

MEETING:	HEALTH & WELLBEING BOARD
MEETING DATE:	28 JANUARY 2015
TITLE OF REPORT:	CRISIS CARE CONCORDAT
REPORT BY:	Programme Manager, Herefordshire Clinical Commissioning Group

Classification

Open

Key Decision

This is not a key decision.

Wards Affected

County-wide

Purpose

The purpose of this Report is to advise the Health and Wellbeing Board of the progress made against the HM Government guidance document 'Mental Health Crisis Care Concordat, Improving outcomes for people experiencing mental health crisis care' (February 2014) including signing of a local declaration and progress for the development of a Herefordshire Mental Health Crisis Care Declaration and Continuous Action Plan.

Recommendations

THAT:

- (a) Herefordshire Health and Wellbeing Board note that the signing of the local declaration occurred within the stipulated timescales;**
- (b) That the development of a Herefordshire Mental Health Crisis Care Declaration and Continuous Action Plan is prepared by the 1st March 2015 deadline; and**
- (c) A further update report is submitted to the Health and Wellbeing Board in March 2015.**

Alternative Options

- 1 There are no alternative options as this is a national requirement for each locality to make a commitment to the principles of the Crisis Care Concordat.

Reasons for Recommendations

- 2 The nationally published Concordat is a shared agreed statement, signed by senior representatives from all the organisations involved. It covers what needs to happen when people in mental health crisis need help – in policy making and spending decisions, in anticipating and preventing mental health crises wherever possible, and in making sure effective emergency response systems operate in localities when a crisis does occur.
- 3 The Concordat expects that in every locality in England, local partnerships of health, criminal justice and local authority agencies will agree and commit to local Mental Health Crisis Declarations. These will consist of commitments and actions at a local level that will deliver services that meet the principles of the national concordat. (Our local declaration is in Appendix 1).

Key Considerations

- 4 This work requires a strengthening of local relationships with key partners, ensuring roles and responsibilities are agreed and understood around mental health crisis care; consideration of the best combination of early interventions services that would support local need; improved monitoring of the frequency and use of police custody and Health settings as places of safety and review the appropriateness of each use to inform Place of Safety provision; workforce development; ensuring effective and appropriate use of restraint and local plans to deliver 24/7 crisis care, seven days a week.

Community Impact

- 5 The recently developed HCCG's Mental Health Needs Assessment can be used as one of the documents to inform the work of the Crisis Care Action Plan considerations. The feedback from service-users, their carers and members of the public gathered during the development of the Needs Assessment included feedback that people wanted help earlier to avoid crisis and that a crisis action plan was regarded important to service-users.

Equality and Human Rights

- 6 People with mental health issues and in crisis are amongst the most vulnerable populations in our community. The Crisis Concordat is about improving response; access and services for this population.
- 7 In addition to that A Criminal Use of Police Cells (CQC, HMIC et al 2013) draws attention to the human rights and dignity issues that are potentially undermined for those being detained under section 136 in Police cells

Financial Implications

- 8 To be established as part of the development of the Crisis Care Declaration Continuous Action Plan.

Legal Implications

- 9 None

Risk Management

- 10 Failure to sign up to the Concordat and develop a local action plan:

Further information on the subject of this report is available from Jade Brooks on (01432) 383634 or jade.brooks@herefordshireccg.nhs.uk

- Would not accord with the agreed ADCS and ADASS position.
 - May adversely impact on the care arrangements for people experiencing mental health crisis.
- 11 The major identified risk is lack of effective partnership to sufficiently develop, oversee and hold each agency to account for the actions in the Crisis Care Action plan. This would result in a failure to develop an action plan by the 1st March 2015
- 12 To mitigate against this risk, a Multi-Agency Mental Health Group, already in existence for the purpose of mental health crisis care, has agreed to develop the Crisis Care Action Plan with each agency supplying named representatives. A mandate for the work has been developed setting out the steps and timetable (appendix 2).

Consultees

- 13 The Multi-Agency Mental Health Group has been consulted on this report.

