



GOVERNING BODY

Agenda Item No.	12
Reference No.	IESCCG 19-18
Date.	26 March 2019

Title	Mental Health Crisis Resolution Home Treatment (CRHTT): Proposed East and West Suffolk Model.
Lead Chief Officer	Richard Watson, Deputy Accountable Officer and Chief Transformation Officer
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Purpose	To discuss and for decision for investment into proposed new model of mental health crisis care for Suffolk

Applicable CCG Clinical Priorities:		
1.	To promote self care	
2.	To ensure high quality local services where possible	X
3.	To improve the health of those most in need	X
4.	To improve health & educational attainment for children & young people	
5.	To improve access to mental health services	X
6.	To improve outcomes for patients with diabetes to above national averages	
7.	To improve care for frail elderly individuals	
8.	To allow patients to die with dignity & compassion & to choose their place of death	
9.	To ensure that the CCG operates within agreed budgets	

Action required by Governing Body:
To approve the proposed new mental health crisis model from 2019/20 as set out in the business case amounting to £589,908 in 2019/20 and £1,378,272 recurrently in 2020/21.

1. Background

- 1.1 In November 2016, the Mental Health Five Year Forward View (5YFV) identified the need for all areas to provide Crisis Resolution and Home Treatment Teams (CRHTT). Teams will deliver a 24/7, community-based crisis response and intensive home treatment, as an alternative to an acute admission. These CRHTTs need to be resourced to operate in line with nationally recognised best practice guidance, called Core Fidelity Criteria. The Long Term Plan (January 2019) requires delivery by 2019/2020 – a year ahead of the original timetable.
- 1.2 NHS England have subsequently advised that to progress to this ambition incrementally and yearly, CCGs should deliver on the following:

- *In 18/19 all CCGs must be able to evidence additional investment in CRHT's and spend against this. NHS England will be looking for spend that particularly moves forward the 24/7 agenda for community crisis and home visits.*
- *The minimum requirement by the end of March 19/20 is that the 24/7 elements are fully implemented for both home visits and community crisis. There will be additional asks in 19/20 that NHS England expect to be clarified in the final planning guidance but as a minimum expect these to include open access and adequate staffing.*
- *As the national expectation (detailed in a letter from Claire Murdoch) was that the 24/7 elements should be in place before last winter (18/19), and the expectation is that CCGs will have made significant headway in implementation of the 24/7 elements before winter 19/20.*
- *In 18/19 NHS England therefore expect all CCGs to be able to evidence that there are robust long term implementation plans, (matched by investment plans), in place that ensure 24/7 delivery and are inclusive of the additional requirements that are expected to be announced shortly.*

- 1.3 Over the past 12 months a system wide task and finish group has worked up a draft model as set out in the business case (appendix1). This sets out the east and west Suffolk response. This has been influenced by the Cambridge and Peterborough vanguard approach.

1.4 Existing service

The existing Crisis Response and Home Treatment Services are within Woodlands in Ipswich and Wedgewood in Bury St Edmunds, both on acute sites.

The crisis response teams operate 24/7. They offer emergency face-to-face assessment within four hours to people of all ages who are deemed to be acutely unwell and may require admission to hospital. The service also supports the telephone crisis line, available only to patients and families of patients currently receiving services from NSFT.

The Home Treatment Teams deliver a service seven days per week with the team. In east Suffolk teams work from 7am–10pm and in west Suffolk from 8am-9pm. This multi-disciplinary team provides a range of interventions for up to six weeks in the patient's own home as an alternative to an inpatient admission. This service is for patients aged 18+. The team are also responsible for controls all admissions into hospital and facilitate early discharge of patients from mental health inpatient units and where appropriate they will support patients at home by providing a range of interventions to those who may otherwise have an extended length of stay as an inpatient

1.5 Proposed New Service

The model will consist of:

- 24/7 telephone access to a trained mental health crisis response team via NHS 111 option 2. This means people of all ages can enquire about support for themselves or for family and friends if they are in crisis. This line will also be available to offer mental health advice and support for health and social care professionals such as GPs, police and ambulance. This has been widely endorsed by mental health service users as a beneficial addition, which could prevent distress and make sure people get the right help more quickly.

- The ability to swiftly and safely carry out a face to face assessment at home or another suitable environment when required 24/7 where a person may be so acutely unwell they require admission to hospital
- Offer brief interventions for up to 72 hours where appropriate
- Provision of 24/7 crisis resolution home treatment for those aged 18+ as set out in the Mental Health 5YFV to support the initial crisis phase and onward home treatment for up to six weeks based upon Core Fidelity standards.
- We are still awaiting NHS England national guidance setting out the required response for urgent and emergency mental health care for children and young people. However, the business case builds in what we know is likely to be the expected response.

2. Key Issues

- 2.1 The publication of the NHS Long Term Plan has moved forward the timescales for having in place a 24/7 crisis response and home treatment team. The expectation is that this will be delivered in 2019/20.
- 2.2 The 2020/21 full year effect investment required to meet this national 'must do' amounts to **£2,107,450** as set out in the business case (Appendix 1) and is split thus **£1,378,272 Ipswich and East Suffolk CCG** and **£ 729,178 West Suffolk CCG**.
- 2.3 This includes setting up the full service inclusive of 24/7 call centre, additional resource for assessment including children and young people experienced staff and 24/7 home treatment will need to have an implementation period of one year indicating a go live date of March 2020.
- 2.4 This means that the investment required to achieve this in 2019/20 would be less than the full year effect as the various posts would be phased over the mobilisation period.
- 2.5 The actual part year effect cost to mobilise the full service in 2019/20 would amount to **£ 902,000*** which is split **£589,908.00 Ipswich and East Suffolk CCG** and **£312,092 West Suffolk CCG**.

*please note that this cost does not include any costs for potential property rental for a call centre nor a call management system for the call centre. These require scoping and costing.

3. Patient and Public Engagement (if appropriate)

- 3.1 The mental health crisis model was developed over a six month period in 2018 by a system wide multi-disciplinary team which included police, ambulance and patient representatives. The model developed was included in the East and West Suffolk Mental Health and Emotional Wellbeing Strategy #averydifferentconversation.
- 3.2 As the mobilisation phase commences, co-production partners and patient representatives will be involved to continue to work with the CCGs and Norfolk & Suffolk Foundation Trust in implementing the model.

4. Recommendation

- 4.1 The Ipswich and East Suffolk Governing Body are requested to approve the proposed new mental health crisis model from 2019/20 as set out in the business case amounting to **£589,908** in 2019/20 and **£1,378,272** recurrently in 2020/21.

Business Case: March 2019

East and West Suffolk Crisis Resolution & Home Treatment Team

Introduction

In November 2016, the Mental Health Five Year Forward View for Mental Health (5YFV) identified the need for all areas to provide Crisis Resolution and Home Treatment Teams (CRHTT) to deliver a 24/7 community based Crisis Response and Intensive Home Treatment, as an alternative to admission to Acute Inpatient admission. These CRHTTs need to be resourced to operate in line with best practice guidance as described in the Core Fidelity Criteria. The original 5YFV stated that these standards must be in place by 2020/2021.

