



# High Intensity Network

## COMPULSORY DATA GUIDE



# WHY MUST WE ALL COLLECT DATA AS A NETWORK?

*“ High intensity service users pose unique risks to public services and the wider community. They pose higher risks of accidental suicide, they commonly commit low level offences whilst in crisis and a large number of them will be both offender and victim in the same year that they are a mental health crisis case.*

*High frequency clients have a higher mortality rate than other patients. They are more likely to die from suicide, hyperthermia, physical health problems relating to their poor health, diet and hygiene, as well as the long term effects of medications. Around 50% of them will have enduring physical health problems such as COPD, heart conditions and diabetes. Their life expectancy is 17-20 years shorter on average.*

*High intensity clients cause up to 34% of all crisis demand placed on services. They are crippling our ability to respond well with free and deployable resources to other people in need. This is wholly preventable.*

*We simply cannot continue to justify working with these clients as 60 individual MH providers and 43 forces. Individually we will only fire-fight this problem; together we can gather quality data to better support these service users, prevent death, safeguard staff and the public and protect vital community services.*

*We all have a collective responsibility to gather and share data responsibly and effectively. The GDPR allows us to do this. It is our professional duty to invest time and effort in high quality data programmes.”*

*Paul Jennings  
National Programme Manager*

# COST OF LOCAL SERVICE RESPONSE (UPDATED ONCE A YEAR)

£

Average cost of police attending a mental health incident

£1,111

Average cost of a Mental Health Act Assessment

£

Cost of an ambulance deployment (CCG charge)

£

Cost of an A&E attendance (CCG charge)

£550

Cost of 24 hours in a mental health bed

# NHS ENGLAND DATA (UPDATED EVERY 3 MONTHS)

NUMBER OF CASES

**BEING  
ASSESSED**  
PRIOR TO BEING  
ALLOCATED  
TO A TEAM

8

NUMBER OF CASES

**BEING  
ACTIVELY  
MANAGED**  
BY THE  
TEAM (REGARDLESS  
OF THE LEVEL OF  
ENGAGEMENT)

15

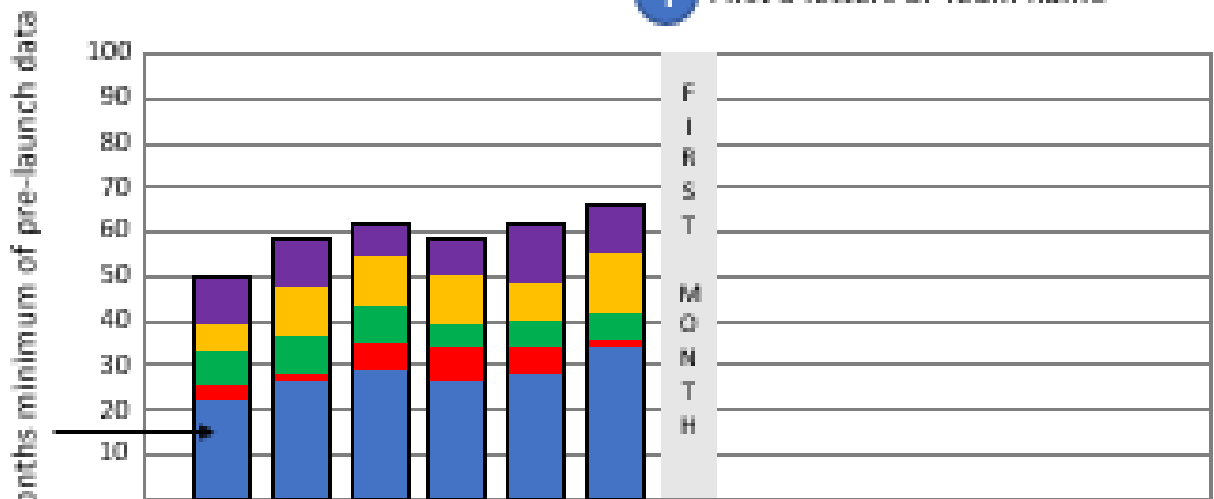
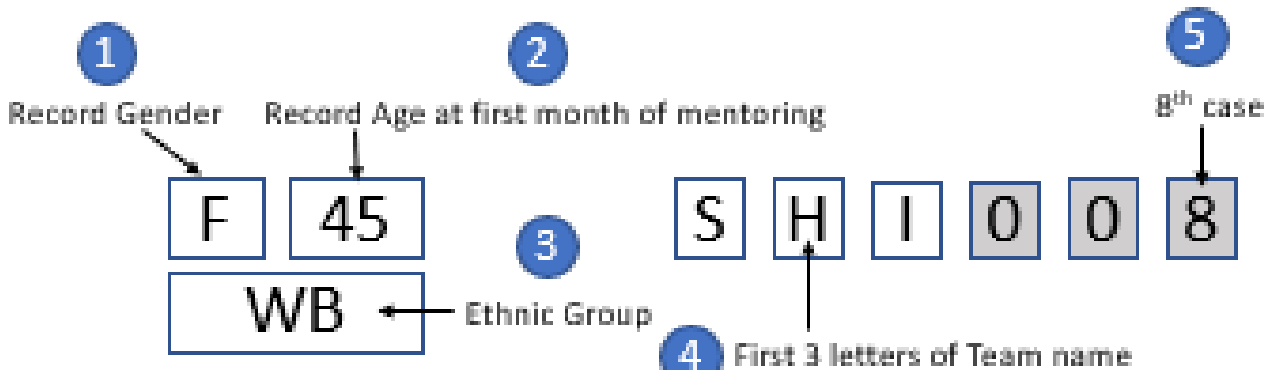
NUMBER OF CASES  
THAT HAVE BEEN

**CLOSED**

7

You will be contacted by your local AHSN for this data

# PATIENT DEMAND DATA (MONTHLY)



- 6
  - Police incidents requiring deployment
  - s136 detentions and MH Act Assessments
  - Ambulance deployments
  - A&E attendances
  - 24 hour bed occupancy (Mental Health Ward)
- 7 Please stick to set colours
- 8 5 core data sets to gather each month
- 9 Gather data for minimum of 10 cases
- 10 If patient disengages, continue to gather data for minimum of 6 months