Improving outcomes for people experiencing mental health crisis in England

17th October 2014
London
Jim Symington
‘Listening to experience. An independent inquiry into acute and crisis mental healthcare’, Mind 2011

“It feels like I literally have to have one foot off the bridge before I can access services.”
‘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...

‘We will work together, and with local organisations...

‘Jointly, we hold ourselves accountable…’
National context: evidence and policy
Growing evidence

- Mind’s *Listening to Experience* report
- HMIC/CQC *A Criminal Use of Police Cells?* report
- CQC survey on the use of s136 and map of health-based places of safety
- Mental health bed shortages and people shipped around country or held under Section
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness
July 2014

- Mental health patients at highest risk of suicide in first two weeks after leaving hospital

- 24 deaths in England and Wales in patients who had been restrained by ward staff in the previous 24 hours

- Suicides soon after discharge and deaths following restraint should be ‘never events’ in NHS

- “Health professionals should ensure the adverse events that preceded the admission have been addressed.” (Professor Louis Appleby)
Year 1 priority:

‘...themed work on the experience and outcomes for people experiencing a mental health crisis.’
‘We are clear that we expect parity of esteem between mental and physical health services...

‘We are committed to achieving change by putting more power into people’s hands at a local level.’
Government 'Mandate' to NHS England,

‘By March 2015, we expect measurable progress towards achieving true parity of esteem, where everyone who needs it has timely access to evidence-based services.

‘We expect every community to have plans to ensure no one in crisis will be turned away, based on the principles set out in the soon to be published Mental Health Crisis Care Concordat.’
Five key changes:

- Better support for self-care
- Right advice, right place, first time
- Highly responsive urgent care services outside of hospital
- People with more serious or life threatening emergency needs receive treatment in centres with the right facilities and expertise
- Connecting urgent and emergency care services - system more than just the sum of its parts
Making the Concordat a local reality
Making the Concordat a local reality

“We won't give up until everyone experiencing a mental health problem gets support and respect.”

Signatories: 22 national bodies involved in health, policing, social care, housing, local government and Mind

Supporters: a number of voluntary and community sector organisations involved in mental health services and support, housing, equalities, and social care

Mind is working on behalf of the Concordat partners to help make the Concordat a reality in every local area across England
“What should I expect if I, or the people that depend on me, need help in a mental health crisis?”

- Access to support before crisis point
- Urgent and emergency access to crisis care
- Quality of treatment and care when in crisis
- Recovery and staying well / preventing future crises
Local Crisis Care Declarations

- **Joint statement** – ambition for every locality to have at least this in place by end 2014

- **Action plan** with timescales outlining operational protocols for working together

- Review progress and local **governance** arrangements
What is a locality?

• Up to local crisis care partnerships to decide

• Perspective of a person experiencing a mental health crisis should be central. Unlikely to know which CCG or other boundary they fall in – just want to know they will get appropriate and quality help wherever they are
Making the Concordat a local reality
Local Declarations - who needs to be involved?

Many local organisations want to support the Declaration because of their commitment to improve mental health care and may want to make a specific contribution within the action plan for continuous improvements.

There are also some ‘essential’ organisations which must sign a local Crisis Declaration:

- Clinical Commissioning Groups
- NHS England Local Area teams (primary care commissioners)
- Commissioners of social services
- The Police Service
- Police and Crime Commissioners
- The Ambulance Service

- NHS providers of Urgent and Emergency Care (Emergency Departments within local hospitals)
- Public / independent providers of NHS funded mental health services
- Public / independent providers of substance misuse services
Making the Concordat a local reality

Welcome to the Crisis Care Concordat website.
This site is here to help your organisation and your partners create and submit a mental health crisis Declaration statement and an Action Plan and to make the principles of the Crisis Care Concordat a reality in your own area.

