



*Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.*

## **1. Mental Health Crisis Care Concordat**

- 1.1. The contents of this paper can be shared with the general public.
- 1.2 This paper is for the Health & Wellbeing Board meeting on 9 December.
- 1.3 This paper was written by

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## **2. Summary**

- 2.1 In February the Department of Health published “Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis” (Appendix C). The Concordat is a statement that has been signed up to by organisations such as the Association of Ambulance Chief Executives, Public Health England, the Association of Directors of Social Services and the NHS Confederation. The Concordat describes what good crisis care should look like and includes high level statements about what agencies should be doing to ensure that good crisis care is delivered locally.



- 2.2 The expectation was that locally commissioners and partner agencies would review their crisis care arrangements against the Concordat checklist and develop a multi agency action plan for addressing any gaps and areas where further development is needed. It was also expected that these action plans would be approved by the local Health and Wellbeing Board and accompanied by a declaration of support by local agencies.
- 2.3 The purpose of this paper is to provide the HWB with
- information about the mental health crisis care arrangements available in Brighton and Hove
  - an opportunity to approve the proposed action plan prior to submission to the Department of Health
- 2.4 The action plan covers actions proposed for both adults and children who experience a mental health crisis in Brighton and Hove.

### 3. **Decisions, recommendations and any options**

The Health & Wellbeing Board is asked to approve the proposed action plan.

### 4. **Relevant information**

- 4.1 The Mental Health Crisis Care Concordat is a national statement about what good crisis care looks like for people experiencing a crisis in their mental health. The messages in the Concordat are supported by key organisations such as the Associations of Directors of Social Services, the NHS Confederation, NHS England and the Local Government Association.
- 4.2 To ensure that good crisis care exists throughout the country, commissioners and local partner agencies have been asked to take stock of their crisis care arrangements and to develop local action plans that address gaps and areas for development. The expectation was that this was done in collaboration with key local agencies.
- 4.3 A local stocktake has taken place and this is attached for information at appendix A. From this an action plan (appendix B) has been developed to address gaps and areas for development - this has been developed in collaboration with the police, BHCC ambulance service, third sector and Sussex Partnership Foundation Trust.

- 4.4 Over recent years there has been significant focus on mental health crisis care services and improvements have been made. The action plan focuses in on a few areas where we know there are still issues to address and gaps to fill.
- 4.5 We have developed a 24/7 mental health liaison team in A&E and we have expanded and are continuing to expand the availability of a community based response for people with a mental health crisis. We have also services from the third sector to complement statutory services and to support people who might not traditionally access mainstream services. We have set up the Lighthouse Service to work with people with personality disorder who are often frequent users of A&E. And we have worked closely with organisations such as MIND to raise awareness of local crisis care services.
- 4.6 We have identified 4 areas where further significant work is still needed and this is what our action plan focuses on.

i *Embedding the latest round of changes to the urgent care pathway*

£283k is being invested in extending the operating hours of the community mental health rapid response service until 10pm. The service is also being integrated with the assessment and treatment service. These 2 changes will enable the resources to be used more flexibly and should make it more possible for the service to respond to requests for community based visits. We are also embedding nurse prescribing in the team so there is least reliance on medical support from a psychiatrist and the availability of medical support to the team is also being strengthened. These changes build on changes to the urgent care pathway that were implemented in January 2013 . Coupled with the Mental Health Liaison Team at A&E, it means that we have a 24/7 access to face to face and telephone expertise from a mental health professional for any adult experiencing a mental health crisis. This is a key component of the Crisis Care Concordat.

ii *Strengthening the crisis support arrangements for children and young people.*

The stocktake highlighted the fact that we do not have comparable crisis care arrangements for children and young people. Provision does exist but we do not think it is sufficient The standard response time from tier 3 CAMHS (Sussex Partnership Foundation Trust) is



to provide a first contact response to urgent referrals within 4 hours. This applies to referrals within or outside of normal hours. The Sussex Mental Health Line is able to provide telephone advice overnight. In addition the CAMHS Crisis Resolution and Home Treatment service (CRHT)/ Urgent Help service adds to existing packages of care for children and young people with acute mental health needs. The service operates 0900-2000 weekdays with a weekend service in order to meet crisis and home treatment needs during this period.

