

Wiltshire Council

Health and Wellbeing Board

18 May 2017

Subject: Mental Health Crisis Care Concordat Update

Executive Summary

I. The report provides an update on the quality of care for those experiencing mental health crisis and how well partners in the system are working together to provide this.

Proposal(s)

It is recommended that the Board:

- i) Notes the development in combining the Swindon and Wiltshire Crisis Care Concordats.
- ii) Approves the draft Terms of reference for the Swindon and Wiltshire Crisis Care Concordat.
- i) Considers the latest available data against key indicators at Appendix 3.

Reason for Proposal

At the September 2016 meeting the Board agreed to receive a further update on the delivery of the Mental Health Crisis Care Concordat Action Plan, following a meeting of lead chief executives, together with an update on the delivery of the Mental Health and Wellbeing Strategy.

It also considered appropriate indicators for monitoring the implementation of the Action Plan and a brief update is provided against these.

Ted Wilson

**Chair, Swindon & Wiltshire Mental Health Crisis Care Concordat Action Group
NHS Wiltshire CCG**

Subject: Mental Health Crisis Care Concordat Update

Purpose of Report

1. This report presents an update following the September 2016 Mental Health Crisis Care concordat paper, detailing progress in Wiltshire to improve Crisis Care Pathways.

Background

2. Following the September 2016 Board meeting, key stakeholders and partners (Wiltshire Police, Wiltshire Clinical Commissioning Group, Swindon Clinical Commissioning Group, Wiltshire Council, Swindon Borough Council and AWP) involved in managing crisis care for individuals experiencing mental health crisis in Swindon and Wiltshire attended a Mental Health Summit in October 2016 and a subsequent meeting in March 2017. It was acknowledged at the latter meeting that review project mapping of the 136 pathway across Avon, Wiltshire and North Somerset for children and adults being led by the Alexander Group has informed areas requiring development to improve crisis care, which will also enable the requirements of the Police and Crime Act to be realised. Those present were in support of the continuation of this work, a summary of which is presented in this report.

Update on Key Areas

Mental Health Crisis Care Concordat Delivery

3. Since January 2017 Wiltshire and Swindon Crisis Care Concordats (S&W CCC) have united, with two formal meetings committing to developing a joint action plan with the objective of addressing the crisis care pathway issues across the footprint. Terms of reference provided in appendix 1. The S&W CCC has agreed to meet on a monthly basis in order to ensure robust review of crisis care, develop a joint action

plan, which will be taken forwards with operational task and finish groups who will proactively address crisis care pathways. Therefore the main Concordat will retain strategic oversight and development of the concordat agenda whilst the operational groups will ensure timely progress and implementation of the action plan.

4. The year 2 joint action plan is in development and is anticipated to be finalised in the May 2017 meeting; following its completion a draft will be submitted to the Board. At present the S&W CCC are working through the locality specific actions to ensure these are closed down with all actions either completed or devolved to other oversight groups, whilst in tandem we draft the new plan. The enormity of developing and delivery a joint action plan has been acknowledged. As a result a business case to recruit a dedicated S&W CCC lead will be drafted for consideration by the multiagency partners.
5. The S&W CCC has established the first operational task and finish group to inform the 136 pathway development in the East, ensuring that the requirements of the Police and Crime Act can be sustainably met. This group will be responsible for overseeing the implementation of the supported outcome following the AWP public and staff consultation regarding the East Place of Safety provision [further detail about this is provided in the next section of this report].
6. Key work stream updates from the S&W CCC action plan are as follows:
 - Development of an enhanced Access Service Model for secondary care mental health services: CCG review completed, however progression of the review was overtaken by internal restructuring completed by AWP to address vacancy pressures against service demand and cost pressures.
 - Implementation of the Section 12 Doctor review: The Alexander Group 136 review has identified that timely access to section 12 Doctors is a challenge, although to varying degrees across the AWP footprint. As a result Wiltshire CCG is working with all AWP Commissioning CCGs to develop a trust wide solution to ensure timely access to section 12 Doctors. It is expected this will entail devolving the section 12 Doctor budget to AWP in order to enable a contract to be established for this provision on a dedicated rota as opposed to the current adhoc sourcing of section 12 Doctors which currently results in regular delays in mental health act assessments.

