

Agenda item 6



Health and Wellbeing Board
Friday 8th May 2015

MENTAL HEALTH CRISIS CARE CONCORDAT (MHCCC) UPDATE REPORT

Responsible Officer Louise Jones, Commissioning Lead, Mental Health & LD, Shropshire CCG
Louise.Jones@shropshireccg.nhs.uk Tel: 01743 277 500 x2112

1. Summary

A Mental Health Crisis Care Concordat (MHCCC) update report was presented to the Health and Wellbeing Board on 14th November 2014 detailing the development of an action plan. This paper intends to provide a brief progress report of the work undertaken since then, in particular to update the board on developments around the MHCCC action plan.

2. Recommendations

The Health and Wellbeing Board are asked to note the content of the report.

3. Report

3.1. Introduction

3.1.1 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.

3.1.2 There are four key elements of a good mental health crisis care service:

1. Access to support before crisis point
2. Urgent and emergency access to crisis care
3. The right quality of treatment and care when in crisis
4. Recovery and staying well, and preventing future crisis.

3.2. Background

3.2.1 The Concordat outlines the work that is required at a national and local level so that organisations responding to people experiencing a mental health crisis work together collaboratively and that these agencies have a shared understanding of the local processes needed to deliver high quality care.

3.3 Update

3.3.1 Locally, the MHCCC Strategic Group developed a joint Shropshire and Telford & Wrekin MHCCC Action Plan (Appendix 1). This was submitted to the Department of Health (DH) on the 27th March 2015 and received excellent feedback. The MHCCC Strategic Group is continuing to progress implementation of the Action Plan.

3.3.2 Key areas within the Action Plan include protocols to improve the management of section 136 patients who require treatment at A&E, as well as how to improve the

experience of young people who require assessment, significantly the development of the Mental Health Crisis Helpline. In November 2014 a successful joint bid from Shropshire and Telford CCGs to NHS England ensured funding to resource a pilot service to deliver a 365 day a year, out of hour's mental health crisis helpline.

- 3.3.3 The purpose of the helpline is to offer advice, support and information directly to service users and carers; to provide support and better coordinate interventions between Emergency Duty Teams, Crisis Resolution and Home Treatment Teams, Shropdoc, GPs, RAID, Police, Ambulance, Third sector and other partners to reduce the need to apply section 136 powers and prevent crisis situations escalating into emergencies. The helpline went live on the 1st April 2015 and will be monitored on an ongoing basis. A communications plan is being developed to raise awareness of the Helpline across the Health and Social care economy.
- 3.3.4 The Mental Health Provider Trust has now completed its work on an options appraisal regarding increasing capacity at the health place of safety, which has been identified as a critical need. This will now be reviewed by Shropshire and Telford & Wrekin CCGs and partners at the MHCCC strategic group in August once the Helpline has been operating for six months.
- 3.3.5 Work is being undertaken to review the service model across Tier 3 CAMHS to allow flexibility of provision across emergency response, reaching out services and general Tier 3 provision; including reviewing the need for CAMHS short stay crisis beds (Tier 3+) and S136 facilities.
- 3.3.6 A further key theme of the action plan is to develop a programme of joint training for partner agencies regarding mental health crisis care interventions to build on the successful joint health, social care and Police training that has taken place around the use of section 136.
In addition, training to improve Mental Health awareness for police officers/staff (role specific where possible) commenced in 2014 and is ongoing.

4.0 Additional Information

- 4.1 Appendix: MHCCC Action plan, Appendix A below and can be found at URL: <http://www.crisiscareconcordat.org.uk/areas/shropshire/#action-plans-content>

5.0 Conclusion

- 5.1 The Strategic group will continue to meet to oversee implementation of the action plan and regularly review progress. Further updates will be provided to the Health and Wellbeing Board on request.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Cabinet Member (Portfolio Holder)
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Councillor Karen Calder (Portfolio Holder Health)

Local Member

All – this is a Countywide matter

Appendices

Appendix A – Action Plan

Appendix A: Action Plan

Localities do not need to use this template if they do not wish – it is intended as a guide.

