



Regional Mental Health Crisis Service Implementation Plan 2021-31



**Mental
2021-2031 Health
Strategy**

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1. Introduction

Crisis services provide help and support to some of the most vulnerable people in our society, at some of the most difficult points in their lives. Crisis services provide immediate help and support; it is a service that saves lives.

Crisis services help and support people both in mental health and suicide crisis and when people are in acute social and emotional distress. Mental Health Services are therefore a requirement in the delivery of crisis services, and the **Regional You in Mind Mental Health Care Pathway** (2014) stipulates that where a person is experiencing a mental health crisis which risks their personal safety, services will provide an emergency response within two hours. The pathway also commits to a recovery approach which involves the family in supporting a person's recovery, and to promote safety through the delivery of safety planning intervention.

People in crisis require help and support and no-one should have to wait longer than necessary for that help. This reflects the right, person, right place and right time approach and the focus on person-centred care.

Improvement of crisis services is therefore a commitment of the Department of Health (thereafter known as the Department), and features in Protect Life 2, the Mental Health Action Plan (2020) and the Mental Health Strategy (2021-2031).

It is important to acknowledge that this implementation plan aligns with commitments made within the DOH Substance Use Strategy *'Making Life Better, Preventing Harm, Empowering Recovery'* (2021) which evidences the correlation between mental health and substance use and highlights the urgent need to align mental health and substance use services.

It led to the development of a new Policy Paper entitled **A Regional Mental Health Crisis Service for NI Policy Paper for Implementation** (August 2021).

This **Regional Mental Health Crisis Service Implementation Plan** (2021-31) sets out the key tasks required to take forward the 10 actions as set out in the Regional Mental Health Crisis Service Policy Paper for NI.

2. Background and context – Origins of the policy

The Department's **Mental Health Action Plan**, published on 19 May 2020, included a specific action on crisis services. **Action 8.2** called for the following, to reconfigure mental health crisis services, with intended outcomes of a reduction in people attending Emergency Departments in a mental health crisis, and a better mental health crisis response.

Improvement of crisis services is a commitment of the Department and features in Protect Life 2, the Mental Health Action Plan (2020) and the Mental Health Strategy (2021-31). - Paragraph 36 of the Mental Health Strategy 2021-2031 states that *'most fundamental of all, we need to prevent avoidable deaths.* This is a critical factor that should be regularly considered in shaping the development and implementation of regional crisis services, including the delivery of the actions in the policy and any related guidance/documentation.

The Department commissioned a Review of Crisis Services in 2020 to seek recommendations for the future of services, in line with the Mental Health Action Plan, action 8.2.

The Review Team conducted a comprehensive co-produced review of crisis services in Northern Ireland, considered best practice in literature and across different jurisdictions and provided 15 recommendations for the future of crisis services in Northern Ireland. This review provided the foundation for the new **Regional Mental Health Crisis Service for NI Policy Paper (August 2021 DoH).**

The Review primarily focussed on areas where improvements could be made. Existing services in Northern Ireland that function as intended were therefore not the focus of the review work or of the recommendations. This includes much of the suicide prevention work through Protect Life 2, such as Lifeline, SHIP and the Multi Agency Triage Teams. Where there is evidence of services functioning well and achieving outcomes, these will be retained.

Implementing the new crisis service is also a commitment in the Mental Health Strategy 2021-2031 (please see **Appendix 1**), and this policy is in line with Actions 12 and 27 of the Strategy:

Action 12: *Create clear and regionally consistent urgent, emergency and crisis services for children and young people that work together with crisis services for adult mental health.*

Action 27: *Create a Regional Mental Health Crisis Service that is fully integrated in mental health services and which will help and support for persons in mental health or suicidal crisis.*

3. A new policy for regional mental health crisis services for Northern Ireland

The new policy for regional mental health crisis services for Northern Ireland seeks to provide a regional approach to mental health crisis, where people get care and treatment when they need it and where they need it. It is a policy that focusses on the needs of the person rather than the system, and is a new direction for crisis services.

This policy will ensure a comprehensive and collaborative approach to strategic planning and commissioning, which realign resources to population need and is determined by an analysis of evidence, best practice and research, with regular review and evaluation to ensure positive outcomes for persons experiencing crisis.

The policy has **3 clear outcomes**:

1. A regionally consistent crisis service that will provide effective help and support for people in a crisis
2. A reduction in the number of people who have to wait longer than 2 hours for crisis support as laid out in the Regional You in Mind Mental Health Care Pathway.
3. A reduction in the number of people who attend Emergency Departments in crisis.

