Initial Response Team

Improving Access to Urgent Mental Health Services
Service Model

Request for Help

- Initial Response
  - Initial evaluation regarding nature, risk, complexity and urgency of the problem

Signposting to principal service pathway for assessment and formulation

- Mild - severe non-psychotic
- Very severe & complex non-psychotic
- Psychosis
- Dementia
- Neuro-disability
- Learning Disability
- Children & Young People
- Substance Misuse

Scaffolding

Discharge
What is Access?

Access is the term used by NTW to describe the processes for responding to Urgent and Routine requests for help.

Urgent Requests – Phase 1
Routine Requests – Phase 2

Integration with other routes of entry such as

- IAPT
- Liaison
- Specialist Services

Needs to be completed to achieve a single point of entry
# Demographics: North and South

## North of Tyne

<table>
<thead>
<tr>
<th></th>
<th>Northumberland (18+)</th>
<th>North Tyneside (18-65)*</th>
<th>Newcastle (18+)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>254,979 (42%)</td>
<td>127,560 (21%)</td>
<td>225,100 (37%)</td>
<td>607,639</td>
</tr>
<tr>
<td>Geographic Area</td>
<td>2000 miles sq</td>
<td>32 miles sq</td>
<td>44 miles sq</td>
<td>2076 miles sq</td>
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</tbody>
</table>

## South of Tyne

<table>
<thead>
<tr>
<th></th>
<th>South Tyneside (18+)</th>
<th>Sunderland (18+)</th>
<th>Gateshead (18-65)*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>118,569 (26%)</td>
<td>220,528 (47%)</td>
<td>126,753 (27%)</td>
<td>465,850</td>
</tr>
<tr>
<td>Geographic Area</td>
<td>25 miles sq</td>
<td>53 miles sq</td>
<td>55 miles sq</td>
<td>133 miles sq</td>
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</table>
Phase 1: The case for change

Sunderland was chosen as the location for the development of a new access model following discussions with service users, carers, GPs and commissioners.

A key issue was that the Crisis team, commissioned to deliver assessment and support for serious mental health problems, was not responsive as it was saturated with responding to a wide variety of requests.

A scoping exercise identified that only 35% of all contacts needed the response of the Crisis Team. 43% of the inappropriate contacts were for advice or help and often these were people clearly in need of support and signposting, but considered to be at low risk of requiring hospital admission.
Phase 1: The Model

The IRT was to provide a universal 24/7 response to telephone requests for urgent help; to offer triage & routing to appropriate mental health services and to offer triage & signposting to other local services as appropriate.

Staffing included seven Band 6 Nurses to provide clinical triage and lead the Rapid Response, and five Band 3 Nurses were appointed to support the access element of the service (call handling) and provide support to the rapid response nurse.

Crucially, the design enabled the IRT to work alongside the crisis team, allowing the teams to share skills and experience and promote positive learning and development, building flexibility into the service to facilitate interchangeable roles across the IRT and Crisis team.
Phase 1: Anticipated Benefits of IRT

- Quick and efficient responses to requests for help
- Effective routing to the correct services in and out of NTW
- Flexible and collaborative working with newly configured UCT which will focus on the work for which it is commissioned
- Reduction of clinician administration burden, and freeing time to care
- Improving personal and clinical outcomes for people in crisis with mental ill health by reducing harm and premature mortality, improving patient safety and patient experience
IRT in numbers

Typical weekly activity

• 1500+ Incoming telephone calls
• 1000 Total Contacts
• 400 Home-based Treatment contacts
• 50 Crisis Assessments
• 100 Rapid Responses

…and growing

• 90% calls answered within 15 seconds
• >80% rapid responses achieved in under one hour
Snapshot of IRT Referrals (June - Aug 2013)

- Self 41.7%
- Carer/Relative 13.7%
- Accident & Emergency 11.3%
- Care Coordinator/Lead Professional 9.5%
- GP 6.6%
- Police 4.1%
- LA/Social Services 2.3%
- Other 10.7%