1. Commissioning to allow earlier intervention and responsive crisis services				
No.	Action	Timescale	Led By	Outcomes
Matching local need with a suitable range of services				
1	To bid for NHSE monies in order to Create a Pilot Mental Health Crisis Helpline and coordination hub This service would operate 365 days a year and would be staffed by qualified mental health clinicians	December '14	Telford CCG in association with Shropshire CCG and SSSFT.	1) To receive approval of outline business case in order to develop the pilot – OUTCOME ACHIEVED
2	Develop an information sharing protocol in order to allow for more effective coordination of crisis responses between partner agencies – based upon the learning of the street triage pilots in which information sharing	February '15	SSSFT with sign up from partner agencies Shrewsbury and Telford Hospitals, Shropshire Council, Telford & Wrekin Council, West Mercia Police, West Midlands Ambulance Service, Shropshire Community Trust, Shropdoc	1) Improved coordination of multi-agency responses 2) Improved information sharing to allow for planned/ coordinated responses 3) Better deployment of staff to effect quicker resolution 4) Reduction in the use of 136 5) Improved multi-agency risk planning

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	has allowed for better decision making and collaborative responses			
3	To use the mechanism of Commissioning for Quality & Innovation (CQUIN) to improve the use of Crisis Plans	April '15	Shropshire CCG/ Telford CCG/ SSSFT	1) To have in place an agreement about the use and audit of Crisis Plans to increase their use so as to enhance service user outcomes
4	To further enhance capacity at the health place of safety through the submission of a detailed options appraisal	February '15	SSSFT to produce options appraisal. Shropshire CCG and Telford CCG to review and build into commissioning intentions	1) To increase capacity at the health place of safety
5	Review service model across Tier 3 CAMHS (including assessing the need for additional Tier 3 community provision) to allow flexibility of provision across emergency response, reaching out service and general tier 3 provision.	JULY 15	Shropshire CCG, Telford & Wrekin CCG and Shropshire Community Health NHS Trust	1) Improved overall CAMHS response and coordination to emergency assessments. 2) To improve the clinical pathways across ROS, and general Tier 3 CAMHS to result in a reduction of young people entering a crisis.

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7	Assess need for CAMHS short stay crisis beds (Tier 3+) including S136 facilities.	Sept 15	Shropshire CCG, Telford & Wrekin CCG and Shropshire Community Health NHS Trust	1) Greater understanding of the mental health needs of Children and young people. If provision available, outcomes would be; 1) To reduce admission to Tier 4 2) To reduce length of admission 3) Young people to be cared for under Sec 136 MHA in age appropriate facilities with appropriately trained staff.
8	To link in with Force Pilot to develop Mental Health Diversion Scheme for people in Police Custody, when arrested for offences. Pilots currently at Coventry & Warwickshire. Following evaluation roll out across West Mercia.	June 2015	Lead by Police Strategic lead DS Walters. Shropshire Lead CI Chaloner.	1) Scoping across Custody units will ensure that there is sufficient Mental Health Diversion in place. 2) Improved Mental Health Diversion, will ensure clear pathways and result in less people entering crisis.
Improving mental health crisis services				
	Produce a directory of services that are available to support people in mental health crisis. The Directory will include self-help to prevent a crisis	May '15	Shropshire Council and Telford Council <u>Please note it was envisaged that the LAs would lead based on the previous work done around directories.</u>	1) To ensure that the directory is widely available and accessible in different formats 2) To ensure that there is more information available to people about contact points for urgent and preventative support 3) Ensure links to Information Advice and Guidance under the Care Act.
	Establish age appropriate environment within	April 15	SCHT/SSSFT/SATH	To ensure young people are assessed in an age appropriate environment.

2. Access to support before crisis point

No.	Action	Timescale	Led By	Outcomes
Improve access to support via primary care				
	To develop detailed crisis plans for service users	February '15	SSSFT	1) To improve the take up of Crisis Plans 2) To ensure that service users and carers are better informed about how to access help as problems are emerging 3) To ensure that this information is available 24/7 to partner agencies as per the information sharing agreement 4) To reduce admissions and use of section 136
	Improve CAMHS referral information on Shropshire Community Mental Health NHS Trust website	May 15	SCHT	Improved information for primary care practitioners.
Improve access to and experience of mental health services				
	Devise a patient rated experience measure for all patients seen in the Redwoods Place of Safety	April '15	SSSFT Kath Chambers Kevin Mansell	1) Patient rated outcome measure to be offered to all patients detained in the Health place of safety. 2) Learning from this to be presented to the MHCCC strategy group to inform operational, training and service developments
	To incorporate into the Future Fit Programme planning facilities to assess and support people in need of mental health crisis	April '15	CCGs, SSSFT	1) To ensure that Future Fit plans facilities to receive and assess people who need mental health crisis interventions