Ten actions have been identified for successful implementation:

ACTION	DESCRIPTOR
Action 1	Working together, the HSC Board and Public Health Agency are responsible for ensuring a regionally consistent crisis service and each HSC Trust and / or commissioned organisation is responsible for the delivery of the service.
Action 2	Working together, the HSC Board and Public Health Agency must work with all relevant stakeholders to define crisis for the purpose of the new service.
Action 3	Working together, the HSC Board and Public Health Agency is tasked to lead the creation of clear and simple pathways from first point of contact to crisis services.
Action 4	Each provider where people present in crisis should prepare to train staff in a regionally consistent crisis intervention as determined by the HSC Board and the Public Health Agency. This must link with existing mental health services and services commissioned under Protect Life 2.
Action 5	Working together, the HSC Board and Public Health Agency must develop a business case for community crisis services providing short term interventions to people in crisis who do not meet the requirements for secondary care services.
Action 6	Working together, the HSC Board, Public Health Agency and HSC Trusts must work to deliver a regionally consistent mental health liaison service across all Emergency Departments and acute hospital settings, so that all who require a mental health assessment, regardless of age, will receive such assessment at the time of need.
Action 7	The HSC Board and the Public Health Agency working together are tasked to lead work with the HSC Trusts for standardisation of Crisis Resolution Home Treatment (CRHT) service.
Action 8	The development of the regional mental health service will include the regional rollout of the Multi-Agency Triage Teams and will include emergency response services, such as PSNI, Ambulance Service and Lifeline.
Action 9	Working together, the HSC Board and Public Health Agency must implement the regional policy as a matter of urgency, and must provide a clear implementation plan to the Department. The HSC Trusts must also implement the regional policy under the direction from the HSC Board and the Public Health Agency.
Action 10	Working together the, HSC Board and Public Health Agency are expected to provide an implementation plan for the actions in this policy by 19 November 2021.

The next section now sets out the key steps for implementation that will ensure all actions are met, and in line with the overall Mental Health Strategy 2021-31.

It is recognised that the use of language used throughout the wider crisis policy implementation process and this needs to be carefully considered when developing services and documenting final guidance, processes etc. The careful use of language is a key factor in helping to shape the culture for Mental Health Services and also in providing clarity and minimising the potential for misinterpretation.

4. Regional mental health crisis implementation plan 2021-31

Action: 1 Regional mental health crisis service action plan

Context	Inputs			Outputs		Who	Outcomes			
	What we invest			What we will do	Outputs	Who	Implementation		Intervention	
	Short			Medium	Long Term	By 31 st March 2022	Up to 2 years	By 2031		
<p>The regional crisis service has four key components working alongside existing suicide prevention and self-harm services;</p> <ul style="list-style-type: none"> • Primary Care and inter-agency partnership; • Community Crisis service; • Mental health liaison service; and • Crisis resolution home treatment service 	<ul style="list-style-type: none"> • Partnership between HSC Board, Public Health Agency. • Organisational commitment • Staff time • Knowledge and expertise 			<ul style="list-style-type: none"> • Oversee development of a regional mental health crisis service. • Ensure the Review of mental health crisis services in Northern Ireland¹ is considered within each action. • Structure, prepare and support action lead teams. • Oversee action plans for each implementation area • Support the development of organisational capacity and workforce competencies. • Clarify with DoH how the review of regional crisis service fits within the formal managed care network. 		<ul style="list-style-type: none"> • An overarching Implementation Plan. • Fully developed action plans for each area of work. 	<ul style="list-style-type: none"> • DoH • HSC Board Senior Management Team • Public Health Agency Management Team • Crisis Review Core Implementation Team comprising HSC Board and PHA. 	<ul style="list-style-type: none"> • Overarching Implementation Plan approved by the Department of Health • Individual action plans related to each area of work • work commenced on Action Plan • First progress report to DoH 	<ul style="list-style-type: none"> • Implementation Plan update • Action plan updates for each area of work. 	<ul style="list-style-type: none"> • Regional Mental Health Crisis Service that is fully integrated in mental health services and which will provide help and support for persons in mental health or suicidal crisis. • Effective help and support for people in crisis, through a regional crisis service, with a resultant reduction in Emergency Department attendance for mental health patients.
<p>Action 1.</p> <ul style="list-style-type: none"> • Working together, the HSC Board and Public Health Agency are responsible for ensuring a regionally consistent crisis service and each HSC Trust and / or commissioned organisation is responsible for the delivery of the service. 	<p>Assumptions</p> <ul style="list-style-type: none"> • The Review of mental health crisis services in Northern Ireland² is considered within each action workstream. 			<p>Internal Factors</p> <ul style="list-style-type: none"> • Need to connect each component to ensure systems wide response 			<p>External factors</p> <ul style="list-style-type: none"> • Health care demands including ongoing COVID pandemic • Workforce availability 			

¹ [Microsoft Word - Annex B - Review of mental health crisis services in Northern Ireland \(health-ni.gov.uk\)](#)

² [Microsoft Word - Annex B - Review of mental health crisis services in Northern Ireland \(health-ni.gov.uk\)](#)

Action: 2 Definition of mental health crisis service

Context

- All those who need access to crisis services must be offered help irrespective of the nature of their distress and they must be directed in a timely and compassionate way to the best place that meets their needs. Access to crisis support should be available disregarding the nature of the crisis, and must be available to those with suicidal ideation, social crisis or mental health crisis.

Action 2
Working together, the HSC Board and Public Health Agency must work with all relevant stakeholders to define crisis for the purpose of the new service

Assumptions

- Trusts and delivery agents will agree, adapt and apply definition to services.

