

BARNSELEY HEALTH AND WELLBEING BOARD

2 December 2014

MENTAL HEALTH CRISIS CARE CONCORDAT

1. PURPOSE OF REPORT

1.1 The purpose of this report is to inform the Health and Wellbeing Board of the Mental Health Crisis Care Concordat and recommend a way forward for Barnsley. This report provides a summary of the key principles and commitments in the Concordat and highlights how stronger local partnerships can work together to deliver improved crisis care.

2. RECOMMENDATIONS

It is recommended that:-

2.1 Members of the Health and Wellbeing Board discuss the Concordat and agree to the establishment of a task and finish group to develop an action plan and oversee its implementation

2.2 That further reports are received.

3. INTRODUCTION/BACKGROUND

3.1 The Department of Health published the Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis. The Concordat is a commitment from 20 national organisations, as signatories to the document, to work together to support local system to achieve systematic and continuous improvements in crisis care for people with mental health problems across England. The Concordat joint statement:

“We commit to work together to improve the system of care and support so people in crisis because of a mental health condition are kept safe and helped to find the support they need – whatever the circumstances in which they first need help - and from whichever service they turn to first.”

3.2 The Concordat supports a multi- agency approach to deliver excellence in commissioning. Health and wellbeing boards have a key role to play to bring health and social care commissioners together with the local community and wider partners.

3.3 By March 2015, National Government expects measurable progress towards achieving true parity of esteem, where everyone who needs it has timely access to evidence-based services. ‘We expect every community to have plans to ensure no one in crisis will be turned away, based on the principles set out in the Mental Health Crisis Care Concordat.’

3.4 Key Points

- The Concordat is a joint statement, written and agreed by its signatories, that describes what people experiencing a mental health crisis should be able to expect of the public services that respond to their needs.
- Local partnerships between the NHS, local authorities, and criminal justice system should work to embed the Concordat principles into service planning and delivery by agreeing and delivering their own mental health crisis declaration. A template can be found at Appendix 1.
- Local agencies should all understand each other's roles in responding to mental health crises.
- Local commissioners have a clear responsibility to put sufficient services in place to make sure there is 24/7 provision to meet local need.

3.5 Mental Health Crisis Care Concordat Principles

The principles include:

A. Access to support before crisis point

A1. Early intervention – protecting people whose circumstances make them vulnerable

B. Urgent and emergency access to crisis care

B1. People in crisis are vulnerable and must be kept safe, have their needs met appropriately and be helped to achieve recovery

B2. Equality of access

B3. Access and new models of working for children and young people

B4. All staff should have the right skills and training to respond to mental health crises appropriately

B5. People in crisis should expect an appropriate response and support when they need it

B6. People in crisis in the community where police officers are the first point of contact should expect them to provide appropriate help. But the police must be supported by health services, including mental health services, ambulance services and emergency departments

B7. When people in crisis appear (to health or social care professionals, or to the police) to need urgent assessment, the process should be prompt, efficiently organised, and carried out with respect

B8. People in crisis should expect that statutory services share essential 'need to know' information about their needs

B9. People in crisis who need to be supported in a health-based place of safety will not be excluded

B10. People in crisis who present in emergency departments should expect a safe place for their care and effective liaison with mental health services to ensure they get the right ongoing support

B11. People in crisis who access the NHS via the 999 system can expect their need to be met appropriately

B12. People in crisis who need routine transport between NHS facilities or from the community to an NHS facility will be conveyed in a safe, appropriate and timely way

B13. People in crisis who are detained under Section 136 powers can expect that they will be conveyed by emergency transport from the community to a health-based place of safety in a safe, timely and appropriate way

C. Quality of treatment and care when in crisis

- C1. People in crisis should expect local mental health services to meet their needs appropriately at all times
- C2. People in crisis should expect that the services and quality of care they receive are subject to systematic review, regulation and reporting
- C3. When restraint has to be used in health and care services, it is appropriate
- C4. Quality and treatment and care for children and young people in crisis

