

Derbyshire and Derby Mental Health Crisis Concordat Progress report

SUMMARY

- 1.1 A multiagency mental health concordat group has coordinated a concordat action plan
- 1.2 The group has been successful in bringing closer working and co-operation between health services Social Care and Police
- 1.3 The numbers of people detained in police custody with mental health problems has reduced and no one has been admitted to police custody under a section 136 police holding power.
- 1.4 There remain significant challenges in providing effective urgent care ,and these have been incorporated into the STP for Derbyshire and Derby

RECOMMENDATION

- 2.1 To note the success of interagency working. The designated Lead from Derbyshire Police has been particularly helpful in making progress.
- 2.2 To continue with the concordat group whilst also supporting the work of the MH urgent care work stream.

For agencies to continue to ensure that they have a lead officer designated for the concordat to enable progress made to be embedded and to make progress against the significant issue still remaining.

To note areas requiring focus for improvement in the year ahead.
- 2.3 It is recommended that the concordat group continue to operate whilst the precise arrangements for multiagency working on mental health is confirmed through the emerging STP governance process.
- 2.4 It is recommended that signatory agencies continue to provide a designated lead for the concordat group to enable effective progress to be maintained.
- 3.1 Derbyshire and Derby have made considerable improvements but the concordat remains a challenge to deliver

REASONS FOR RECOMMENDATION

- 3.2 The STP recognises the problems in delivery of urgent care that will require a multiagency approach to resolve.

SUPPORTING INFORMATION

4 . Derbyshire Crisis Concordat Briefing

4.1 Background

The Crisis Concordat was launched by the Department of Health, Deputy Prime Ministers Office and Home Office in February 2014.

The Joint Statement:

“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 – whatever the circumstances in which they first need help – and from whichever service they turn to first.

We will work together and with local organisations, to prevent crises happening whenever possible through prevention and early intervention. We will make sure we meet the needs of vulnerable people in urgent situations. We will strive to make sure that all relevant public services support someone who appears to have a mental health problem to move towards recovery.

Jointly, we hold ourselves accountable for enabling this commitment to be delivered across England.”

4.2

A mental health summit was held jointly between the office of the Police and Crime Commissioner and Hardwick CCG in June 2014 and a local concordat declaration signed. This can be viewed at

<http://www.crisiscareconcordat.org.uk/areas/derbyshire/>

A concordat group was formed co-chaired between the police and crime commissioner’s office and Hardwick CCG (acting on behalf of all CCGs). Representatives of East Midlands Ambulance EMAS, Police, Derbyshire Health care NHS Foundation Trust (DhcFT), Derbyshire community health services NHS Trust (DCHS), probation services, youth justice local authority adult care have attended with representation from Derbyshire Health Watch and other organizations. A plan is updated yearly and is on the national website as shown above. The Derbyshire constabulary has produced a yearly report on progress.

4.3

Progress has been made by the concordat in the following headline areas:

4.3.1

Supporting a mental health advice and assessment hub based at the police control room. This comprises of psychiatric nurses and social workers who are Approved Mental Health Practitioners (AMHP). This is a successor to a street triage scheme where police and mental health nurses undertook joint visits. The service is now county wide and has led to a reduction in the detention by police of people with mental health problems. In the last two quarters no one has been detained on a 136 in the police station. The number of 136 assessments has declined. The advice and assessment hub will be supporting the 111 health line in October 2016 and EMAS ambulance crew needing help on the scene.

4.3.2

The police have trained 80% of front line staff in mental health

4.3.3

EMAS have appointed a mental health lead who has a training programme for ambulance crews in mental health. A regional plan is in place and they have made formal arrangements for support for example with the Samaritans.

4.3.4

Police and the NHS have agreed a missing person's protocol which is saving considerable police time.

4.3.5

NHS commissioners have invested in Liaison services so that there is now 24 hour 7day week cover for the ED.

4.3.6

Young people have not been taken to police cells in Derbyshire or Derby as has occurred nationally and regionally. Alternative arrangements are in place to use the adult place of safety.

4.3.7

SDCCG and Erewash have invested in a Crisis In Reach team for young people (RISE) which is having a significant impact at Royal Derby on young people admitted with mental health problems. Proposals for North Derbyshire are underway through the Future in Mind planning arrangements.