Inputs	Outputs	Who
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What we invest	What we will do	Outputs	Who
<ul style="list-style-type: none"> Co-production resources to ensure Knowledge and expertise Staff time 	<ul style="list-style-type: none"> Establish a Task and finish group to consider the parameters for developing a working definition of crisis Be clear about the scope of the definition Consider the thresholds for treatment, care and interventions to ensure the definition is specific but still broad enough to encompass different levels of need Scope the definition of crisis from local, national and international sources. Consult on the agreed definition with stakeholders including service user groups Set a date for final agreement on definition 	<ul style="list-style-type: none"> Review report regarding definition Consultation report Agreed definition of crisis 	Task and finish group: <ul style="list-style-type: none"> comprising, - HCSC Trust Primary Care GP Feds, carers families, and advocacy networks, service users, and networks CVS Recovery colleges PHA, HSC Board PSNI, NIAS, NIHE, DoJ

Internal Factors

- Variation in thresholds for defining crisis and providing interventions accordingly. Staff are supported to work within the new definition

Outcomes		
Implementation		Intervention
Short	Medium	Long Term

By 31 st March 2022	Up to 2 years	By 2031
Clearly agreed definition of Crisis linked to: <ul style="list-style-type: none"> Primary Care and inter-agency partnership; Community Crisis service; Mental health liaison service; and Crisis resolution home treatment service 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Ensure the agreed definition of crisis adapted is appropriate and adhered to within the You in Mind Regional Mental Health Care Pathway.

External factors

- Clear partnership engagement with CVS to ensure the agreed definition and related thresholds for services are communicated.
- Regional MHS Model agreed

Action: 3 Care pathways along the care continuum

Context
Key stakeholders will Create regionally agreed, accessible and clear pathways from the first point of contact to the crisis service. This should be part of the Regional You In Mind Mental Health Care Pathway (2014).

Action 3.
Working together, the HSC Board and Public Health Agency is tasked to lead the creation of clear and simple pathways from first point of contact to crisis services.

- Assumptions**
- No wrong door
 - Single point of access
 - 24hr Triage service by skilled staff.
 - Encompass Programme

Inputs

- What we invest**
- Staff time
 - Current resource which varies across Trust
 - Knowledge & expertise

Outputs

What we will do

Establish a care network to oversee this strand of work.
Engage with Trusts and map current operating procedures (process mapping) against the You in Mind Regional Mental Health Care Pathway Review best practice, gaps.
Develop & enhance existing care pathways and broaden to ensure C&V partners/ core elements of the service are included.
Establish a shared information system that agencies can access containing flowcharts/information link to the agreed care pathway and associated services. .
Support the development of organisational capacity and workforce competencies.

Who

- Outputs**
- Copy of Tor
 - Member list representing all Trust areas and relevant directorate
 - Copy of mapping exercise
 - Information developed linked to the care pathway
- Who**
- Oversight group with key stakeholders from:
- Trusts
 - PHA
 - HSCB
 - Primary Care
 - CVS
 - Service user / representative
 - RYIMOG

Outcomes		
Implementation		Intervention
Short	Medium	Long Term

By 31 st March 2022	Up to 2 years	By 2031
<ul style="list-style-type: none"> • Oversight Group established • TOR agreed • Mapping of existing pathways completed • YIM Care Pathway Audits commenced 	<ul style="list-style-type: none"> • Clear Defined accessible Pathways • Encompass Integration 	<ul style="list-style-type: none"> • Regionally consistent services in place with clear links to the Regional Mental Health You in Mind Regional Care Pathway



- Internal Factors**
- Variation between Trust Provisions
 - Regional agreement
 - Consistency across the lifespan
 - Referral and admission rights

- External factors**
- Public expectations
 - Pathway inclusive of Primary Care/ CVS
 - Workforce availability
 - MHS Funding/RMHS agreed

Action: 4 Training & support

Context
Interventions must be regionally consistent and designed to meet the needs of those who do not require acute mental health intervention by professionals. Some people who present in crisis will not meet the criteria for secondary care mental health services. There are many people who are in distress, but not as a result of a diagnosable mental health condition.

Action 4.
Each provider where people present in crisis should prepare to train staff in a regionally consistent crisis intervention as determined by the HSC Board and the Public Health Agency. This must link with existing mental health services and services commissioned under Protect Life 2.

Assumptions

- Focus is on both training competency of staff.

Inputs

What we invest

- Staff time
- Current resource which varies across Trust
- Knowledge & expertise

Funding Plan

Internal Factors

- Review current CVS contracts to ensure they are working to PHA Standards.
- Staff are support and released to attend relevant training
- Develop products using You in Mind branding

Outputs

What we will do

- Review best practice and recommend what level of training is required for each role / pillar within the crisis service (this will depend on service design).
- Map training currently used/available in each service.
- Map outcomes of training against PHA Training Framework.
- Agree appropriate training mapped against tiers within the training framework, which is evidenced based and subject to review.
- Ensure all contracted services work to PHA Standards and workforce skills requirements linked to the PHA Training Framework
- Involve people with lived experiences in the development and delivery of training

Internal Factors

Who

Outputs

- Review of best practice
- Agreed levels and type of training

Who

Oversight group including

- PHA
- HSCB
- Trusts
- Primary Care
- People with lived experience
- CVS
- LTWT
- All relevant training and education providers
- CEC
- Universities/ colleges
- Professional bodies

Internal Factors

Outcomes

Outcomes		
Implementation		Intervention
Short	Medium	Long Term

By 31 st March 2022	Up to 2 years	By 2031
<ul style="list-style-type: none"> Review of best practice and evidence base. Mapping of current provision. Commence work on Crisis You In Mind document – training and support for Crisis Service 	<ul style="list-style-type: none"> Stepped level Training Framework. 	<ul style="list-style-type: none"> Skilled competent workforce who successfully care and treat those who present in crisis.