Appendices

Appendix 1: The Declaration Statement, which local partners in Herefordshire signed to outline commitment to improve outcomes for people experiencing mental health crisis.

Appendix 2: Project Mandate

Appendix 3: The Crisis care Concordat Principles and Areas of Consideration

Appendix 4: Warwickshire and West Mercia Mental Health Crisis Care Governance Group Terms of Reference (draft)

Background Papers

Non identified

Additional information is available via the following links:

Department of Health - Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis (February 2014)
<https://www.gov.uk/government/publications/mental-health-crisis-care-agreement>

HM Government - Closing the gap: priorities for essential change in mental health. (Jan 2014)
https://www.gov.uk/.../Closing_the_gap_V2_-_17_Feb_2014.pdf

Department of Health - Valuing mental health equally with physical health or “Parity of Esteem” (November 2013)
<http://www.england.nhs.uk/ourwork/qual-clin-lead/pe/>

Department of Health - No health without mental health; a cross government mental health outcomes strategy for people of all ages (February 2011)
<https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>

Care Quality Commission- ‘A Safer Place to Be’ – a survey of health-based places of safety in England (October 2014)
<http://www.cqc.org.uk/content/safer-place-be>

Herefordshire Crisis Care Concordat

Introduction

This Report outlines the progress made in Herefordshire to respond to the Mental Health Crisis Care Concordat and to develop an action plan that improves the system of care and support so people experiencing mental health crisis are kept safe and helped to find the support they need.

Background

The DH 'Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis' was published in February 2014. The Concordat includes all age groups from 16 years and beyond.

The Concordat is arranged around the following domains;

- Access to support before crisis point
- Urgent and emergency access to crisis care
- Quality of treatment and care when in crisis
- Recovering, staying well and preventing future crisis.

The following national organisations are signatories to the Concordat:

- Association of Directors of Children's Services
- Association of Police and Crime Commissioners
- British Transport Police
- Care Quality Commission
- College of Emergency Medicine
- College of Policing
- The College of Social Work
- Department of Health
- Health Education England
- Home Office
- Local Government Association
- Mind
- NHS Confederation
- NHS England
- Public Health England
- Royal College of General Practitioners
- Royal College of Nursing
- Royal College of Paediatrics and Child Health
- Royal College of Psychiatrists

The commitment is to work together to support local systems to achieve continuous improvements for crisis care for people with mental health issues across England:

"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. We will work together, and with local organisations, to

prevent crises happening whenever possible through prevention and early intervention. We will make sure we meet the needs of vulnerable people in urgent situations. We will strive to make sure that all relevant public services support someone who appears to have a mental health problem to move towards Recovery. Jointly, we hold ourselves accountable for enabling this commitment to be delivered across England.”

Local areas were required to sign their own regional and local agreements by December 2014 to commit to working together across services to make sure that:

- Health-based places of safety and beds are available 24/7 in case someone experiences a mental health crisis
- Police custody is not used because mental health services are not available and police vehicles are not used to transfer patients
- Timescales are put in place so police responding to mental health crisis know how long they have to wait for a response from health and social care workers. This will make sure patients receive suitable care as soon as possible
- People in crisis should expect that services will share essential ‘need to know’ information about them so they can receive the best care possible
- In areas where black and minority ethnic groups have a higher risk of being detained under the Mental Health Act, this must be addressed by local services in consultation with these groups
- A 24-hour helpline should be available for people with mental health problems and the crisis resolution team should be accessible 24 hours a day, 7 days a week.

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 delivery by agreeing and delivering their own mental health crisis declaration. 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.

Herefordshire

Declaration

In November 2014 a formal request was made to local agencies to agree to sign up to the West Mercia Crisis Care Concordat Declaration (template attached as Appendix 1) led by West Mercia Police, and to join with partner organisations from the region to develop local action plans to implement the recommendations contained in the Concordat.

The deadline for uploading declarations to the national Crisis Care Concordat website was in December 2014, as set by the Department of Health. All local agencies gave their commitment and the resulting declaration was completed on time.

