

Date: Friday, 10 October 2014

Time: 9.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,  
SY2 6ND

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## HEALTH AND WELLBEING BOARD

### TO FOLLOW REPORT (S)

#### **6 Crisis Care Concordat (For Decision) (Pages 1 - 6)** A report will follow.

Contact Dr Caron Morton, Accountable Officer Shropshire CCG Tel 01743  
277580.

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## Agenda item 6



**Health and Wellbeing Board**  
**Friday 10<sup>th</sup> October, 2014**

### **MENTAL HEALTH CRISIS CARE CONCORDAT BRIEFING**

**Responsible Officer** Paul Cooper, Shropshire CCG MH & LD Commissioner  
Paul.Cooper@shropshireccg.nhs.uk Tel: 01743 277 500 x2112

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#### **1. Summary**

- 1.1 This report aims to provide the Health and Wellbeing Board with a briefing regarding the publication of a national concordat regarding improving care to for people experiencing mental health crisis and the expectation that a local concordat with associated action plan will be produced and implemented with oversight from the H&WBB.
- 1.2 A summary of the background to and key points within the concordat is included within the report. There is also a summary of the current position for Shropshire services against the standards and recommendations for next steps.

#### **2. Recommendations**

- 2.1 The Board are asked to:
  1. Note the content of this report
  2. Support the development of a multi-agency mental health crisis care concordat for the population of Shropshire
  3. Approve the establishment of a task and finish group to facilitate the development of a local concordat and associated action plan for presentation to/approval from the Health & Wellbeing Board.

#### **REPORT**

#### **3. Risk Assessment and Opportunities Appraisal**

*(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)*

- 3.1 It is recognised that mental health crises can have a major impact upon individuals and and it is widely acknowledged that there are potential health inequalities experienced by people with mental illness. The development of a local Mental Health Crisis Care Concordat would seek to identify ways in which the outcomes for those in mental health crises can be improved. In addition to that *A Criminal Use of Police Cells* (cited in the main body of the report) draws

attention to the human rights and dignity issues that are potentially undermined for those being detained under section 136 in Police cells. This work also seeks to address these issues.

#### 4. Financial Implications

4.1 The CCG have identified the need to review 136 capacity issues at the health Place of Safety suite and are currently awaiting an options appraisal from the Mental Health Trust which will influence commissioning plans going forward.

The LA is separately reviewing the provision of AMHPs in the county and their alignment with the Crisis Resolution/Home Treatment Team.

#### 5. Background

5.1 See main body of the report.

#### 6. Additional Information

6.1 Copies of the standard declaration and action plan templates are available from the DH at <http://www.crisiscareconcordat.org.uk/>

#### 7. Conclusions

7.1 A National Mental Health Crisis Care Concordat has been produced. All localities across England are asked to work collaboratively with all key stakeholders to develop a local MHCCC to ensure key standards for people experiencing mental health crisis are achieved.

7.2 Locally, some of the key areas within the concordat framework are already being developed. A local group has been established that could be tasked with taking this work forward and report directly to the H&WBB regarding progress. The H&WBB is asked to support the key recommendations within this report.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>1) References</b>
(i) Closing the gap: priorities for essential change in mental health. (HM Government , January 2014) <a href="https://www.gov.uk/.../Closing_the_gap_V2_-_17_Feb_2014.pdf">https://www.gov.uk/.../Closing_the_gap_V2_-_17_Feb_2014.pdf</a>
(ii) Valuing mental health equally with physical health or “Parity of Esteem” <a href="http://www.england.nhs.uk/ourwork/qual-clin-lead/pe/">http://www.england.nhs.uk/ourwork/qual-clin-lead/pe/</a>
(iii) Mental Health Crisis Care Concordat - Improving outcomes for people experiencing mental health crisis. (Department of Health February, 2014) <a href="https://www.gov.uk/government/publications/mental-health-crisis-care-agreement">https://www.gov.uk/government/publications/mental-health-crisis-care-agreement</a>
<b>Cabinet Member (Portfolio Holder)</b>
<b>Local Member</b>
<b>Appendices</b>

## Mental Health Crisis Care Concordat Briefing

### 1. Purpose of Report

The purpose of this report is to:

- I. Provide the Health & Wellbeing Board (H&WBB) with a briefing regarding the recently published (February 2014) HM Government guidance document '*Mental Health Crisis Care Concordat, Improving outcomes for people experiencing mental health crisis care*'.
- II. Gain support from the H&WBB for the development and implementation of a local Mental Health Concordat in partnership with other key stakeholders
- III. Provide a summary of the current position against the standards for our local population
- IV. Provide a summary of outstanding areas that still need to be addressed
- V. Propose a process for local development and implementation

### 2. Background

The Department of Health (DoH) in partnership with many national organisations including the Association of Directors of Adult Social Services, The Local Government Association and the Association of Police and Crime Commissioners have recently published a Concordat document outlining their commitment to improving services for people experiencing mental health crisis.

The 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.

