


<p style="text-align: center;">Health and Wellbeing Board Tuesday 7 July 2015</p>	
<p>Report of: Mental Health and Joint Commissioning Team</p>	<p>Classification: [Unrestricted]</p>
<p>Mental Health Crisis Care Concordat</p>	

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Executive Summary

A local action plan has been developed in response to the government's inter-agency Mental Health Crisis Care Concordat, and is signed by local statutory partners and supported by local third sector organisations. The Health and Wellbeing Board has been identified as the forum to support and ensure the necessary partnership working.

Tower Hamlets already has many strengths in its local crisis pathway and services. However, partners wish to continue to make improvements. They have identified the first areas to consider as the patient experience of crisis services, and the functioning of crisis pathways at the Emergency Department. The full plan includes the creation of a local dashboard to scrutinise performance, consideration of the needs of vulnerable groups, and engagement of service users and carers, as well as reducing inappropriate call-outs to emergency services.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. To note the report.

1. DETAILS OF REPORT

1.1 Background to the Mental Health Crisis Care Concordat

In February 2014 the government published the Mental Health Crisis Care Concordat, which is a joint statement, written and agreed by its signatories, that describes what people experiencing a mental health crisis should be able to expect of the public services that respond to their needs. The expectation in this document, reinforced by Norman Lamb, then Minister for Care and Support at the Department of Health, was that all local areas would commit to agreeing the national principles, making their own local declaration, and setting an action plan. A London declaration was made in October 2014 by a wide range of partners including the London Office of CCGs and London ADSS and Directors of Public Health.

Improving crisis care is seen as a significant step towards achieving 'parity of esteem' (the government's commitment to value mental and physical health equally).

The government's aim is an effective local system that anticipates - and where possible prevents – crisis. Locally, it states that this is first and foremost a commissioning responsibility.

1.2 Issues for Tower Hamlets Health and Wellbeing Board

The Mental Health Care Crisis Concordat document expects that local Health and Wellbeing Boards (HWB) will bring together health and social care commissioners, the local community and wider partners, and support the crisis care concordat through their Joint Health and Wellbeing Strategies (JHWS). Joint working should include people experiencing mental health crisis.

The document sets out certain requirements, including governance for action plans, and key areas to address (care pathways, resources, transient populations, drug and alcohol services and children young people). However, the key requirement is for HWBs to meet local circumstances and needs highlighted in the JSNA.

Local health and social care commissioners are expected to develop their own commissioning plans in line with any relevant JSNA or JHWS, and must be able to justify any parts of their plans which are not consistent with these.

Local partnership working and oversight of the strategic direction of mental health crisis care are therefore the key issues for Tower Hamlets Health and Wellbeing Board.

To date, the Health and Wellbeing Board has adopted a Joint Mental Health Strategy, which, as part of its commitment to high quality services, has prioritised crisis resolution and a review of crisis pathways. This has laid a strong foundation for future partnership work.

The Tower Hamlets Mental Health Crisis Care Concordat action plan (Appendix 2) was agreed in March 2015 by the CCG, the Council, East London Foundation Trust (ELFT), Barts Health, the London Ambulance Service and The Metropolitan Police, and supported by eight local third sector organisations.

1.3 Key principles of the Mental Health Crisis Care Concordat

The Concordat is arranged around four outcomes:

- 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 core principles that apply to these outcomes are summarised in Appendix 1. Overall, the aspiration of the Mental Health Crisis Care Concordat is transformational: its scope and impacts cover many parts of primary care, mental health, and accident and emergency services in the NHS, and in turn seeks to affect their interfaces with a wide range of other partners.

1.4 Developing a local action plan in Tower Hamlets: overview

The process of developing the action plan is summarised in the action plan itself. It reflects:

- A strong starting point in Tower Hamlets – there are many positive features of the crisis pathway
- Dialogue with local partners, including service users
- Agreement to focus on urgent and emergency access to crisis care, and the right quality of treatment and care when in crisis, as delivered through the Emergency department at the Royal London Hospital.

