

## Warwickshire Health and Wellbeing Board

20/01/16

### Mental Health Crisis Care Concordat Update

#### Summary:

This paper provides an update on Coventry and Warwickshire's Mental Health Crisis Care Concordat (MHCCC) action plan and next steps.

The five priorities for the concordat action plan are:

- Enhancing Places of Safety;
- Implementing Street Triage;
- Reviewing the Crisis Resolution and Home Treatment Service (CRHT);
- Prevention and early intervention;
- User experience and engagement.

#### Recommendation:

That Health and Wellbeing Board note the content of this report.

#### Background:

- 1.1 The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. The concordat focuses on four main areas:
  - Access to support before crisis point – help 24 hours a day.
  - Urgent and emergency access to crisis care – treated with the same urgency as physical health emergency.
  - Quality of treatment and care when in crisis – treated with dignity and respect.
  - Recovery and staying well – appropriate referrals to prevent future crises.
- 1.2 To respond to the concordat a multi-agency task and finish group for Coventry and Warwickshire was established at the beginning of 2015, with membership from the three CCGs, Coventry City Council (CCC), Warwickshire County Council (WCC), Coventry and Warwickshire Partnership Trust (CWPT), South Warwickshire Foundation Trust (SWFT), University Hospital Coventry and Warwickshire (UHCW), George Eliot Hospital (GEH), Police and Public Health. Following a gap analysis of the standards set out in the national

framework and current service provision the group agreed the five priorities to deliver the concordat's five areas of focus as:

- Enhancing Place of Safety
  - Implementing the Street Triage Service
  - Reviewing the Crisis Resolution and Home Treatment Service (CRHT)
  - Prevention and early intervention
  - User experience and engagement
- 1.3 The task and finish group, Chaired by Coventry and Rugby CCG, oversees progress against the concordat.
- 1.4 An initial action plan was created and uploaded in March 2015, in line with national expectations. This was signed by all constituent members of the group. The plan outlines a comprehensive programme of work which forms the basis of collaboration over the coming years with refreshes demonstrating progress published on a regular basis. There is not a specified end date as the work is developing in line with emerging need and priorities.
- 1.5 On the 3<sup>rd</sup> August 2015, Rt Hon Alistair Burt MP, Minister for Community and Social Care, asked local concordat groups to update their action plans by the end of October 2015 to be published on the national Crisis Care Concordat website, hosted by MIND, a national mental health charity. This was coordinated and achieved locally.
- 1.6 Outcomes for the five local priorities are being monitored through a dashboard report that has been created by CWPT, with support from partners, containing activity, equality and outcomes data relating to Place of Safety, Street Triage, and the CRHT service.

## **Update on Local Priorities and Plans:**

### **2.1 Place of Safety (POS)**

- 2.2 The Section 136/POS policy has been in place for three years. To ensure it remained fit for purpose and provided safety for children it was reviewed and revised to ensure:
- Police custody will not be used for children and young people and only for adults in exceptional circumstances where individuals are high risk to other patients and staff.
  - Where police custody is used as POS this will be for a maximum of 24 hours with an assessment under the Mental Health Act prioritised.
  - POSs will accept patients who are intoxicated and children and young people under 18's with specific protocols to safeguard them.
  - Standard operating procedure created and implemented for the police when using restraint on patients with mental health issues.
  - Ambulance staff will provide a physical assessment following an incident of restraint by police in community.

### 3. Street Triage

- 3.1 The Street Triage Service was piloted in Coventry and will roll out across West Mercia and Warwickshire with a full service implemented by March 2016. The 12 month pilot is being funded by all organisations including West Mercia and Warwickshire Police and all 3 local CCGs. Street Triage is a means of helping people experiencing a mental health crisis to get the help they need expeditiously. The scheme involves trained mental health professionals working in conjunction with police officers, as a first-line response - either directly on the street or through a dedicated phone line usually located within the Police Control Room. The model that will be piloted across Warwickshire is the Mental Health Triage Operational Model.
- 3.2 Projected Savings have been estimated on the basis of evidence from other Street Triage services; a reduction of 25%-40% of detentions under S136 at a cost of £1,740 per S136 detention (POS staff, ambulance, police, ambulance, doctors) and a reduction in one case per day in conveyance and admission to A and E (£640).