4.3.8

Derbyshire and Derby City Approved Mental Health practitioners have worked together to produce a common data set and recording process to allow progress to be tracked and key difficulties identified.

4.3.9

The Mental Health helpline will be revised and a scheme whereby the helpline provides embedded support to 111 is in process with the intention for this to be in place by the autumn.

4.3.10

Crisis house provision is available across Derbyshire and stepdown beds have been introduced to free up acute bed spaces. Additional ward was opened and Out of area bed use appeared to have stopped. But In 2016 it has risen again, For the north of the county out of Derbyshire acute bed use remains low but in the South of the county and City this has reemerged as a key pressure.

4.3.11

The concordat has been successful in receiving a capital grant of £650,000 to support alternative places of safety.

4.3.12

The police, DHCFT and Adult care have been working very closely to resolve operational issues, communication, information sharing and practical problems. The role of a designated inspector has been extremely effective in resolving both practical problems and in driving change in practice. As this officer is being promoted the concordat group wishes to see continued police support in this area.

4.3.13

Forensic service development

The access of offenders to health and wellbeing care in the community is a concern of the concordat group .Offenders in the probation services are more likely to have mental health problems, long term health conditions and other needs. Derbyshire has had a very low take up of mental health treatment orders. Progress has been made in a number of areas. Public Health has been working very closely with the commissioned wellbeing service to improve access. The criminal justice teams have provided guidance to the new probation services on referral arrangements for people in crises .The local authority have been supporting Prison services sign posting and support consistent with health and social care responsibilities

NHS England have now identified funding for Derby and Derbyshire for a community forensic service which will allow the development of a significantly improved mental health service.

4.3.14

An urgent care work stream has identified the key issues requiring improvement and the STP has picked this up in the urgent care work stream. As the options are considered for urgent care, mental health will be fully incorporated

4.3.15

Public Health have led on a Derbyshire and Derby suicide prevention strategy and also DHcFT have been working on initiatives within the Trust.

4.3.16

In recognition of the progress made in the Derbyshire concordat a documentary series for Television is being planned.

4.3.17

Healthwatch are currently undertaking a review of people's experiences of urgent care following the concordat key objectives. This will inform the Concordat work programme in 2017 and the Concordat revised uploaded plan due December 2016

4.4 Ongoing challenges

4.4.1

Acute beds are in short supply nationally both in the independent and NHS sectors. Over the last 6 months the number of out of area acute beds has risen and there have been an average of 6 people out of area at any one time in July and August. (7 SDCCG 1 Erewash 1 as of the 26/8/16)

4.4.2

NHS England tier 4 beds for young people are also under pressure nationally. This can cause delays when a young person needs a bed. Children's commissioners are working with NHS England and Derbyshire CAHMS and local authority providers to reduce demand.

4.4.3

Psychiatric Intensive care beds (PICU) are in short supply, on occasions recently there been no beds available in England. The number of people needing these beds has risen compounded by the acute bed pressures. This represents considerable cost pressure and is not good for patient and carer experience to be sent a long way from home. The Trust and commissioners are jointly funding a dedicated clinician to review this care, manage the pathway and reduce length of stay. There are currently 7 people in PICU care out of Derbyshire.

4.4.4

'Legal high drugs' have caused a shift in the presentation of people to the police, to ED and to mental health crisis services who can show more severely disturbed and often aggressive behavior.

4.5

Prison discharge

There have been several occasions recently when prisoners with significant mental health problems have not been referred whilst in prison for NHS secure hospital care. This can cause significant problems to resolve once the person has been released. A joint safeguarding review is looking into these issues.

4.6

Staffing pressures are causing difficulties in a number of areas.

DHcFT is reporting significant recruitment difficulties and this in turn is impacting on acute care capacity in the south of the county. Commissioners believe this coupled with a longer length of stay in the mental health acute inpatient beds is the

predominant reason for acute bed use out of area and long stays in the emergency department.

Community staffing has received increased investment but community recruitment has impacted on the acute wards as staff move from hospital to community. Also staff are retiring or leaving and so overall numbers despite investment are yet to improve

4.7

There is a national shortage of approved mental health practitioners. Derby city has had problems in maintaining a stand-alone rota. The County Council are now providing the out of hours support but recruitment is still a significant problem. This can cause delays to assessment and may contribute to long stays in ED.