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	Initiate transition planning at 16 years of age and ensure that all new referrals are considered for a range of possible options including single AMH/CAMHS assessment or joint AMH & CAMHS assessment.	July 15	SCHT, SSSFT	1) Improve links with AMHS/CAMHS 2) Improve transition process between AMHS/CAMHS
	Ensure delivery of a 7 day CAMHS crisis provision.	July 15	SCHT	1) To improve frequency and intensity of patient contact to reduce crisis presentation.
	Police Specific - Ensure easy access to Samaritans referral scheme by all declaration signatories, in particular Custody, GP's, A&E, Ambulance.	Complete in Telford. Shrewsbury under review. Other signatories to be updated.	CI Chaloner (WMP), Mental Health Strategic Group, Samaritans.	1) Improve easy access to listening service to people in order to avert crisis.
	Review of Safe discharge planning for adults and children from hospitals (including tier 4 CAMHS beds etc) – and review adherence to plan and the effectiveness of a		CCG's, LA's, CAMHS & SSSFT	1) Work to develop a Homeless Discharge Protocol is underway between T&W Council and SSSFT to ensure timely notification of homelessness on admission. 2) Development of an all age commissioning to drive transitional improvements, and access to services.

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	good plan			
	To review the Mental Health Commissioning Strategy in Telford & Wrekin	December 2015	T&W CCG & LA	<ol style="list-style-type: none"> 1) Increase focus on preventative services to maximise peoples independence 2) Improved access to services
3. Urgent and emergency access to crisis care				
No.	Action	Timescale	Led By	Outcomes
Improve NHS emergency response to mental health crisis				
	Following successful bid for pilot mental health crisis helpline to develop a detailed service pathway involving all partner agencies and users and carers	March '15	Telford CCG in association with Shropshire CCG and SSSFT.	<ol style="list-style-type: none"> 1) To improve service user and carer experience and accessibility to help whilst in crisis by direct telephone advice and support from a qualified nurse 2) Provide comprehensive liaison and coordination of crisis Responses to Police, Ambulance, 999 call handlers, Shropdoc and other crisis services. 3) Evaluation of the proof of concept in terms of its viability for further role out dependent upon NHSE's allocation of new resources 4) To reduce the use of section 136 applications
	Police specific - Further to the above; Pilot for Mental Health Crisis Helpline, work with CCG and SSSFT to develop pilot and provision via helpline and on the ground, support and intervention to officers responding to	April 2015	CI Chaloner (WMP) & Kevin Mansell (SSSFT)	<ol style="list-style-type: none"> 1) To improve service user and carer experience and accessibility to help whilst in crisis by direct telephone advice and support from a qualified nurse 2) Provide comprehensive liaison and coordination of crisis Responses to Police, Ambulance, 999 call handlers, Shropdoc and other crisis services. 3) To reduce the use of section 136 applications. 4) Review of pilot in August 2015, to review demand on 136 suite and any requirements to commission a second bed space.

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	136 requests, where Redwood Centre is unavailable.			
	.Re-configure Tier 3 CAMHS to create a mental health practitioner post based at SATH to ensure a rapid response embedded within an all age assessment team.	31 March 2015	Shropshire Community Health NHS Trust	1) Improved response for young people in crisis. 2) Improved links between partner agencies (RAID/CAMHS/SATH)
	Review alternatives to admission to Redwoods Hospital to enable crisis response when home treatment is not a feasible option. Link to findings of the Castle Lodge Consultation.	Strategy completion – Dec 2015	SSSFT, T&W CCG, T&W Council	1) Consultation exercise scheduled by SSSFT in partnership with the CCG. Consultation has launched and events are scheduled. 2) Review as part of the wider mental health Commissioning Strategy for Telford & Wrekin
Social services' contribution to mental health crisis services				
	Enhance Support to Carers to enable them to continue to care in a crisis.		Telford & Wrekin Council	1) Explore the expansion of the Emergency Carers response Service. 2) Development of the Helpline will offer emotional support to carers as well as service users.
	Shropshire Council and Telford & Wrekin Council to review the demand and capacity	March '15	Shropshire Council, Telford & Wrekin	1) To ensure adequate availability of AMHPS 24/7 2) To ensure AMHPs undergo refresher training as required and programme of training is in place

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Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983