NHS England have recently advised that In order to progress to this ambition incrementally and to be able to build towards this year-on-year, there are a number of 'asks' that the CCGs are requested to deliver on:

- *In 18/19 all CCGs must be able to evidence additional investment in CRHTT's and spend against this. We will be looking for spend that particularly moves forward the 24/7 agenda for community crisis and home visits.*
- *The minimum requirement by the end of March 19/20 is that the 24/7 elements are fully implemented for both home visits and community crisis. There will be additional asks in 19/20 that we expect to be clarified in the final planning guidance but as a minimum we expect these to include open access and adequate staffing.*
- *As the national expectation (detailed in a letter from Claire Murdoch) was that the 24/7 elements should be in place before this winter (18/19), and the expectation is that CCGs will have made significant headway in implementation of the 24/7 elements before winter 19/20.*
- *In 18/19 NHS England therefore expect all CCGs to be able to evidence that there are robust long term implementation plans, (matched by investment plans), in place that ensure 24/7 delivery and are inclusive of the additional requirements that are expected to be announced shortly.*

It should be noted that the aspiration for CRHTT within the 5YFV is for those aged 18+ as prescribed by NHS England. Further guidance in respect of urgent and emergency mental health care for children and young people is still awaited (March 2019).

Suffolk offers a Crisis Response and Home Treatment Service in East and West Suffolk, but the current provision does not meet the standards as described in the Core Fidelity Criteria which is detailed later in this paper.

Following a review of the existing service provision, and the work undertaken with partners to review our current service model over the past 18 months, we have identified the need to make some specific changes.

Children and Young People

In November 2016, NHS England indicated that guidance called *implementing the Evidence-based Treatment Pathway for Urgent and Emergency Mental Health Services for Children and Young People* was forthcoming and is yet to be received.

In the absence of this guidance, the East of England Clinical Network commissioned a recent mapping exercise by Associate Development Solutions, which was published in October 2018. This document made a number of regional recommendations to prepare services for the future national guidance being developed by NHS England for urgent and emergency mental health guidance for children and young people. These are as follows:

- 1) A clearly defined service model for a crisis assessment and intervention service for Children and young people
- 2) A systematic multi agency crisis response
- 3) A comprehensive skills, knowledge and competency framework
- 4) Development of a regional and national networking forum
- 5) A clear evidence based understanding of crisis service cover requirements
- 6) Participation of young people and families embedded into commissioning plans and provider developments

The suggested enhancements to the services in this paper for Suffolk take into consideration these local NHS England recommendations.

Background

NSFT currently offer a 24/7 Crisis Response Service. However, these teams are limited in the interventions and assessment they provide as they were resourced only to see those people who were acutely unwell and required admission to hospital. This criteria is now out of date as there is recognition nationally that we must support all members of the public who feel they are experiencing a mental health crisis, or high levels of emotional distress no matter what age they are or if they are already known to mental health services. This point was highlighted in the recent Health Watch Survey which was undertaken to engage members of the public and professionals in offering their views and feedback to support the development of the East and West Suffolk Mental Health and Emotional Wellbeing Strategy 2019-29 *#averydifferentconversation*. Access to Crisis Services, support from services and lack of follow up following a crisis were all mentioned throughout the 142 comments made in the survey. Some of recommendations made were quite simple, carers indicated “*easy access to talk to someone for the person in crisis is important*” and recommendation asked

for “ the provision of a self- referral assessment centre as a first point of contact when they are experiencing a crisis, followed by a structured path to the next level of care appropriate to their needs “ .

These comments are further supported by a recent CQC visit to NSFT (November 2018), where Crisis access and response featured in their feedback. They indicated that staffing levels must be sufficient to meet the local needs of people experiencing a crisis, and this appeared to reflect their concern that staff in crisis services prioritised telephone contact with patients over face-to-face contact. The Suffolk Mental Health Needs Assessment completed in 2018 to support the transformation plans for Suffolk provided a wealth of useful information, and one of the key points raised relating to crisis suggests that “ *there are more people in Ipswich and east Suffolk with mental ill health due to relative deprivation than other parts of Suffolk. This pattern is also seen in crisis. Deprivation has been demonstrable to impact on admissions for self-harm, suicide and crisis admissions in Suffolk.*”

One of the most significant changes needed for the Suffolk system is the need to provide a Crisis Response Service, which is accessible 24/7 to all, and accepts self-referrals, referrals from families, and carers as well as referrals from professionals.

In addition to the changes to the criteria for accepting referrals, this means the system must be able to ensure the following:

- anyone calling a crisis line can receive advice and support over the telephone
- signposting where necessary to alternative services e.g. Citizens Advice, GP
- ability to access face to face assessments when required 24/7 either at home or a suitable location within 4 hours
- receive intensive support at home 24/7 when required
- urgent admission to hospital will be arranged if necessary.

In January 2018, the Suffolk Mentally Healthy Communities Board tasked a Crisis Task & Finish Group to develop what a Crisis Response system for Suffolk could look like. This Group included membership of a range of partners across the Suffolk system including patient representation. The work from this group has been included as part of the Suffolk Mental Health and Emotional Wellbeing 10 year Strategy, **#averydifferentconversation**.

Cambridge & Peterborough First Responder Service

Part of the work carried out by the Crisis task & Finish Group included two visits by a range of staff and service users to Cambridge and Peterborough Foundation Trust to look at how their First Responder Service works and early indications of results from the implementation of this.

The CPFT ‘Vanguard’ site implemented their First Responder service back in 2016 and have shared a large amount of learning with Suffolk. CPFT evaluated their service as they developed it and in June 2018 were able to state that findings (Table One) showed the following **reductions** in activity in the system for people with mental health conditions:

Table One:

Area	Percentage Reduction
ED Attendances for any MH need	25%
Admissions to Acute Trusts for MH patients from ED	26%
NHS 111 calls	45%
GP Out of Hours calls	39%
Overdoses	16%

Core Fidelity Assessment

The Crisis Task & Finish Group requested that NSFT carry out a Core Fidelity Assessment on the current Crisis Response team and Home Treatment Team provision for Suffolk.

The Core Fidelity Scale, which is the quality standard expected by NHS England, was developed by University College London and was designed to measure and standardise the quality of Crisis Response, Home Treatment Services by asking teams to self - assess against 39 quality indicators (shown in Appendix 1) covering a wide variety of areas of the service. This scale was based upon examples best practice drawn from CRHTs across the country.

There is a resource pack available enabling CRHT Teams to carry out an initial assessment and follow a service improvement process over a 1-year period.

The review of the Suffolk CRHT carried out by NSFT revealed the following areas which require improvement to enable compliance with Core Fidelity:

- The current service is not accessible to patients unless they meet the criteria for secondary mental health services. Also, self-referrals and those from families or carers are not currently accepted.
- Existing crisis response is available 24/7 but home assessments are only carried out over a 12-hour period.
- Telephone support is offered 24/7 to existing NSFT patients but not all patients.
- The current 'gate keeping' principles for admission are applied but there is not always a face to face assessment.
- The existing Crisis Response team provides emergency assessments where required to the Emergency Departments overnight as Psychiatric Liaison in not 24/7.
- Care plans - involvement with carers/family is key but additional work on the quality of this contact is essential.
- Psychological interventions are not readily accessible within the current service.
- Physical healthcare should be improved and links to new SMI physical healthcare team to be implemented.
- Current Home Visits do not span 24/7 period and general frequency and duration could be improved.
- Following discharge of a patient, handover to community services takes place where appropriate, but self-referral within 2 weeks back into service is not available.