External factors

- Linking with statutory services.
- MH Funding
- Regional MHS agreed

Action: 5 Community crisis services

Context

The community crisis service should provide a short (up to 14 days) person-centred intervention programme. The delivery of the community crisis service can be local in style- but there must be equitable access of the service across Northern Ireland.

Action 5.

Working together, the HSC Board and Public Health Agency must develop a **business case for community crisis services providing short term interventions** to people in crisis who do not meet the requirements for secondary care services.

Assumptions

- Appropriate resourcing
- Training is subsidised / provided free of charge for CVS

Inputs	Outputs	Who
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What we invest	What we will do	Outputs	Who
<ul style="list-style-type: none"> • Partnership between HSC Board, Public Health Agency. • Organisational commitment • Research base • Staff time • Expertise • Financial resources for evidence review. 	<p>Establish oversight group.</p> <p>Commission a review of local, national and international evidence of the components of a community crisis services to determine best practice taking into consideration other actions 2 (definition of crisis), safety planning and triage.</p> <p>Review current service provision</p> <p>Undertake a gap analysis including costings.</p> <ul style="list-style-type: none"> • Develop an involvement plan to ensure key stakeholders are involved at all stages of development • Undertake Consultation with Stakeholders • Explore linkages with other departments to avoid duplication and increase potential investment. • Develop potential service model including costings which should ensure appropriate links within the You In Mind care pathway ensuring requirement to work to PHA Standards, workforce skills requirements linked to the PHA Training Framework and the MH Strategy Outcomes Framework. 	<ul style="list-style-type: none"> • Copy of Tor • Member list representing all Trust areas and relevant directorate • Copy of review • Copy of gap analysis • Copy of involvement plan • Consultation report • draft Service Model • Copy of Business case 	<ul style="list-style-type: none"> • Crisis Review Core Implementation Team comprising HSC Board and PHA. • PHA Mental Health and Emotional Wellbeing Strategic Team

Internal Factors

- Personal capacity of staff for development
- Staff are released to attend training and consolidate learning

Outcomes		
Implementation		Intervention
Short	Medium	Long Term

By 31 st March 2022	Up to 2 years	By 2031
<ul style="list-style-type: none"> • Group Established • TOR Agreed • Review of community crisis services • Consider Review Findings and Consult with Key Stakeholders on proposed model 	<ul style="list-style-type: none"> • Review of current service provision • Gap analysis • Involvement Plan • Consultation with stakeholders • Potential Service Model • Business case 	<ul style="list-style-type: none"> • Procurement plan developed • Regionally consistent community crisis based crisis service providing short term interventions to support individuals in social or situational crisis.

External factors

- Capacity within CVS to for delivery
- MHS Funding
- Regional MHS agreed

Action: 6

Mental health liaison services

Context

A significant number of people attend Emergency Departments with mental health problems. Whatever reason a person in mental health crisis attends the Emergency Department; the approach to meeting their needs must be regionally consistent. The longer term intention is to reduce waiting times for assessment and ensure people are assessed when they attend.

Action 6:

Working together, the HSC Board, Public Health Agency and HSC Trusts must work to deliver a regionally consistent mental health liaison service across all Emergency Departments and acute hospital settings so that all who require a mental health assessment, regardless of age, will receive such assessment at the time of need.

Assumptions

- Prison Health connected at all levels.
- Need equitable ringfenced funding across the region

Inputs	Outputs			Outcomes			
	What we invest	What we will do	Outputs	Who	Implementation		Intervention
					Short	Medium	Long Term
<ul style="list-style-type: none"> • Staff time • Current resource which varies across Trust • Knowledge & expertise 	<ul style="list-style-type: none"> • Establish an oversight group with renewed TOR and establish the Care Network. • Renewed Terms of Reference – building on established care network • Review current service provision across Trusts • Review current best practice. • Define service requirements considering appropriate accommodation for assessment, staffing, • Undertake a gap analysis including costings. • Staff Training needs analysis and training plan. • Create service design specification ensuring where appropriate, fidelity of service models • Ensure that actions developed take account of the Crisis Review Paper • Workforce requirements 	<ul style="list-style-type: none"> • Copy of Tor • Member list representing all Trust areas and relevant directorate • Copy of gap analysis • Investment Plan 	Oversight group with representation from a range of directorates including: <ul style="list-style-type: none"> • Adult Mental Health • CAMHS • Learning disability • 65+ • Prisons 	By 31st March 2022 <ul style="list-style-type: none"> • Group Established • TOR developed • Mapping of current service provision • Review of best practice • Engage with W/ CRHT and Inpatient Teams to ensure synergy 	Up to 2 years <ul style="list-style-type: none"> • Gap analysis completed • Investment plan • Draft service model • Mapping of current staff against proposed service model • Training plan for staff 	2-5 years <ul style="list-style-type: none"> • Service Specification • Consistent mental health liaison services across all emergency departments. • Reduced waiting times for assessment 	
Internal Factors <ul style="list-style-type: none"> • Internal resources are repurposed • Services agreed sit within the triangle of MH acute/ general acute & crisis service • Different Liaison models. across trust areas. • Workforce Capacity and skills availability 				External factors <ul style="list-style-type: none"> • Persons presenting in crisis aren't population based • MHS Funding • Regional MHS agreed 			

