

**Health and Wellbeing Board
18 June 2015**

Agenda Item	Page No
8 MENTAL HEALTH CRISIS CARE CONCORDAT UPDATE The following people will be attending for this item:- Susie Yapp Service Director Commissioning and Service Improvement Kurt Moxley, Senior Joint Commissioner Alan Baldwin Assistant Chief Constable Neighbourhood Policing and Partnerships Will Hancock, Chief Executive. South Central Ambulance NHS Foundation Trust Yvonne Taylor, Chief Operating Officer, Oxford Health NHS Foundation Trust	3 - 14



INVESTOR IN PEOPLE



1. Commissioning to allow earlier intervention and responsive crisis services

No.	Action	Timescale	Led By	Outcomes
Improving mental health crisis services				
1.1	Commission services so that Liaison and Diversion Services and Street Triage refer individuals with coexisting mental health and substance misuse problems to services which can address their needs.	On-going	NHS England CCG / BCC	<ul style="list-style-type: none"> The needs of service users with co-existing mental health and substance misuse needs are better addressed in the development of services. Provision of integrated services
1.2 S136/135	Develop a 'street triage' service in Buckinghamshire	June 2015	TVP/OHFT	<ul style="list-style-type: none"> Street Triage service is provided in Bucks Service Users in Mental Health crisis receive appropriate and timely support. Application of S136 reduces
	Record, monitor and report on all uses of S135/136. Unless in emergency, S136 is used only when alternative forms of mental health assessment and support have been considered and precluded.	Ongoing	TVP/BCC	<ul style="list-style-type: none"> TVP will record, monitor and report on all use of S135(1) BCC AMHP/EDT service will record, monitor and report on S136 activity
	Buckinghamshire 'Problems in Practice' forum monitors	Ongoing	OHFT	<ul style="list-style-type: none"> Overall reduction in cost for S12 doctors to NHS England.

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	<p>and reviews all use of Police Custody as a Place of safety. Contingency arrangements are considered and published to ensure that custody is used as a place of safety only in exceptional cases and the use of custody for under 18s is a NEVER EVENT</p> <p>Develop model of joint agency response where individuals present to emergency and mental health services on repeat occasions</p>			<ul style="list-style-type: none"> • Health based place of safety is used in all but the most exceptional circumstances (less than 5% of all S136 detentions) • TVP will ensure that health based places of safety are the default location for all persons detained under S136 • Joint agency care plans agreed for individual with multiple presentations to emergency services • Clear joint agency response model is in place
Match local needs and resources				
1.3 Local Authority AMHP Resource	<p>Buckinghamshire county council to complete the remodelling of the AMHP service to maximise use of the current AMHP resource.</p> <p>OHFT continue to support AMHPs contributing to the countywide AMHP service.</p>	<p>July 2015</p> <p>Ongoing</p>	<p>OHFT</p> <p>BCC</p>	<ul style="list-style-type: none"> • Buckinghamshire County Council is able to demonstrate application of S114 MHA 1983. • There is a 'seamless' AMHP service 24/7 within Buckinghamshire. • Ensure that police custody suites are considered to be part of the AMHP service responsibilities • Custody data will be provided by TVP as performance information • The AMHP rota is resourced effectively to agreed standards. • The current number of AMHPs is sustained

	Buckinghamshire CC and OHFT continue to support staff members in undertaking AMHP training.		OHFT	<ul style="list-style-type: none"> All Adult Mental Health Teams and Older Adult Mental Health Teams have AMHPs among substantive team members.
1.4 Crisis Accommodation	To undertake a review / audit of admissions to hospital to identify the need for a 'crisis' facility within Buckinghamshire and/or Thames Valley as a whole.	July 2015	OHFT BCC	<ul style="list-style-type: none"> The need for a 'crisis' facility within Buckinghamshire is clarified and also includes admissions from police custody suites
1.5 Staffing levels	In-patient facilities are adequately staffed at levels that maintain patient safeguarding.	Aug 2015	OHFT	<ul style="list-style-type: none"> In-patient facilities are able to manage the safeguarding of patients in the majority of situations without cause to involve external agencies.

