

Agenda item 7

DERBYSHIRE HEALTH AND WELLBEING BOARD

10 November 2016

Report of Co-chairs of the Mental Health Crisis Care Concordat Group

MENTAL HEALTH CRISIS CARE CONCORDAT UPDATE REPORT

1. Purpose of the report

To update the Health and Wellbeing Board on progress of work related to the Mental Health Crisis Care Concordat.

2. Information and analysis

The Mental Health Crisis Care Concordat was launched by the Department of Health, Deputy Prime Minister's Office and Home Office in February 2014 and the joint statement stated:

"We commit to work together to improve the system of care and support so people in crisis, because of a mental health condition, are kept safe and helped to find the support they need – whatever the circumstances in which they first need help – and from whichever service they turn to first.

We will work together and with local organisations, to prevent crises happening whenever possible through prevention and early intervention. We will make sure we meet the needs of vulnerable people in urgent situations. We will strive to make sure that all relevant public services support someone who appears to have a mental health problem to move towards recovery.

Jointly, we hold ourselves accountable for enabling this commitment to be delivered across England."

A mental health summit was held jointly between the office of the Police and Crime Commissioner and Hardwick Clinical Commissioning Group (CCG) in June 2014 and a local concordat declaration signed. This can be viewed online at <http://www.crisiscareconcordat.org.uk/areas/derbyshire/>

A concordat group was formed and co-chaired between the Police and Crime Commissioner's office and Hardwick CCG (acting on behalf of all CCGs). Representatives of East Midlands Ambulance Service (EMAS), Derbyshire

Constabulary, Derbyshire Healthcare NHS Foundation Trust (DhcFT), Derbyshire Community Health Services NHS Trust (DCHS), probation services, youth justice and local authority adult care have attended alongside representation from Derbyshire Healthwatch and other organisations.

The concordat plan is updated annually and is available on the national crisis care concordat website as shown above.

Progress against implementation

Derbyshire Constabulary has recently produced a yearly report on progress against implementation and a summary of the headline areas are provided below:

- A mental health advice and assessment hub based at the police control room has been supported, this unit comprises of psychiatric nurses and social workers who are Approved Mental Health Practitioners (AMHP). The hub is a successor to the street triage scheme, where police and mental health nurses undertook joint visits. The service is now operational County-wide and this has led to a reduction in the detention of people with mental health problems by the police. In the last two quarters no individuals been detained on a section 136 at a police station. The advice and assessment hub will also be supporting NHS 111 from October 2016 and EMAS ambulance crews requiring on scene assistance.
- Derbyshire Constabulary have trained 80% of their front line staff in mental health awareness and EMAS have appointed a mental health lead who co-ordinates a training programme for ambulance crews.
- A regional plan around implementation is in place and they have made formal arrangements for support with organisations such as the Samaritans
- Derbyshire Constabulary and the NHS have agreed a missing person's protocol, which is saving considerable police time.
- NHS commissioners have invested in liaison services so that there is now 24-hour seven day-a-week cover for the emergency departments.
- Young people have not been taken to police cells in Derbyshire or Derby City, unlike trends seen nationally and regionally, and arrangements are in place to use the adult place of safety if required.
- Southern Derbyshire and Erewash CCGs have invested in a crisis in-reach team for young people called CAMHS RISE, which is having a significant positive impact for young people admitted with mental health problems at Royal Derby Hospital. Proposals for a similar approach in North Derbyshire are underway through the Future in Mind planning arrangements.
- Derbyshire and Derby City approved mental health practitioners have worked together to produce a common data set and recording process to allow progress to be tracked and key difficulties identified.

- The mental health helpline will be revised and a scheme whereby the helpline provides embedded support to NHS 111 is in process with the intention for this to be in place by the autumn.
- Crisis house provision is available across Derbyshire and stepdown beds have been introduced to free up acute bed spaces. An additional ward was opened and out-of-area bed use appeared to have stopped, but In 2016 it has risen again. For the north of the Derbyshire out of area acute bed use remains low, but in the south of the county and in Derby this has reemerged as a key pressure.
- The concordat has been successful in receiving a capital grant of £650,000 to support alternative places of safety.
- The police, DHCFT and adult care have been working very closely to resolve operational issues, communication, information sharing and practical problems. The role of a designated inspector has been extremely effective in resolving both practical problems and in driving change in practice. As this officer is being promoted the concordat group wishes to see continued police support in this area.
- The access of offenders to health and wellbeing care in the community is a concern of the concordat group .Offenders in the probation services are more likely to have mental health problems, long-term health conditions and other needs. Derbyshire has had a very low take up of mental health treatment orders and progress has been made in a number of areas, for example Public Health has been working very closely with the commissioned wellbeing service to improve access. In addition, criminal justice teams have provided guidance to the new probation services on referral arrangements for people in crisis and the local authority have been supporting prison services, providing sign-posting and support consistent with health and social care responsibilities.
- NHS England have now identified funding for Derby and Derbyshire for a community forensic service which will allow the development of a significantly improved mental health service.
- An urgent care work stream has identified the key issues requiring improvement and this work will now form part of the Sustainability and Transformation Plan (STP), where mental health will be fully incorporated.
- Public Health has led on developing a Derbyshire and Derby Suicide Prevention Strategy and DHcFT have also been working on initiatives within the trust.
- In recognition of the progress made by the Derbyshire concordat partners a documentary series for television is being planned.
- Healthwatch are currently undertaking a review of people's experiences of urgent care following the concordat key objectives. This will inform the Concordat work programme in 2017 and the Concordat group plan to produce a revised action plan which will be published on the national website in December 2016

Ongoing challenges

A number of ongoing challenges have been identified and include:

a. Acute bed provision

Acute beds are in short supply nationally both in the independent and NHS sectors. Over the last six months the number of people placed in out-of-area acute beds has risen and there have been an average of six people out-of-area at any one time in July and August.