- To enable the aforementioned improvements and to ensure crisis and home treatment is available to all 24/7, staffing levels need to be increased.
- Consultant Psychiatrists are included in the skill mix for Home Treatment teams, but limited input within Crisis Response Team.
- Multidisciplinary teams are in place but this standard is only partially met so the skill mix needs to be reviewed.
- Consistency to support patients through period of intervention is not possible due to 24 hour service over 7 days.
- Access to residential crisis services is limited with few alternatives available e.g. no access to day care.

Appendix Two sets out the current Suffolk position in relation to NHS England expectations as at February 2019.

Activity and Demand

Crisis Response

Across the Suffolk system, there are a variety of ways in which people will contact services when they have a mental health crisis or are experiencing mental health problems and wish to seek help.

Predicting the future demand for a 24/7 Mental Health call centre is difficult. CPFT measured their demand and advised in May 2018 that their First Response Service received 350 referrals/calls per week. The outcome for this demand was met as follows:

- 72% managed by telephone (Advice, guidance and signposting)
- 17% seen for urgent face-to-face assessment
- 8% referred into other MH teams (Home Treatment/Community Teams/EIP etc)
- 3% required emergency services input

Below is data from the Suffolk system pertaining to mental health which is likely to indicate the lower end of the scale of demand for a 24/7 call centre for mental health bearing in mind potential current unmet need:

NHS 111 Data

Table Two below shows the number of calls via NHS 111 that were received between August 2017 and July 2018:

Table Two:

Total MH Cases				
Cases				
Month	IH	OOH	Grand Total	
2017				
Aug	27	133	160	
Sep	35	120	155	
Oct	46	139	185	
Nov	44	106	150	
Dec	25	190	215	
2018				
Jan	52	146	198	
Feb	47	111	158	
Mar	52	139	191	
Apr	40	145	185	
May	30	148	178	
Jun	48	140	188	
Jul	53	146	199	
Grand Total	499	1663	2162	

This equates to approximately **6 calls per day**.

NSFT Crisis Response Team Data

The existing NSFT Crisis response teams has three types of activity covering Emergency referrals which are:

- new referrals from patients not under secondary care services
- referrals from existing secondary care service users
- Telephone support for patients currently receiving NSFT services

Table Three shows the total activity covering these areas for 2018 as follows:

Table Three:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
519	473	577	297	511	495	589	634	617	681	596	693	6682

This indicates that there are **between 18 and 19 patients per day** who were either referred to the team for assessment or who are existing service users seeking support via the telephone during 2018.

Table Four splits out the actual numbers who are new individuals who were referred to Crisis Response teams in Suffolk in 2018 which forms part of the activity shown above. Please note that in some of these case's these individuals may have been referred more than once and this additional activity is not included:

Table Four:

Age Group/	2018 01	2018 02	2018 03	2018 04	2018 05	2018 06	2018 07	2018 08	2018 09	2018 10	2018 11	2018 12	Grand Total
18 and Over	48	56	75	91	124	128	142	140	131	167	138	145	1385
Emergency 4 hour	48	56	75	91	124	128	142	140	131	167	138	145	1385
Priority Unchanged	30	27	94	76	115	113	110	118	112	145	93	131	1164
Downgraded	18	29	85	15	9	15	32	22	19	22	45	14	325
Under 18	5	5	14	9	15	13	13	4	13	24	23	16	154
Emergency 4 hour	5	5	14	9	15	13	13	4	13	24	23	16	154
Priority Unchanged	3	2	5	9	14	11	10	3	10	21	16	15	119
Downgraded	2	3	9		1	2	3	1	3	3	7	1	35
Grand Total	53	61	89	100	139	141	155	144	144	191	161	161	1539

As you can see, this activity crudely equates to **between 4 and 5 new emergency referrals per day** in total. For under 18s, this works out to approximately 1 referral every other day.

This shows that the majority of the existing activity for the Crisis Response Teams is from patients already known to services. This type of activity will be exactly the type of call which is received by an NHS 111 option 2 response:

Acute Trust Emergency Department Data

Another route for accessing mental health services is via the Emergency Department at both of our Acute Trusts (Ipswich and West Suffolk). To support this need, there is Psychiatric Liaison provision at both of the Acute Trusts for the following hours:

- *Ipswich Hospital:* 8am – 9pm 7 days per week
- *West Suffolk Hospital:* 8am – 6pm Monday to Friday

Outside of these hours, the existing Crisis Response Team will be requested to respond to any **emergencies** within the current contracted 4 hours so some of the activity shown below will form part of the data above. It is however important to consider the data from the Emergency Departments within this business case as potential demand for a new Crisis service as we know that evidence from CPFT shows that attendances to their Emergency Departments reduced by 25%.

Tables Five A and B below sets out the activity at Ipswich Hospital and West Suffolk Hospital Emergency Departments for people with mental health presentations between 1 April 2018 and 30th November 2018. This data is from the new Emergency Care Data Set which is more detailed than historic ED Mental Health data sets and categorises mental health presentations better.

Table Five A: Ipswich Hospital

Sum of Activity	Column Labels	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Grand Tot
Monday		17	8	2	5	7	3	5	2	7	6	7	7	7	15	15	11	11	15	18	11	16	10	15	5	225
Tuesday		18	9	6	6	4	6	3	5		3	5	8	10	10	13	9	10	11	14	16	11	20	14	13	224
Wednesday		9	13	4	3	5	4	1	1	6	2	6	5	5	7	18	8	15	7	9	13	16	11	8	14	190
Thursday		7	9	4	7	2	4	1	4	5	6	4	9	7	8	13	12	8	14	10	16	12	16	22	14	214
Friday		13	10	4	3	5	8	4	1	2	2	6	5	6	9	10	7	16	6	9	13	14	7	12	9	181
Saturday		9	12	14	6	8	6	5	3	2	5	5	5	7	10	5	11	8	11	11	8	8	13	14	6	192
Sunday		10	6	9	11	8	8	3	6	3	6	5	10	7	9	6	13	18	12	10	11	11	9	11	11	213
Grand Total		83	67	43	41	39	39	22	22	25	30	38	49	49	68	80	71	86	76	81	88	88	86	96	72	1,439

Taking into consideration the Psychiatric Liaison opening hours, the Psychiatric Liaison Team will be covering approximately between 57 - 60% of this activity with the out of hours Crisis Response team taking a proportion of the remainder if it is a mental health emergency.

Table Five B: West Suffolk Hospital

Suff_Provider_Cod RGR

Sum of Activity	Column Labels	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Grand Tot	
Monday			5	9	5	5	2	1	1	1	5	2	1	2	5	7	3	6	8	4	10	8	5	9	10	11	125
Tuesday			7	8	7	6	4	7	1	2	2	2	5	6	4	9	2	6	8	16	9	4	9	10	4	6	144
Wednesday			7	6	3	1	6	2	3	2	2	6	10	7	3	7	10	7	10	7	7	9	6	17	8	7	153
Thursday			8	10	1	3	3	3	2	4	6	1	3	5	3	5	3	9	8	12	14	14	8	14	11	8	158
Friday			8	4	4	4	4	1	2	3	2	4	5	1	10	3	3	10	10	7	9	8	3	10	8	14	137
Saturday			7	9	5	7	5	7	6	2	2	2	5	5	6	4	8	14	4	6	11	5	14	7	12	10	163
Sunday			12	10	19	9	5	6	4	1	4	7	5	7	4	3	8	3	11	18	4	6	12	13	16	15	202
Grand Total			54	56	44	35	29	27	19	15	23	24	34	33	35	38	37	55	59	70	64	54	57	80	69	71	1,082

The West Suffolk Psychiatric Liaison Service hours have a shorter coverage than Ipswich Hospital so this puts more reliance onto the out of hours Crisis Response Team to deal with emergency referrals in ED. The percentage of coverage from this Psychiatric Liaison Team is approximately between 26 – 30% of this activity.

