

Healthy Communities Scrutiny Sub-Committee

13th September 2017

Update on Crisis Pathway Management Plans

1. Background

- 1.1 Work is underway across the Southwark health system to improve the patient journey of individuals who present in urgent and emergency care with a mental health condition. A Mental Health Task Force has been established for partner members to provide mutual accountability for delivery of a mental health and acute interface/pathway across the Lambeth and Southwark system that supports (1) good patient outcomes; (2) an improved community offer; and (3) meeting urgent and emergency care targets.
- 1.2 The Task force is a sub-group of the Lambeth and Southwark A&E Delivery Board, which reports into the Regional Delivery Board, comprising of NHS England and NHS Improvement members supported by clinical leadership.
- 1.3 Members of the Task Force include:
 - Guy's and St Thomas' NHS Foundation Trust,
 - King's College Hospital NHS Foundation Trust
 - Lambeth and Southwark CCGs'
 - Lambeth and Southwark Council Partners
 - London Ambulance Service
 - South London and Maudsley NHS Foundation Trust
 - HealthWatch
- 1.4 The key output of the Mental Health Task Force Board will be an action plan to improve in-hospital and community based solutions for patients with a mental health condition who present at urgency and emergency care departments. Implementation of this action plan will be monitored by the A&E Delivery Board.
- 1.5 The Task Force in delivering its Action Plan will consider:

In-hospital solutions

 - Mapping of all work already in train to improve pathways for mental health patients presenting in A&E, including onward treatment, support for inpatients with mental health needs and pathways for patients who are MFFD from a physical health perspective but whose discharge is delayed pending mental health support being put into place
 - Collation and use of data to inform any proposed pathway changes to deliver (1) appropriate treatment in A&E; (2) optimal transfer out of A&E; and (3) treatment for acute inpatients
 - Pathways and options for non-local patients (likely to be a significant cohort) learning from other models (such as the Waterloo Health Centre)

Community based solutions

- Learning from and taking forward the SLaM Core 24 Liaison Service
- Learning from national best practice such as the Peterborough and Cambridgeshire rapid response model
- The accommodation, convalescence and community step down offer and pathway post A&E attendance

2. Progress

2.1 At the first meeting of the Task force (with HealthWatch in attendance) progress was noted in the following areas:

- King's has opened up three assessment spaces in Urgent and Emergency Care for people presenting with MH conditions
- SLaM is delivering an onsite Core 24 Liaison Service at King's and GSTT supplemented by an enhanced provision located with Police and Ambulance Teams (managing known routes into A&E on a prevention basis)
- King's has set up a Mental Health Board (with its lead nurse as chair) to take ownership of MH presentations in the acute Trust setting

3. Recommendations

3.1 It is recommended that Scrutiny receive a further update in January 2018