

Improving Mental Health Crisis Care Maintaining Momentum

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Wednesday 22 June 2016 ICO Conference Centre, London



Chair & Speakers include

Jim Symington
*Mental Health Crisis
Concordat Implementation
Support Team*

Sophie Corlett
Director of External Relations
MIND

Sarah Khan
Deputy Head of Mental Health
NHS England

Supporting Organisations:



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"In its recent review of crisis care, the Care Quality Commission found that only 14 per cent of adults surveyed felt they were provided with the right response when in crisis, and that only around half of community teams were able to offer an adequate 24/7 crisis service. Only a minority of hospital Accident & Emergency (A&E) departments has 24/7 cover from a liaison mental health service, even though the peak hours for mental health crisis presentations to A&E are between 11pm and 7am. Too often, people in mental health crisis are still accessing mental health care via contact with the police... People facing a crisis should have access to mental health care 7 days a week and 24 hours a day in the same way that they are able to get access to urgent physical health care. Getting the right care in the right place at the right time is vital. Failure to provide care early on means that the acute end of mental health care is under immense pressure. Better access to support was one of the top priorities identified by people in our engagement work. Early intervention services provided by dedicated teams are highly effective in improving outcomes and reducing costs... Improving the 7 day crisis response service across the NHS will help save lives as part of a major drive to reduce suicide by 10 per cent by 2020/21. Every area must develop a multi-agency suicide prevention plan that demonstrates how they will implement interventions targeting high-risk locations and supporting high-risk groups within their population... At present only half of the country offers a 24/7 community-based mental health crisis service. New funding should be made available so by 2020/21 Crisis Resolution and Home Treatment Teams (CRHTTs) can offer intensive home treatment as an alternative to acute inpatient admission in each part of England."
Mental Health Taskforce Report, 15th February 2016

"Our thematic review Right here, right now concluded that far too many people in a mental health crisis have poor experiences of care and do not receive basic respect, warmth and compassion. This is unsafe and, when compared with the services available to people with physical health problems, unfair." Care Quality Commission, October 2015

"I know that this focus on crisis care is having a positive effect... the local action plans you have led and published to date mean that every area is now in a good position to progress the work that still needs to be done to maintain momentum and deliver a lasting step change in the quality and provision of crisis services and responses"

Alastair Burt MP, Minister of State for Community and Social Care Maintaining Momentum in Crisis Services, 3 August 2015

This conference focuses on improving mental health crisis care and delivering a new model of mental health crisis services, and meeting the ambitions of the Mental Health Crisis Concordat. The conference will open with a national update on delivering the new Mental Health Taskforce recommendations on crisis services, followed by progress against NHS England's commitments.

The conference will then continue with case studies from the NHS, Police, and Ambulance Services, commissioners and perspectives from service users.

This conference will also include an update on the Liaison and Diversion Schemes across the UK. Kate Davies OBE, National Director for Health & Justice, Armed Forces and Public Health NHS England recently stated that the expansion in these services is a "big milestone for Liaison and Diversion services because we are now reaching out to so many people. The results from the first wave of 10 show just how in demand these services really are and the results so far have proven how it can dramatically change people's lives" 12th May 2015 NHS England

"The commitment to change, the numerous examples of innovation and transformation and the willingness to share best practice across the country gives real hope that significant progress to mental health crisis care can, and is, being made"

Dr Geraldine Strathdee, National Clinical Director for Mental Health, NHS England, June 2015