Action: 7 Crisis resolution home treatment services

Context
Crisis Resolution Home Treatment (CRHT) Teams will continue to provide assessment and treatment for those with more severe presentation, and in particular those who would otherwise be considered for admission to a mental health hospital. It is important that patients always received the best standard of care in a timely manner, no matter where they live. The work of the CRHT should be in line with the You in Mind Regional Care Pathway (2014).

Action 7. The HSC Board and the Public Health Agency working together are tasked to lead work with the HSC Trusts for **standardisation of Crisis Resolution Home Treatment (CRHT) service.**

- Assumptions**
- Appropriate level of skill available across service
 - Crisis services and HTT Services regionally matched

Inputs	Outputs	Who
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What we invest	What we will do	Outputs	Who
<ul style="list-style-type: none"> • Staff time • Current investment resource which varies across Trust • Knowledge & expertise 	<ul style="list-style-type: none"> • Establish the CRHT Care Network. • Mirror the other care networks eg forensics, PD, ED etc • Create ToR • Scope / mapping of current service and Trust Data. • Review best practice and evidence base of what a good service look like. including links into addictions/ OST • Undertake a gap analysis including costings • Consult with service user and carer/ families • Base commissioning and standardisation of services on appropriate evidence based accreditation i.e. NICE and CCQI • Agree HTAS accreditation across the region • Consider care standards from RCN RPSYCH • Agree approach to the provision of safe places for de-escalation, considering CVS and housing options 	<ul style="list-style-type: none"> • Copy of Tor • Member list representing all Trust areas and relevant directorate • Copy review documents • Investment Plan 	<ul style="list-style-type: none"> • Regional Crisis HTT Forum • NIHE • Lived Experience of using CRHT Services • Carers/ families • Advocacy partners • C&V sector • Other funded organisations who provide Crisis support • Primary care • ICS

- Internal Factors**
- | | |
|--|--|
| <ul style="list-style-type: none"> • Safe place model to support service user and family • Implement YiM Acute Care Pathway(2018) • Links with new pathways | <ul style="list-style-type: none"> • Workforce trained to agreed level • Staff are released to attend training and consolidate learning. |
|--|--|

Outcomes		
Implementation		Intervention
Short	Medium	Long Term

By 31 st March 2022	Up to 2 years	By 2031
<ul style="list-style-type: none"> • Agreed regional service function rather than a regional service model • Agreed Standards Framework • Review YiM Acute Care Pathway & carry out an audit 	<p>Expert triage and assessment to ensure people are referred to correct service at right time</p> <p>Flexible movement through the system to avoid barriers for service users</p> <p>Culture of 'No wrong door' embedded in services</p>	<p>Appropriately trained competent staff including expert practitioners</p> <p>Consistent regional service across the lifespan</p>

- External factors**
- Develop clarity around thresholds
 - Clear boundaries around treatment/ care/ interventions/ social support or brief interventions
 - MHS Funding
 - Regional MHS agreed

Action: 8 Multi-agency triage teams

Context
It is Acknowledged that many people in mental health crisis present to emergency response services. This can include the PSNI, the Ambulance Service, Lifeline, 999/101 service and the Regional Emergency Social Work services. These services provide a vital first response, and must be supported by mental health services as an integrated partners in the crisis response pathway.

Action 8
The development of the regional mental health service will include the regional rollout of the Multi-Agency Triage Team and will include emergency response services, such as PSNI, Ambulance Service and Lifeline

Assumptions

- Resources are provided to roll out the MATT Service across NI.

Inputs

What we invest

- Interagency partnership.
- Organisational commitment
- Research base
- Staff time
- Expertise

Outputs

What we will do	Outputs	Who
Review oversight group of MATT to lead on this element of work and ensure representation of all Trusts and relevant partners e.g. PSNI, NIAS, Lifeline etc. Review current Evaluation Review changes made in relation to COVID Determine overlaps with current service provision and how these may be better connected e.g. Lifeline Determine appropriate model for varying areas across NI e.g. MATT lite in rural areas. Consider and provide recommendations on most appropriate health partners to take lead <ul style="list-style-type: none"> Review of workforce requirements and gaps 	<ul style="list-style-type: none"> Copy of Tor Member list representing all Trust areas and relevant directorate 	<ul style="list-style-type: none"> MATT oversight Group comprising HSC Trusts, PSNI, NIAS & PHA

Internal Factors

- Workforce Capacity and skills availability

Outcomes		
Implementation		Intervention
Short	Medium	Long Term

By 31 st March 2022	Up to 2 years	2-5 years
<ul style="list-style-type: none"> Review oversight Group Review Current Evaluation Commence work on Service Model 	<ul style="list-style-type: none"> Service Model Specification agreed and commenced Workforce requirements and analysis 	<ul style="list-style-type: none"> Effective help and support for people in crisis, with a resultant reduction in Emergency Department attendance.