	Population	25% reduction in s136	40% reduction in s136	Reduction in use of A and E	Total savings (25% plus A&E)	Total savings (40% plus A&E)
Warwickshire	547,974	£61,770	£98,832	£233,600	£295,370	£332,432

### 4. Crisis Resolution and Home Treatment Service (CRHT)

- 4.1 A single point of access to the CRHT service has been in place since April 2015 and is monitored through the contract between CWPT and CRCCG who hold the contract on behalf of the 3 local CCGs. CCGs have committed to undertaking a review of the CRHT during 2016/17 in order to test if it meets local requirements and provides the appropriate level of support for patients. This review will build on a Serious Incident Review progressed in 2015.
- 4.2 The Serious Incident Review was commenced in July 2015 following 38 serious incidents involving unexpected deaths during the previous year. The terms of reference for the review were:

*To critically review those cases where unexpected death / serious incident has occurred and:*

- 1. The patient has had recent contact with Crisis Resolution and Home Treatment Services (CRHT) and has been subsequently referred to services awaiting review at the time of death.*
- 2. The patient has had recent contact with CHRT services and has been subsequently discharged with no planned follow up.*
- 3. The patient has been referred to Secondary Care Mental Health Services and accepted for services (Integrated Practice Unit) but who have subsequently died whilst waiting for service / interventions (including any patient open to Improving Access to Psychological Therapy Services).*

- 4.3 The outcome of the review was reported to CCGs through the Clinical Quality Review Group as part of the contracting monitoring process. The key themes highlighted were:
- Communication and joint working
  - Assessment, Planning and Intervention.
  - Integrated Strategic Approach

It was recommended that as part of the process of receiving this review a short term operational task and finish group is established, with additional specialist input as required, to develop a focussed working plan with prioritised actions to address the three consolidated review themes.

- 4.5 The extended Arden Mental Health Acute Team (AMHAT, providing mental health liaison at the acute hospitals) service has been expanded until March 2016 and a proposal has been received to increase the service by 22.5 hours over winter following receipt of additional resources to the Systems Resilience Boards across Coventry and Warwickshire.
- 4.6 Joint protocols between A&E, CWPT, Police and West Midlands Ambulance Service (WMAS) have been created and implemented which are supported through the conveyance, offenders and 135/6 policies as well as the operational policy for the AMHAT service. To support this, the multi-agency group will monitor and review difficulties with conveyance and liaise between agencies to resolve through the multi-agency MDT meetings.

## **5. Children & Young People**

- 5.1 Supporting and treating children and young people in a crisis is a key part of the CAMHS redesign programme and there has been market testing undertaken by Warwickshire County Council, on behalf of all partners, of a new model of care to agree commissioning intentions for CAMHS. These have fed into the CCG's local transformation plans for CAMHS which were submitted to NHS England on the 17<sup>th</sup> October 2015 with positive feedback received on the 26<sup>th</sup> October 2015.

## **6. Prevention and Early Intervention**

- 6.1 The Joint Mental Health Commissioners Group is reviewing capacity and links for crisis accommodation as an alternative to hospital admission.
- 6.2 To raise awareness of suicide, Public Health has created a customised suicide training package for GPs which is currently being rolled out across Warwickshire.
- 6.3 The following mental health prevention and early intervention services are currently being re-tendered – Mental Health Helpline, Well-being Hubs, Mental Health Community Links Service, Mental Health Employment Support Service.

## **7. Patient experience and needs assessment**

- 7.1 Making Space, a mental health user group, is commissioned to ensure user feedback informs commissioning intentions through the Mental Health Patient Public Involvement sub group. Healthwatch will assist with gaining user feedback for both primary and secondary care.
- 7.2 Within Warwickshire, Mental Health is one of the 11 Priority Themes in the current JSNA Work Programme (2015-2018), as approved by the Health & Wellbeing Board.

### **Background Papers:**

Report to Health and Wellbeing Board, 25<sup>th</sup> March 2015, *Warwickshire's response to the Mental Health Crisis Care Concordat*

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