10.00	Chairman's Introduction Jim Symington , <i>Mental Health Crisis Concordat Implementation Team</i>	
10.10	Improving Mental Health Crisis Care: Delivering the transformational NHS England mental Health crisis Care Model Sophie Corlett <i>Director of External Relations MIND</i> with Jaqueline Dyer <i>Vice Chair The Mental Health Task Force</i>	- the Mental Health Taskforce findings and recommendations for crisis services - moving forward
10.40	Improving mental health crisis care: Delivering the transformational NHS England Bobby Pratap <i>Project Manager for Crisis and Acute Care</i> & Sarah Khan <i>Deputy Head of Mental Health</i> NHS England	- the key elements of the Mental Health Crisis Care Model - what metrics do we have to measure the baseline and progress - setting measurable standards for care and outcomes in crisis care - moving forward the agreed NHS England consensus approach to mental health crisis
11.10	<i>Question and answers, followed by coffee and exhibition</i>	
12.10	Delivering an effective emergency response Kate Davies OBE <i>National Director for Health and Justice, Armed Forces and Public Health NHS England</i> with Adellah Snape <i>L&D Board Member & service user representative</i>	- developing a partnership approach - updates from the Liaison and Diversion schemes across the UK - developing street triage and where should street triage sit? Should street triage be part of 111?
12.35	A Model of Urgent and Emergency Mental Health Care- Transforming Urgent Access to Mental Health Services across 7 days & Interfacing with the wider system Kate Chartres <i>Nurse Consultant Liaison Psychiatry/ Senior Clinical Nurse, Access and Treatment and Nurse Advisor</i> Strategic Clinical Network North East	- the key elements of the Mental Health Crisis Care Model 'a whole systems approach' - metrics including baseline and progress - how we are setting measurable standards for care and outcomes in crisis care - what have we learned in along the way - the future
13.00	<i>Question and answers, followed by lunch and exhibition</i>	
13.50	Improving the Crisis Response: Working together with the Police to deliver effective crisis care Commander Christine Jones <i>Lead for Mental Health and Policing with</i> Metropolitan Police Service	- ensuring a place of safety for those in crisis - developing a single point of access 24/7 - improving the police response and ensuring early intervention - our service and experience
14.15	Delivering effective RAID services: Alternatives to hospital admission in mental health crisis Rahul Bhattacharya <i>Consultant Psychiatrist Tower Hamlets Home Treatment Team, Associate Clinical Director, East London NHS Foundation Trust, Honorary Senior Clinical Lecturer, Barts and London School of Medicine</i>	- crisis house, evolution and evidence base - home Treatment Team, evolution and evidence base - experiences and an update
14.40	What it feels like to be in crisis and what helps: a service user perspective Moira Tombs <i>Consultant, Building Understanding Project</i> Barnsley Crisis Care Concordat Implementation Group	- what crisis feels like: a personal journey - working in partnership with the police to improve crisis services
15.00	Improving the crisis response in emergency departments Salena Williams <i>Senior Nurse, Liaison Psychiatry</i> University Hospital Bristol NHS Trust	- developing user led training and information for emergency departments - improve staff knowledge, attitudes and management of people who self-harm or who are at risk of - monitoring of self harm and ensuring self harm information is available in real time to emergency departments: the Bristol-wide Self-harm Surveillance Register
15.30	<i>Question and answers, followed by tea</i>	
15.45	Alternative approaches to work with crisis Richard Barber <i>Manager</i> Dial House Service	- why the quality of crisis care is important - an alternative, non-diagnostic, not medical approach to mental distress - a survivor led, person centred approach - what people need in crisis – the five elements of effective support
16.35	Zero Suicide: reducing suicide through a zero suicide collaborative Dr Caroline Dallery <i>Clinical Director</i> East of England Strategic Clinical Network	- reduce the risk of suicide in high risk groups and tailoring approaches to improve mental health specific groups; - reduce access to means of suicide - providing better information and support to those bereaved or affected by suicide - supporting research, data collection and monitoring - our experience as a zero suicide collaborative
16.45	<i>Question and answers, followed by close</i>	

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The PDF will be sent out after the conference, please fill in the 'Your Details' section above for delivery, and the 'Payment' section.

Where did you hear about this conference?

Venue

ICO Conference Centre, 22 Berners Street, London, W1T 3DD. A map of the venue will be sent with confirmation of your booking.

(The ICO stands for International Coffee Organisation)

Date Wednesday 22 June 2016

Conference Fee

- ☐ £365 + VAT (£438.00) for NHS, Social care, private healthcare organisations and universities.
☐ £300 + VAT (£360.00) for voluntary sector / charities.
☐ £495 + VAT (£594.00) for commercial organisations.

The fee includes lunch, refreshments and a copy of the conference handbook. VAT at 20%.

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