

HEALTH AND WELLBEING BOARD

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MENTAL HEALTH CRISIS CARE CONCORDAT

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Summary

The purpose of this briefing is to update members on the Mental Health Crisis Care Concordat and its implementation for Medway. The previous paper on the 12th of March, 2015 set out the multi-agency work required to deliver upon the commitments made in the Kent and Medway Mental Health Crisis Care Concordat and identified key areas for action in partnership. This briefing is an update on the work that has both been completed and that that is ongoing. It is of note also that a new Mental Health Crisis Concordat action plan is due to be submitted to NHS England during the week following the completion of this paper.

1. Budget and Policy Framework

- 1.1. The work to be undertaken to make progress on the Mental Health Crisis Care Concordat locally is consistent with the Council Plan for 2015/16.
- 1.2. The Joint Health and Wellbeing Strategy for Medway 2012-17 set five strategic themes. Theme 4 is set to improve physical and mental health and wellbeing.
- 1.3. There is no additional or dedicated Mental Health Crisis Care Concordat budget identified in the national Crisis Care Concordat. Implementation of its commitments, the cost of governance arrangements and operational changes are matters for partnership agencies and are expected to be made through existing resources, or in future commissioning decisions.

2. Background

- 2.1 Guidance was produced by The Department of Health and Concordat Signatories in February 2014 and defined the following in their vision statement; 'in every locality in England, partnerships of health, Criminal Justice and local authority agencies will agree and commit to local level Mental Health Crisis Declarations.' (DOH, 2014)
- 2.2 Following an Emergency Department (ED) Audit and the 'Left Without Being Seen' report in September 2014, a multi-agency task and finish group was established to agree actions across all agencies to reduce the number of inappropriate attendances to ED at Medway NHS Foundation Trust (MFT) as well as the number of patients who leave without being seen. Work undertaken at the same time for the Mental Health Concordat also focusing on reducing the number of people frequently detained under S136s, identified the need to understand who these people are. Recognising this potential overlap in the work, a decision was taken to link the two pieces of work together and structure all future work under the remit of the Mental Health Concordat.

3. Update on Achievements since March 2015 Report

- 3.1. Good progress has been made by the Kent & Medway Concordat Steering Group. The multi-agency Action Plan demonstrates the complexity of work that is required to ensure there is urgent and emergency access to crisis care for a person experiencing a mental health crisis, locally the response needs to be proportionate, focused upon the person's needs and co-ordinated across partner agencies. Services must also be arranged so that there can be access to support before a crisis (to promote prevention) and following a crisis, so that the person can make stay well, be supported in recovery with an appropriate crisis contingency plan.
- 3.2. Kent and Medway Partnership Trust (KMPT) have taken steps to develop a single point of access to a multi-disciplinary mental health team on a 24/7 basis and this telephone number has been shared with the Police and local GPs. This service is also linked to Mental Health Matters Helpline and NHS 111 provision.
- 3.3. A Mental Health Act S136 Place of Safety for children and young people is now operational in the county situated in Dartford. This was agreed in 2014 through a joint approach between children's and adult services. Further negotiations across agencies are ongoing to increase capacity across the county to alleviate the risk to children and young people if they have to travel to access this provision. NHS Contract Quality improvement and innovation (CQUIN) Contract arrangements are embedded in contracts for 2015/16 across children and adult agencies to enhance smooth transition pathways. This includes

operational co location between children and adult crisis services on a 24/7 basis.