The total minimum current demand is shown in Table six as follows:

Table Six:

Service	Referrals/calls per Day
NHS 111	6
NSFT Crisis Response Emergency Referrals	19
Estimated Ipswich Hospital OOH Demand	3
Estimated West Suffolk Hospital Demand	3
Total	31

It is important to recognise that the Emergency Departments need to have timely access to mental health assessments out of hours to support meeting their 4-hour target, but more importantly to provide the service response that patients deserve. As the current psychiatric liaison offer is not Core 24, this means that any new model put in place will still be required to cover the hospital site out of hours until a further review and investment is in place for Psychiatric Liaison. There is an expectation set out in the NHS 10 Year Plan (January 2019) that all acute Trusts have a 24/7 psychiatric liaison offer over time.

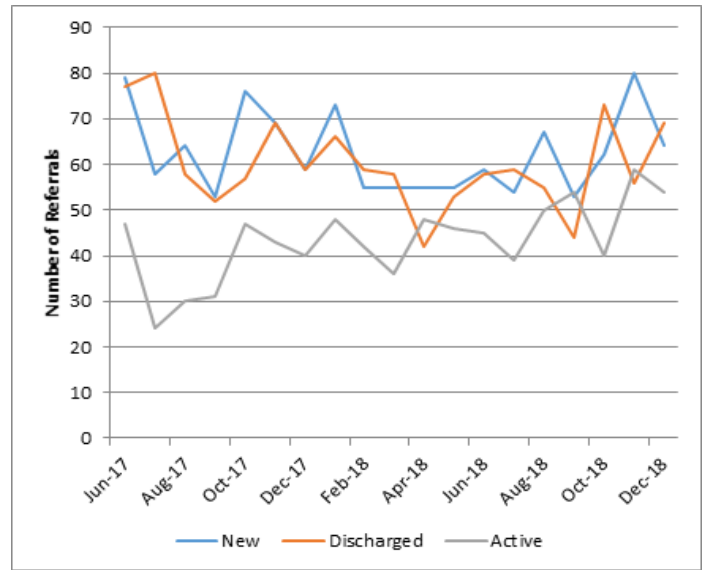
East and West Suffolk Home Treatment Team Data

The data from the East and West Suffolk home treatment teams below (Table Seven) indicates the throughput of patients between June 2017 and December 2018.

Table Seven:

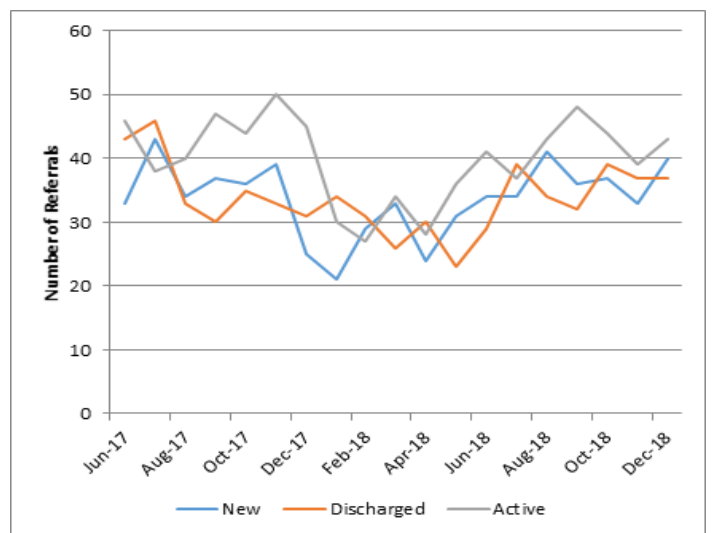
Locality-Wide Team Referrals for HTT East Pathway (New, Discharged, and Active in Month)

Month	New	Discharged	Active
Jun-17	79	77	47
Jul-17	58	80	24
Aug-17	64	58	30
Sep-17	53	52	31
Oct-17	76	57	47
Nov-17	69	69	43
Dec-17	59	59	40
Jan-18	73	66	48
Feb-18	55	59	42
Mar-18	55	58	36
Apr-18	55	42	48
May-18	55	53	46
Jun-18	59	58	45
Jul-18	54	59	39
Aug-18	67	55	50
Sep-18	53	44	54
Oct-18	62	73	40
Nov-18	80	56	59
Dec-18	64	69	54



Locality-Wide Team Referrals for HTT West Pathway (New, Discharged, and Active in Month)

Month	New	Discharged	Active
Jun-17	33	43	46
Jul-17	43	46	38
Aug-17	34	33	40
Sep-17	37	30	47
Oct-17	36	35	44
Nov-17	39	33	50
Dec-17	25	31	45
Jan-18	21	34	30
Feb-18	29	31	27
Mar-18	33	26	34
Apr-18	24	30	28
May-18	31	23	36
Jun-18	34	29	41
Jul-18	34	39	37
Aug-18	41	34	43
Sep-18	36	32	48
Oct-18	37	39	44
Nov-18	33	37	39
Dec-18	40	37	43



This activity shows the numbers of patients but does not specify activity by patient (i.e one patient may access a number of visits per day or a couple per week). The data does show that the case load constantly changes with people being discharged. The caseload level was reviewed as part of the Core Fidelity Assessment and the data suggests that both of the home treatment teams East and West successfully manage patients and the workloads are at an expected level for population coverage.

Crisis Task & Finish Group Conclusions

The Crisis Task & Finish Group's findings have identified the preferred future model for East and West Suffolk is to establish a call centre approach, similar to one of the regions vanguard sites, provided by Cambridge and Peterborough NHS Foundation Trust (CPFT) and as supported in the NHS Long Term Plan (January 2019).

This model will offer a Crisis Response service by asking the public to call NHS 111 and press option 2 for Mental Health. This model will ensure we achieve better access to Mental Health Services for the people of Suffolk and meet the requirements of the Five Year Forward View and Crisis Care Concordat 2014.

The model described in this business case fits with the NHS Long Term Plan (January 2019) which states:

3.96. The NHS will ensure that a 24/7 community based mental health crisis response for adults and older adults is available across England by 2020/21. Services will be resourced to offer intensive home treatment as an alternative to acute inpatient admission. We are also working to ensure that no acute hospital is without an all age mental health liaison service in A&E Departments and inpatient wards by 2020/21, and that at least 50% of these services meet 'Core 24@ service standard as a minimum. By 2023/24, 70% of these liaison services will meet the 'Core 24 Standard', working towards 100% coverage thereafter.

3.97 In the next ten years we are committed to ensuring the NHS will provide a single point of access and timely, universal mental health crisis care for everyone. We will ensure that anyone experiencing mental health crisis can call NHS 111 and have 24/7 access to the mental health support they need in the community and we will set clear standards for access to urgent and emergency specialist mental health care. This will include post-crisis support for families and staff who are bereaved by suicide, who are likely to have experienced extreme trauma and are at a heightened risk of crisis themselves.