In terms of Herefordshire, essential stakeholders are:

- Herefordshire Council
- Herefordshire CCG
- Herefordshire Mind
- Wye Valley NHS Trust
- 2gether NHS Foundation Trust
- West Mercia Police
- West Midlands Ambulance Service
- Arden, Herefordshire and Worcestershire Area Team NHS England

Further information on the subject of this report is available from Jade Brooks on (01432) 383634 or jade.brooks@herefordshireccg.nhs.uk

Development of Crisis Care Action Plan

Following on from the regional declaration, a local Herefordshire action plan will need to be developed to meet the ambitions of the Concordat. In order to achieve this task, an existing multi-agency group that meets for the purpose of mental health crisis care (e.g. section 135/6 issues) has been approached to lead on this work. The Herefordshire Multi Agency Mental Health group is a group that meets every two months and already has representatives from a number of the key stakeholders in regular attendance.

There are a number of areas that will be considered for inclusion in the Herefordshire action plan. Appendix 3 outlines the areas of consideration. To recognise the strengths and challenges in Herefordshire, agencies have been asked to contribute towards an audit against the Concordat domains;

- Access to support before crisis point
- Urgent and emergency access to crisis care
- Quality of treatment and care when in crisis
- Recovering, staying well and preventing future crisis.

The results of the Audit have been collated and a further interagency discussion is scheduled to occur in January 2015 to agree the areas that will go into the emerging Action plan.

West Mercia Police and West Midlands Ambulance Service are developing force-wide Action Plans however the relevant areas from their plans will be embedded into Herefordshire's Action Plan to ensure that one single plan for Herefordshire is available.

Local Governance Arrangements

West Mercia Police have led on discussions to create a regional group (Warwickshire and West Mercia wide). The inaugural meeting occurred on the 15th December 2014. The draft terms of reference are in Appendix 4. This group will monitor the local action plans across the region. Herefordshire is expected to send representatives to the group. This will support cross-boundaries working and standardisation of good practice.

In Herefordshire, the Multi-Agency Mental Health Group will monitor the progress of the Action Plan implementation. Quarterly progress reports will be presented to the Health and Wellbeing Board in line with the expectations of the role of the Health and Wellbeing Board.

Next Steps

This work has been considered as a project, with the required project mandate developed (appendix 2).

The development of an action plan will continue, with final action plan agreed by agencies by March 2015.

Following the publication of the action plan, all agencies will be asked to ensure that the plan is communicated to the public.

An update report will be made available to the Health and Wellbeing Board to agree the contents of the Action Plan.

The 2014 Warwickshire and West Mercia Declaration on improving outcomes for people experiencing mental health crisis Wednesday 3rd September 2014.

We, as partner organisations in Warwickshire and West Mercia, will work together to put in place the principles of the national **Concordat** to improve the system of care and support so that people in crisis because of a mental health condition are kept safe. We will help them to find the help they need – whatever the circumstances – from whichever of our services they turn to first.

We will work together to prevent crises happening whenever possible, through intervening at an early stage.

We will make sure we meet the needs of vulnerable people in urgent situations, getting the right care at the right time from the right people to make sure of the best outcomes.

We will do our very best to make sure that all relevant public services, contractors and independent sector partners support people with a mental health problem to help them recover. Everybody who signs this declaration will work towards developing ways of sharing information to help front line staff provide better responses to people in crisis.

We are responsible for delivering this commitment in Warwickshire and West Mercia by putting in place, reviewing and regularly updating the attached action plan.

This declaration supports 'parity of esteem' (see the glossary) between physical and mental health care in the following ways:

- Through everyone agreeing a shared 'care pathway' to safely support, assess and manage anyone who asks any of our services in Warwickshire and West Mercia for help in a crisis. This will result in the best outcomes for people with illness, provide advice and support for their carers, and make sure that services work together safely and effectively.
- Through agencies working together to improve individuals' experience (professionals, people using services at time of crisis, and carers) and reduce the likelihood of harm to the health and wellbeing of patients, carers and professionals and wider community.
- By making sure there is a safe and effective service with clear and agreed policies and procedures in place for people in crisis, and that organisations can access the service and refer people to it in the same way as they would for physical health and social care services.
- By all organisations who sign this declaration working together and accepting our responsibilities to reduce the likelihood of future harm to patients, service users, carers, wider community, staff and to support people's recovery and wellbeing.