AWP Developments to the Places of Safety in the East

7. In 2016 AWP, with the support of the Wiltshire CCC chair, acquired £320,000 capital funding from the Department of Health to improve health based places of safety (PoS) in Wiltshire and Swindon by increasing the number of places available across the county from three to four. The motivation to change and improve the provision relates to the need to ensure facilities are fit for purpose, also to resolve the difficulties regarding provision of adequate staffing. If these services are not improved in a sustainable way, there is a risk that the current facilities in Sandalwood and Fountainway will need to be closed if they are unable to meet CQC standards, which may result in out of area placements being required.

8. AWP are currently engaged in a public consultation process regarding the proposed development to the East PoS provision and have proposed four options (see appendix 2 for consultation letter and supporting document):
 - **Option 1** Upgrading the existing suites currently available in Fountain Way and Green Lane sites within Wiltshire, and at Sandalwood Court in Swindon; no change in location of suites.
 - **Option 2.** Close Fountain Way and Green Lane sites in Wiltshire and upgrade the suite at Sandalwood Court in Swindon.
 - **Option 3.** Close Sandalwood Court in Swindon and upgrade Fountain Way and Green Lane sites in Wiltshire.
 - **Option 4** Close Fountain Way site within Wiltshire and at Sandalwood Court in Swindon and relocate the places of safety to Green Lane with 4 suites rather than the 3 suites currently available.

AWP present option 4 as the preferred option as Green Lane provides suitable infrastructure, admission activity indicates this would be the most suitable location and in reducing to one PoS site this will address the staffing issues, and should pose an attractive opportunity for staff seeking to work in a specialist environment.

9. AWP held an engagement event in Swindon in March which was well attended by members of the public, local authority representatives from Swindon, Wiltshire and Emergency Duty Service, third sector representative, Service Users, Carers and Robert Buckland the local MP. Many pertinent concerns were raised during the event which have been recorded and will be collated together with feedback from the Wiltshire events and the Trust website. Public Consultation dates for Wiltshire

were planned for May, however owing to the purdah period for the General Election they have been postponed, and are expected to recommence in June 2017.

Alexander Group s136 Review

10. The Alexander Group have been commissioned to complete a system wide review of s136 pathway and experiences with the objective to improve the experience that people and organisations have of the 136 pathway. To date a number of stakeholder engagement workshops have been held to decipher the “as is” and review and test the “to be” 136 pathways. Four key areas for quick wins have been identified:

- Section 12 Doctor provision.
- Achieving parity in the management of under 18s.
- Conveyance for those detained on a section 136.
- Information sharing across providers supporting individuals experiencing a mental health crisis.

11. The “to be” pathway is currently going through a process of scenario testing, with all stakeholder engaging to ensure the proposed pathway developments address regular and complex challenges relating to the 136 pathway. The outcome of which is expected to lead to refinements to the recommendations to be taken forwards in the governance and programme planning stages. A six month implementation programme is expected to realise the pathway developments.

12. The next whole system meeting will take place in Chippenham on the 30th May co-chaired by the two Police and Crime Commissioners.

Data

13. Appendix 3 presents the system wide indicators relating to 136 activity requested by the Board, with additional indicators specific to police use of 136 powers. This data is monitored by the S&W CCC and will be analysed to ensure the issues and challenges in delivering optimal crisis care are understood and addressed.

Ted Wilson

**Chair, Swindon & Wiltshire Mental Health Crisis Care Concordat Action Group
NHS Wiltshire CCG**

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**DRAFT: Swindon & Wiltshire Multi-Agency Mental Health
Crisis Care Concordat Group**

Terms of Reference

1. Introduction

The 2014 Mental Health Crisis Care Concordat commits to:

- *“working 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”*
- *Ensuring provision of 24/7 support in mental health crisis care*
- *Keeping the service user central to service developments*

This important national policy initiative proposes a range of countrywide NHS England/DoH/ Home Office/CQC/Public Health England and Royal College initiatives together with a desire for local organisations to sign up to the commitment to work together to address these issues.

The S136/Place of Safety Multi Agency Group has worked well to address the specific issues around adult & child places of safety in Wiltshire and has a good mix of Police, Ambulance, frontline staff, clinicians, managers and commissioners. Consequently it was proposed to build upon the expertise of this group and extend the membership to create a new Crisis Care Group to properly address the ambitions of the Concordat.