- 3.4. The Concordat Steering Group have met with patients and carers including the Mental Health Action Groups established across Medway and Kent as a means to consult and engage with service user/patient groups and to highlight the commitments made in the local Concordat published in December 2014.
- 3.5. Crisis and Mental Health Awareness Training is delivered to local agencies through Mental Health First Aid training. In Medway this is delivered through the Medway Public Health Directorate.
- 3.6. A process to collate and analyse serious incidents has been agreed across different agencies so lessons can be learnt and applied to avoid and prevent future serious incidents.
- 3.7. A comprehensive police training package including a training video has been agreed and delivered to over 3000 police officers and 500 police civilian staff. The DVD is now used nationally as a training resource within other police forces throughout England.
- 3.8. A range of Kent and Medway CCG's commissioning plans and intentions 2015/16 have been developed in line with Concordat requirements and good practice. The focus is to develop services to support patients in crisis and preventing attendance at Accident & Emergency and avoiding acute psychiatric admission. These have included the development of 24/7 Acute Liaison Psychiatry, 111 service improvements, Street Triage initiative and Crisis cafes. The police are working with Kent County Council in the promotion of the Live it Well Strategy programme six ways to wellbeing, focussing on diversion and making referrals at early opportunities to the wider system to support individuals. Training and guidance will be provided for all Officers and Police Staff through Kent Police's internal communications structure, internal briefings and Departmental Managers. In addition, this signposting resource will be incorporated into current relevant Kent Police training programmes and within Kent Police's Suicide Prevention training scheduled for 2016.
- 3.9. There are several other standing groups across Kent and Medway that have within their Terms of Reference outcomes that contribute to achieving the principles of the local Crisis Care Concordat, including:
 - The Kent & Medway Suicide Prevention Strategic Steering Group
 - Kent Drug and Alcohol Action Team (DAAT) Board
 - Medway DAAT Board
 - Kent Safeguarding Children Board

- Medway Safeguarding Children Board
- Kent and Medway CQUIN Working Group on Safe and Effective Transitions of young people to Adult Mental Health Services from Child and Adolescent Mental Health Services
- Kent and Medway Adults Safeguarding Board
- Medway Community Safety Partnership
- Kent Community Safety Partnership
- Kent and Medway Domestic Abuse Strategy Group

3.10 Going forward, it will be important for the Kent & Medway Crisis Concordat Steering Group to forge strong links to each of these groups, in order to achieve the principles in the local Concordat and ensure delivery.

3.11 In October 2014, NHS England and the DoH published Improving Access to mental health services by 2020. This document set out a first set of mental health access and waiting times standards for introduction in 2015/16. These commitments were reaffirmed in the NHS mandate and in the NHS Forward View. A new allocation of £30million nationwide is to be targeted on effective models of liaison psychiatry in acute hospitals to help meet the new standards. Local planning will be required to modify service delivery accordingly through 2016/17. Furthermore, the Home Secretary, Theresa May, has pledged that there will be £15 million of new funding to provide health based place of safety for the 4,000 people a year who are detained under the Mental Health Act. The new funding will be targeted at the NHS, in partnership with Police and Crime Commissioners

4 Advice and Analysis of Achievements

4.1 A key early success is the implementation of a triage model providing access to a single phone number for advice. Training and guidance will be provided for all Officers and Police Staff through Kent Police's internal communications structure, internal briefings and Departmental Managers. In addition, this signposting resource will be incorporated into current relevant Kent Police training programs and within Kent Police's Suicide Prevention training scheduled for 2016. This should assist with ensuring that individuals presenting in Mental Health Crisis are diverted to the appropriate place, hence reducing the number of inappropriate section 136 detentions and reducing the delay in the service user receiving the appropriate support.

4.2 As evidenced with the achievements above there has been marked progress in multi-agency working and understanding of the system and service user experience. Improved understanding is more likely to lead to an improved service for the individuals and families the organisations are designed to serve and improved partnership working across the agencies involved.

- 4.3 Access to 24 hours a day/7days a week support for those in mental health crisis is important. To ensure seamless and around the clock services are effective sufficient numbers of staff who are suitably skilled will need to be in post within the teams, and this continues to be a challenge.
- 4.4 192 Section 136 detentions were made in Medway during 2014, with the highest activity recorded during July (22) and August (21). These were the highest recorded Section 136 use during 2014 of any Kent locality.
- 4.5 The same data set, using all Section 136 incidents, shows that only 21% of section 136 detentions result in hospital admission, with only between 10-12% of all Section 136s being “converted” into formal hospital detention under the Mental Health Act.
- 4.6 The March 2015 Report identified the following as issues;
The need for Police Officers to be able contact Mental Health Crisis services easily. The single number to access crisis services and the mental health training offered to the Police should have improved their understanding and access as previously stated.