	<p>To undertake a review of the Section 135 & 136 policy within 3 months of the publication of the new MHA code of practice</p>	<p>April '15</p> <p><u>Please note the new C of P was published on the 15th Jan and subject to Parliamentary approval will come into effect in 1st April (Chpt 16 covers this area) this offers important advice about how to apply section 136 and alternatives. Which will have a major bearing on the training needs for</u></p>		<p>1) To incorporate the requirements of the new Code of Practice into service operations 2) To secure that specific Section 136 training is instigated to support front line staff in the implementation of the new guidance</p>
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		<u>Police officers</u>		
	To ensure that the 136/ MH crisis care operational meetings discuss and learn from any operational concerns. These meetings to be set for the year and a summary of learning and other issues be presented to the MHCCC/136 strategic group	February '15	CCGs/LAs/ SSSFT/Police Ambulance Service/Training	<ol style="list-style-type: none"> 1) To ensure multi-agency learning takes place as a result of operational concerns that may arise. 2) For any matters that cannot be resolved through the operational group be escalated to the MHCCC strategy group 3) For any changes required to incorporated into standard operational procedures and overseen by the MHCCC strategy group
	Police Specific – Review of 136 Detentions in Police Custody on a monthly basis and provide figures for local 136 meetings.	Complete and Ongoing.	Police & SSSFT	<ol style="list-style-type: none"> 1) Ensure people who are detained in Police custody are for appropriate reasons. 2) Ensure targets set by MH Concordat to reduce detentions is adhered to. 3) Better outcomes for patients detained under 136.
Improved information and advice available to front line staff to enable better response to individuals				

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	To review the multi-agency training needs requirements for mental health crisis care	Training leads for partner agencies involved in the MHCCC strategic group	May '15	<p>1) To produce a revised training plan of the multi-agency training needs of staff.</p> <p>2) To deliver additional joint health, social care and Police training events addressing how best to support service users in connection with section 136. This will inform further joint training</p> <p>3) To devise training specific to the changes in the MHA Code of Practice</p>
	Establish interface between Adult Mental Health Services and CAMHS IT systems.	To be identified	SSSFT and Shropshire Community Health NHS Trust	Improved information sharing. Better informed response for service users.
	Enable 'Graphnet' database access for CAMHS consultants on call out of hours.	31 March 2015	Shropshire Community Health NHS Trust	Better informed response for service users. Improved access to information for consultants and wider colleagues.
	Establish education and training programme for front line staff about the needs of children and young people who present in crisis.	July 15	Shropshire Community Health NHS Trust.	Better informed response for service users. Increased knowledge and skills of front line staff.
	Deliver Storm training. STORM is a self-harm mitigation model developed at the University of Manchester. It offers skills based training	Oct 15	SCHT	Staff trained in STORM to deliver training across CAMHS and front line staff Increased knowledge and skills for front line staff. Reduction in self harm presentations.

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	in risk assessment and safety planning to frontline staff and members of the community			
	Police specific; Improve Mental Health awareness training for police officers/staff (role specific where possible).	June 2015	CI Chaloner (WMP) & DCI Ali Davies (WMP)	<ol style="list-style-type: none"> 1) Staff trained in Mental Health Awareness will provide enhanced and informed sensitive approach to people in crisis. 2) Multi-agency training events, held in May 2014. 3) Officers currently undertaking NCALT mental health training via E-Learning. 4) Review of refresh training, with Ambulance Service, BTP and Dawn Crowther (SSSFT),
Improved services for those with co-existing mental health and substance misuse issues				
	<u>This needs further work by the group - I have written to Jayne Randall who is the commissioner of Substance misuse services in Shropshire seeking her assistance – similar action required for Telford</u>			
	The review of the Mental Health Strategy in Telford & Wrekin will include people with a dual	Dec 2015	T&W CCG, T&W Council, Public Health	<ol style="list-style-type: none"> 1) Improved access to services for those with a dual diagnosis.

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diagnosis. One Team Leader manages DARS and LA mental health staff in Telford & Wrekin.				