2. Aim, Purpose and Scope

Each participating organisation supports the ambitions of the Concordat and agrees that improvements need to be made and sustained. Just as the Concordat establishes a national agreement of principles, the ambition is for every local area to commit to agreeing and delivering their own Mental Health Crisis Declaration. This should include:-

- Establishing a commitment for local agencies to work together to continuously improve the experience of people in mental health crisis in Wiltshire and Swindon.
- To carry out a gap analysis of current demand for these services against available service provision.
- The development of a shared action plan and a commitment to review, monitor and track improvements.
- A commitment to cease the use of Police Stations as places of safety, except in exceptional circumstances as defined by the Police and Crime Bill 2017, by setting an ambition for fast-track assessment process for individuals whenever a police cell is used.
- Evidence of sound local governance arrangements.
- A shared goal which delivers crisis services that, for an individual, are at all times as accessible, responsive and high quality as other health emergency services.
- Parity of esteem – to put mental health on a par with physical health, and close the gap between people with mental health problems and the population as a whole.
- Every community to have plans to ensure no one in crisis will be turned away, based on the principles set out in the Concordat.

- To ensure effective linkage with Community Safety Partnerships.
- 24/7 Mental Health Crisis Care Services

3. Membership

The following organisations/services will need to be represented;-

- Swindon and Wiltshire Adult and Child Mental Health Commissioners (linking with Substance Misuse Commissioners)
- AMHPs/EDTs/Social Work from Wiltshire & Swindon Councils
- Wiltshire Police
- AWP (PCLS/Intensive/Inpatient Place of Safety)
- AWP (LDWISS)
- CAMHS – Oxford Health
- Ambulance – SWAST
- A nominated rep from Wiltshire self-harm group – PH
- A nominated rep from Swindon self-harm group - PH
- GP with urgent care interest – and to link with GP OOH service
- Acute Psychiatric Liaison Consultant (to link with RUH,GWH and SDH services)
- ED rep.
- Third sector rep

Arrangements will be made by the Group to ensure that service users and carers are involved in the development of services and in evaluating the outcome of the Action Plan

2. Governance & Chair

2.1 Governance

Given that this working group covers both adults and children the governance will inevitably be complex. Overall accountability for the work programme will be undertaken by commissioners, individual provider agency actions and working protocols will be under the governance arrangements for each organisation.

Therefore the governance framework can be summarised as follows;-

Swindon & Wiltshire Commissioning

- Adult Issues - The Mental Health and Disabilities Joint Commissioning Board.
- Child Issues – Children’s Joint Commissioner.

Swindon & Wiltshire Health and Wellbeing Boards will be responsible for;

3. Approving the TOR
4. Approving the plan of work
5. Receiving progress reports and minutes
6. Considering changes to service design/provision and reviews of performance.
7. Linking with Acute/Urgent Care Commissioners where appropriate.

All Participating Service Provider Agencies;-

- Ensuring that attendees have appropriate levels of authority in order to participate.
- Ensuring that organisational governance processes, both clinical and managerial are adhered to.
- Ensuring that any proposed changes to service delivery are properly approved by their organisation.

3.2 Chairing the Group.

The Crisis Group will be chaired by a Senior Agency Representative covering Wiltshire and Swindon, and be supported by a deputy chair who will be nominated by the group

- The group will meet monthly.
- AWP will contribute to the admin support to the group by providing the data collation.

5. Expected Outcomes

The complexity of crises may mean that individuals need support for several aspects of their crisis. This means having their mental health issues understood within the context of their family, cultural or community setting and other urgent needs, such as self-harm, alcohol or drug misuse, or pregnancy. People should be able to expect a whole system response.