4.8

EMAS are commissioned to provide hospital conveyance however EMAS are under pressure to meet priority life saving calls and as a consequence Police and social work staff have had long waits with patients and or been conveying to hospital themselves. If EMAS transport a patient out of area this compounds the problems they have in providing an emergency service. Long waits for conveyance reduce the availability of the stretched AMHP service to respond to other calls. Derbyshire county AMHP service is now maintaining a record of and analyzing the root cause of these incidents. The concordat has secured funding for vehicles for EMAS to use that are more appropriate for mental health conveyancing. The revised police protocols will reduce the frequency of “informal” police transport to hospital but this will lead to more calls for services in the community and not at ED.

4.9

Emergency Department 12 hour breeches. For the reasons given above, access to a bed following an assessment of need can be a problem. SDCCG are undertaking root cause analysis of all such breeches. An urgent care group is identifying options for how the health service and social care can meet increasing demand for all emergency care. Consideration for a mental health referral unit in Royal Derby similar to a model operating in Birmingham is one option being considered.

4.10

People detained in a police cell.

Whilst people who have not committed an offence are no longer taken to the police cells there is a concern that when a person is in custody is subsequently judged to have a mental health condition warranting admission there can be similar issues to those experienced in ED where the person may have to wait in police cells for a bed to become available (usually a PICU bed)

4.11

Primary Care Support

20-40% of primary care visits are for mental health problems. However primary care training on mental health is limited. Whilst the Commissioning groups have invested in psychological therapies which are available across Derbyshire and can be made by self-referral. However when people who are not currently open to DHcFT need same day or next day support, and when support for people who express suicidal

ideas is required the only option that is usually open is to send the person to ED. The crisis teams commissioned from DHcFT are designed to deliver support to people who otherwise may need hospital care. The crisis teams have adapted their parameters but the demand is now such that they cannot always meet expectations being placed upon them.

The commissioners and DHcFT have started reviewing how teams need to be reconfigured to deliver effective place based care and urgent care. These are themes in the STP.

Primary care capacity and capability is required so that mental health care can be as effectively delivered as other forms of health care.

4.12

Community resilience –primary prevention and self-management support need to be built to reduce the need for services. Local area coordination and similar approaches are helpful in this regard as have been the Erewash project of enhancing the voluntary sector single point of access, training in mental health first aid and ensuring people with mental health problems can actually access the considerable range of non-mental health specific support in our communities.

5. Summary & Recommendations

5.1

The concordat has led to proactive collaboration on resolving coordinated care. Some real progress has been made in the joint working arrangements between the Police and Mental health staff and it can be seen that similar joining of care is begging to take place with EMAS ,111, Adult care and other areas. There are still significant problems to be overcome and this is recognised within the STP.

5.2

It is recommended that the concordat group continue to operate whilst the precise arrangements for multiagency working on mental health is confirmed through the emerging STP governance process.

5.3

It is recommended that signatory agencies continue to provide a designated lead for the concordat group to enable effective progress to be maintained.

5.4

The Healthwatch report will inform the concordat work plan. The Concordat Group chairs recommend the following suggested key themes for the Concordat Group and in the work of the concordat signatories in 2016 -2018.

- alternative safe places for young people and adults
- reducing out of area bed use (acute and PICU)
- reducing 12 hour breeches in ED and in police custody
- EMAS conveyancing
- developing the multiagency hub
- developing the forensic community service
- primary care access to support and Prevention (including helpline review)

5.5

It is recommended the health and wellbeing board receive an update on these key themes in 6 months' time.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Estates/Property officer Service Director(s) Other(s)	
For more information contact: Background papers: List of appendices:	David Gardner Assistant Director, Hardwick CCG Hardyal Dhindsa Police and crime Commissioner co-chairs of the Concordat group.

IMPLICATIONS

Financial and Value for Money

1.1

Legal

2.1

Personnel

3.1

IT

4.1

Equalities Impact

5.1

Health and Safety

6.1

Environmental Sustainability

7.1

Property and Asset Management

8.1

Risk Management

9.1

Corporate objectives and priorities for change

10.1