1.5 Current strengths in Tower Hamlets

Nationally, the Mental Health Crisis Care Concordat seeks to address some deficits such as:

- Inadequate liaison psychiatry services in Emergency Departments
- Insufficient 24 hour mental health care provision
- Inadequate number of inpatient psychiatric beds
- People in crisis being detained by police officers and taken to police stations for assessment
- Young people being placed in inpatient units far from home

Tower Hamlets does not have these problems. On the contrary, its services have several positive achievements, developed over the years by local mental health organisations working with partners in crisis care:

- Our local crisis pathway offers an alternative to admission (the 'crisis house')
- Access standards in the Emergency Department (A&E) at the Royal London Hospital are a priority focus for all agencies. In December 2014, 96% of A&E patients referred to the Rapid Assessment Interface and Discharge (RAID) service were seen in under an hour by RAID, and the overall A&E four hours wait target was met for 91%. (RAID is a widely-adopted model for multidisciplinary mental health services in acute general hospitals. The formal title of the service in Tower Hamlets is the Department for Psychological Medicine.)
- The local service system continues to offer good access to available mental health beds, with monthly occupancy of between 75% and 83% throughout 2014/15 (against a norm of 85% suggested by the Royal College of Psychiatrists, but often exceeded in other areas)
- The local standard of Approved Mental Health Professionals (AMPH) attendance within an hour of call-out is met
- The designated place of safety for people detained under section 136 of the Mental Health Act is a hospital not a police station (and has been for some years)
- Very few mental health assessments take place at police stations
- Local services include police station diversion and court diversion by mental health professionals
- Local police are actively involved in multi-agency forums and aftercare, where appropriate.

Partners are committed to maintaining these achievements.

1.6 Dialogue undertaken with local partners, including service users

The Mental Health Partnership Group meets every two months and brings together CCG and Council Commissioners, Public Health, third sector providers, partner organisations and service user and carer representatives. It has developed local principles and priorities for the Mental Health Crisis Care Concordat through the following process:

- Special meeting of the Mental Health Partnership Group (the local multiagency forum) held in June 2014 with invited police and ambulance service senior managers
- Focus groups of service users and carers (held separately) in August and September 2014
- Meeting with Tower Hamlets Council and ELFT borough manager in November 2014
- The regular service user engagement event 'Your Say Your Day' (December 2014)
- Mental health summit to discuss the progress of the Joint Mental Health Strategy, also in December 2014
- Mental Health Partnership Group to sign off the action plan, February 2015

The focus groups developed a local set of expectations that mental health service users and carers have when they seek crisis care.

Following this process, the action plan was agreed by local signatories and uploaded by the CCG in March 2015 to the national crisis care concordat website, as required by NHS England.

1.7 Focus on urgent and emergency access to crisis care

As well as ensuring delivery of crisis services, this focus includes the right pathways, and quality of treatment when in crisis. In Tower Hamlets, a lot of mental health activity from several different organisations takes place at the Emergency Department ('A&E') at the Royal London Hospital, so the focus naturally settles there:

- People are directed to A&E out of hours by services, or attend in an emergency
- The RAID liaison psychiatry service covers the Emergency Department and sees people in mental health crisis
- Members of the public can be taken to A&E by the police as a place of safety, pending a mental health assessment under section 136 of the Mental Health Act
- Ambulances take patients there, and are used to transfer patients to mental health inpatient beds
- People with mental health problems present there for physical health emergencies, e.g. self-harm
- The service operates 24 hours a day seven days a week
- Partner organisations highlighted the emergency department as a place where the practicalities of handovers could be improved by interagency working
- Service users reported concerns about their experience as patients at A&E

This area of service therefore appeared to partners to be the most sensible place to begin to make improvements. However, partners are equally aware of the long term challenges posed by the Mental Health Crisis Care Concordat as a whole, and the need to reduce police and ambulance call outs to situations which should be addressed by mental health crisis services.

1.8 Briefing for longer term issues

There are a number of specific pathways where detailed information and stakeholder consensus are required in the coming months.