External factors

- Health care demands including ongoing COVID pandemic
- MHS Funding
- Regional MHS agreed
- MOU with all key agencies

Action: 9 & 10

Regional mental health crisis service implementation plan

Context

The new regional policy for crisis services provides regional consistency and implements best practice across the region. It is therefore expected that the first phases of implementation of the regional crisis service can start immediately, within the current financial year, *initially* with no additional resources. This includes the setting of regional oversight structures and work to ensure regional consistency in naming, practices and service delivery.

Action 9
Working together, the HSC Board and Public Health Agency must implement the regional policy as a matter of urgency, and must provide a clear implementation plan by to the Department. The HSC Trusts must also implement the regional policy under the direction of the HSC Board and the Public Health Agency

Action 10
Working together the, HSC Board and Public Health Agency are expected to provide an implementation plan for the actions in this policy by 19 November 2021.

Assumptions

- Input from key stakeholders.
- All plans dependent upon appropriate resourcing

Inputs

What we invest

- Interagency partnership.
- Organisational commitment
- Research base
- Staff time
- Expertise
- Resources to complete initial work

Internal Factors

- Capacity of staff

Outputs

What we will do	Outputs	Who
<ul style="list-style-type: none"> • Support the development of workstreams associated with each action • Support the implementation of actions and services developed through each workstream. • Complete appropriate business cases for resources required to ensure full implementation of the policy 	<ul style="list-style-type: none"> • Completed Implementation Plan 	<ul style="list-style-type: none"> • DoH • HSC Board • Public Health Agency • HSC Trusts • Community and Voluntary Sector • Other Statutory Boards and Departments as appropriate e.g. PSNI, NIAS etc.

Internal Factors

Outcomes		
Implementation		Intervention
Short	Medium	Long Term

By 19 th November 2021	Up to 5 years	By 2031
<ul style="list-style-type: none"> • Completed implementation plan • Regional oversight structures for actions 2 -8 established. <p>By March 2022</p> <p>2 monthly Highlight Reports to DoH</p>	<ul style="list-style-type: none"> • Implementation Plan update • Action plan updates for each area of work. • Completed business case where appropriate. 	<ul style="list-style-type: none"> • A regional mental health crisis service. • Effective help and support for people in crisis, through a regional crisis service, with a resultant reduction in Emergency Department attendance for mental health patients.

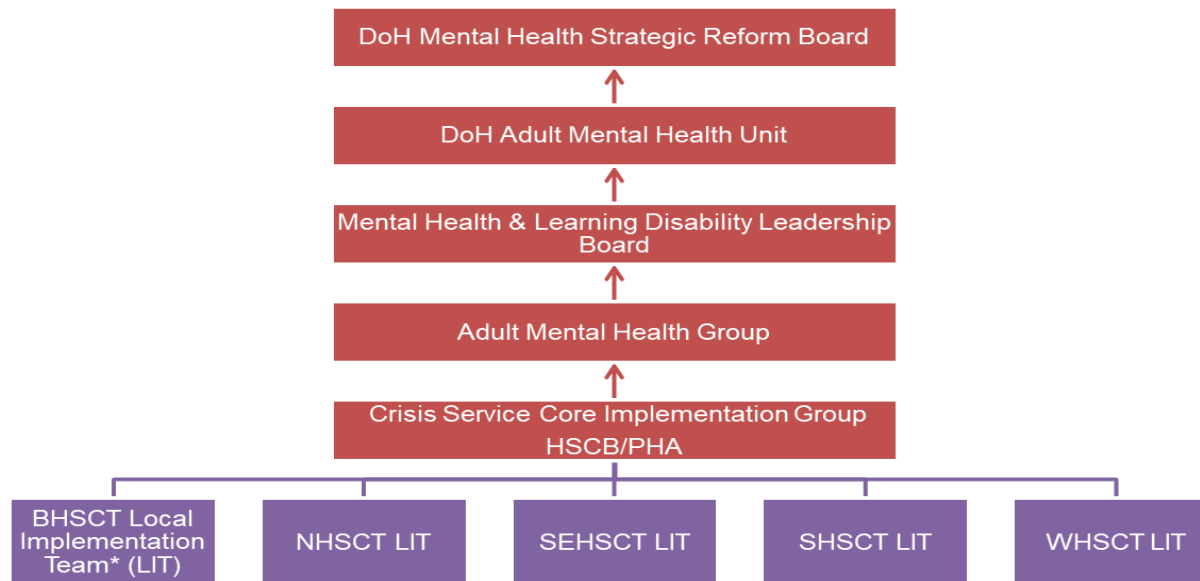
External factors

- Health care demands including ongoing COVID pandemic
- Workforce availability
- MHS Funding
- Regional MHS agreed

5. Implementation process

- **Reporting structure**

The Crisis Service Implementation Plan will be monitored by the Department's Adult Mental Health Unit, who will work closely with Health Improvement Policy Branch to ensure alignment with the Protect Life Strategy. A Project Team using a project management approach is in place to monitor all reporting arrangements for Strategy implementation. The Strategic Reform Board will be the accountable body for the Mental Health Strategy and will meet 3 times a year.