D. Recovery and staying well / preventing future crises

As stated in A1 Early intervention, care planning is a key element of prevention and recovery. Following a crisis, NICE recommends³⁰ that people using mental health services who may be at risk are offered a crisis plan. This should contain:

- Possible early warning signs of a crisis and coping strategies
- Support available to help prevent hospitalisation ³⁰ National Institute for Health and Care Excellence. Quality Standard on crisis planning.
- Where the person would like to be admitted in the event of hospitalisation
- The practical needs of the service user if they are admitted to hospital, for example, childcare or the care of other dependants, including pets
- Details of advance statements and advance decisions made by the person to say how they would like to be treated in the event of a mental health crisis, or to explain the arrangements that are in place for them
- Whether and the degree to which families or carers are involved
- Information about 24-hour access to services
- Named contacts.

A person's transitions between primary and secondary care must be appropriately addressed. Commissioners will ensure a clear criteria for entry and discharge from acute care. This should include fast track access back to specialist care for people who may need this in the future, and clear protocols for how people not eligible for the Care Programme Approach (CPA) can access preventative specialist health and social care when they need it. The CPA is a particular way of assessing, planning and reviewing someone's mental health care needs.

The principles of integration of care are valuable in this respect, in making sure the pathway of services is comprehensive and is organised around the patient, particularly during transition from acute to community teams.

Meeting the needs of individuals with co-existing mental health and substance misuse problems requires an integrated and coordinated approach across the range of health, social care and criminal justice agencies.

4. NEXT STEPS/ WAY FORWARD

4.1 Barnsley CCG, BMBC, SYP and partner health, social care and criminal justice organisations are encouraged to agree and commit to:

- a jointly agreed **local declaration** that mirrors the key principles of the national Concordat – a commitment for local agencies to work together to continuously improve the experience of people in mental health crisis
- development of a task and finish group to draft a **shared action plan** and a commitment to review, monitor and track improvements. An action plan template can be found at Appendix 2

- **improving performance** in the key area of using police stations as places of safety – by reducing the number of such uses, and by working towards a fast-track assessment process whenever a police cell is used
- evidence of sound local **governance arrangements**.

4.2 **Effective Commissioning**

Barnsley CCG will review current local arrangements to ensure that where possible it anticipates and prevents crisis, and which ensures timely and supportive crisis care. Local commissioners have a responsibility to ensure there is 24/7 provision sufficient to meet local need.

4.3 **Provider Steps**

Commissioners will need to ensure that current service provision should continue while any improvements necessary are put in place. However, Providers can start to:

- strengthen local relationships with key partners, ensuring roles and responsibilities are agreed and understood around mental health crisis care
- consider the best combination of early interventions services that would support local need
- record the frequency and use of police custody as a place of safety and review the appropriateness of each use to inform use in the future
- ensure staff are properly trained in effective and appropriate use of restraint
- consider local plans to deliver 24/7 crisis care, seven days a week.

4.4 **Access to Support Before Crisis Point**

Mental health services should intervene early to prevent distress from escalating into crisis. Barnsley CCG and BMBC will work with Providers to ensure:

- a single point of access to a multi-disciplinary mental health team, available to agencies across both the statutory and voluntary sectors
- a joined-up response from services, for people of all ages, with strong links between agencies, for example social care teams and substance misuse services
- help at home services, including early intervention or home treatment services
- respite away from home or a short stay in hospital as a voluntary patient
- peer support
- access to liaison and diversion services for people with mental health problems who have been arrested for a criminal offence and are in police custody or going through court proceedings
- suicide prevention – identifying those groups known to be at higher risk of suicide than the general population

4.5 **Primary Care**

In partnership with others Primary Care has a key role to play in supporting people experiencing mental distress and in crisis.

