Case study

Improving the crisis response for people with mental health problems in Surrey

As part of their transformation work, partners in Surrey are seeking to improve the public service response to crisis situations for people with mental health issues. An initial statement of commitment has been made through the Surrey Mental Health Crisis Concordat which commits agencies to work as one system to support people in mental health crisis irrespective of which agency they turn to first.

There are a complex set of local agencies; six Clinical Commissioning Groups, 12 Local Authorities, five acute hospital trusts, a police force, a fire service and an ambulance service covering three counties, with a large geographical area and serving a population of 1.15 million.

The case for change

For Surrey, the case for transformation is clear: the current system is not delivering the best outcomes for those in crisis and it generates significant costs. Partners are projecting an increase in demand for mental health services which will put further pressure on A&E, primary care and acute care provision. Currently most patients who frequently re-attend A&E departments do so because of an untreated mental health problem. Surrey Police spend a considerable amount of their time responding to mental health issues and this is coupled with the national concern about individuals being held in police cells because of a lack of appropriate ‘places of safety’.

Surrey proposes a whole system change, focused on delivering the right support, at the right time, where there is ‘no wrong door’ - people receive a consistent service regardless of which agency they turn to first.

There are a number of different challenges this work is trying to address. For example:

- From the police’s point of view, when a call comes in at two o’clock in the morning, how do they access the information they need to ensure that the individual gets the appropriate response, rather than ending up in a police cell?

- From the mental health trust’s point of view - how do front line practitioners at all entry points into the system, access the information needed for decision-making, when services are not as joined up as they should be?

- From the adult social care commissioner’s point of view - how can we join up support from different agencies around vulnerable adults, in order to prevent crisis in the first place?

- From the health commissioner’s point of view - how do GPs play their part in preventing mental health crisis, as well as responding to crisis?

Surrey will be building on its firm foundation of strong partnership working to deliver its ambitious vision. For example, as part of its Working Together Programme, Surrey is investing in an organisational development programme which will be an important enabler for partnership working, and for developing a workforce that is confident to share information safely and appropriately.
**Proposed transformation**

Universal integrated mental health crisis response service – with health, social care, emergency services and the voluntary sector working together. Key outcomes of this will be a universal single point of access for those in mental health crisis.

A partnership approach to information sharing – to provide agencies with timely access to patient data that will inform an appropriate response.

And better community support – to prevent crisis from occurring and enable recovery, via establishing primary care level integrated teams, peer support services and local ‘safe havens’ where individuals in crisis can receive support and be assessed.

**The Centre of Excellence for Information Sharing’s role**

The Centre of Excellence for Information Sharing will be supporting Surrey to develop an integrated response service – sustained by a partnership approach to information sharing and better community support. Partners in Surrey recognise that paying attention to the cultural aspects of information sharing is vital for releasing the potential of the new integrated approach and could also be a catalyst for wider transformational change.

Surrey may want to look at patterns of risk, through analysis of aggregated information, to identify the ‘typical’ needs of certain groups of people, to help inform the appropriate response when an individual with a similar set of needs comes into contact with public services. Surrey may also want to ensure it has explored all the service design options, in order to identify whether information governance (the legal ‘rules’) are a barrier to information sharing. The Centre of Excellence for Information Sharing can help tease out any issues that need to be captured for a national audience, to help inform and help drive change at the national level.

Surrey’s whole-system design and delivery of an integrated service will require a culture of trust between local agencies and a commitment to shared outcomes, so that information can flow across organisational boundaries. Particular focus will be on ensuring frontline staff and managers feel confident around the risk in relation to data sharing with greater clarity about roles and responsibilities.

The Centre of Excellence for Information Sharing will work alongside Surrey to support them in anticipating, working through and resolving the barriers to information sharing which will support the delivery of better outcomes for individuals in mental health crisis and prevent people from going into crisis in the first place.