- Children and adolescents
- People who misuse drugs and alcohol
- Homeless people
- People with dementia

- Black African and Black Caribbean service users who are currently disproportionately represented amongst users of section 136 and those admitted into hospital under other sections of the Mental Health Act.
- Older adults

Further information is being gathered on these subjects by the CCG and partners for report to the Mental Health Partnership Group.

1.9 Action plan for 2015

The following actions are listed in the action plan (which is attached as Appendix 2) and will be developed into specific project plans:

- Improve service user and carer experience of mental health crises at the Royal London Hospital Emergency Department
- Obtain feedback from service users and carers with experience of local crisis services, and review options for improvement (with reference to the principle that *People in crisis, and the carers of people in crisis, should be treated with dignity and respect and their expertise listened to*)
- Develop improved on-line access to information and services through *the In the Know* on-line information service (on the Idea Store)
- Audit crisis plans and CPA plans (including for older adults) and reduce variability in quality
- Reduce proportion of mental health crises where police are first to attend
- Continue to ensure good response times and high quality services from LAS for Mental Health Act call-outs, and work to reduce inappropriate emergency ambulance crisis call-outs
- Develop a mental health urgent care and crisis care dashboard, including monitoring ethnicity and age
- Engage service users and carers in monitoring the delivery of services according to expectations

In line with wider NHS England priorities, the CCG has also been able to invest additional resources into the Early Intervention Service, which will increase the speed of response and offer NICE compliant interventions to people with their first experience of psychotic illness.

The NHS London Strategic Clinical Networks have drawn up commissioning standards and recommendations which will be considered when developing specific service proposals.

1.10 Governance and implementation

A senior partners group is being set up from the named signatories or their nominees to draw up detailed plans to improve support police and ambulance response, and to propose improvements at the Royal London Hospital Emergency Department.

This group will also oversee timelines and progress on the other actions, such as the dashboard and the audit of crisis plans.

The Mental Health and Joint Commissioning Team has already engaged with service users to plan focus groups and surveys on service user experience, and to develop the content of an on-line information resource.

Progress is due to be reported to the inter-agency Mental Health Partnership Board in October 2015.

2. FINANCE COMMENTS

- 2.1. Any costs associated with implementing the action plan will be met from within existing resources.

3. LEGAL COMMENTS

- 3.1. The Health and Social Care Act 2012 (“the 2012 Act”) makes it a requirement for the Council to establish a HWB. S.195 of the 2012 Act requires the HWB to encourage persons who arrange for the provision of any health or social care services in their area to work in an integrated manner.
- 3.2. This duty is reflected in the Council’s constitutional arrangements for the HWB which states one of the functions of the HWB as “To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.”
- 3.3. Additionally, under the Care Act 2014 (“the 2014 Act”) the Council has a general duty to promote the integration of care and support with health provision and health related provision.
- 3.4. The Council is committed to a number of ambitions as set out in its Community Plan strategy. Part of this strategy relates to the importance of promoting good mental health and wellbeing which is supported by the aims of the approach to integration.
- 3.5. In agreeing the local priorities, consideration should have been given to the public sector equalities duty to eliminate unlawful conduct set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have ‘due regard’ to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a ‘protected characteristic’ and those who do not share that protected characteristic.

4. IMPLICATIONS TO CONSIDER

- 4.1** Improved joint working by partner organisations on mental health crisis has the potential to benefit the residents of Tower Hamlets, and to assist organisations to make best use of their resources.
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Appendices

- Appendix 1: Core principles and outcomes (extracted from the Mental Health Crisis Care Concordat, section 5)
- Appendix 2: Tower Hamlets Mental Health Crisis Care Concordat Action Plan

Appendix 1

Extract from section 5 of Mental Health Crisis Care Concordat (HM Government, 2014)

Core principles and outcomes

A. Access to support before crisis point

A1 Early intervention – protecting people whose circumstances make them vulnerable