The Royal College of General Practitioners (RCGP) is leading work to support, develop and improve GPs' knowledge and experience of managing people with mental illness and physical health. This includes proposals for extending GP training to include mental health, child health and dementia work-based modules. The RCGP is also currently working to support primary care services to work collaboratively with other services, facilitating and coordinating access to specialist expertise and a range of secondary care services, including crisis and substance misuse services.

From April 2014, the Home Office began scoping work with police forces to explore quantifying the demand for responses for people in mental health crisis, recording Mental Health Act Section 135/136 needs related to mental disorder or drug and alcohol intoxication.

4.6 Urgent and Emergency Access to Crisis Care

By October 2014, based on its review of urgent and emergency care, NHS England will describe models of care that work for people in mental health crisis, and will provide commissioning guidance. The Concordat has ambitions for mental health services to be available 24 hours a day, seven days a week.

4.7 Equality of Access

The Concordat supports Mind's guidance on commissioning crisis care services for BME Communities and recommends early engagement in the commissioning of services and person-centred care that takes cultural differences and needs into account and access to advocacy services.

Children and Young People should have access to crisis care. The Concordat asks local commissioners to take steps to commission mental health services that meet the particular needs of children and young people, and specifically states that police custody should not routinely be used as a place of safety just because health services are not available. It makes it clear that adult places of safety should be used if necessary.

The focus on the interface between specialist children and adolescent mental health services (CAMHS) and primary care needs to remain a central policy issue in CAMHS planning.

4.8 Staff Training

Local shared training policies and approaches should describe and identify who needs to do what, and how local systems fit together. Local agencies should all understand each other's roles in responding to mental health crises. It is important that the training ensures that staff, from all agencies, receive consistent messages about locally agreed roles and responsibilities.

4.9 Appropriate and Prompt Response

The Concordat recommends that Commissioners and Providers should work towards NICE Quality Standards¹³ so that:

- people in crisis who are referred to mental health secondary care services are assessed face to face within four hours in a community location that best suits them

- service users and GPs have access to a local, 24-hour helpline staffed by mental health and social care professionals
- home treatment teams are accessible 24 hours a day, seven days a week, regardless of diagnosis.

In addition, crisis beds, step-down and community services should be considered locally. Existing crisis plans and any advance statements should be followed, where possible.

4.10 Reducing the Use of Police Cells as Places of Safety

Commissioners are required by the Mental Health Act to commission health-based places of safety so that any person a police officer believes is suffering from mental disorder, and who may cause harm to themselves or others, can be taken to a designated place of safety for assessment. It is essential that NHS places of safety are available and equipped to meet demand.

The College of Policing will be reviewing their curriculum to support frontline officers and staff receive sufficient mental health training. Improving recognition of vulnerability and risk will help the police decide whether individuals will be detained under Section 136, or whether they can be helped in some other way.

Providers and Commissioners will record and report the frequency and reasons for using police cells as places of safety. Local partnerships should improve performance in this area, reducing their use and set ambitions for fast-track assessments that minimise the time people spend in police custody because they are ill.

The Department of Health will monitor the national figures on the use of Section 136, and expects to see the use of police cells as places of safety to fall below 50 per cent of the 2011/12 figure by 2014/15.

An evaluation of the street triage pilot schemes is planned in 2014. These are partnerships between NHS organisations and the police, and involve mental health nurses providing advice to police officers to ensure people receive appropriate and timely care.

The Department of Health is updating the Mental Health Act Code of Practice. This will involve reviewing and updating local protocols on intoxication from alcohol and drugs. The Concordat states that intoxication should not be used as a basis for exclusion from places of safety, except when there are risks to the safety of an individual or staff.

Sharing need to know information: all agencies, including police or ambulance staff, have a duty to share essential 'need to know' information for the good of the patient, so that the professionals or service dealing with a crisis know what is needed for managing a crisis and any associated risks to the distressed person or to others.