We, the organisations listed below, support this Declaration. We are committed to working together to continue to improve crisis care for people with mental health needs in Warwickshire and West Mercia.

Who should sign a local Declaration?

Many local organisations want to support the Declaration because of their commitment to improve mental health care and may want to make a specific contribution within the action plan for continuous improvements.

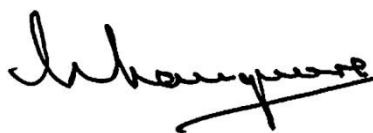
In addition, certain organisations have a formal (statutory) responsibility and/or a professional duty of care regarding people presenting in mental health crisis:

- Clinical Commissioning Groups
- NHS England Local Area teams (primary care commissioners)
- Commissioners of social services
- The Police Service
- Police and Crime Commissioners
- The Ambulance Service

- NHS providers of Urgent and Emergency Care (Emergency Departments within local hospitals)
- Public / independent providers of NHS funded mental health services
- Public / independent providers of substance misuse services



David Shaw
Chief Constable
West Mercia Police
Headquarters

Bill Longmore
West Mercia Police and Crime
Commissioner




Tom Currie
Assistant Chief Officer
Head of Service NPS
West Mercia




Neil Carr
Chief Executive Officer
South Staffordshire and
Shropshire Healthcare
NHS Foundation Trust




Clive Ireland
Chairman
Shropshire Mind




Simon Hairsnape
Chief Officer
NHS Redditch and Bromsgrove
Clinical Commissioning Group
NHS Wyre Forest Clinical
Commissioning Group




Dr Richard Harling
Director
Adult Services and
Health
Worcestershire County
Council




Simon Trickett
Chief Operating Officer
NHS South
Worcestershire Clinical
Commissioning Group



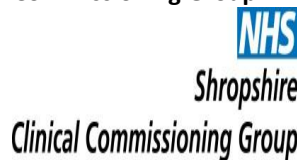
Peter Herring
Chief Executive
Shrewsbury and Telford
Hospitals (SATH)



Sarah Dugan
Chief Executive
Worcestershire Health and
Care NHS



Caron Morton
Accountable Officer
Shropshire Clinical
Commissioning Group



Clive Wright
Chief Executive
Shropshire Council



Liz Stafford
Chief Executive
Warwickshire and West
Mercia Community
Rehabilitation Company



Paul Taylor
Director: Health, Wellbeing &
Care
Telford & Wrekin Council



Sue Price
Director of
Commissioning
Arden, Herefordshire and
Worcestershire Area
Team NHS England



Richard Kelly
Executive Director
Herefordshire Mind



David Evans
Chair & Chief Officer
NHS Telford and Wrekin
Clinical Commissioning
Group



Dr Ken Deacon
Medical Director/ Interim
Director of Commissioning
Shropshire & Staffordshire
Area Team
NHS England



Penny Venables
Chairman and Chief
Executive
Worcestershire Acute
Hospitals NHS Trust



Steven Gregory
Director of Nursing and
Operations
Shropshire Community
Health NHS Trust



Jo Whitehead
Chief Officer
Herefordshire Clinical
Commissioning Group



Herefordshire
Clinical Commissioning Group

Richard Beeken
Chief Executive Officer
Hereford Wye Valley Trust

Wye Valley 
NHS Trust

Sam Joyce
Chief Executive Officer
Telford Mind



David Ashford
Head of Clinical
Practice – Mental
Health



Helen Coombes
Herefordshire Council Adults
and Wellbeing

Shaun Clee
2gether NHS Foundation
Trust (Herefordshire)



Allan Gregory
Superintendent
British Transport Police



Jo Davidson
Herefordshire Council
Childrens and Family



Mandate Title: Crisis Care Concordat Action Plan

Author: Jade Brooks

Board sponsor: Jo Whitehead

Outcomes and deliverables

Why are we doing this project?