Therefore the core principles and outcomes are –

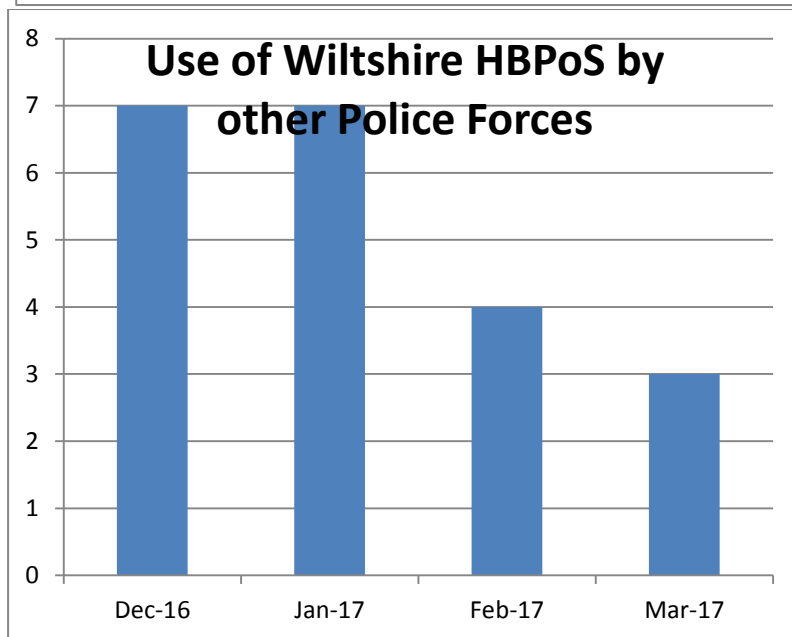
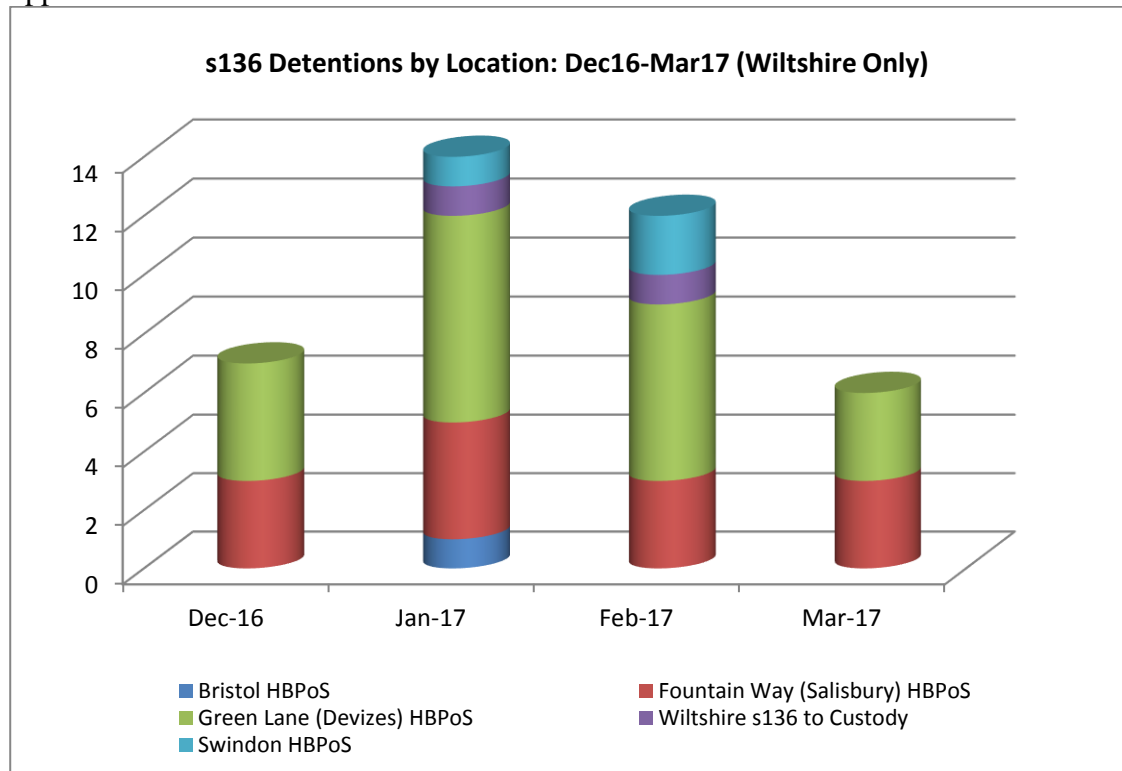
- Access to support before crisis point – early intervention can include a single point of access to a multidisciplinary mental health team, a joined up response from services with strong links between agencies.
- Urgent and emergency access to crisis care - People in crisis are vulnerable and will be kept safe, have their needs met appropriately and be helped to achieve recovery.
- Equal Access – people will have equal, appropriate access.
- Access and new models of working for children and young people – children and young people with mental health problems, including children in care, care leavers and those leaving custody in the youth justice system, should feel supported and protected at all times.
- People in crisis in the community where police officers are the first point of contact will receive appropriate help and the police will be supported by health services, including mental health services, ambulance services and Emergency Departments.
- Review services now and therefore expected outcomes. Changes to services to be more specific.
- Monitoring of outcome measures (Annex 1).