Within the requirements of data protection legislation, a common sense and joint working approach should guide individual professional judgements. If the same person presents to police, ambulance or emergency department repeatedly, all agencies should have an interest in seeking to understand why and how to support that person appropriately to secure the best outcome.

4.11 Improving Emergency Department Care

Clear responsibilities and protocols should be in place between emergency departments and other agencies and parts of the acute and mental health and substance misuse

service, to ensure people receive treatment on a par with standards for physical health. The NHS Mandate requires NHS England to ensure there are adequate liaison psychiatry services.

Local mental health partnership boards can support the development of agreement of protocols and escalation of issues around suicide, self-harm and people with co-morbid physical and mental health problems.

The College of Emergency Medicine is conducting an audit of mental health assessment rooms in emergency departments during 2014; with a view to ensuring service users experience a safe and improved environment and that staff safety is improved.

4.12 Improving the 999 System for People in Crisis

The Concordat proposals include:

- the provision of 24/7 advice from mental health professionals to or in each 999 ambulance control room
- enhanced levels of training for ambulance staff on the management of mental health patients
- ambulance trusts to work flexibly across boundaries to ensure that an individual's safety (and treatment) is not compromised.

4.13 Transportation

To support parity of response to mental health emergencies with physical health urgent care, NHS ambulance services in England are planning to introduce a single national protocol for the transportation of Section 136 patients by during 2014. This aims to provide agreed response times and a standard specification for use by CCGs.

4.14 Regulating Crisis Care

The CQC will place a greater emphasis on inspecting and monitoring the care that people with mental health problems receive in the community, including during a crisis. The accessibility and responsiveness of services to support people through crisis and prevent hospital admission, and the number of people who are admitted to hospital far away from their home area because of local bed pressures, will be a focus.

The Department of Health and CQC will review the effectiveness of the current approach to monitoring approved mental health professional (AMHP) provision and whether the CQC requires additional powers to regulate AMHP services.

4.15 Restraint

The Code of Practice requires the organisation to make sure staff are properly trained in the restraint of patients. Adequate staffing levels are also required. The Department of Health and other partners are working on a programme to ensure the use of appropriate and effective restraint in health and care services. It recommends that physical interventions should only be used as a last resort.

4.16 Recovery Staying Well/Preventing Future Crises

Following a crisis, NICE recommends that people using mental health services and who may be at risk are offered a crisis plan. Advanced statements, detailing a person's preferences for their treatment or care, can be drawn upon when a person in crisis cannot express their needs or existing arrangements.

The pathway of care between services should be integrated and organised around the patient. Health and wellbeing boards offer a forum for joining up local services and could coordinate the commissioning of services for people with multiple needs. Joined-up support is particularly important in criminal justice settings, and it is critical that the development of liaison and diversion schemes is closely tied in with existing custody based interventions, such as for drug misusing offenders to maximise their impact on this client group.

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APPENDICES

Appendix 1: Template for Local Declaration



4.

Template-Model-Deck

Appendix 2: Template for Local Action Plan



5.

Template-Action-Plan

Appendix 3: Mental Illness in Y&H and Barnsley



Mental Illness in Yorkshire & Humber 2012/13		
Source: PHE		
Indicator	Yorkshire & Humber	England
% reporting long term mental health problems (GP Survey)	4.8%	4.5%
% Depression (QOF prevalence 18+)	6.2%	5.8%
% Severe Mental Illness (QOF prevalence all ages)	0.8%	0.8%
People entering IAPT services per 100,000 pop.	1,207	1,438
Attendance at A&E for psychiatric illness/100,000 pop.	369.6	243.5
Suicide rate/100,000 pop.	8.4	8.5

Appendix 4: Ministerial Address from Norman Lamb MP

Minister of State for Care and Support

Ministerial Video

The full video is accessible via the following link (please copy and paste this into your internet browser):

<http://www.youtube.com/watch?v=nTmsp25-YNo&feature=youtu.be>

Appendix 5: National Best Practice and Support Website

www.crisiscareconcordat.org.uk