



Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Mental Health Crisis Care Concordat – Progress Update – December 2015

- 1.1. The contents of this paper can be shared with the general public.
- 1.2 This paper is for the Health & Wellbeing Board meeting on 15 December.
- 1.3 This paper was written by:
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2. Summary

- 2.1 In February 2014 the Department of Health published “Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis”. The Concordat is a statement that has been signed up to by organisations such as the Association of Ambulance Chief Executives, Public Health England, the Association of Directors of Social Services and the NHS Confederation. The Concordat describes what good crisis care should look like and includes high level statements about what agencies should be doing to ensure that good crisis care is delivered locally.
- 2.2 The expectation was that locally, commissioners and partner agencies would review their crisis care arrangements against the Concordat checklist and develop a multi-agency action plan for addressing any gaps and areas where further development is

needed. It was also expected that these action plans would be approved by the local Health and Wellbeing Board (HWB) and accompanied by a declaration of support by local agencies.

This paper provides the HWB with an update against the delivery of the plan and describes the key areas for focus during 2016.

3. Decisions, recommendations and any options

3.1 The HWB is asked to note the contents of this paper.

4. Relevant information

4.1 Local governance arrangements

4.1.1 The implementation of the local plan has been overseen by a multi-agency steering group that includes representation from the NHS, BHCC, police and ambulance service. This group meets 6 weekly and has been critical in galvanising local partners and sustaining the momentum.

4.2 Progress against the plan

4.2.1 Following an audit against the Concordat checklist and taking into account work already done on the urgent care pathway, we agreed 4 key areas for the plan

- embedding the latest round of changes to the urgent care pathway
- strengthening the crisis support arrangements for children and young people.
- reducing the number of people conveyed to custody under Section 136 of the Mental Health Act by Sussex Police
- ensuring that people are conveyed to the place of safety in an ambulance

The plan was approved by the HWB in December 2014.

4.2.2 Embedding the changes to the urgent care pathway

4.2.3 In March the service formerly known as the Brighton Urgent Response Service (BURS) was rebranded as the Mental Health Rapid Response Service (MHRRS). The operational hours of the service were extended until 10pm every day of the week and it became co-located with the Assessment and Treatment Service. Since March the number of calls to



the service has increased to 600 calls per month and the number of face to face assessments that the service carries out has also increased. A winter communications campaign will further raise the profile of the service.

4.2.4 Strengthening the crisis support arrangements for children

4.2.5 At the beginning of November the Paediatric Mental Health Liaison Team was established in the Royal Alexandra Children’s Hospital(RACH) . Between 9 November and 25 November the service took 25 referrals from a combination of the children’s emergency department and wards. A process of raising awareness of the service with children’s services and throughout RACH is about to get underway. Activity will be kept under review and adjustment will be made to the service as appropriate. We are working with MIND to develop a mechanism to capture service user feedback about the service in the New Year.

4.2.6 Reducing the number of S136 detentions in custody

4.2.7 During 2014/15 Sussex had one of the highest rates nationally of patients detained under section 136 of the Mental Health Act, in custody. In September no patients in Brighton were detained in custody and figures generally are at an all-time low. This is a direct result of a greater partnership working between the Police and SPFT services. The data for the second quarter of this year is as follows.

Q2	2014/15	2015/16
Custody	38	6
Millview Hospital	32	56

4.2.8 Having been refurbished the Mill View hospital place of safety is now able to support patients who are intoxicated and have a higher risk profile. The Mental Health Rapid Response Service has developed a much improved relationship with the police and the police now regularly call the service for advice about managing individuals who are experiencing a mental health crisis and the team has also been able to accompany the police to incidents. Over the last 3 months the police have called the MHRRS on average 25 times a month .