B. Urgent and emergency access to crisis care

- B1 People in crisis are vulnerable and must be kept safe, have their needs met appropriately and be helped to achieve recovery
- B2. Equal access
- B3 Access and new models of working for children and young people
- B4 All staff should have the right skills and training to respond to mental health crises appropriately
- B5 People in crisis should expect an appropriate response and support when they need it
- B6 People in crisis in the community where police officers are the first point of contact should expect them to provide appropriate help. But the police must be supported by health services, including mental health services, ambulance services, and Emergency Departments
- B7 When people in crisis appear (to health or social care professionals or to the police) to need urgent assessment, the process should be prompt, efficiently organised, and carried out with respect
- B8 People in crisis should expect that statutory services share essential 'need to know' information about their needs
- B9 People in crisis who need to be supported in a health based place of safety will not be excluded
- B10 People in crisis who present in Emergency Departments should expect a safe place for their immediate care and effective liaison with mental health services to ensure they get the right ongoing support
- B11 People in crisis who access the NHS via the 999 system can expect their need to be met appropriately
- B12 People in crisis who need routine transport between NHS facilities, or from the community to an NHS facility, will be conveyed in a safe, appropriate and timely way

B13 People in crisis who are detained under section 136 powers can expect that they will be conveyed by emergency transport from the community to a health based place of safety in a safe, timely and appropriate way

C. Quality of treatment and care when in crisis

C1 People in crisis should expect local mental health services to meet their needs appropriately at all times

C2 People in crisis should expect that the services and quality of care they receive are subject to systematic review, regulation and reporting

C3. When restraint has to be used in health and care services it is appropriate.

C4. Quality and treatment and care for children and young people in crisis

D. Recovery and staying well / preventing future crises

Following a crisis, NICE recommends that people using mental health services who may be at risk are offered a crisis plan.

Appendix 2

Tower Hamlets action plan: follows on next page

LONDON BOROUGH OF TOWER HAMLETS

1 Introduction

The Mental Health Crisis Care Concordat was published by the government in February 2014. It is a commitment by 22 national bodies to work together to improve the system of care and support.

Every local area in England made a local declaration for the same purpose by the end of 2014. Tower Hamlets was covered by the London Declaration last October. Local action plans must be uploaded to the Crisis Care Concordat website by the end of March 2015. This is Tower Hamlets' action plan.

2 Local declaration

We, as partner organisations in Tower Hamlets, support the 2014 London Declaration on improving outcomes for people experiencing mental health crisis.

We will work together locally to put in place the principles of the national concordat and all the joint agreements in the London Declaration. We will work together within Tower Hamlets, across Waltham Forest, East London and the City (WELC) and across London to improve the system of care and support, so that people in crisis because of a mental health condition are kept safe. We will help them to find the help they need – whatever the circumstances – from whichever of our services they turn to first.

SIGNATORIES

Tower Hamlets CCG
London Borough of Tower
Hamlets
East London NHS Foundation
Trust
Barts Health NHS Trust
Metropolitan Police
London Ambulance Service

ALSO SUPPORTED BY

Bangladeshi Mental Health
Forum
Beside
Bowhaven
Hestia
Mind in Tower Hamlets and
Newham
Rethink Mental Illness
Vietnamese Mental Health
Services
Working Well Trust

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2. Local declaration
3. The expectations of people in crisis, and the carers of people in crisis
4. Key principles for our Local Action Plan in Tower Hamlets
5. Current crisis services
6. Action plan for improvement
7. Planning the next cycle of improvement



**METROPOLITAN
POLICE**

TOTAL POLICING



Barts Health
NHS Trust



3 The expectations of people in crisis, and the carers of people in crisis

(based on local focus groups, September 2014)

SERVICE USER EXPECTATIONS: GP AND COMMUNITY SERVICES

- Receptionists and GPs to have an understanding attitude towards individuals when they are talking about mental distress
- Space for a private explanation of the reason for GP visits
- GPs to have access to the crisis plan
- CMHT care coordinators to tell people their rights clearly
- CMHT users to have a crisis plan, updated to show use of crisis services