As part of the review of CAMHS more generally we are scoping out the feasibility of 24/7 mental health liaison service in the Royal Alexander Children's Hospital as well as the availability of 24/7 telephone support.

iii *Reducing the number of people taken to custody after they have been picked up by the police under section 136 of the Mental Health Act.*

- 4.7 In Brighton and Hove there are 2 places of safety where people can be taken when they have been picked up on a section 136 – Hollingbury police custody suite and the purpose built section 136 suite at Millview. In 2013/14 167 people were taken to the custody suite and 103 were taken to Millview. In some parts of the country no one is taken to police custody. Sussex is an outlier nationally.
- 4.8 There are a number of reasons why this is the case locally including
- staffing levels and the presence of severely unwell people on the wards at Millview have meant that sometimes the suite has had to be closed
  - occasionally exclusion criteria applied by Millview have meant patients have been turned away from the suite
  - the suite at Millview is only able to accept one patient at a time so at busy times when the suite is in use other patients have had to go to custody
- 4.9 A number of actions have been agreed locally to address this problem, specifically;
- SPFT is considering whether the suite could be expanded to accommodate more than one person at a time;
  - the pathway between the police and the mental health liaison team and the mental health rapid response service is going to be strengthened through awareness raising but consideration is

also being given to providing the police with more support from each of these teams which could potentially avoid someone being sectioned on a S136 altogether

4.10 In other parts of the country the introduction of street triage is being used to reduce the number of people picked up on a section 136 and ultimately reduce the pressure on places of safety. This arrangement is currently being piloted around the country. We will await the outcome of the evaluation before making a decision as to whether this is something we will implement in Brighton and Hove and assess how this fits with the improvements that have already been made to the urgent care pathway

iv *Ensuring that people are conveyed to the place of safety in an ambulance*

Currently in Brighton and Hove patients are conveyed to the places of safety in caged police vehicles. Everyone agrees that this is not acceptable. Negotiations are underway with SECAMB to build this activity into their contract from April.

Next steps

4.11 We are currently seeking sign up to the action plan and an accompanying declaration of support from senior officials from Sussex Partnership Foundation Trust, Brighton and Hove City Council , Brighton and Sussex University Hospital, the third sector, ambulance service, SCT and Sussex police.

4.12 Subject to securing HWB approval and once we have secured support from local stakeholders the action plan and declaration will be submitted to the Department of Health and we will put in place arrangements to deliver and oversee the action plan.

4.13 There has been user engagement that has informed the urgent care pathway changes (outlined above) and we will continue to work involve users and carers in the development of the crisis care plan.

## **5. Important considerations and implications**

### **5.1 Legal**

5.1.1 There are no legal implications arising from this paper.



## 5.2 Finance

5.2.1 Most of the planned improvements can be made within existing resources although additional resources are required to implement the changes to the pathway for children and young people. A bid was made to NHS England for some non-recurrent to resilience money that was available for mental health. Unfortunately the bid was unsuccessful. The CCG is currently assessing whether additional resources can be prioritised for implementation in 2015-16.

## 5.3 Equalities

5.3.1 An equalities impact assessment was carried out as part of the urgent care work undertaking in 2012 and this will be updated to take into account the next stage of our plans.

## 5.4 Sustainability

5.4.1 There are no relevant sustainability implications in this paper.

## 5.5 Health, social care, children's services and public health

5.5.1 The action plan has been developed collaboratively with key partners across the health and social care system in Brighton and Hove.

## 6 Supporting documents and information

The following documents are attached:

Appendix A local stocktake against the Concordat

Appendix B action plan

The following document has been placed in Members' Rooms and published as a supporting document on the council's web site:

Appendix C the Concordat