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2. Access to support before crisis point – operational services

Improved access to information and support

2.1 Public Facing Information	Buckinghamshire Agencies / signatories of the concordat will develop information for service users and carers regarding resources available in a mental health crisis	Nov 2015	OHFT Communications Team	<ul style="list-style-type: none"> • Service users and families are able to access appropriate and up to date information from OHFT website. • To be shared with the 111 Directory of Services
2.2 NHS Social /Care Interface	Social Care Teams to have clear guidance regarding accessing mental health services in a crisis for service users who may present to Social Care in the first instance.	July 2015	BCC OHFT	<ul style="list-style-type: none"> • For there to be a 'no wrong door' approach to those seeking mental health support in crisis.

Early intervention

2.3 Advanced Statements / Anticipatory care plans.	For agencies in Buckinghamshire to develop information sharing and practice with regards to Advanced Statements and anticipatory care plans.	March 2016	OHFT	<ul style="list-style-type: none"> • Care coordinators have an increased understanding of Advanced Statements • Service Users are supported to produce an advanced statement. • Advanced Statements are recorded consistently on OHFT clinical database. • Advanced Statements are shared with Primary Care and Carers where appropriate. • Content of Advanced Statements is considered when making care and treatment decisions. • Anticipatory care plans are shared with other agencies as appropriate in order for
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2.4 Criminal Justice Liaison and Diversion	For providers of Mental Health Liaison and Diversion services to link with OHFT / and or providers to ensure that clear pathways are in place to access appropriate mental health crisis services.	July 2015	NHS England Health and Justice Team. CCG Providers Community / Crisis teams	<ul style="list-style-type: none"> Both mental health and criminal justice provide services following the agreed pathways

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3. Urgent and emergency access to crisis care

Improve NHS emergency response to mental health crisis

3.1 Conveyance	Work with SCAS and Commissioners (Mental Health and Ambulance) to ensure mental health emergencies, including patients detained under the MHA are responded to appropriately. Appropriate health care transportation will be commissioned and provided for all mental health transport (this will include additional support for non-compliant patients and secure transport)	Aug 2015	CCG, SCAS, NHS England	<ul style="list-style-type: none"> • SCAS will have appropriate vehicles and are resourced to convey detained and informal patients to mental health acute inpatient care. • OHFT no longer commissioning private secure ambulances. • TVP will request an ambulance on every occasion for S136 transport • TVP will provide performance information regarding the use of transport for S136
	Police are requested to assist in only the most exceptional cases where there is no other safe means.	July 2015	SCAS	<ul style="list-style-type: none"> • Reduction in the occasions when TVP are requested to assist with mental health transport
	SCAS will comply with National protocol for the transportation of S136 patients, which provides	July 2015		<ul style="list-style-type: none"> • Process for transport (particularly secure transport) provision is documented and disseminated

	agreed response times and a standard specification for use by CCGs			<ul style="list-style-type: none"> • CCG commissioners to commission based on nationally agreed protocol.
3.2	Mental Health Practitioners to work as part of the team in the Emergency Operations Centre offering 24/7 assistance (ambulance control room; 999 and 111).	July 2015	Oxford Health, SCAS	<ul style="list-style-type: none"> • Better initial integrated assessment at point of call coming into the Emergency Control Room
3.3 Medical Input to Mental Health Act Assessments (MHAA)	For OHFT to produce a rota of Trust S12 doctors who are able to respond to MHAA out of hours.	July 2015	Oxford Health	<ul style="list-style-type: none"> • Doctors with prior knowledge of the patient are involved in MHAA • Doctors employed by the Trust are involved in all MHAA • Trust Doctors are able to facilitate identification of inpatient resource. • Incidence of medical recommendations 'left' reduces.
	For Trust doctors to prioritise attendance at MHAA for known patients.	April 2015	Oxford Health	<ul style="list-style-type: none"> • For MHAA not to be delayed by lack of S12 approved doctors.
	NHS England to maintain a list of S12 approved Doctors, and distribute to relevant parties.	April 2015	NHS England local area	
3.4 Timely access to inpatient resource	S140 protocol developed which clarifies arrangements for the admission of patients where there is no local bed	July 2015	CCG, OHFT	<ul style="list-style-type: none"> • Reduction in delays in AMHPs making application for admission • Improved experience for service users and families in times of mental health crisis