Other includes:
- Self Harm Team
- Acute Care Trust
- NTW Inpatient Ward
- Ambulance
- Consultant Psychiatrist
- Residential Care Facility
- Drug and Alcohol Services
- IAPT
- Member of Public
- EDT
- Probation
Service Feedback

**GP**
- The service is responsive and friendly
- Fantastic – a huge improvement!!
- I felt listened to and was delighted
- You should have done it before
- You are all very dedicated, patient, compassionate people
- Keep this very valuable service going
- You do an amazing job!
- Wonderful support!

**Staff**
- More manageable
- Skills are valued
- A lot happier
- Spend more time
- You are all very dedicated, patient, compassionate people
- You do an amazing job!
- Wonderful support!

**Service User and Carer**
- I cannot imagine where I would be today if you had not been there for me.
- You listened and told me what to do
- I couldn’t have got this far without your help
- Keep this very valuable service going
- You are all very dedicated, patient, compassionate people
- You do an amazing job!
- Wonderful support!

If a friend were in need of similar help, would you recommend the service to him/her?
- Yes: 100%
- No: 0%

Were you provided with the help or information you needed?
- Yes: 90%
- No: 10%

Do you feel that they showed kindness and compassion towards you?
- Yes: 100%
- No: 0%
Potential Phase 2 Model

Triage Team

- Single Point of Referral
- Triage & Action
- Urgent
- Routine
- Non-complex
- Complex
- Huddle

IRT
- Rapid Response Nurses
- Triage & Action

UCT
- Home Based Treatment
- Assessment
- Gatekeeping

Clinical Diary

ICTS
OPS
LD
Mark’s Story

<table>
<thead>
<tr>
<th>Process</th>
<th>Referral</th>
<th>Assessment</th>
<th>Treatment</th>
<th>Discharge</th>
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</thead>
<tbody>
<tr>
<td>Mark or his Mum are able to ring one number.</td>
<td>Mark is provided with information about what to expect from his visit to NTW</td>
<td>Mark will receive treatment in line with NICE guidance.</td>
<td>Upon discharge Mark will agree a discharge plan including how to ‘stay well’</td>
<td>Mark’s discharge plan will also include what steps he should take in the event of a relapse</td>
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<tr>
<td>The single point of access service is available 24/7</td>
<td>Mark will be sent a ‘introduction to me’ pack where he can prepare for his first assessment</td>
<td>Treatment will include medical options as well as more holistic therapies.</td>
<td>3 months following discharge Mark will be contacted to establish if further support or guidance is required.</td>
<td>Mark’s discharge plan will also include what steps he should take in the event of a relapse</td>
</tr>
<tr>
<td>Mark is contacted within 24hrs of referral being received and offered choice of venue and time for appointment.</td>
<td>If deemed necessary Mark will also receive a full baseline physical health check.</td>
<td>Mark will have access to Peer Support Workers and Recovery College to help them with social issues.</td>
<td></td>
<td>Mark’s discharge plan will also include what steps he should take in the event of a relapse</td>
</tr>
<tr>
<td>Mark’s GP is able to contact the same number for support or advice about Mark’s care</td>
<td>Mark’s care plan will be developed collaboratively with him</td>
<td>Mark or his Mum can request a Review at any point.</td>
<td></td>
<td>Mark’s discharge plan will also include what steps he should take in the event of a relapse</td>
</tr>
<tr>
<td>NTW will work in collaboration with social care, and 3rd sector partners to support Mark</td>
<td>Mark’s discharge planning commences at this point</td>
<td>Mark’s GP will have access to a medical advice line where they can speak directly to an NTW psychiatrist or pharmacy about any issues in relation to Mark’s care.</td>
<td></td>
<td>Mark’s discharge plan will also include what steps he should take in the event of a relapse</td>
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