NHS England tier four beds for young people are also under pressure nationally and this can cause delays when a young person needs a bed. Children's commissioners are working with NHS England, Derbyshire CAHMS and local authority providers to reduce demand.

Psychiatric intensive care beds (PICU) are in short supply, on occasions recently there been no beds available in England. The number of people needing these beds has risen, compounded by the acute bed pressures, and this represents a considerable cost pressure and is a concern for both patients and carers who are sent a long way from home. The NHS Trust and commissioners are jointly funding a dedicated clinician to review this care, manage the pathway and reduce length of stay. There are currently seven people in PICU care out of Derbyshire.

b. The issue of legal highs

'Legal high drugs' have caused a shift in the presentation of people to the police, to the emergency department and to mental health crisis services. These individuals can show more severely disturbed and often aggressive behavior.

c. Prisoners with mental health issues

There have been several occasions recently when prisoners with significant mental health problems have not been referred whilst in prison for NHS secure hospital care. This can cause significant problems to resolve once the person has been released. A joint safeguarding review is looking into these issues.

d. Staffing issues

Staffing pressures are causing difficulties in a number of areas. DHcFT is reporting significant recruitment difficulties and this in turn is impacting on acute care capacity in the south of the County. Commissioners believe this coupled with a longer length of stay in the mental health acute inpatient beds is the predominant reason for acute bed use out-of-area and long stays in the emergency department. Community staffing has received increased investment, but community recruitment has impacted on the acute wards as staff move from hospital to community. Also staff are retiring or leaving and so overall numbers, despite investment, are yet to improve. In addition, there is a national shortage of approved mental health practitioners. Derby City has had

problems in maintaining a stand-alone rota so the County Council are now providing the out-of-hours support, but recruitment is still a significant problem. Staffing issues can cause delays to assessment and may contribute to long stays in the emergency department.

e. Conveyance to hospital

EMAS are commissioned to provide hospital conveyance, however EMAS are under pressure to meet priority lifesaving calls and as a consequence both the police and social work staff have had long waits with patients or have had to convey individuals to hospital themselves. If EMAS transport a patient out-of-area this compounds the problems they have in providing an emergency service. Long waits for conveyance reduce the availability of the stretched advanced mental health practitioner (AMHP) service to respond to other calls. The Derbyshire County AMHP service is now maintaining a record of and analysing the root cause of these incidents. The concordat has secured funding for vehicles for EMAS to use that are more appropriate for mental health conveyancing. The revised police protocols will reduce the frequency of 'informal' police transport to hospital but this will lead to more calls for services in the community and not at the emergency department.

f. 12-hour breaches in the emergency department

For the reasons given above, access to a bed following an assessment of need can be a problem. Southern Derbyshire CCG are undertaking root cause analysis of all such breaches. An urgent care group is identifying options for how the health service and social care can meet increasing demand for all emergency care. Consideration for a mental health referral unit in Royal Derby, similar to a model operating in Birmingham, is one option being considered.

Whilst people who have not committed an offence are no longer taken to the police cells there is a concern that when a person in custody is subsequently judged to have a mental health condition warranting admission there can be similar issues to those experienced in the emergency department where the person may have to wait in police cells for a bed to become available (usually a PICU bed).

g. Primary care support

Twenty to forty percent of primary care visits are for mental health problems, however, primary care training on mental health is limited. Commissioning groups have invested in psychological therapies which are available across Derbyshire and can be made by self-referral, however when people who are not currently open to DHcFT need same day or next day support, and when support for people who express suicidal ideas is required, the only option that is usually open is to send the person to the emergency department. The crisis teams commissioned from DHcFT are designed to deliver support to people who otherwise may need hospital care and they have adapted their

parameters, but the demand is now such that they cannot always meet expectations being placed upon them. The commissioners and DHcFT have started reviewing how teams need to be reconfigured to deliver effective place-based care and urgent care and this work forms part of the STP. Primary care capacity and capability is required so that mental health care can be as effectively delivered as other forms of health care.

h. Community resilience

It is recognized that primary prevention and self-management support need to be built to reduce the need for services. Local Area Coordination and similar approaches are helpful in this regard as have been the Erewash mental health project of enhancing the voluntary sector single point of access, training in mental health first aid and ensuring people with mental health problems can actually access the considerable range of non-mental health specific support in our communities.

Crisis Care Concordat priorities for 2016 to 2018

The Concordat group co-chairs working with the group have developed a number of key themes for the Concordat Group and in the work of the concordat signatories in 2016 -2018, these are:

- developing alternative safe places for young people and adults
- reducing out-of-area use of acute and PICU beds
- reducing 12 hour breeches in the emergency department and in police custody
- Improving EMAS conveyancing
- Developing the multiagency hub further
- Developing the forensic community service
- Developing primary care access to support and prevention, including a review of helpline services

3 Links with the Health and Wellbeing Strategy

This work will support the Board's priority of creating healthy communities, and help with ensuring that the needs of those in mental health crisis are met in a coordinated way.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Endorse the continuation of the concordat groups work whilst the precise arrangements for multiagency working on mental health is confirmed through the emerging STP governance process.

2. Agree that concordat signatory agencies continue to provide a designated lead for the concordat group to enable effective progress to be maintained.
3. Note that the review of people's experiences of urgent care following the concordat key objectives by Healthwatch will inform the concordat groups work plan for 2017/18.
4. Agree the key themes for the Concordat Group and the work of the concordat signatories for 2016 -2018 and to receive a progress report on these areas of work in six months' time.

Hardyal Dhindsa
Police and Crime Commissioner for Derbyshire

David Gardner
Assistant Director
Hardwick CCG