4.2.9 During July and August we tested out street triage using a mental health nurse from the Police Court Liaison and Diversion Service (PCLDS - an NHS England funded service) . Whilst the pilot definitely served to strengthen the relationship between the Mental Health Rapid Response Service (MHRRS) and the Police it was not sustainable given the low levels of patients supported during the pilot.

4.2.10 Since the pilot ended the MHRRS has had access to the nurse at the PCLDS to bolster capacity – however to date it has not been necessary to utilise this resource.



- 4.2.11 The other significant development in this area is the use of custody for young people. Between April and the end of September no young people have been detained by the police in custody.
- 4.2.12 The Concordat steering group is satisfied that the combination of a 24/7 liaison service at A&E and the MHRRS and the strengthened pathway with the police is providing the Police with the expertise that they need to support people experiencing a mental health crisis. There is no mandate to have street triage and CCGs through the Concordat movement have been given the licence to develop solutions that are tailored to local need. We believe we have a set of local arrangements that are adequately meeting the needs of patients and are providing appropriate support to the police. The Concordat steering group, which includes Sussex Police, will be keeping this under review.

4.2.13 Ensuring that people are conveyed to the place of safety in an ambulance

4.2.14 Whilst the ambulance service is working towards conveying more patients to a place of safety, we still have some way to go to make this the default mode of transport and for this to be done in a timely way. We are continuing to work with SECAMB on this and this will remain a priority going forward.

4.3 Next steps

4.3.1 Progress has been made against the actions in the original plan but there is still some work to do to ensure that people who experience mental health crisis have access to the right support at the right time. The focus of the work during 2016 will include

- working with SECAMB to make ambulances the default mode of transport and to improve the timeliness of response to convey individuals to places of safety
- developing a better understanding of what causes people to have crises that result in them being detained and assessed under the Mental Health Act
- using this information to develop solutions that will reduce the overall need for the police to detain people under the Mental Health Act
- strengthening the pathway between the 2 MHLTs and the police
- improving the timeliness of response that individuals get when they attend A&E experiencing a mental health crisis

4.3.2 The CCG has been allocated non recurrent funding to strengthen the MHLT at A&E – the Systems Resilience Group has approved proposals for how this funding will be utilised which includes increasing the availability of psychiatry support for the MHLT, delivering suicide awareness training to the Safe Space service and putting in place 24/7 administrative support



in the MHLT which will enable it to be better placed to respond to telephone calls.

4.3.3 We have also been notified that we will be able to access some of the £15m fund that the Home Office has identified to improve places of safety and/or the crisis pathway. We do not yet know how much we will be able to access but the Concordat steering group will be providing a steer for how this money should be utilised and it is likely that this will be in an initiative that will help us reduce the total number of S136 detentions. This could, for example, be an alternative place for ambulances and the police to take people experiencing a mental health crisis out of hours.

4.3.4 **Conclusion**

4.3.5 The Crisis Care Concordat has been a catalyst for change locally and the changes to partnership working have resulted in some significant changes locally for patients. The process has been really positive and we will be building on this during 2016.

5. **Important considerations and implications**

Legal

5.1 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 NHS England Planning Guidance for 2015/16 states (Para 4.17, Dec 2014):
“The Crisis Care Concordat describes the actions required of commissioners and providers to ensure that those experiencing a mental health crisis are properly supported. This includes the provision of mental health support as an integral part of NHS 111 services; 24/7 Crisis Care Home Treatment Teams; and the need to ensure that there is enough capacity to prevent children, young people or vulnerable adults, undergoing mental health assessments in police cells.”

Lawyer: Natasha Watson

Date: 3 December 2015

Finance

5.2 This paper does not have any financial implications.

Equalities

5.3 An equalities impact assessment was carried out as part of the urgent care work undertaking in 2012



Sustainability

5.4 There are no relevant sustainability implications in this paper.

Health, social care, children's services and public health

5.5 The action plan was developed and is being delivered collaboratively with key partners across the health and social care system in Brighton and Hove.

6 Supporting documents and information

N/A