

Health and Wellbeing Board

16 March 2017

Mental Health Crisis Care Concordat



Report of Mike Brierley, Director of Operations and Delivery, North Durham Clinical Commissioning Group

Purpose of the Report

- 1 The purpose of this report is to provide the Health and Wellbeing Board with an overview of work being undertaken by the Mental Health Crisis Care Concordat.

Background

- 2 The Mental Health Crisis Care Concordat (the Concordat) is a nationally mandated collaboration which was signed in 2014 by a variety of partners including Durham Constabulary, Durham County Council, Darlington Borough Council, Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust, North East Ambulance Service (NEAS), North Durham Clinical Commissioning Group (CCG) as lead CCG, Durham Dales Easington and Sedgefield CCG, Darlington CCG and voluntary and community sector providers. It is a commitment to joint working to improve the response to people in mental health crisis across services. There is also a service user who sits on the Mental Health Crisis Care Concordat Steering Group.
- 3 The Concordat currently focusses on adult crisis care but there is no age specified in the original plan and there are specific actions relating to children's crisis response.
- 4 Work is also underway independently looking at Child and Adolescent Mental Health Services (CAMHS) crisis and liaison and intensive home treatment services as part of the Children and Young People's Local Transformation Plan.
- 5 This paper sets out the work undertaken by the Concordat in 2016 and details the two main workstreams currently identified for 2017.

Current Position

Conveyancing

- 6 This refers to conveying (driving) a patient who has been detained under the Mental Health Act 1983 (the Act) and needs to go to hospital. The patient will have been professionally assessed in line with the Act and the Mental Capacity Act 2005 and the decision already taken to detain either to further assess or to treat. Therefore, there will already be a bed identified to which the patient needs to be securely taken. Patients who are picked up by the police in a public place (detained under section 136 [s136] of the Act) are taken to an s136 suite, assessed, and then conveyed to hospital if required. These patients are currently transported by the police but we are investigating whether this service can support our police colleagues by transporting patients in an appropriate manner from the place they are picked up to the nearest available s136 suite.
- 7 Legally, the vehicle needed to transport the patient has to be an ambulance and so the provision of the transport for patients has been provided by NEAS as part of their emergency response. The problem has been that NEAS will routinely provide a fully equipped blue light ambulance which can be frequently diverted to physical health emergencies (e.g. cardiac arrest, stroke, road traffic accidents) which delays response and attendance to the mental health crisis. Delays have been significant; up to 12 hours on occasion which can result in significant deterioration of the patient's condition and a number of professionals tied up trying to keep the patient safe as well as causing distress for family and friends.
- 8 The solution which has been put in place is the commissioning of a private ambulance provider to focus solely on attending mental health crisis incidents. This provides a much faster response time and greatly improves the better use of resources across all the agencies involved. The contract has been awarded for a year until November 2017, during which time we can gather and analyse activity and demand data to inform any future provision.
- 9 Most CCGs across the region have put a similar local service in place but ideally a region wide contract would be more cost effective to procure and manage.
- 10 Going forward, the analysis of activity data is underway and the Business Case to enable CCGs to consider longer term investment is being drafted. Discussion is underway with other Concordat groups to see if we can undertake a single procurement exercise for one service across a wider area. This would enable the successful provider to plan more effectively and is likely to attract a greater range of bidders for a larger contract.

Crisis Pathway Mapping

- 11 Mapping a pathway such as Mental Health Crisis Care is very complex; many access points exist and there are numerous agencies and providers involved. When talking about crisis care, services are also included which support individuals when they are escalating towards clinical crisis and manage them to either avert the crisis, or help the person into the right clinical care. Many of these services are provided by the voluntary and community sector and may not necessarily be directly commissioned either by CCGs or the Local Authority. This means that we have little to no direct control over them and they are vulnerable to fluctuations in demand. Equally, as financial pressures continue to be applied to all sectors, we need to ensure that we have system wide planning focus to avoid unnecessary adverse impact caused by commissioning decisions taken.
- 12 The mapping work being undertaken is trying to make sense of the current situation so that we can establish what needs to be improved, what is working well, and if there are any gaps. A workshop was held in Darlington in September 2016 which mapped out the current crisis pathways and identified a number of areas for improvement. The most significant, which was agreed by the workshop, was to develop a single point of access for individuals in crisis, their parents/carers/friends/support network and professionals. This would ensure that people get correct help at the right time.
- 13 A significant issue for the TEWV crisis team currently is that individuals contact them when they are facing a life crisis rather than a clinical crisis and it is difficult for the crisis team to know where to send them for the right support. This single point of access would allow individuals to make contact and have a discussion with a suitably trained, but not clinical, individual to work through what their needs are at the root of the crisis and get support for these.
- 14 The Concordat took outcomes from the mapping workshop and held a development session in October 2016 which has resulted in a new two year action plan to be delivered between 2016 and 2018. This included the development of a single point of access and also improving links to local authority suicide prevention work, police training, and the use of digital technologies as well as others mentioned in this report.
- 15 Work is ongoing with Crisis Pathway Mapping and features strong links between this work and the mapping exercise recently undertaken by Public Health colleagues. Both pieces of work identified the need for a single point of access and the longer term vision is for the two to be delivered jointly as a true single access point for patients, professionals, families, carers and the wider public.