**Representative of all key stakeholders including non-statutory services, individuals with lived experience and carers*

- **Reporting arrangements**

The Department will seek updates from Mental Health Strategy Action Leads every two months. This will take the form of a short Highlight Report which will be RAG rated, and will be monitored against the key actions set out in the Plan.

- **Governance**

The HSC Board and Public Health Agency are responsible for the development and implementation of the regional crisis service. Each HSC Trust is responsible for the implementation and delivery of the regional crisis service. The Department will provide oversight of the work of the HSC Board, the Public Health Agency and HSC Trusts through existing governance structures.

The governance structures will change with the closure of the HSC Board, and the work on crisis services will form part of the migration work currently ongoing.

- **Delivery of services**

In the development and delivery of the regional crisis service, pathways must be sufficiently flexible to allow for local delivery of support services. It will require organisational change for full implementation and delivery.

The Policy paper notes that it is not expected that the new regional structures will take the form of a formal managed care network, rather it is expected that this will form part of reconfiguration of existing work with clear links between existing strategies and areas of work e.g. Protect Life 2, Making Life Better and Towards Zero Suicide (TZS). The Regional Mental Health System report however does include recommendations to explore the concept of a Care Network for Mental Health Crisis Services, and other service areas.

- **Resourcing the plan**

As set out on pages 9-17 some of the actions will be initiated without additional funds. Mental health crisis services is a core component of existing Mental Health Services and Protect Life 2 services, and it is not expected that the new regionally consistent service will *initially* require new resources or major change in individual responsibilities.

However, some actions will require further funding and implementation speed will be dependent on business case development and availability of funding. This must include bids for additional funding for existing services where they need strengthened.

Appendix 2 provides details of the Mental Health Strategy Funding Plan developed by the Department for additional investment required to deliver the Regional Mental Health Crisis Service for NI. This Funding Plan outlines the estimated cost of developing, establishing and maintaining the services and interventions set out in the Mental Health Strategy. This Funding Plan does not take into account current profiled investment in HSC crisis services or crisis interventions from other government departments including; DoJ, DfC, Lottery etc.

- **Engaging with key stakeholders**

The team commissioned to undertake the Review of Mental Health Crisis Services for NI carried out extensive consultation with key stakeholders working in this area. This engagement process continued when the Policy itself was published, with a workshop held on 4-11-21 with key stakeholders, to develop the Implementation Plan.

Going forward to implementation phase, Project Leads for HSCB and PHA will be identified and form part of the Crisis Review Core Implementation Team, as set out on page 8, who will oversee the Implementation Plan with all the key stakeholders. Trust Local Implementation Teams will also identify a Project Lead to progress actions locally, whilst also ensuring consistency of approach on a regional basis. The ongoing involvement of individuals with lived experience will be a key element of the implementation phase.

It is envisaged that existing working groups will be allocated key actions. It is intended as far as possible to use existing groups and fora to engage and deliver the Plan. New Work Streams or Task & Finish Groups will only be established where an existing group does not exist to take forward actions set out in this Plan. The Crisis Review Core Implementation Team will ensure comments received from all key stakeholders will be considered by the relevant Work Stream(s) as part of the implementation process.

Co-production is at the heart of redesigning Mental Health Services and as such is central to the design of the implementation plan for the Regional Crisis Service. Whilst it is necessary to consult with people with lived experience and their carers and families to ensure that the services we design are fit for purpose and able to meet the needs of the population, it is also vital that they are immersed in the discussions and decisions about how services are designed and delivered. It is in harnessing the expertise, opinions and perspectives of all stakeholders that innovative solutions which improve outcomes for people, their families and communities are realised.

The key actions set out in this plan will require balanced meaningful participation, engagement and shared ownership and will support the development of effective collaborative partnerships in order to co-design and co-deliver the new Crisis service.

Co-production will create the conditions for a strategic multi-agency approach to the improvement of the delivery of crisis services across the region. This is about mobilising all the assets within our Community & Voluntary Sector, and other relevant organisations. This creates opportunities to pool resources and assets in working towards shared goals and better health and social care outcomes for those delivering and those receiving crisis services.”

(Co-production Guide for Northern Ireland, 2018 DoH)

[Co-Production Guide for Northern Ireland - Connecting and Realising Value Through People | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk)



Care Opinion – A model for engagement

As part of the implementation plan for the Regional Crisis Service it is vital we listen and learn from the experiences of our service users, relatives and carers through feedback on the Care Opinion platform. Care Opinion is two way online user feedback system which supports people who engage with services to share their experiences anonymously – to highlight what went well and what needs to improve and share feelings and emotions about engaging with a service. The platform is fully moderated to ensure the process is safe for both the author of the story and the services involved. The platform also offers a number of reporting mechanisms and visualisations of the feedback which meets GDPR requirements. Care Opinion is freely available to all HSCNI services and implementation is supported through Public Health Agency.

You can find more details and resources about Care Opinion on the links below:

<https://www.careopinion.org.uk/info/northern-ireland>

[Health and Social Care Northern Ireland | Care Opinion](#)



Appendices

Appendix 1 – Extract from mental health strategy 2021-31

The vision statement for the mental health strategy (2021-31) is set out below:

Our vision for Northern Ireland is a society which promotes emotional wellbeing and positive mental health for everyone with a lifespan approach, which supports recovery, and seeks to reduce stigma and mental health inequalities.