The Concordat is arranged around the key elements of a good mental health crisis care service:

- 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

The Concordat sets out the elements of an effective system which would support local areas to plan the changes needed to strengthen and improve responses in order to best address local circumstances. The Concordat recognised that there is no single national blueprint but states that there is an expectation that all localities across England adopt the Concordat principles and '*expect that local partnerships between the NHS, local authorities and the criminal justice system work to embed these principles into service planning and delivery*'.

Implementation of this would include the following:

- Strengthening of local relationships with key partners, ensuring roles and responsibilities are agreed and understood around mental health crisis care
- A review of early interventions services to ensure there is sufficient and appropriate provision to support local need
- Record the frequency and use of police custody as a place of safety and review the appropriateness of each use to inform use in the future
- Ensuring staff are properly trained in effective and appropriate use of restraint
- Consider local plans to deliver 24/7 crisis care

There is an expectation that 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.

### **3. Current Position for Shropshire**

Shropshire is in the fortunate position in that work is already taking place to enhance crisis care provision. However it is also recognised that there are areas that will require additional work to fully achieve the expected standards outlined within the Concordat including; the need to enhance joint training for the agencies involved in mental health crisis care work; we have also been made aware from the national concordat and our local service user consultation, about mental health services, that we need to improve the process about how people in crisis can access the Crisis Resolution Home Treatment Team, as well as the coordination between the Police, 999 call handlers and mental health services. Despite this we have benefitted from the work that has been undertaken recently to review and improve service provision for people experiencing mental health crisis.

Most notably this work includes a recent review and the development of a plan to improve the use of police custody as a place of safety. While it is entirely legitimate for the police to remove a person to a place of safety when the *'constable finds in a place to which the public have access a person who appears to him to be suffering from mental disorder and to be in immediate need of care or control, the constable may.....remove that person to a place of safety'* (Section 136 (1) and (2) Mental Health Act 1983) for up to 72 hours to allow assessments to be undertaken, There is evidence that this can be detrimental to the individual.

"A Criminal Use of Police Cells?" (CQC, HMIC et al 2013), provided evidence of the concerns from various quarters for some time regarding the amount of occasions when people who are subject to section 136 have been detained in a police cell as opposed to a health place of safety. The report identifies that placing someone in a police cell whilst they are experiencing a mental health crisis can produce stigma and trauma and that there should be local plans to monitor the use of section 136 to ensure that whenever possible health places of safety are used instead. The report also suggests that local Health and Wellbeing Boards should take an interest in reviewing improvements.

Consequently, in February 2014, a partnership group, Chaired by the Director of Nursing for the Clinical Commissioning Group (CCG), has been established to address this specific challenge. While there are some limitations with data analysis at this stage, and there is still more work to be done, the plan to address these concerns appears to be having some effect.

In addition to this, there are other examples of work underway locally that will contribute to the expected outcomes of a local MHCCC. These include:

- The establishment of the Shropshire Mental Health Crisis Care Focus Group. This group consists of representation from service users, carers and all key stakeholders. This piece of work was inspired by the challenges and opportunities created by LA instigated review of services at Path House. This work is at a preliminary stage and further consultation is required, but it is hoped that this work will inform further developments in crisis care provision in Shropshire. This focus group has given us valuable information as to service user and carer priorities regarding what they regard as the core components of good quality mental health care. This would include clear pathways to access the Crisis Team, including

supports to carers and the importance of Crisis Plans – their views so far are very much echoed by those included within the national Concordat.

- A series of events were planned and delivered in May 2014 to provide enhanced training to both Police officers and mental health workers on the best practice in terms of the use of section 136 powers. This work has been reinforced by the activities of the 136/MHCCC group and it is envisaged that it will aid the further refinement of best practice in this area with the goal of reducing Police cells as a pace of safety.
- The implementation of the Rapid Assessment Interface and Discharge (RAID) model for A&E/acute access which includes a dedicated specialist mental health team working alongside medical staff at SATH to provide for urgent assessment and support to patients in A&E and on the wards. This service is available 24 hour a day and the model has had national recognition. An evaluation of this service has been commissioned by the Centre for Ageing and Mental Health.
- A benefits realisation review following the recent mental health modernisation programme has taken place. There is an associated action plan under development to address key issues identified following this review.

#### **4. Next Steps**

It is has recently been agreed that, further to approval from the Health & Wellbeing Board, the current 136 partnership group whose membership already includes all key stakeholders, widens it's remit to form the Shropshire and Telford Mental Health Crisis Concordat Local Response Group. This group would be responsible for the development of a local MHCCC and the associated action plan for implementation. It is also proposed that this group reports directly to the H&WBB regarding progress on a quarterly basis.

#### **5. Conclusion**

A National Mental Health Crisis Care Concordat has been produced. All localities across England are asked to work collaboratively with all key stakeholders to develop a local MHCCC to ensure key standards for people experiencing mental health crisis are achieved.

Locally, some of the key areas within the concordat framework are already being developed. A local group has been established that could be tasked with taking this work forward and report directly to the H&WBB regarding progress. The H&WBB is asked to support the key recommendations within this report.

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