Submit a Declaration statement
Submit an Action Plan

ABOUT THE CONCORDAT
YOUR INVOLVEMENT
GET INSPIRED
Making the Concordat a local reality

Gloucestershire

1 Declaration
0 Action plan

Gloucestershire Partner Organisations
- 2gether NHS Foundation Trust
  - NHS Mental Health Service Provider
- County Community Projects
  - Other
- Gloucestershire Clinical Commissioning Group
  - Clinical Commissioning Group (CCG)
- Gloucestershire County Council
- Carers Gloucestershire
  - Other
- Gloucestershire Care Services NHS Trust
  - Other
- Gloucestershire Constabulary
  - Police / Criminal Justice
- Gloucestershire Hospitals NHS Foundation Trust

Progress Indicators
- Before anyone has submitted a Declaration statement or Action Plan the area is coloured red.
- Once Declaration statements are submitted and approved, we change the area to amber.
- Once the Action plans of all the organisations have been approved, we can then highlight the area in green.

Wondering why your area hasn't changed colour yet? You might still be missing some key organisations. Contact us to find out more: contact@crisiscareconcordat.org.uk
Support to help local Crisis Declarations
Supporting local developments

- Regional events to support development of local partnerships
- Website with good practice, useful contacts and templates
- Helpdesk and online support – contact@crisiscareconcordat.org.uk
- Additional targeted support, for a fee
Continuing role for national partners

- Bi-annual meetings to track national signatories’ action plans and overall progress
- National annual conference to share good practice and problem solve
- Evaluate and report impacts of Concordat changes
More detailed help for localities: a pathway approach
Background to local Declarations work – local data

- What does the joint strategic needs assessment tell you?
- S136 assessments, locations and outcomes
- Beds (e.g. acute, Child and Adolescent Mental Health Services (CAMHS), recovery, Psychiatric Intensive Care Unit (PICU, out of area)
- Non-medicalised settings (e.g. Crisis Resolution and Home Treatment Teams (CRHT), crisis house)
- Mental health presentations at A&E including frequent attenders?
- Crisis plans/Wellness Recovery Action Plans (WRAPs) /Rainy Day plans/Advance statements (% for those on Care Programme Approach
- User feedback
- Audit programme (e.g. CORE participation)
- Data gaps and data quality
**NICE: Quality standard for service user experience in adult mental health. Quality Statement 6, access to services**

- People in crisis referred to mental health secondary care services are seen within 4 hours;

- Service users have access to a local 24-hour helpline staffed by mental health and social care professionals;

- Crisis resolution and home treatment teams are accessible 24 hours a day, 7 days a week, regardless of diagnosis.
Law and existing Guidance

- Hospital, step-down and community services should be commissioned at a level that allows for beds to be readily available in response to a person in urgent need, as required by statute (s140 MHA).

- Police custody to be used only in ‘exceptional’ circumstances (s136).

- For people are already known to mental health services, crisis plan and any advance statements should be available and followed where possible (Care Programme Approach).
An effective pathway to improve crisis care responses

Support before crisis point
- Tele triage and tele health
- Early Intervention Services
- Suicide prevention
- Personalised care budget
- Helplines
- Peer Support
- Help at Home
- Supported Housing
- Adult placement

Urgent and emergency access to crisis care
- ‘Parity’ between responses to physical or Mental Health emergencies
- Single point of access to specialist mental health services 24/7
- Crisis Home Treatment team
- Crisis and respite house
- Hospital Admission
- See Effective Bed Management Pathway

Quality of treatment and care when in crisis
- Physical assessment and treatment
- Mental state assessment
- Safe, competent treatment at home wherever possible
- Timely ambulance transport to appropriate NHS Facility
- Access to Liaison & Diversion from police custody or Court
- Care and treatment (inc MHA, MCA, CPA)

Recovery and staying well / preventing future crises
- Crisis Plan (NICE)
- Self management and family involved crisis plan
- All utilities working, food in house, debts and benefits sorted
- Transition to GP led care (with ‘fast track’ access back)

Getting a life back

Recovery and staying well / preventing future crises

Quality of treatment and care when in crisis

Urgent and emergency access to crisis care

Support before crisis point
Thank you

contact@crisiscareconcordat.org.uk
www.crisiscareconcordat.org.uk