We want a system that ensures consistency and equity of access to services, regardless of where a person lives, and that offers real choice.

We want to break down barriers so that the individual and their needs are placed right at the centre, respecting diversity, equality and human rights, and ensuring people have access to the most appropriate, high-quality help and treatment at the right time, and in the right place.

And we aspire to have mental health services that are compassionate and able to recognise and address the effects of trauma, that are built on real evidence of what works, and which focus on improving quality of life and enabling people to achieve their potential.

The Context for MHS actions relating to the development of a Regional mental health crisis service for NI

Working together: A care pathway for children and young people through CAMHS (2018) and the stepped care model have both improved the consistency in acute and crisis care for children and young people across Trusts. However, there are still significant variations across Trusts, with reports of some young people waiting too long in Emergency Departments.

A quarter of CAMHS referrals in Northern Ireland are emergency or urgent, compared to the UK average of just over one in ten. On average, 40% of children assessed in crisis do not need CAMHS treatment, so having highly skilled staff at crisis points is essential to ensure that children and families get the best and most appropriate care, including within the community and voluntary sector.

The recently established CAMHS managed care network and partnership board provides a platform for improving urgent, emergency and crisis CAMHS services in Northern Ireland. We will, through this network, develop regionally consistent urgent, emergency and crisis services to children and young people.

This means we will have a better response to children and young people in crisis, with the right provisions at the right time to prevent further escalation and provide timely interventions.

ACTION 12. Create clear and regionally consistent urgent, emergency and crisis services for children and young people that will work together with crisis services for adult mental health

A recent report by the Royal College of Psychiatrists found that 40% of mental health patients have been forced to resort to emergency or crisis services and one in ten people in distress end up in Emergency Departments.³ People in crisis require help and support and no-one should have to wait for that help.

Crisis services exist to provide support to some of the most vulnerable patients in a very difficult time of their lives. Over recent years, a number of pilots of new crisis services have been tried in Northern Ireland, including cooperation between the PSNI, the ambulance service and HSC Trusts (Multi Agency Triage Team), and the community crisis intervention service in Derry/Londonderry. Other improvements to crisis and urgent care services include the creation of mental health liaison in Emergency Departments.

³ Royal College of Psychiatrists (2020). *Two-fifths of Patients Waiting for Mental Health Treatment Forced to Resort to Emergency or Crisis Services*. <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2020/10/06/two-fifths-of-patients-waiting-for-mental-health-treatment-forced-to-resort-to-emergency-or-crisis-services>

Going forward, we need to improve crisis services, which will include the use of new delivery methods such as MATT. We will establish a Regional Mental Health Crisis Service, that will help to integrate practitioners trained in Distress Brief Intervention, or similar, into existing mental health crisis pathways. These pathways will include primary care multi-disciplinary teams, out of hours primary care, Emergency Departments, MATT, Lifeline, 999, PSNI, the Ambulance Service and the Regional Emergency Social Work Service.

It is anticipated that the crisis services will have four strands, including crisis resolution home treatment, mental health liaison, community crisis support and primary care and interagency partnership. The crisis service will be developed on a regional basis and will provide consistency for those with crisis needs.

ACTION 27. Create a Regional mental health crisis service that is fully integrated in mental health services and which will provide help and support for persons in mental health or suicidal crisis.

Appendix 2 – Extract from mental health strategy 2021-31 Funding plan

Theme 2: Providing the right support at the right time

Child and adolescent mental health

Action 12. Create clear and regionally consistent urgent, emergency and crisis services for children and young people that will work together with crisis services for adult mental health.

Crisis services

Action 27. Create a Regional Mental Health Crisis Service that is fully integrated in mental health services and which will provide help and support for persons in mental health or suicidal crisis.

Summary of funding requirement

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
Revenue:	-	£2.932m – £8.024m
Total:	-	£2.932m – £8.024m

Supporting detail and assumptions:

Background

Regional mental health crisis service

43. Additional staff to deliver crisis services will be needed, including a robust regional support structure. It is expected that a Band 8b is required on a regional level, with each Trust using a Band 8a to lead the service. Support staff would also be required for the service leads. The estimated cost requirement for this aspect of the service amounts to £420k per annum.
44. To deliver the enhanced crisis services, additional resource is also required for the various crisis teams. It is expected that this will include a number of Band 6 and Band 5 professionals. The total cost requirements per Trust is estimated at £321k, with a total cost of £1.605m. Further, five band DBI practitioners would be required in each Trust at a cost of £907k.
45. The total cost requirement for the regional crisis service is therefore £2.932m per annum.

Multi Agency Triage Team (MATT)

46. MATT is currently incurring expenditure of £283k per annum for a limited service in two Trust areas (comprising two night shifts per week). To roll out MATT across all Trust areas for a 7-night per week service, it is estimated to cost up to £5.094m per annum.

Funding requirement

47. The total additional revenue funding requirement therefore ranges between £2.932m (Regional Crisis Service) and £8.024m per annum (Regional Crisis Service and roll out of MATT across NI).

Outcomes of investment: A regional mental health crisis service.

Effective help and support for people in crisis, through a regional crisis service, with a resultant reduction in Emergency Department attendance for mental health patients