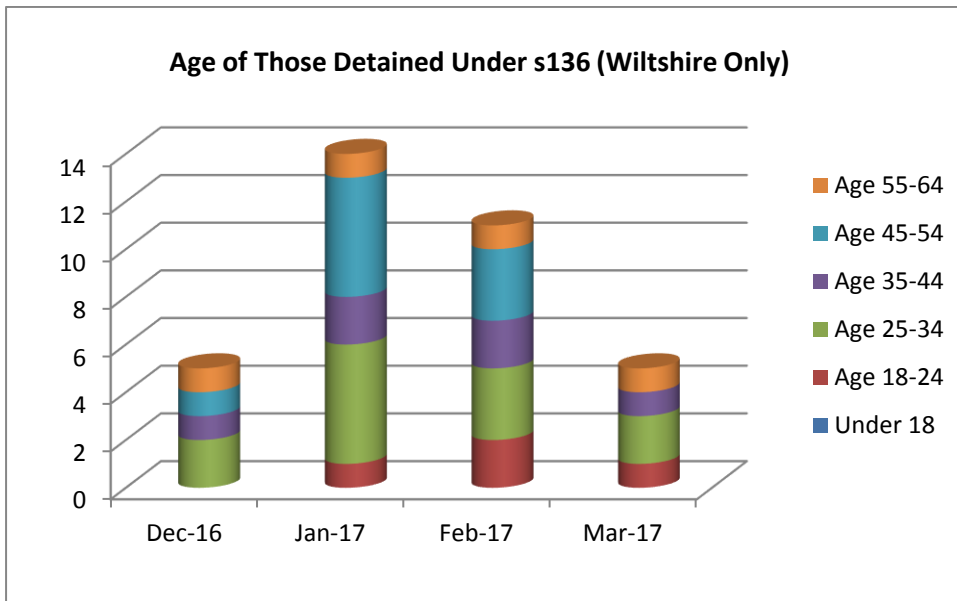
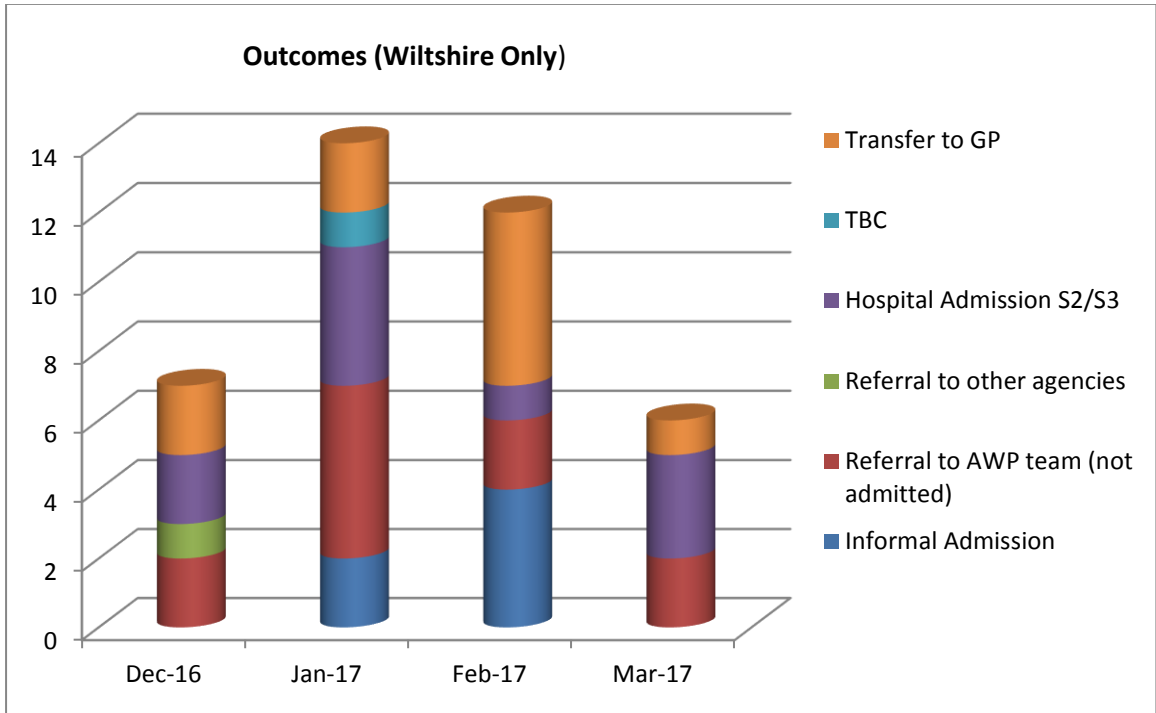
Annex 1