4. Quality of treatment and care when in crisis

No.	Action	Timescale	Led By	Outcomes
Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring				
	Devise a protocol about how to manage the needs of children and young people who use the health place of safety as a result of detention under section 136 to enhance the experience of this vulnerable group	April '15	CAMHS/ SSSFT Telford CCG/ Shropshire CCG	1) To ensure that staff are better equipped to understand the different needs and principles of care required to support young people requiring a place of safety 2) To devise specific pathway to be followed when supporting children and young people i.e. consideration about having guidance from specialist staff and plans to inform/involve parents and others to whom the child or young person may best relate.
	To revise protocol regarding the management of people detained under section 136 who require treatment in A&E this includes assessment of those deemed to be intoxicated, whether they are assessed in A&E or initially treated in A&E and then transferred subsequently	May'15	SATH CCGs, RAID, SATH, Police, Ambulance SATH, LA's	1) To have an agreed protocol between SATH, SSSFT, Police and Ambulance service regarding the management of patients who need to be supported in A&E 2) Revised protocol to include on-going Police support and conveyance if they then need to move to an alternative health place of safety 3) To see a reduction in the use of Police cells for intoxicated patients. <u>Please note Mark Walters is attempting to find out from Police colleagues in the Met and Birmingham what arrangements they have in place as very few people in these areas end up in police cells even when intoxicated</u>
	Police Specific,	September	SATH	1) Following outcomes listed above; work with partners to

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	Ensure there is a protocol in place to provide a place of safety for care and subsequent Mental Health Assessment for people too intoxicated to be assessed under 136, without resorting to Police use of Custody.	2015	CCGs, RAID, SATH, Police, Ambulance SATH, LA's	explore potential use of crash pad facility, near to A&E / Raid Services, as provision for people who are non-violent and not in need of acute medical attention.
Service User/Patient safety and safeguarding				
	On the next 6 occasions when Police cells are used for 136 detentions that a Serious Incident/ Root cause analysis takes place	February '15	Quality Leads for Shropshire CCG Telford CCG	<ol style="list-style-type: none"> 1) To ensure that all staff understand the requirement to prioritise efforts to eliminate, wherever possible the use of Police cells 2) To bring the learning outcomes associated with the Root Cause Analysis to the 136 operational group, the MHCCC strategic and CCG/provider quality meetings to guide the steps required to eliminate the use of Police cells
	To undertake a Serious Incident / Root Cause analysis of any time a child is detained in Police cells. Local agreement to eliminate children being detained in Police cells	December '14	Telford/ Shropshire CCG Quality Directorates	<ol style="list-style-type: none"> 1) To ensure that all staff understand the requirement to prioritise efforts to eliminate children being detained in Police cells 2) To bring the learning outcomes associated with the Root Cause Analysis to the 136 operational group, the MHCCC strategic group and CCG/provider quality meetings to guide the steps required to eliminate the use of Police cells for the under 18's
	To scope the needs of children taken to	April '15	CCGs, CAMHS,	<ol style="list-style-type: none"> 1) Understand demand and capacity issues 2) this information used to enhance patient pathways

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	A&E owing to deliberate self-harm or other forms of MH crisis care needs in order to better understand the needs and devise pathway to better support this group		SATH	
Staff safety				
Primary care response				

5. Recovery and staying well / preventing future crisis

No.	Action	Timescale	Led By	Outcomes
Joint planning for prevention of crises				
	To use the work being undertaken by the Public Health to inform and update the Suicide Prevention Strategy and to use this to inform crisis care developments	July '15	Public Health/ Training Leads <u>Will need further discussion with the Public health rep to the group. Rod Thomson has stated a nominee from Public Health will be in attendance. Telford will need to have similar discussions with their public health service</u>	<p>1) To review the work done within the JSNA and information from within the Mental Health Dementia and Neurology Intelligence Network (www.yhpho.org.uk/default.aspx?RID=191242) to advance the Suicide Prevention Strategy.</p> <p>2) To incorporate learning from the launch of the Governments “Zero Suicide” Campaign</p> <p>3) To use this to inform local practice and training</p>
	For all patients	April '15	SSSFT	1) To collaboratively review crisis plan

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	subject to formal, informal admission, interventions by the CR/HT or taken to a place of safety to have a comprehensive review of their Crisis Plan subsequent to this crisis			2) For these experiences to be used to implement changes in the Crisis Plan in the future based on the most recent experience
	To audit the needs of those seen taken to A&E under section 136 for a period of 2 months	RAID team A&E	April '15	1) To scope out level of demand 2) To determine actual outcomes 3) To use this to better plan patient pathways and multi-agency working
	Review of waiting lists for all mental health services and to ascertain gaps in capacity within the services and address	CCG		MH Strategy to be reviewed – will include analysis of demand and supply.
	Enhance support to carers to enable them to continue to care in a crisis	LA		Consider extending the remit of the Emergency Carers Response service.

ACTION	Timescale	Led by	Outcomes

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