OUR 9 STANDARDS OF HIGH INTENSITY CARE

High Intensity Network

1 Service users on the programme:

Service users who struggle with repetitive and behaviourally intensive crises need a model of crisis care that meets their needs. Where the patient poses such challenging behaviour that NHS staff are unable to deliver consistent care quality or reduce risk, specialist support from the police service should be provided. Care in these cases must be lawful, necessary & proportionate to the presenting risks. It must also be fully compliant with GDPR data sharing legislation and not breach the patient's human rights.

2 Combination of clinical care and behavioural management:

The care model should simultaneously combine high quality clinical care with the right type and level of behavioural management to safeguard the individual but also to prevent impact, risk and harm to the community. Indirectly, it may also reduce avoidable or unnecessary demand on emergency services.

3 Staff selection:

Selection of the right staff is paramount to operate a safe model of care for our most chaotic, challenging and disordered patients. Staff operating this model of care should be deemed both personally and professionally suitable for the role. Where possible, a selection process should have been used.

4 Specialist Training:

Clinical training input for non-clinical staff is essential if they are to be operationally confident and competent. This training should include modules on mental and behavioural health, positive risk management, mentoring, decision making and leading cultural change, so that clients can be safely supported by an integrated approach.

5 Protected time:

The project should identify police officers and mental health staff whose time can be protected, so that they can work together with identified service users more consistently and more intensively.

6 Co-produced, personalised and achievable response plans:

The primary objective of this model of care should be to co-produce high quality response plans with the service user, that define what they will/wont be expected to do when next in crisis, as well as what they can and cannot expect from 999 & healthcare teams. These plans should instil a sense of ownership, provide structure and stability and promote an achievable level of personal resilience. Ideally plans should be accessed digitally in case the individual experiences a crisis away from their normal NHS area. Where practicable, they should have a copy of the most up to date plan.

7 Diversion/wellbeing/physical health:

The care model should not only focus on the crisis itself, but also support and promote lifestyle changes, reduce social isolation, prevent all aspects of vulnerability and help the service user to address and solve any problems that maybe contributing to poor mental health, poor physical health or triggering their crises.

8 Leading a culture change in risk management:

Risk reduction is best achieved if those making key decisions do so based on up to date information that has been gathered through a relational approach with the individual. Fear led decisions are inherently risky and often inaccurate. The model of care used should not only improve information quality but also secure systemic culture change across the response community, so that decisions are based upon accurate and reliable facts about the individual. Frontline police officers should understand the hidden risks and long term effects on health from repeatedly using risk averse approaches.

9 Continuous professional development:

Staff that operate in these specialist roles should be supported by a programme of continuous professional development to enhance skills and maintain confidence. They should be actively involved within a professional network, as recommended by the *NHS England Five Year Forward View for Mental Health* strategy.