5. Risk Management

- 5.1 Four key risks have been identified that must be mitigated to bring about the local development of the Mental Health Crisis Care Concordat while ensuring that the key changes required are sustained over the longer term.

Risk	Description	Action to Avoid or Mitigate Risk	Risk Rating
Inadequate Representation on Concordat group	<p>The Crisis Concordat Steering Group is not adequate to the task of delivering on principles because membership is incomplete and/or not sustainable.</p> <p>Local agency representatives do not have sufficient seniority to take decisions on behalf of their organisations or to be the champion change.</p>	Members representing agencies at the Steering Group are sufficiently senior to take decisions and can bring about change on the ground through governance of the Task and Finish Groups feeding in.	High

Focus on service issues to the detriment of outcomes	<p>Steering group focuses on service problems and inter-agency conflicts.</p> <p>These matters distract from the purpose of the Concordat to help meet the needs of vulnerable people in urgent situations.</p>	<p>The local user experience of crisis is drawn into steering group kept under regular review.</p> <p>The needs of the person in crisis are paramount.</p>	High
Failure to reach diverse community members and meet Equality Act 2010 requirements	Concordat steering group does not form necessary relationship with minority communities and those with special characteristics under the Equalities Act, whose members may be at greater risk of coming into contact with agencies during crisis.	The Steering Group makes direct connections to local BME and other protected groups, to ensure their particular experience and expertise about what works in a crisis is taken into account in the Multi-agency Action plan.	High
Duplication of effort	The Steering Group duplicates work being undertaken by other standing groups and local efforts are at risk of being incoherent/uncoordinated.	Strong links are made across local standing groups with regular interface meetings and sharing of information.	High

6. Consultation

- 6.1. The Multi-agency Action plan to enable delivery of the local Concordat's core principles and outcomes includes actions to consult and engage with mental health service user and patient groups, including those representing Black and other minority ethnic groups to take account of ethnic, cultural and other diverse needs. This is identified as a key risk for the success or failure of the local Concordat actions and is highlighted in section 5 above.

7. Financial Implications

- 7.1 There are no identified financial implications arising for the Medway Health and Wellbeing Board arising from this report. Implementation of the Concordat commitments, the cost of governance arrangements and operational changes are matters for partnership agencies and are expected to be made through existing resources and future commissioning intention. Through the 2015/16 NHS planning framework CCG's have committed finances incorporating the Parity of Esteem agenda, this includes crisis care commissioning plans.

8. Legal implications

- 8.1 The Health and Wellbeing Board has a statutory obligation under section 195 Health and Social Care Act 2012 to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner for the purpose of advancing the health and wellbeing of the people in Kent. Supporting the development of the Kent & Medway Mental Health Crisis Care Concordat is therefore within the remit of the Health and Wellbeing Board.
- 8.2 Section 136 Mental Health Act 1983 provides that if a police constable finds a person who appears to him or her to be suffering from mental disorder and to be in immediate need of care or control in a place to which the public have access, the constable may, if s/he thinks it necessary to do so in the interests of that person or for the protection of other people, remove that person to a place of safety. A person removed to a place of safety may be detained there for a period not exceeding 72 hours for the purpose of enabling him or her to be examined by a registered medical practitioner and to be interviewed by an approved mental health professional and of making any necessary arrangements for his or her treatment or care.

9. Recommendations

The Board is asked to continue to support the Kent & Medway Mental Health Crisis Care Concordat.

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Appendices

None

Background papers

DOH February 2014

<https://www.gov.uk/government/publications/mental-health-crisis-care-agreement>

Care Quality Commission October 2014

http://www.cqc.org.uk/sites/default/files/20141021%20CQC_SaferPlace_2014