The National Crisis Care Concordat was published in February 2014, with 22 national bodies involved in health, policing, social care, housing, local government and the third sector signing the Crisis Care Concordat. It focuses on four main areas:

- Access to support before crisis point – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment.
- Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

Local Declarations are the next phase of this work. There are three key elements of a local declaration :

- An agreement endorsed by all local key organisations that mirrors the key principles of the national Crisis Care Concordat.
- A shared Action Plan and a commitment to review monitor and track improvements.
- Evidence of sound local governance arrangements.

This project is the development and implementation of the above three areas.

What are the key deliverables?

- i) *Signing of declaration*
 - Drafted by Warwickshire and West Mercia Police
 - Submission to Department of Health and publication on MH Crisis Care Concordat webpages
- ii) *Understanding current position*
 - Reviewing the availability, quality and gaps in information we need to assess the level of local need for crisis care.
 - Developing a baseline assessment of what care is currently being provided and where.
- iii) *Agreeing and developing a Herefordshire's Action Plan*
 - Identifying and agreeing priorities for action
 - Monitoring the effectiveness of how we respond to people who experience a mental health crisis, including those who are assessed under the Mental Health Act.
 - Developing intelligence in this area so that we can review what is happening locally against needs.
 - Agency sign-up and agreeing ongoing governance of the action plan

- Publication of the action plan.

Scope, links and dependencies

Scope

- Inclusion: Signing of the declaration, development of an action plan and local agreement for the delivery of urgent and emergency care for people of all ages as a result of mental health need in Herefordshire.

Links or dependencies within other workstreams

- Parity of esteem / mental health redesign
- Urgent care redesign

Stakeholders

- The main stakeholders are the Police, Mental Health services, Social Care and Ambulance service. The signing of the declaration (first milestone) represents evidence of support by the partners to consider, participate and progress an action plan for the county.

Resource implications

Each partner named below will supply a representative to act as a link and co-ordinator from their organisation. The representative will participate in the development of the action plan through engaging as a member of the task and finish group.

- Herefordshire Council
- 2gether NHS Foundation Trust
- Wye Valley NHS Trust
- Herefordshire Mind
- Herefordshire CCG
- NHS England Area Team
- West Midlands Ambulance Service
- West Mercia Police

Resources to meet the action plan activities are unknown at present.

Key Milestones	
Date	Milestone
November 2014	1. Declaration agreement and signature by each Partner
December 2014	2. Completion of action plan template by each agency and returned to JB at HCCG.
December 2014	3. Issues identified for Herefordshire (compilation of information from returned action plan templates): report produced and circulated for discussion.
January 15	4. Task and finish group meeting: agree TOR; Issues discussion.
January 15	5. Update to HWB re progress
February 15	6. Task and finish group: agree draft action plan and ongoing governance for monitoring of action plan
February 15	7. Report to JCB with final draft action plan and proposal for ongoing governance of action plan implementation.
February 15	8. Partners sign-off of Action Plan and ongoing governance.
March 15	9. Publish Action Plan (including submission to Department of Health).

Mental Health Crisis Care Concordat Principles and Areas of Consideration

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 recommends 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
- 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.

Effective commissioning

Local commissioners have a responsibility to ensure there is 24/7 provision sufficient to meet local need. 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.

Plans should include workforce development, e.g. to ensure staff are properly trained in effective and appropriate use of restraint. This includes the development of NICE guidance on safe and efficient staffing levels in a range of NHS settings, including mental health inpatient and community units. Health Education England is setting up a Mental Health Advisory Board that will advise on policies, strategy and planning of the future workforce for mental health. Police and local government also have a key role. The Home Office is scoping the development of a web portal to enable exchange of effective practice for police, health service and local authority partnerships. Close partnership working will be needed to translate the models of urgent and emergency care being developed by NHS England into local solutions that work for the demographic needs of local areas.