Section 136 suites

- 16 A section 136 suite (also known as a Place of Safety) is somewhere where a patient in crisis can be taken, usually by the Police from a public place or place to which the public have access, for assessment under the Mental Health Act 1983.
- 17 There are a number of issues nationally with these and it's important to understand them for background and context. Nationally, police cells are still used as places of safety in some areas for people of all ages. This is widely acknowledged to be inappropriate. CCGs are now required to reduce the use of police cells as places of safety for adults and to eliminate their use for those under 18 by 2017 in line with the Policing and Crime Act 2017.
- 18 In order to deliver the requirements of this Act, there will be the need to identify health based places of safety; usually places of safety based in a health location, i.e. hospital. Currently, we have one in Lanchester Road Hospital, North Durham and one in West Park Hospital, Darlington. These are staffed from the hospital wards. The provider, TEWV, were given additional funding from what was the System Resilience Group (SRG) which is now the Local A&E Delivery Board (LADB) to enable them to staff the hospitals to a level where nurses could come off the wards into the s136 suite when required. The suites are used mainly by the police when they have picked someone up under s136 of the Act and they need assessment in a place of safety.
- 19 Working jointly with the Police and TEWV, CCGs have assessed that the current model does not work efficiently and ties up resource frequently. It has proven more difficult than anticipated to get a member of staff from a ward to the s136 suite quickly. Consequently, we are working with TEWV and the Police to develop a street triage model which would involve TEWV staff (a mental health professional) working in the police force control room and another out on the street in the Police car to provide support in cases where mental health issues may be a factor in an incident. Both interventions have proven very successful in other areas across the country.
- 20 This work is progressing quickly to develop a specification to enable TEWV to recruit staff, initially into the Force Control Room, as quickly as possible to ensure compliance with the Policing and Crime Act.
- 21 Police cells are not frequently used as places of safety in Durham and we have not had anyone under the age of 18 taken to a police cell as a place of safety since April 2014. We anticipate that this will enable the requirements of the Policing and Crime Act relating to reducing the use of Police cells as places of safety for adults to be met and eliminating their use for children (those under age 18). This will be monitored by the Mental Health Act Operational Group as well as the Concordat.

Other key work areas

Identification of high intensity users

- 22 The original 2014 action plan contained an action to identify the high intensity users of all emergency services. The Tees Concordat, supported by the North of England Mental Health Development Unit (NEMHDU), has done some significant work in this area and we are keen to learn from their work. The Mental Health Clinical Network is working with NEMDHU to develop a package which can be shared across other Concordats and also provide support in this work. The Tees Concordat identified a small number of individuals who were calling all emergency services (Police, ambulance, social care and attending A&E) regularly and so were clearly not receiving the support they needed.
- 23 There are two strands to this piece of work; a) Identification of individuals currently contacting emergency services frequently, assessing their needs and addressing them; b) Devise a multi-agency method or plan to assess and address the needs of people who start to behave in this way in future.
- 24 This will involve all statutory bodies on the Concordat working together and sharing information. This is a complex area due to the protection of information and data as well as information sharing but it is not insurmountable. Work is underway through the Safe Durham Partnership (SDP) to look at information flows between agencies. This issue of high intensity users highlights only a relatively small cohort of citizens/patients, but these small numbers can take up a large amount of time and resource from a number of services and can bounce around and in and out of the system regularly. This can result in them not receiving optimum care or quality outcomes.
- 25 Workshops are scheduled for 22 and 31 March 2017, with the final report scheduled to be presented to the Concordat steering group in May 2017. The concordat will then consider how best to deliver the recommended interventions.

Single Point of Access

- 26 This is a piece of work which has been identified by all Concordat partners as a priority. It links strongly with work currently underway in the County Durham Local Authority Public Health Team which has been undertaking a gap analysis of all their commissioned Public Mental Health services in order to support future commissioning decisions. One significant gap identified has also been a single point of access and so it is important that these two strands of work are strongly linked to ensure that we achieve our common goal of making access easier for patients.
- 27 Currently, we expect patients in crisis to work out if they are in a social crisis (and need social services support); an emotional crisis (and need support for that such as bereavement or relationship counselling); or a clinical crisis (and are in need of support from the TEWV crisis team). Patients consequently direct themselves to what the system considers to be the wrong place.

- 28 The September 2016 workshop identified from all partners that we need one point of access where patients can go and say they need help, then be given the time to talk through the help which they need so that they can be directed to the right place. This could be the patient themselves, or a third party. A parent, for example, could ask where to find help for their teenager who they fear has an eating disorder. The service would receive self-referrals as well as referrals from other professionals (GPs could refer someone they are seeing for sleep problems but are concerned that there is a different underlying cause) as well as from the community and voluntary providers.
- 29 A Plan on a Page has been developed as an early design to share more widely and connections have been made to the mental health prevention model which is looking to establish a similar model. The idea being that we harmonise process, estate, resource and systems where possible.

Recommendations

- 30 The Health and Wellbeing Board is recommended to:
- Note the progress and achievements made by the concordat in relation to conveyancing and Street Triage / s136;
 - Support the work taking place in relation to implementing the projects detailed within this report.

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Appendix 1 Implications

Finance

No direct implications at this point.

Staffing

No direct implications.

Risk

No direct implications.

Equality and Diversity / Public Sector Equality Duty

No direct implications.

Accommodation

No direct implications.

Crime and Disorder

Links with Durham Constabulary and the Police, Crime and Victims Commissioner.

Human Rights

No direct implications.

Consultation

Further comments will sought from partners and service users building on the local response towards the delivery and improvements of the crisis care concordat.

Procurement

No implications.

Disability Issues

Issues in relation to disability have been considered throughout the development of the action plan.

Legal Implications

The Health and Social Care Act 2012 places clear duties on Clinical Commissioning Groups and local authorities for the commissioning of mental health services. There is national policy direction that requires local areas to publish a local declaration and action plan.