First Response Service

Cambridgeshire and Peterborough NHS Foundation Trust

What was the problem?

The trust had no capacity to see people needing mental healthcare out of hours except via A&E and had no self-referral route, meaning many sought help direct from A&E. Service users said it was difficult getting help during a mental health crisis and they found the emergency department stressful. Typical comments were:

- “If I don’t do something to raise the alarm I don’t get a response.”
- “You feel abandoned.”
- “My experience (in A&E) was awful, frightening – treated like I had done something wrong.”

What was the solution?

The First Response Service – a new community-based crisis mental health service to provide timely access to safe, effective, high quality care. It offers assertive and responsive support and triage for anyone experiencing mental health crisis, including face-to-face assessment if needed. It is open 24/7 for people of all ages throughout Cambridgeshire and Peterborough. First Response welcomes self-referrals via NHS 111’s Option 2, as well as urgent referrals from carers, GPs, ambulance crews, police, the emergency department – and anyone else.

Out-of-hours community spaces, called Sanctuaries, are provided by the third sector from Monday to Sunday, 6pm to 1pm. These are calm, safe places for young people and adults (aged 16+ where clinically appropriate) experiencing a mental health crisis. Users can be referred to services that will support them during their recovery.

Mental health nurse practitioners located in the police control room provide a first point of contact to identify the most appropriate pathway for people with a mental health issue or crisis. They have access to clinical records to assess needs, and operate Monday to Friday, 10am to 10pm.
What were the challenges?

- Communicating the service’s role to partners and managing expectations.
- Initial staffing/recruitment
- Understanding how different services work and how the first response service can help.
- Understanding referral pathways and criteria for onward referral.
- Flexibility of the first response service fitting in with more inflexible services.
- Managing frequent callers.
- Managing the demand for and capacity of Sanctuaries.
- Education.
- Getting users’ feedback to develop the service.

What were the results?

- An immediate 21% reduction in A&E attendance despite years of increase.
- A 21% reduction in the number of people with mental health needs admitted to acute hospitals from A&E.
- Fewer ambulance callouts, assessments and conveyances to A&E for people with mental ill health.
- Reduced need for out-of-hours GPs to see people in mental health crisis.
- The trust expects further impact on the urgent and emergency care system as the first response service becomes more established.
- Forcing the rest of the system to change and achieving this with relatively little money through:
  - more integration of the drug and alcohol treatment team, local authority and mental health services
  - pooling budgets with the police
  - working more cohesively with the third sector.

Typical comments now are:
- “Instant help, more understanding and suitable than A&E.”
- “Just knowing there is someone on the end of the phone who understands and is willing to listen is invaluable.”
“The first response service saved me from harming myself and are part of my crisis plan as they are so understanding and calming when I have been on the edge in a crisis.”

What were the learning points?

- Culture change
- Joint working
- Service user input – ongoing to develop the service
- Engagement of partners external to the trust
- Flexibility
- One model does not fit all – eg, black and minority ethnic community
- Staff in partner organisations need to be aware of the service if users and acute hospitals are to fully benefit from it: for example, better engaging paramedics could further reduce the number of ambulance conveyances to A&E.
- An up-to-date and comprehensive directory of all mental health, local authority and third sector services is required for effective signposting. This needs to be easily accessible – for example, via a mobile app (MiDOS, MyHealth) and a ‘one-stop’ mental health website.

Want to know more?

Please contact Sharon Johnson, Service Manager: sharon.johnson@cpft.nhs.uk

To see the other case studies in this series: visit the NHS Improvement website at: https://improvement.nhs.uk/resources/valued-care-mental-health-improving-excellence/