OXFORDSHIRE HEALTH & WELLBEING BOARD - 5 NOVEMBER 2015

Mental Health Crisis Concordat – Update on Progress and Next Steps in Implementation

Purpose of paper

- 1. The Health and Wellbeing Board on 13 November 2014 agreed that Oxfordshire County Council (OCC) and Oxfordshire Clinical Commissioning Group (OCCG) would sign off the Mental Health Crisis Care Concordat (MHCCC) declaration and action plan on behalf of the Oxfordshire Health and Wellbeing Board, and approved the proposed governance arrangements and submission of the final action plan to the national website portal prior to the deadline of 31st December 2014
- 2. As agreed at that meeting, this paper provides a high level information update of progress in setting up governance arrangements and delivering the action plan in the past year. A more detailed report will be presented to the Health and Wellbeing Board in March 2016. This will set out OCCG plans for 2016-17 subsequent to the NHS planning round (which will commence December 2015). We also anticipate that there will be a national review of local Crisis Concordat implementation plans prior to the next meeting of the Board in March 2016.

Background and local governance arrangements of the Mental Health Crisis Care Concordat (MHCCC)

- 3. In February 2014, 22 national bodies for health, policing, social care, housing, local government and third sector came together to sign the mental health <u>Crisis Care Concordat</u>, (link to national website). This focused on four main areas:
 - Access to support before crisis point making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
 - Urgent and emergency access to crisis care making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
 - Quality of treatment and care when in crisis making sure that people are treated with dignity and respect, in a therapeutic environment.
 - Recovery and staying well preventing future crises by making sure people are referred to appropriate services
- 4. From the initial joint statement it was mandated that, for the Crisis Care Concordat to become a reality, it needed to be adopted and implemented at a local level. In Oxfordshire the local concordat was signed in November 2014 by OCCG, Oxford Health NHSFT, Oxford University Hospitals Trust, South Central Ambulance Service, Thames Valley Police, OCC, NHS England Thames Valley, Thames Valley Police and Crime Commissioner, local representatives of British Transport Police, Principle Medical Ltd, and voluntary sector organizations including Restore, Response, Oxfordshire Mind, Elmore and Connections. This was agreed at the Health and Wellbeing Board on 13 November 2014.
- 5. An implementation group made up of all these partners was formed in December 2014 and has been meeting bimonthly to date. There is continued commitment from all organisations to work together better and there is the right spirit and drive in local partners to ensure that existing and new initiatives work well together. The implementation group reports to the Mental Health Joint Management Group bi annually and escalates issues to that group as necessary.
- 6. Since the inauguration of the Crisis Care Concordat nationally, the planning requirement to deliver parity of esteem as set out in the NHS England *Five Year Forward View* and a national

Care Quality Commission thematic review of mental health crisis services has driven a review of local action plans. There remains a high level of scrutiny from central government, the Department of Health and NHS England ensuring that local systems have appropriate services in place to meet the needs of people in mental health crisis. All counties are expected to refresh local action plans and upload them to the national web portal by November and Oxfordshire is currently in the process of doing this.

7. In addition the Terms of Reference for the Oxfordshire Systems Resilience Group were amended at its September meeting to ensure that mental health is appropriately reflected in its work. In October the group was updated on the current crisis concordat work to improve delivery of Mental Health Urgent Care. It agreed a number of proposed mental health measures to be reported which will enable the Systems Resilience Group to assure the system regarding the delivery of care to people in mental health crisis and the resilience of the wider health and system in relation to mental health care. Specifically, NHS England has made available one off investment to support the development of better care for people in mental health crisis who end up in emergency departments of our main hospitals. A plan to meet this is being developed by the partners in the System Resilience Group.

Implementing the Oxfordshire MHCCC action plan – progress to date

8. The Oxfordshire action plan has been jointly agreed based on national and local evidence, the table below gives a high level summary of some of the actions being progressed and current status:

MHCC Concordat outcomes	Oxfordshire action plan	Current status	Partner lead(s)
	Information review and partners agreed action plans	Review complete. Partner actions to be agreed.	Oxfordshire County Council – Public Health and Oxfordshire Mind
	Training review and provider agreed action plans	Initial review complete. Further work needed to understand accurate position	Oxfordshire County Council – Public Health
	Liaison and Diversion schemes in Criminal Justice system	Roll out of pilot complete and monitoring in place	NHS England Thames Valley Health & Justice team
Urgent and emergency access to crisis	Local partners 'working together' joint protocol	Draft completed and to be circulated to partners – assurance of sign off needed	OCCG and Oxford Health NHS Foundation Trust (OHFT)
care	Ensure access to 24/7 psychiatric liaison service in A&E	24/7 response in place. Further work underway to review 'on site' response out of hours and in particular at Horton hospital	OHFT
	Mental health practitioner in South Central Ambulance Service (SCAS) control room – pilot	Recruitment delayed start until September. Initial monitoring suggests service prevents inappropriate conveyance to A&E	OHFT and SCAS
	Mental health practitioner acts as street triage at night working with the police	Reduction in people with MH problems being detained under police powers of at least 25%.	OHFT and Thames Valley Police

Quality of treatment and	Patient and Carer survey	Initial survey drafted and ready to send. To be repeated after 6 months	MH carers Reference Group and Carers Voice
care when in	Children and Young	Review and audit underway	OHFT
crisis	people using MH services		
	have crisis management		
	plan		
	Delivery of the new Mental	OHFT have the Recovery	OCCG/OHFT
Recovery and	Health Outcomes Based	College, Recover Star and	
staying well	Contract (OBC) will	Triangle of Care all	
	measure how people with	established. Monitoring will	
	mental illness recover and	commence through contract	
	stay well.	review meetings	

- 9. Whilst all partners continue to be driven to improve services for people in MH crisis the scale of the remit for the Concordat does present some challenges, such as:
 - Developing a Joint Working Protocol, listed in the table above, around roles and responsibilities within the deployment of the Mental Health Act 1983. There are occasions when the system fails a person and the problem escalates very quickly to chief officer level, often apparently due to a lack of clarity within joint operational protocols. The local Crisis Concordat plan is to develop an overarching joint working protocol which over lays partner organisations protocols and is adopted by all; this would set out the principles and behaviours that each organisation would work to and describe the escalation processes. It would need to be reflected in individual organization duty and escalation protocols and delivering this in a timely systematic way across all partners will take robust management.
 - Development of a dataset around the impact and needs of people with mental health presentations across the system. As the table above sets out there is a significant level of activity that seeks to manage the needs of people with mental health presentations and this is distributed across a number of settings. We currently lack the data that would evidence this impact at a system level. A number of the interventions will contribute to this intelligence but it will need more work to systematically collect and agree which partner will monitor on behalf of the system.

Future report to the Health and Wellbeing Board

10. This information paper provides a brief snapshot of the progress to date and demonstrates that it will take time for the system to be able to report collectively to capture the improved outcomes that these initiatives are starting to provide. A more detailed report will be presented to the Health and Wellbeing Board in March 2016 by which time the roll out and monitoring mechanisms of this MH urgent care pathway should be becoming more embedded and it will give an opportunity for partner agencies to describe how working together has produced positive outcomes and impact for both individuals, and on the health and social care system

Comments and suggestions for updating the action plan

11. Members of the Health and Wellbeing Board and partner organisations are invited to comment on the progress in delivering the Mental Health Crisis Concordat Action Plan, and to make suggestions for inclusion a refreshed and updated plan. These will be considered as part of the NHS planning round (due to start in December 2016, and reported to the Health and Wellbeing Board in March 2016. Comments and suggestions should be sent to:

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