Swindon and Wiltshire Crisis Care Indicators:

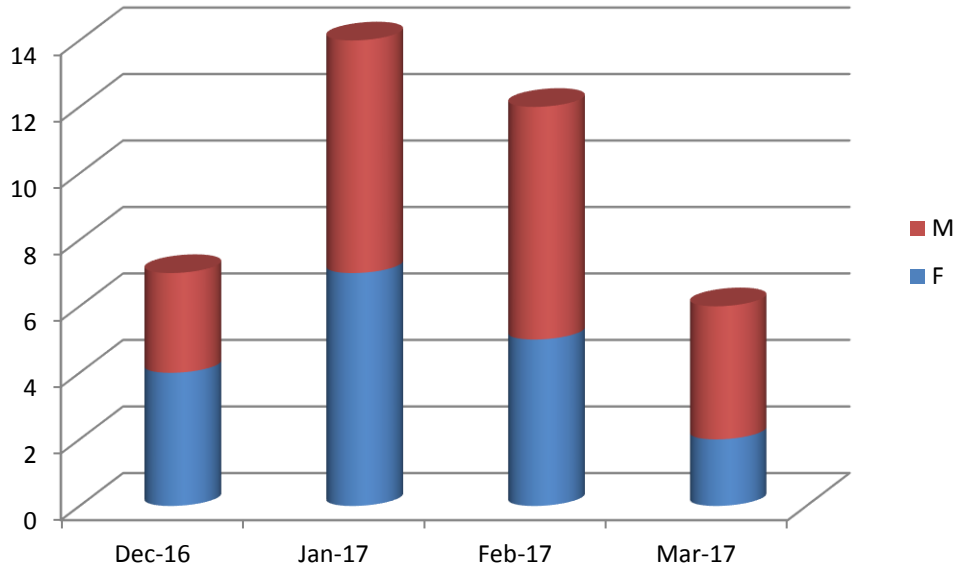
- Time to assessment once in place of safety
- % of cases exceeding 3 hours till assessment as per Mental Health Act Code of Practice
- Reasons for any delay (e.g. intoxication or availability of AMHPs or s12 doctors)
- % of cases exceeding 24 hours in a place of safety.
- Use of places of safety by out of area patients (with referring authority and the power detained under).
- Number of occasions East PoS is not accessible, reason and alternate PoS used.
- Total s136 to custody and to Health Based Places of Safety
- Total s136 in custody when threat of harm to self or others; and % and number of times 'non-exceptional' patients are held in custody
- Age, gender and ethnicity of those detained under s136.
- Whether those detained are currently open to or previously on known to MH services in the last 12 months.
- Time s136 detainee held in custody (including time till assessment and time until transfer thereafter); to be reported per individual held in custody, to be split by exceptional cases and breaches.
- How often Wiltshire police are unable to consult mental health professionals before using Section 136, with reason for inability to consult coded.
- How many detentions under s136 are appropriately conveyed for a full Mental Health Act assessment (usually s2), once assessed by medical authorities
- Number of times the Police are required to convey a mental health patient due to the non-availability of an ambulance.
- Outcome of PoS admission.
- Number of times individuals are conveyed to A&E, additional detail regarding number of occasions police are required to wait and support, and the number of individuals who are assessed immediately.
- Use of alternative PoS's.

Appendix 3





Gender of Those Detained Under s136 (Wiltshire Only)



Control Room Triage Availability for s136 Detentions (Wiltshire Only)