SERVICE USER EXPECTATIONS: AT TIME OF CRISIS

- A reasonable physical environment
- Not to feel alone, but to have some contact with friendly staff whilst waiting at A&E, and some connection with the team at A&E providing patient care, giving information about what's going on, in order to help us reduce our anxiety
- Respectful relationships and language in the general milieu of the Emergency Department (A&E)
- Staff to remember that people are still listening and aware even when in crisis – their views are not to be dismissed

SERVICE USER EXPECTATIONS: AFTER THE CRISIS

- Tapering down of intensive support in a planned way after a crisis
- Good information about ongoing sources of support in the community
- Active introduction and linking in with community services available, as well as information
- Staff to have a professional, reassuring manner and explain what is happening at each stage
- Reassuring first contact
- A named nurse who understands me and is available.

CARERS' EXPECTATIONS

- GPs and their teams to have respect and understanding for carers
- GPs to give more priority to mental health
- Phones to be answered in a crisis, or at worst an answering machine with another contact number to ring where someone will answer
- The care coordinator will have a good relationship with them, even if the people that carers are caring for do not want contact
- To be told if the key worker of the person they care for will not be around for a period, such as leave, changed responsibilities, or an extended course.
- Help when their own situation gets serious, as well as help when the situation of the person they care for gets serious

These expectations will be used as the basis for monitoring of service user and carer experience.

4 Key principles for our local action plan in Tower Hamlets

- People in crisis, and the carers of people in crisis, should be treated with dignity and respect and their expertise listened to
- We will work together to:
 - Improve patient and care out of hours response
 - Put service users at the centre of their crisis care planning
 - Obtain feedback from carers
 - Meet service user and carer expectations in the Royal London Hospital Emergency Department
 - Support our partners in emergency response , the London Ambulance Service, the Metropolitan Police and the British Transport Police
- We will improve the monitoring and scrutiny of our performance, and work to engage service users and carers in those processes

5 Current crisis services

East London Foundation NHS Trust, the local NHS provider of secondary care mental health services, has self assessed its services against the requirements of the publication 'Mental Health Care Crisis Concordat' (February 2014), and reports the following positive achievements working with partners in crisis care:

- Our local crisis pathway offers an alternative to admission (the 'crisis house')
- Access standards in the Emergency Department (A&E) at the Royal London Hospital are a priority focus for all agencies. In December 2014, 96% of A&E patients referred to the RAID team were seen in under an hour by RAID, and the overall A&E four hours wait target was met for 91%.
- The local service system continues to offer good access to available mental health beds
- The local standard of Approved Mental Health Professionals (AMPH) attendance within an hour of call-out is met
- The designated place of safety for people detained under section 136 of the Mental health Act is a hospital not a police station (and has been for some years)
- Very few mental health assessments take place at police stations
- Local services include police station diversion and court diversion by mental health professionals
- Local police are actively involved in multi-agency forums and aftercare, where appropriate.

As partners, we are committed to maintaining these achievements.

6 Action plan for improvement

The following plan is proposed. Actions (in terms of the expectations above) focus initially on ‘the time of crisis’.

Principle	Action	Lead
People in crisis and the carers of people in crisis, should be treated with dignity and respect and their expertise listened to	Improve service user and carer experience of mental health crises at the Royal London Hospital Emergency Department	All signatories
	Obtain feedback from service users and carers with experience of local crisis services	Mental Health Partnership Group
Improve patient and carer out of hours response	Review options for improvement with partners	Tower Hamlets CCG
	Develop improved on-line access to information and services	Partner agencies via <i>In the Know</i> on-line information resource
Put service users at the centre of their crisis care planning	Audit crisis plans and CPA plans (including for older adults) and reduce variability in quality	ELFT
Support our partners in emergency response , the London Ambulance Service and the Metropolitan Police and British Transport Police	Reduce proportion of mental health crises where police are first to attend Continue to ensure good response times and high quality services from LAS for Mental Health Act call-outs, and work to reduce inappropriate emergency ambulance crisis call-outs	All signatories
Scrutiny of performance including service user and carers	Improve reporting of crisis activity and develop a mental urgent care and crisis care dashboard, including monitoring ethnicity and age	CCG
	Engage service users and carers in monitoring the delivery of services according to expectations	Mental Health Partnership Group

Notes:

It is envisaged that improvements in these areas can be made within available resources.