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	<p>availability. To specifically explore the option of making an application to the relevant local mental health inpatient unit even if no identified bed. This should include detained people under the sections 47/48/49 of the MH act and AMHP responsibilities under S13 MHA</p> <p>Use of 'out of area' acute inpatient resource is monitored with regard to impact on service users and families.</p> <p>Discharge pathway arrangements including for the funding and availability of aftercare services is clarified.</p>	<p>June 2015</p> <p>June 2015</p>	<p>OHFT</p> <p>OHFT/BCC CCG</p>	<ul style="list-style-type: none"> • Reduction in delays for detained people • People never held in custody pending application without a power to do so • OHFT monitors the impact on service users and families of an out of area acute inpatient admission. • Additional support needs are identified provided for where appropriate. • Delays to discharge from acute inpatient care are not as a result of lack of clarity regarding funding arrangements.
<p>Integrated health and social services impact on mental health crisis</p>				
<p>3.5 Mental Health / Acute Medicine interface</p>	<p>Psychiatric In Reach and Liaison Service continues to provide timely assessments for patients presenting to the Emergency Departments</p>	<p>Ongoing</p>	<p>OHFT</p>	<ul style="list-style-type: none"> • Service users presenting in crisis to Emergency Departments receive timely and appropriate mental health assessment. • Assessed Mental Health needs are met in a timely and appropriate manner.

	<p>medical wards, and provides information and advice regarding relevant legal frameworks.</p> <p>Adult Mental Health Teams continue to offer a crisis care home treatment service as part of the integrated health and social care teams</p>	Ongoing	OHFT	<ul style="list-style-type: none"> • OHFT makes the case for ongoing funding. • Crisis care home service is available round the clock 	
Staff Skills and training					
11	3.6 Mental Health Training	All organisations within Buckinghamshire are able to access appropriate mental health training.	Ongoing	OHFT / BCC SCAS TVP	<ul style="list-style-type: none"> • Staff working within organisations within Buckinghamshire have access to appropriate mental health training. • Staff working within organisations are able to provide support to service users experiencing a mental health crisis. • Service users receive appropriate information, advice and guidance from staff working across all sectors.

4. Quality of treatment and care when in crisis

4.1 Place of safety	Partners will work together to ensure that custody is only used as a place of safety on an exceptional basis (below 5%)	Sept 2015	TVP and all partners	The use of police cells as places of safety falling to below 5% of Section 136 detainees ensuring patients are accommodated in an appropriate health facility.
4.2 Restraint	All staff who have direct patient contact at The Whiteleaf Centre will have received training in restraint and breakaway techniques	Dec 2015	OHFT	The use of different techniques will lower the use of restraint and improve patient experience.

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5. Recovery and staying well / preventing future crisis

5.1	For a local partnership to be formed to consider the co-production of a Recovery College within Buckinghamshire Include where appropriate, those going through the criminal justice system	Oct 2015	OHFT CCG/BCC SUCO	<ul style="list-style-type: none"> For the need for a Recovery College to be identified and agreed. For the form and function of a Recovery College to be agreed. For agencies within Buckinghamshire to agree resource to support the establishment of a Recovery College
5.2	Develop and work in partnership with 3 rd sector and MH service users to identify their needs	Oct 2015	CCG, OHFT	<ul style="list-style-type: none"> Partnerships developed with 3rd sector Service users and 3rd sector becomes more involved in services
5.3	Develop relationships with resettlement prisons and community rehabilitation companies to ensure speedy information is passed to GPs and MH services for prisoners on release	On-going	CCG Health & Justice	<ul style="list-style-type: none"> Those released from detained settings able to access consistent treatment

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