Access to support before crisis point

Need to demonstrate that can intervene early to prevent distress from escalating into crisis, including consideration of:

- 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 crisis resolution/home treatment services
- respite away from home or a short stay in hospital as a voluntary patient
- peer support, including access to crisis houses or other safe places where people can receive attention and help
- 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.

Primary care, in partnership with others, will have 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.

The Home Office will be working 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.

Urgent and emergency access to crisis care

The Concordat has ambitions for mental health services to be available 24 hours a day, seven days a week.

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.

The Department of Health plans to work with voluntary sector organisations to understand and respond to inequalities in access to mental health services, particularly for BME communities.

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.

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.

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
- crisis resolution and 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 commissioned at a level to allow for crisis beds to be readily and locally available. Existing crisis plans and any advance statements should be followed, where possible.

Reducing the use of police cells as places of safety

NHS 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 the frequency and reasons for using police cells as places of safety. Local partnerships, while establishing local Mental Health Crisis Declarations, 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 with 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.

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 will be 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.

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.

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 April 2014. This aims to provide agreed response times and a standard specification for use by CCGs.

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.

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.

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.



Warwickshire and West Mercia Mental Health Crisis Concordat
Governance Group
Terms of Reference

<u>1.</u>	<p><u>PURPOSE</u></p> <p>In February 2014 the Government launched the Mental Health Crisis Concordat requiring agencies:-</p> <ul style="list-style-type: none"> • To work together to improve care for mental health patients • To develop action plans which are regularly reviewed to track and monitor progress and focus on: <ul style="list-style-type: none"> Access to support before crisis point Urgent and emergency access to crisis care The right quality of treatment and care when in crisis Recovery and staying well, and preventing future crises • To reduce the use of police stations as places of safety and ensure a fast-track assessment process whenever a police cell is used • To create sound local governance arrangements for delivering the Concordat <p>The Mental Health Crisis Concordat Governance Group (MHCCGG) has been established following the signing of the Warwickshire and West Mercia Mental Health Crisis Concordat Declaration by relevant partners. The Governance Group will ensure the establishment of a task and finish group in each locality (Herefordshire, Shropshire, Telford and Wrekin, Warwickshire and Worcestershire) which will be responsible for devising a suitable action plan that delivers against the requirements of the concordat. The Governance Group will:</p> <ul style="list-style-type: none"> • Hold local task and finishing groups to account on the progress of their • action plan • Share good practice with other localities • Address any barriers to progress of actions • Explore opportunities to share resources where appropriate <p>The Governance Group will meet quarterly and in keeping with the principles of the concordat it will be expected that agencies will hold each other to account on the delivery of their action plan.</p>
<u>2.</u>	<p><u>MEMBERSHIP</u></p> <p>Membership will consist of two representatives from each of the Task and Finishing Groups in each locality (Herefordshire, Shropshire, Telford and Wrekin, Warwickshire and Worcestershire). The nominated members will be expected to report to the Governance Group on the progress of local action plans; any barriers to progress, share good practice and where the opportunity presents look to share resources.</p>

	<p>Each locality must ensure that representation is provided for each meeting by either the nominated attendees or an identified deputy.</p> <p>Other members may be co-opted in to the group when required to enable the Governance Group to discharge its duties. This will particularly be the case if a decision is required at a more senior level to enable the group to make progress on specific issues.</p>
3.	<p><u>CHAIR</u></p> <p>The meeting will be chaired by Anna Hargrave, Director of Strategy and Engagement for South Warwickshire Clinical Commissioning Group.</p> <p>Vice Chair – To be agreed.</p>
4.	<p><u>QUORUM</u></p> <p>The meeting will be deemed to be quorum when at least one member from each area (Herefordshire, Shropshire, Telford and Wrekin, Warwickshire and Worcestershire) is represented at the group.</p>
5.	<p><u>ADMINISTRATION/MINUTES</u></p> <p>To be agreed.</p>
6.	<p><u>MEDIA</u></p> <p>The Governance Group will seek to provide a coordinated approach to media releases and publicity to ensure that the public are kept informed of progress in a consistent manner.</p>