This business case will detail the additional resources required to meet this change in service model and set out the phases of implementation over the next 2 years to meet the deadlines set within the Mental Health 5YFV.

There is also the need to agree what services constitute a system wide Suffolk Crisis Response, as there are several teams in place who offer a " crisis intervention ", namely these would be Crisis Response and Home Treatment, Psychiatric Liaison Services, Police Triage Team and Serenity Intensive Monitoring.

It is important to understand that as well as the resource requirements, there is a need for Suffolk Commissioners and Providers to all agree the language and standards that we all use when describing Crisis Response Services. The *Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care* guidance published in November 2016 by NICE clearly defines mental health crisis as:

Emergency – an unexpected time critical situation that may threaten the life, the long term health or safety of an individual or others and requires an immediate response.

Urgent – a situation is serious and an individual may require timely advice and attention or treatment but is not immediately life threatening

The NHS Long Term Plan has also indicated the Clinical Review of Standards will make recommendations for embedding urgent and emergency mental health into waiting time standards. These standards will commence for the first time in 2020. In the absence of the Community Crisis Guidance which was due to be published in July 2017, NHS England does appear to have adopted the same response times for Crisis that exists in Psychiatric Liaison Services, i.e. Emergency Response within 1 hour, Urgent response within 24 hours.

Current Service Model

Crisis Response

The existing Crisis Response and Home Treatment Services are co-located on the Acute Trust Hospital sites within Woodlands in Ipswich and Wedgewood in Bury St Edmunds.

The current Crisis Response Team is 24/7 and offers an emergency face-to-face assessment within 4 hours to people who are deemed to be acutely unwell and may require admission to hospital. This team can be accessed via 0300 123 1334 for patients already receiving services from NSFT or via GP referral, attendance at Emergency Departments or from contact with Police if not known to services.

The team offer assessment out in the community until 9pm. If appropriate, a short-term intervention will be offered (up to 72 hours) to support people at the point of crisis and then signpost to the most appropriate service for follow up.

After 9pm, the Crisis Response Team of 4 staff (2 East Suffolk and 2 West Suffolk) undertake the majority of crisis assessments within the Emergency Department of the Acute Hospitals or at Woodlands & Wedgewood. In addition to this, the service also supports the telephone crisis line, available only to patients and families of patients currently receiving services from NSFT. For those people not currently receiving Secondary Care mental Health Services, the routes into accessing a crisis assessment out of hours is varied and people may present at the Emergency Department, via a section 136 or through other means such as ambulance, OOH GP or directed from NHS111.

Home Treatment Teams

The Home Treatment Teams deliver a service 7 days per week with the team in East Suffolk working to operating hours from 7am – 10pm and in West Suffolk from 8am-9pm. The function of this multi-disciplinary team is to provide a range of interventions for up to six weeks in the patient's own home as an alternative to an inpatient admission. This service is for patients aged 18+.

The Home treatment Team are also responsible for the 'gate keeping' of all admissions to mental health inpatient units. This role involves assessing everyone before they are admitted to an inpatient mental health bed to consider if home treatment would be a feasible alternative to admission.

The team also facilitates early discharge of patients from mental health inpatient units and where appropriate they will support patients at home by providing a range of interventions to those who may otherwise have an extended length of stay as an inpatient.

Gatekeeping and facilitation of early discharge are both key functions of a well-resourced and effective Crisis Resolution Home Treatment Team

Emotional Wellbeing Hub

The Emotional Wellbeing Hub commenced in April 2018 and was designed to take all mental health referrals for people aged between 0 – 25 years which were previously directed through Access and Assessment. The service is open Monday to Friday 8am – 8pm.

The Emotional Wellbeing Hub is a multi-disciplinary team who triage all referrals and establish the next steps for each child/young person/family and direct the referral appropriately. Therefore, any children or young people requiring emergency assessment are swiftly passed to the Crisis Response Team for assessment during the teams working hours. Out of hours, any emergency referrals go directly to the NSFT Crisis Response teams.

As a starting point for an enhanced offer for children and young people, the Emotional Wellbeing Hub has recently recruited 3.69 WTE Band 6 nurses and Band 3 support workers to provide a pilot service to offer brief intervention at home for any children, young people and families who may require an urgent response but are not triaged as an emergency within 4 hours.

Proposed East and West Suffolk Crisis Mental Health Model

The new crisis mental health model (Figure One: below) has taken inspiration from the Cambridge and Peterborough First Responder Service but has considered how other local linked services can function alongside cohesively.

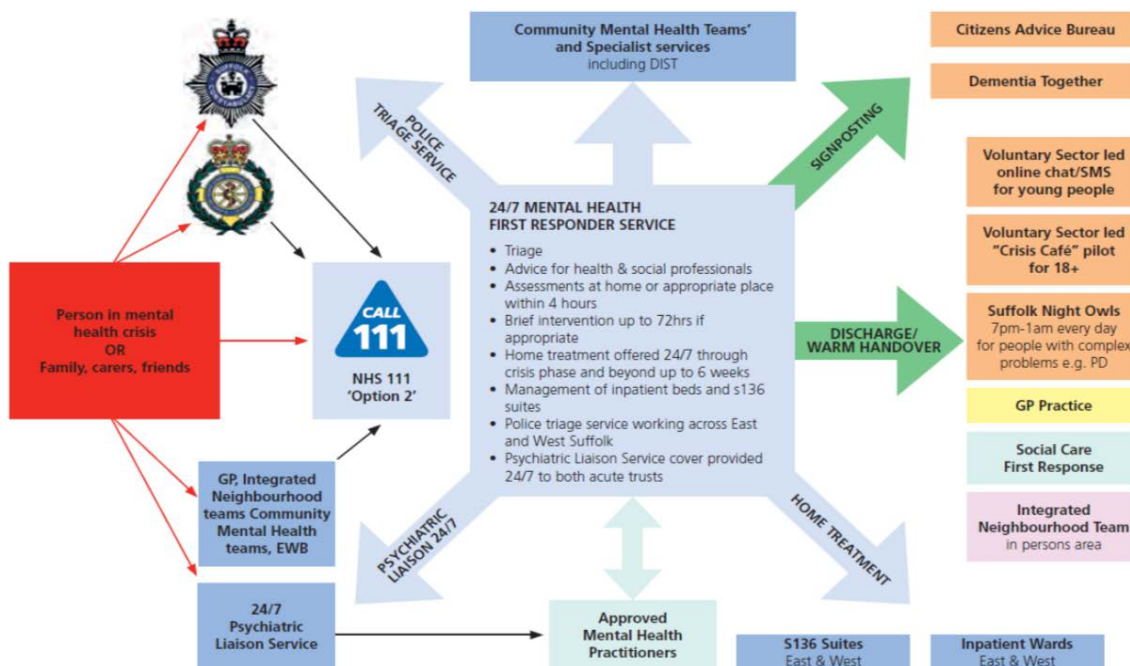


Figure One: East and West Suffolk Future Crisis Mental Health System Model

The model will consist of a **24/7 telephone access** to a **trained mental health crisis response team** via NHS 111 option 2. This telephone line will offer access to people of all ages to enquire about support for themselves or for family and friends if they are in crisis. This line will also be available to offer mental health advice and support for health and social care professionals such as GPs, Police and Ambulance. Not all people are able to or wish to communicate via telephone, so other options such as an SMS online chat for younger people will be explored to enable the service to safely reach as many people as possible.

