

3 December 2014

Agenda Item: 5(c)

## **REPORT OF THE CLINICAL LEAD, NEWARK AND SHERWOOD CLINICAL COMMISSIONING GROUP**

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

#### **Purpose of the Report**

1. The purpose of the report is to:

- Provide the Health and Wellbeing Board with a briefing on the local response to the implementation of the 'Mental Health Crisis Care Concordat, Improving outcomes for people experiencing mental health crisis care'.
- Provide a summary of the current position against the standards for our local population.
- Provide a summary of outstanding areas that still need to be addressed.
- Propose a process for local development and implementation.

#### **Information and Advice**

##### **Summary**

2. 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 action plan to ensure key standards for people experiencing mental health crisis are achieved.
3. 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&WB regarding progress. The H&WB is asked to support the key recommendations within this report.

##### **Background**

4. 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, has published a Concordat document outlining their commitment to improving services for people experiencing mental health crisis.
5. 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
  - Preventing future crises
6. These issues are detailed in the 'No Health without Mental Health', Nottinghamshire's Mental Health Framework for Action 2014-2017.
  7. 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. It is 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'.
  8. Implementation of this would include:
    - 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
  9. 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 to meet the principles of the national concordat.

### **Current Position – Nottinghamshire County**

10. Nottinghamshire is already taking steps to enhance mental health crisis care across the county, including:
  - Nottinghamshire Police and CCGs' investment in a pilot Street Triage project service offering a rapid response supporting people in crisis and positively impacting on Section 136 detentions
  - Strengthening of community services and the crisis offer across south Nottinghamshire as a result of the ward closure plans
  - Investment in a crisis house across South Nottinghamshire
  - Investment in an enhanced mental health liaison service in all acute hospitals responding to people with mental health problems in Emergency Departments and on wards
11. There are a number of areas that will require additional work and investment to fully achieve the expected standards outlined within the Concordat including:
  - Improved support and prevention services
  - Improved 24/7 access to commissioned crisis services for people of all ages

- Further reduction of reliance on police cells for those detained under Section 136 of Mental Health Act (MHA)
  - Putting an end to children and young people being detained in police cells under Section 136
  - Helpline support for all experiencing a mental health crisis
  - Ensure agreed responsiveness and timely pathways are in place across all agencies involved in Mental Health Act (MHA) assessments.
  - The need to enhance joint training for the agencies involved in mental health crisis care work
12. A successful Nottinghamshire wide Crisis Concordat launch event was held in September 2014 coordinated by the Nottinghamshire Police and Crime Commissioning Team, CCGs and Nottinghamshire Police. This demonstrated a commitment of all key stakeholders to work together.
13. Initial issues highlighted from that meeting included:
- Parity of esteem – mental and physical health must be valued equally
  - Provision of services which are inclusive, readily available and appropriate for adults and children
  - A single point of access to promote timely entry to services
  - The opportunity to self-refer
  - A clear referral pathway and a holistic approach to assessment and treatment which take into account other needs, including drugs, alcohol and domestic violence
  - Increased awareness and education about mental health, including better training to frontline services and to promote greater understanding amongst the general public
  - Improvement of prevention and early intervention provision
  - An expansion of the Street Triage scheme
  - Continued reduction in the use of Section 136 detentions, including those of young people
  - Addressing the lack of suitable bed space, particularly for children
  - Reducing the number of repeat callers by providing a more appropriate service
  - Conveyance procedures require improvement
  - Build resilience in individuals and communities
  - Increased community engagement, and promotion of better access to support groups in the local area, including the voluntary sector
  - Greater investment in longer term therapies
  - An effective multi-agency approach which includes better quality information and data sharing to ensure services are appropriate and sensitive
  - Service users and carers must be involved in the development of services
14. A Nottinghamshire wide Mental Health Crisis Concordat task and finish group has been established. This task and finish group is owned and steered by the Newark and Sherwood CCG. However, it is recognised that there are a number of inter-dependencies across the community.

## **Next Steps**

15. By December 2014 all key stakeholders are to sign up online, indicating their commitment to work together to develop a local action plan.

16. Further work will be required to ensure that the views of service users and carers are fully captured.
17. Following on from this, all stakeholders will contribute to the development of a robust action plan. This will be developed over the next 4 months. During this period agreed areas of development will start to progress.
18. The implementation and progress of the crisis concordat action plan will report to the Nottinghamshire Young Adult Mental Health and Learning Disability Integrated Commissioning Group, monitored by the Nottinghamshire Health and Wellbeing Implementation Group (HWIG). The HWIG will be responsible for reporting progress to the HWB.

### **Other Options Considered**

19. Consideration was given to focusing on Nottinghamshire County separately to the City. This was discounted on the following grounds:
  - A number of key stakeholders covered the whole county population i.e. Nottinghamshire Police, Police and Crime Commissioner, Nottinghamshire Healthcare Trust, East Midlands Ambulance Service.
  - There were a number of potential common issues to address.
  - There is potential to establish better value for money provision if working together.

### **Reasons for Recommendations**

20. This work is focused on Nottinghamshire but the Nottinghamshire and Nottingham City Mental Health Crisis Concordat group have been coordinating the work. Many of the steering group members have a joint Nottinghamshire and Nottingham City role. To continue with the current steering group membership and format would offer a continued effective way forward. Where indicated separate actions will be identified for specific areas/localities.

### **Statutory and Policy Implications**

21. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

22. Whilst there are no immediate additional financial implications, as the action plan is developed it is likely that gaps in service will be identified and investment needed in order to strengthen the crisis offer. No commitment will be given to enhance services before agreeing with relevant commissioners. Recommendations will then be brought back to the Health and Wellbeing Board for approval.

## RECOMMENDATIONS

The Board are asked to:

- 1) Agree the content of this report
- 2) Endorse the next steps in the development and implementation of the local Crisis Concordat actions plan.

**Dr Mark Jefford,**  
**Clinical Lead, Newark and Sherwood Clinical Commissioning Group**

**For any enquiries about this report please contact:**

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### **Constitutional Comments (LMC 07/11/14)**

23. The recommendations in the report fall within the terms of reference of the Health and Wellbeing Board.

### **Financial Comments (KAS 24/11/14)**

24. The financial implications are contained within paragraph 22 of the report.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Closing the gap: priorities for essential change in mental health. (HM Government, January 2014) [https://www.gov.uk/.../Closing\\_the\\_gap\\_V2\\_-\\_17\\_Feb\\_2014.pdf](https://www.gov.uk/.../Closing_the_gap_V2_-_17_Feb_2014.pdf)
- Valuing mental health equally with physical health or “Parity of Esteem” <http://www.england.nhs.uk/ourwork/qual-clin-lead/pe/>
- Mental Health Crisis Care Concordat - Improving outcomes for people experiencing mental health crisis. (Department of Health February, 2014) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/281242/36353\\_Mental\\_Health\\_Crisis\\_accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf)

### **Electoral Divisions and Members Affected**

- All