line by CNWL (on the Trust website and 111</li> </ul>

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Directory) for all Hillingdon residents, and development of a draft business case for roll out from July 2015.

- Development of crisis cards with information about who to contact for current service users.
- Training events for GPs on urgent care MH pathways, and development of a direct access phone line to a consultant psychiatrist for GPs.
- Urgent care standards for GP referral agreed by all commissioners and providers.
- MH discharge lounge in A&E piloted over the 2014/15 winter period – currently being evaluated to inform a business case for development by July 2015
- On site psychiatric liaison service commissioned and fully operational 24/7 at Hillingdon hospital.
- Work commenced by LBH to review MHA assessments and AMPHs.
- Section 136 protocols developed.
- New out of hours 24/7 CAMHS service commissioned.

Planned developments – an urgent care pathway is under development for 2015/16. Key features will include single point of access to CNWL services for people in crisis across NWL, and development of crisis pathways. Two local co-production events have been held which were attended by the Local Authority, CCG, MIND, Healthwatch, Service Users, Carers and Staff. The outcome of these meetings has been agreement to propose implementation of a single point of entry (SPA) into Hillingdon Mental Health Services for all referrals. This service will offer a triage and signposting response to all adult mental health services as well as the urgent advice line 365/24 hours and will be available for GPs, Police, Local Authority and other partners to contact for information, advice or referral. Further work is underway to review needs of under-served communities, the outcome of which will inform urgent care pathways in Hillingdon. Urgent care plans for Hillingdon will also require partners to adopt a holistic approach to address crisis pathways including timely assessment by AMPs, emergency housing and effective care planning

**QUESTION:** Is the crisis help line for new or existing residents?

**ANSWER:** The crisis line is open to all residents and is on the trust website and 111 Directory.

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**QUESTION:** What are the urgent care standards for GP referrals and is this the same for practitioners from the local authority and police referring into secondary care? Are they standards or performance targets set in the contract?

**ANSWER:** The Trust, with commissioners, has developed standards outlining the definition of urgent, routine and routine plus for GP referral only, and these have been adopted as part of the urgent care concordat. These standards are part of CNWL contract. The response times for assessment are monitored in the 2014/5 contract as: emergency within 4 hours; urgent within 24 hours; and routine within 4 weeks. However, there is no target as it was part of the CQUIN. The Trust has regular meetings with the Police and has met specifically with the Police from Heathrow.

**QUESTION:** How successful has the psychiatric liaison service been in reducing the number of beds required, particularly in a crisis?

**ANSWER:** The psychiatric liaison service has not reduced the number of beds required but has assisted bed management and reduced the overall pressures and waiting in Accident and Emergency to access a bed. Linked to the psychiatric liaison service, CNWL piloted a discharge lounge over the winter which saved approximately 16 admissions and this is currently being more fully evaluated.

**QUESTION:** Have the section 136 protocols been rolled out in Hillingdon and how have the Police on the Heathrow site been involved?

**ANSWER:** This information would best be obtained via the LBH mental health commissioner, who would have the most up to date information about 136 suite activity via the Hillingdon social work team.

**QUESTION:** How effective were the MH training events for the GPs? Was the aim to encourage patients to be supported in primary care as long as possible or better understanding of the pathway into secondary care? What was the feedback from the GPs?

**ANSWER:** The first workshop was attended by approximately 60 people and focused on supporting people in primary care as long as possible and urgent care pathways to secondary care. A second workshop is planned (rescheduled from March). Feedback was very positive. There has also been a programme of training for practice managers (mental health first aid training delivered by MIND) which has 100% positive feedback.

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		<p><b>QUESTION:</b> How has the 24/7 out of hours CAMHS service changed the patient experience at the hospital?</p> <p><b>ANSWER:</b> It is a bit too soon to say but the service was developed following extensive engagement with service users.</p>
	<p><b>RECOMMENDATION 4a</b> – That Cabinet endorses the Community Risk MARAC which is to be provided by Hillingdon Metropolitan Police and the Council's Anti Social Behaviour and Community Safety Team to better support residents with mental ill health.</p>	
	<p><b>RECOMMENDATION 4b</b> – That Cabinet commends the improvements in service by the Hillingdon Metropolitan Police Service when dealing with people in a mental health crisis and notes that no persons were detained in a police cell in this Borough under Section 136 in 2014.</p>	
	<p><b>RECOMMENDATION 5</b> – That the Cabinet Member for Social Services, Health and Housing asks the CCG to review the provision of safe transport to enable individuals with mental health issues to be transported to a place of safety in a safe, timely and dignified way and report back to the Cabinet Member and External Service Scrutiny Committee.</p>	<p>A piece of work has been commissioned in partnership with all North West London CCGs looking into the issues around safe transportation of mental health service including out of hours. This was initiated to improve a person's experiences of being under a Mental Health Act section, and enhance the way in which multi agencies collaborate and respond to a person in an urgent mental health crisis; when the individual has been detained and/or requires conveyance to an Accident and Emergency department. Draft Multi agency protocols for section 136 and urgent conveyancing have now been developed (March 2015), with a supporting action plan to support finalisation of the content and next steps required to implement 24/7/365 NWL-wide Section 136 in line with the Concordat, Community and Secondary Setting Access Standards and the NICE Quality Standard 14 (Ensuring the use of Emergency Departments only where this is consistent with concerns about urgent healthcare requirements and, the use of Police Stations, only in exceptional circumstances and where it is medically safe to do so). Locally these standards will inform commissioning of wider mental health and well-being pathways across the whole system including, for example, single points of entry into secondary care, social care provision and liaison</p>

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psychiatry services. This work will be overseen by the Hillingdon Mental Health Transformation Group.

Background Information: London Mental Health Crisis Commissioning Guide Summary

1. Crisis telephone helplines
2. Self-referral
3. GP support and shared learning
4. Emergency departments should have a dedicated area for mental health assessments
5. which reflects the needs of people experiencing a mental health crisis
6. People should expect all emergency departments to have access to on-site liaison psychiatry services 24 hours a day, 7 days a week, 365 days a year
7. Mental Health Act Assessments and AMHPs
8. Police and mental health providers should follow the London Mental Health Partnership Board section 136 Protocol and adhere to the pan London section 136 standards
9. Commissioners should ensure that crisis and recovery houses are in place as a standard component of the acute crisis care pathway and people should be offered access to these as an alternative to admission or when home treatment is not appropriate
10. People should expect that mental health provider organisations provide crisis and home treatment teams, which are accessible and available 24 hours a day, 7 days a week, 365 days a year
11. All people under the care of secondary mental health services and subject to the Care
12. Programme Approach (CPA) and people who have required crisis support in the past should have a documented crisis plan
13. Services should adopt a holistic approach to the management of people presenting in crisis. This includes consideration of possible socioeconomic factors such as housing, relationships, employment and benefits

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