The Mental Health Crisis Response team will triage all calls and assess the needs of each individual person and offer access to a range of support services including:

- offering advice and guidance with possible transfer to support in their local area e.g. Citizens' Advice
- signposting or warm transfer to specific voluntary sector crisis support services e.g. Suffolk Night Owls
- the ability to swiftly and safely carry out a **face to face assessment at home** or another suitable environment when required 24/7 where a person may be so acutely unwell they require admission to hospital
- offer brief interventions for up to 72 hours where appropriate
- tailored follow up for the individual, which may include providing warm handovers to Recovery Community Mental Health Teams for ongoing treatment

- provision of **24/7 crisis resolution home treatment** to support the initial crisis phase and onward home treatment for up to six weeks based upon Core Fidelity standards
- there will be access to emergency community based accommodation as an alternative to hospital admission
- providing the gatekeeping function for inpatient beds
- support and facilitation for early discharge from hospital
- working closely or co-located with Approved Mental Health Practitioners to enable swift access to mental health act assessments and Section 136 suites
- expert by experience in roles that inform service, support governance and advocacy
- strong links with Reactive Emergency Assessment Community Team (REACT) in East Suffolk and Early Intervention Team (EIT) in West Suffolk to enable support for patients calling in with dementia-related crisis
- working closely with Learning Disabilities Intensive Home Support team enabling prevention of admissions for these patients where appropriate

The Crisis response call centre has been designed to be an age inclusive service and this will require ensuring that there is a skill mix in place across the team which includes CAMHS expertise over the 24/7 period.

With regards to a Home Treatment Service element, the current service has historically offered service to patients aged 18+ and fits with current national guidance within the 5YFV. Until NHS England publish the national guidance on urgent and emergency mental health care for children and young people, it's difficult to predict what the expectation upon CCGs will be.

Proposed new service

The publication of the NHS Long term Plan and the subsequent Annex B has reset the timescales for having in place a 24/7 crisis response and home treatment team in 2019/20 instead of 2020/21 as stated in the original Mental Health 5YFV.

The proposed new model is broken in to three components: Crisis Response (call centre), face-to-face crisis assessments / brief intervention when required, and Home Treatment provided as an alternative to admission to hospital.

To enable the successful delivery of this model and to learn from previous experiences of setting up teams which work in isolation of the core services, we intend to bring together the staffing resources we currently have across East and West Suffolk, to form a Suffolk wide service. This staffing resource plus the additional posts should offer the ability to

provide a consistent approach to managing crisis calls, crisis assessments and home treatment. Band six staff will be rostered on to work in the call centre, supported by Band 5 tele coaches, who will be based there (physical location of the call centre to be determined). However to maintain local connections and reduce travel time, the crisis assessment and home treatment team functions will be carried out within localities. An additional change to this model will be the introduction of two twelve hour shift patterns 8am-8pm, 8pm – 8am.

This should offer staff the opportunity to achieve a better work / life balance where appropriate and may lead to an improvement in recruitment levels. In addition this should lead to a better experience for service users and their families by reducing the number of staff who will come to visit them on a daily basis, which is a criticism raised frequently by patients, families and carers.

The **full year effect** investment costs are set out as follows:

24/7 All Age Crisis Response service

Operationalising the 24/7 call centre and crisis assessment service as described in the Suffolk Model would enable the Suffolk system to meet the expectations set out in the 5YFV.

The CCGs and NSFT remain committed to co-production so know that work would need to begin in earnest to develop and mobilise the operational model further with our co - production partners, and the original steering group members.

At present there is no agreement for where the call centre could be based and options for this need to be explored as the first part of mobilisation and consideration of how the Care UK NHS111 contract and the Clinical Assessment Service for mental health within this contract fits with this offer.

Table Eight below set out the existing staffing in Crisis Response teams and proposed increase to deliver a 24/7 service for adults:

Post	Current WTE	Proposed WTE	Proposed increase in WTE
Consultant		1.00	1.00
Band 8b Psychologist		0.60	0.60
Band 7 Nurse (team leader)	2.00	2.53	0.53
Band 6 Nurse	22.24	20.26	-1.98
Band 5 Nurse		17.73	17.73
Band 4 Asst Practitioner	4.13	0.00	-4.13
Band 3 Admin	1.20	2.00	0.80
Band 4 Admin		1.00	1.00
TOTAL	29.57	45.12	15.55

Table Nine below sets out the new additional investment to deliver the call centre function for adults only:

	WTE	CYE	FYE
Direct Pay	15.55	856,934	856,934
Direct Non-Pay		35,970	35,970
Indirect	-	-	-
Overhead		223,226	223,226
Recurrent Total	15.55	1,116,129	1,116,129
Non-Recurrent Pay	-	-	-
Non-Recurrent Non-Pay		25,296	-
Non-Recurrent Total	-	25,296	-
Costing Total	15.55	1,141,425	1,116,129

Table Ten below, in anticipation of receiving the national guidance in respect of children and young people, the costings and establishment indicate the additional resource requirements to enable the call centre to ensure a clinician with CAMHS expertise is available 24/7 in the call centre, and able to provide face to face assessment. The additional resource identified would enable us to deliver this as a minimum.

Table Ten: current WTE staff currently part of a children's pilot within the Emotional Wellbeing Hub and proposed increase

Post	Current WTE	Proposed WTE	Proposed increase in WTE
Band 6 Nurse	3.62	10.13	6.51
Band 3 Admin	1.00	1.00	-
Band 3 Clinical Support Worker	3.62	-	3.62
Consultant Psychiatrist	0.20	0.60	0.40
Band 8b Psychologist		0.40	0.40
TOTAL	8.44	12.13	3.69

Table Eleven below sets out the new additional investment to deliver the children and young people experienced staff for all shifts 24/7:

	WTE	CYE	FYE
Direct Pay	3.69	350,042	350,042
Direct Non-Pay		20,138	20,138
Indirect	-	-	-
Overhead		92,545	92,545
Recurrent Total	3.69	462,724	462,724
Non-Recurrent Pay	-	-	-
Non-Recurrent Non-Pay		6,336	-
Non-Recurrent Total	-	6,336	-
Costing Total	3.69	469,060	462,724

The staffing establishment as set out above has been calculated to deliver;

- 24/7 call centre to be run with Band 5 Telecoaches run on rota with more coverage at busier times of day (learning from C&P Vanguard on casemix).
- Senior support from Band 7 Team lead and Band 6 within the call centre to support with professional advice to Ambulance, police etc.
- Nurses available 24/7 from both Acute Hospital Sites to be agile enough to carry out face to face assessment within the community across the locality and provide the Mental Health Support on the Acute trust site outside of psychiatric liaison hours.
- To offer brief intervention up to 72 hours where appropriate.
- Provide existing and additional specialist staff, in the overall rota to offer children and young people’s expertise and enable crisis assessment and support at home for this cohort of patients accessing the call centre.
- The service will offer support to people experiencing high levels of emotional distress but not necessarily requiring assessment to prevent escalation.