Detailed implementation plans with milestones, leads and timelines will be developed by task and finish groups convened through the Mental Health Partnership Group, or as part of existing contract management arrangements.

Consideration of the London Mental Health Crisis Commissioning Standards will be included in these task and finish groups.

7 Planning the next cycle of improvement

As part of our longer term planning, we will consider whether mental health services should move to hours of operation which match those envisaged for the future of primary care.

We will also work with other CCGs and the London Ambulance Service to consider ways of improving ambulance response times to mental health crises.

There are a number of specific pathways where more information and stakeholder consensus is required. Information about crisis pathways in Tower Hamlets for the following groups will be gathered by the CCG, in partnership with other agencies:

- Children and adolescents
- People who misuse drugs and alcohol
- Homeless people
- People with dementia
- Black African and Black Caribbean service users who are currently disproportionately represented amongst users of section 136 and those admitted into hospital under other sections of the Mental Health Act.
- Older adults

Information and proposals will be presented to the Mental Health Partnership Group meeting in May 2015.

8 Timeline

How the Tower Hamlets response has been developed to date (March 2015)

- Special session of the Mental Health Partnership Group (the local multiagency forum) -June 2014
- Focus groups of service users and carers (separately) -August and September 2014
- Meeting with Tower Hamlets Council and ELFT borough manager -November 2014
- The regular service user engagement event 'Your Say Your Day' - December 2014

London Borough of Tower Hamlets

- Mental health summit on joint strategy - December 2014
- Mental Health Partnership Group, February 2015
- Submission to NHS England, March 2015

Proposed implementation milestones

- Full list of local signatories – March 2015
- Task and finish groups identified – April 2015
- Report on areas where more information is required - May 2015
- Report on work of task and finish groups -October 2015
- Review of Crisis Concordat and Action Plan – December 2015









9 Signatories

Confirmed signatories for Tower Hamlets Mental Health Crisis Care Concordat action plan

Organisation	Signatory
Tower Hamlets CCG	Jane Milligan, Chief Officer
Tower Hamlets Council	Robert McCulloch Graham, Corporate Director, Education Social Care and Wellbeing
East London NHS Foundation Trust	Dr Robert Dolan, Chief Executive; Paul James, Deputy Director of Operations and Borough Director for Tower Hamlets
Barts Health NHS Trust	Peter Morris, OBE, Chief Executive; Professor Alistair Chesser, Group Director (Emergency and Acute Medicine)
London Ambulance Service NHS Trust	Natasha Wills, T/Assistant Director Operations, East Central Sector
Metropolitan Police	Wendy Morgan, Det Superintendent, Tower Hamlets BOCU

10 Supporters

Other local organisations declaring their support by 30 March 2015

Organisation	Signatory	
Bangladeshi Mental Health Forum	Shamsur Rahman Choudhury Secretary	 bmhf Bangladeshi Mental Health Forum
Beside	Richard O'Brien Director	 beside
Bowhaven	Rita Dove Chair of Trustees	 Bowhaven User Run Mental Health Centre
Hestia	Thomas Neumark Director of Performance & Development	 Hestia
Mind in Tower Hamlets and Newham	Michelle Kabia Chief Executive Officer	Mind in Tower Hamlets and Newham  mind For better mental health
Rethink Mental Illness	Mark Winstanley Chief Executive	 Rethink Mental Illness.
Vietnamese Mental Health Service	Jack Shieh, OBE	 vietnamese Mental Health Services <small>Serving the mental health needs & promoting wellbeing of people from Vietnam</small> Hội Tâm Thân Việt Nam 越南心理保健服務
Working Well Trust	Helen Forster Trust Director	 workingwell trust