24/7 Home Treatment for Adults

The second element of the proposed new model is to extend the existing Home Treatment Service for adults in Suffolk to a 24/7 service. The additional staffing has been calculated based upon the numbers of staff required to work on rota to extend the existing service across both of the East and West Suffolk mental health inpatient sites.

The current provision of Home Treatment is only available to 18 years plus, and the additional costs (Table Twelve) apply as per the Core Fidelity Standards for adults and fits with the expectation from the 5YFV and NHS Long Term Plan.

Table Twelve: Existing and proposed increased establishment for Home Treatment Teams

Post	Current WTE	Proposed WTE	Proposed increase in WTE
Band 3 Admin	3.00	3.00	-
Band 3 Support Worker	6.00	17.73	11.73
Band 5 Nurse	8.65	7.60	- 1.05
Band 6 Nurse	15.60	7.60	- 8.00
Band 7 Nurse (team leader)	2.00	5.06	3.06
Consultant	2.00	2.50	0.50
Specialty Doctor	1.00	1.00	-
Band 8b Psychologist		1.00	1.00
TOTAL	38.25	45.48	7.23

Table Thirteen: additional investment required to increase Home Treatment to 24/7

	WTE	CYE	FYE
Direct Pay	7.24	400,736	400,736
Direct Non-Pay		22,142	22,142
Indirect	-	-	-
Overhead		105,719	105,719
Recurrent Total	7.24	528,597	528,597
Non-Recurrent Pay	-	-	-
Non-Recurrent Non-Pay		12,672	-
Non-Recurrent Total	-	12,672	-
Costing Total	7.24	541,269	528,597

As stated above, the investment required is for adults only. There may be requirements for further resources to support the home treatment functions for children and young people when policy guidance from NHS England is available.

The **total full year effect additional cost** to deliver the 24/7 call centre function, face to face assessment/brief intervention and 24/7 Home Treatment for adults which will ensure compliance with FVfV and Long term Plan requirements is as follows:

24/7 Call centre & F2F assessment/brief Intervention:	£ 1,524,853.00
24/7 Home treatment for Adults:	£ 528,597.00
Total:	£ 2,107,450.00

The total full year effect investment is split **£ 1,378,272.00** from Ipswich and East Suffolk CCG and **£729,178.00** from West Suffolk CCG from 2020/21.

To enable the creation and mobilisation of the new service, there will need to be a mobilisation period of 1 year leading up to the start date for the call centre in March 2020.

This means that the investment required in 2019/20 will be phased over the year as the post-holders are recruited. Therefore, the actual investment required after the phasing of posts required in 2019/20 would be as follows:

Table Fourteen: 24/7 Crisis Call Centre

	WTE	CYE	FYE
Direct Pay	15.55	214,233	856,934
Direct Non-Pay		8,992	35,970
Indirect	-	-	-
Overhead		55,806	223,226
Recurrent Total	15.55	279,032	1,116,129
Non-Recurrent Pay	-	-	-
Non-Recurrent Non-Pay		25,296	-
Non-Recurrent Total	-	25,296	-
Costing Total	15.55	304,328	1,116,129

Table Fifteen: Additional Children and Young People experienced staff 24/7

	WTE	CYE	FYE
Direct Pay	3.69	204,191	350,042
Direct Non-Pay		12,116	20,138
Indirect	-	-	-
Overhead		54,077	92,545
Recurrent Total	3.69	270,384	462,724
Non-Recurrent Pay	-	-	-
Non-Recurrent Non-Pay		6,336	-
Non-Recurrent Total	-	6,336	-
Costing Total	3.69	276,720	462,724

Table Sixteen: 24/7 Home Treatment

	WTE	CYE	FYE
Direct Pay	7.24	233,763	400,736
Direct Non-Pay		13,640	22,142
Indirect	-	-	-
Overhead		61,851	105,719
Recurrent Total	7.24	309,253	528,597
Non-Recurrent Pay	-	-	-
Non-Recurrent Non-Pay		12,672	-
Non-Recurrent Total	-	12,672	-
Costing Total	7.24	321,925	528,597

Total investment for 2019/20 (PYE) £902,000.00

The total 2019/20 investment required is:

Ipswich and East Suffolk CCG £589,908.00

West Suffolk CCG £312,092.00

Implementation Timescales

The timeline for the implementation of the full service including posts is as follows:

Action	Timescale
Review membership of Crisis Task & Finish Group, develop Crisis Implementation Group from original membership and refresh Terms of Reference	March 2019
Engagement with Unions/HR to take place in respect of change of shift patterns for existing staff	March 2019
Develop job descriptions and advertise for consultant and psychologist posts	April 2019

Hold 1 st monthly Mobilisation Steering Group meeting Commence early scoping conversations for location of call centre	April 2019
Location of call centre to be finalised and contractual process commenced	1 st April 2019 – 31 st July 2019
All job descriptions and advertisements for all other posts to be developed and ready to publish	1 st April 2019 – 31 st May 2019
Recruitment process for B7 nurse for Call Centre, CYP staff and Home treatment staff	1 st June 2019 – 31 st July 2019
B7 nurse for Call Centre, CYP staff and Home treatment staff commencing employment to enable development of protocols, operational policies, develop training packages and recruitment of call centre staff	1 st September 2019 – 31 st October 2019
Consultant and psychologist posts to commence employment to provide leadership and psychological support to existing and forming crisis teams and provide	1 st October 2019 – 30 th November 2019
Training package to be developed for all call centre staff	1 st September 2019 – 31 st December 2019
Suffolk Wide Communications plan about NHS 111 for MH Crisis	1 September 2019 onwards
Developing of protocols for other agencies & develop operational policy	1 st September 2019 – 31 st January 2020
Recruitment process for B5 tele-coaches and admin posts for call centre to commence	1 st November 2019 – 31 st December 2019
B5 Tele-coaches and admin staff to commence employment	February 2020
Training for call centre staff	February 2020- March 2020
Go Live for Call centre	March 2020

It is important to note that the costings above are purely for the recruitment required to deliver the call centre, 24/7 assessment and home treatment. There still needs to be scoping of costs in respect of the following which will be in addition to the above:

- Estate – location of call centre may incur rental costs
- The call centre may require call management equipment in addition
- Communications costs – required for 6 month campaign leading up to the launch

Risks to Delivery

- Recruitment into the posts for qualified positions in particular may be problematic in the current climate
- Existing staff may be reluctant to change to 12 hour shift pattern
- Estates - finding the right accommodation to locate the call centre
- Demand may be higher than anticipated if people of lower acuity cannot access other services and may utilise this method as an access point
- It should be noted that this business case does not include any additional investment in Psychiatric Liaison Services across Suffolk. This would require a further scoping exercise to consider the demand for Core 24. In the meantime, any new service model will need to provide coverage to both Acute Trust Emergency Departments.

RECOMMENDATION:

In order to deliver the NHS mandated requirements to provide a crisis mental health response by March 2020, Ipswich and East Suffolk and West Suffolk Clinical Commissioning Groups are requested to:

- **Support the new East and West Suffolk crisis mental health model as set out in this business case.**
- **Agree to fund the roll out of the service at a part year 2019/20 effect cost of £902K (split £589,908 Ipswich and East Suffolk and £312, 092 West Suffolk) and the Full Year 2020/21 effect cost of £2,107,450 in 2020/21 (split £ 1,378,272) Ipswich and East Suffolk CCG and (£729,178) West Suffolk CCG) .**

Appendix 1

Results from the Fidelity Review (1-20)

Review statement	Score
1. The CRT responds quickly to new referrals	
2. The CRT is easily accessible to all eligible referrers	
3. The CRT accepts referrals from all sources	
4. The CRT will consider working with anyone who would otherwise be admitted to adult acute psychiatric hospital	
5. The CRT provides a 24 hour, seven day a week service	
6. The CRT has a fully implemented "gatekeeping" role, assessing all patients before admission to acute psychiatric wards and deciding whether they are suitable for home treatment	
7. The CRT facilitates early discharge from hospital	
8. The CRT provides explanation and direction to other services for service users, carers and referrers regarding referrals which are not accepted	
9. The CRT responds to requests for help from service users and carers whom the CRT is currently supporting	
10. The CRT is a distinct service which only provides crisis assessment and brief home treatment	
11. The CRT assertively engages and comprehensively assesses all service users accepted for CRT support	
12. The CRT provides clear information to service users and families about treatment plans and visits	
13. The CRT closely involves and works with families and wider social networks in supporting service users	
14. The CRT assesses carers' needs and offers carers emotional and practical support	
15. The CRT reviews, prescribes and delivers medication for all service users when needed	
16. The CRT promotes service users' and carers' understanding of illness and medication and addresses concerns about medication	
17. The CRT provides psychological interventions	
18. The CRT considers and addresses service users' physical health needs	
19. The CRT helps service users with social and practical problems	
20. The CRT provides individualised care	

Results from the Fidelity Review (21-39)

Review statement	Score
21. CRT staff visits are long enough to discuss service users' and families' concerns	
22. The CRT prioritises good therapeutic relationships between staff and service users and carers	
23. The CRT offers service users choice regarding location, timing and types of support	
24. The CRT helps plan service users' and service responses to future crises	
25. The CRT plans aftercare with all service users	
26. The CRT prioritises acceptability to service users in how CRT care is ended	
27. The CRT has adequate staffing levels	
28. The CRT has a psychiatrist or psychiatrists in the CRT team, with adequate staffing levels	
29. The CRT is a full multi-disciplinary staff team	
30. The CRT provides a thorough induction programme for new staff and ongoing training and supervision in core competencies for CRT staff	
31. The CRT has comprehensive risk assessment and risk management procedures, including procedures for safeguarding children and vulnerable adults living with CRT service users	
32. The CRT has systems to ensure the safety of CRT staff members	
33. The CRT has effective record keeping and communication procedures to promote teamwork and information sharing between CRT staff	
34. The CRT works effectively with other community services	
35. The CRT takes account of equality and diversity in all aspects of service provision	
36. The CRT has systems to provide consistency of staff and support to a service user during a period of CRT care	
37. The CRT can access a range of crisis services to help provide an alternative to hospital admission for service users experiencing mental health crisis	
38. The CRT provides frequent visits to service users	
39. The CRT mostly assesses and supports service users in their home	
Total score	

Appendix 2 CRHTT Development and Investment - Further Clarification from NHS England

Community mental health crisis assessment function, sufficiently staffed to meet demand, 24 hours a day	Yes further investment and new model proposed will meet the demand.
A community crisis service commissioned to accept self-referrals, as well as from any system partners (including police, ambulance, NHS111, GPs, member of public)(all ages)"	Yes, the proposed model will be able to accept self - referrals and those from professionals.
That the telephone number/access to community mental health crisis services is clear to all local services and members of the public? (eg on CCG/MH trust website, in 999 control rooms, GP Practices)	Yes- access will be via NHS 111 press 2 for mental health , and a six month campaign , will be undertaken prior to go live date , to the to ensure the public and professionals are aware.
That there are plans for sufficient availability and opening hours of alternatives to A&E in local community crisis pathways, that may better meet people's needs, such as crisis cafes and sanctuaries	Initial work has been undertaken to consider options which service users would like to be available to support them at time of crisis. Due to the urban and rural nature of Suffolk , further scoping is required. However we have been successful in securing funding to extend opening hours of a telephone help line Night Owls, and a day service called Waves which are provided by a third sector partner.
That there is sufficient planned WTE capacity in liaison psychiatry services to meet demand for mental health attendances 24 hours a day	Further work is required to scope the demand for Liaison Psychiatry 24 /7, however the proposed model will still ensure that patients requiring and emergency assessment within E.D. out of hours will be undertaken by Crisis Team.
That there is sufficient planned WTE capacity in liaison psychiatry services to meet demand for referrals from inpatient wards (including facilitating earlier discharge)	Yes there is sufficient capacity in Liaison Psychiatry to meet the demand from inpatient services.
That there is sufficient planned WTE capacity of Mental Health Act Assessors available on the given day to respond to requests for assessments under the Mental Health Act (in community, A&E and all settings)	Yes- Mental Health Act Assessors are provided by Suffolk County Council, this service is co- located with Crisis Teams between 09.00 – 17.00 hours Monday – Friday. Out of hours the Emergency Duty System provides Assessors through an on call system.
That there is sufficient planned capacity in local community home treatment functions to accept patients for intensive home treatment 24 hours a day (as an alternative to inpatient psychiatric admission)	Yes , as part of business case development we have included the need to have home treatment services available 24/7.
That there is sufficient planned mental health bed availability to ensure timely admission following decision to admit (both in terms of number of beds and improvements to patient flow in inpatient pathway)	Yes- there are adequate beds available across Suffolk, and there is work being undertaken across NSFT to build on our capacity and demand modelling for the future.
That there is there sufficient availability in community alternatives to inpatient admission, such as crisis houses, acute day care, psychiatric decision units	Yes- Crisis beds are available in the Community as an alternative to admission. Other alternatives will be considered for the future.
A clear timeline for key deliverables within the implementation plan and risk assessment - particularly to include workforce risks	Yes- we are exploring new roles to introduce in to the system such as tele coaches and have included the recruitment and training to support these roles within our timeline. Early recruitment in to key roles will be undertaken, as part of our implementation plan.
A statement regarding financial implications and status of approval for additional funding (if required)	Business case to be considered at mentally healthy communities board on 08.02.19 and then Subsequent CCG Governance.

Sign off

Name and Signature to be included

	Name	Signature	Date
Finance employee Band 8b and above			
Finance Director			
Deputy Director, Contracts, Performance & Information			
Head of Strategic Estates			
Head of HR or HR Business Partner			
Head of IT			
Operational Director			
Chief Executive (note that this sign off is not always required – see guidance below)			

If you cannot obtain the physical signature of those above please attach an email confirmation to the final signed off version of the business case.

If sign off is not required by some areas (eg Estates) as there is no impact this needs to be stated in the boxes above and not left blank.

Prior to sending to finance team this should be agreed with a locality management or equivalent.

Scheme of delegation guidelines for **revenue** investment

Below £100k -	Finance Employees banded 8b or above
Above £100k and below £250k.	Deputy Director of Finance
Above £250k and below £500k.	Director of Finance
Above £500k and below £1m.	Finance Committee
Above £1m	Board of Directors

Scheme of delegation guidelines for **capital** investment

Below £250k	Director of Finance
Above £250k and below £500k	Director of Finance and Chief Exec
Above £500k and below £1m.	Finance Committee
Above £1m	Board of Directors

As a broad guideline business cases will be required for over £100k revenue investment or over £250k capital investment.