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sIGNATORIES

Tower Hamlets CCG

London Borough of Tower Hamlets

East London NHS Foundation Trust

Barts Health NHS Trust

Metropolitan Police

London Ambulance Service

ALSO SUPPORTED BY

Bangladeshi Mental Health Forum

Beside

Bowhaven

Hestia

Mind in Tower Hamlets and Newham

Rethink Mental Illness

Vietnamese Mental Health Services

Working Well Trust

tower hamlets MENTAL HEALTH Crisis care concordat

Local declaration and action plan

## 1 Introduction

The Mental Health Crisis Care Concordat was published by the government in February 2014. It is a commitment by 22 national bodies to work together to improve the system of care and support.

Every local area in England made a local declaration for the same purpose by the end of 2014. Tower Hamlets was covered by the London Declaration last October. Local action plans must be uploaded to the Crisis Care Concordat website by the end of March 2015. This is Tower Hamlets’ action plan.

## 2 Local declaration

We, as partner organisations in Tower Hamlets, support the 2014 London Declaration on improving outcomes for people experiencing mental health crisis.

We will work together locally to put in place the principles of the national concordat and all the joint agreements in the London Declaration. We will work together within Tower Hamlets, across Waltham Forest, East London and the City (WELC) and across London to improve the system of care and support, so that people in crisis because of a mental health condition are kept safe. We will help them to find the help they need – whatever the circumstances – from whichever of our services they turn to first.

  

## 3 The expectations of people in crisis, and the carers of people in crisis

*(based on local focus groups, September 2014)*

### Service user expectations: GP and community services

* Receptionists and GPs to have an understanding attitude towards individuals when they are talking about mental distress
* Space for a private explanation of the reason for GP visits
* GPs to have access to the crisis plan
* CMHT care coordinators to tell people their rights clearly
* CMHT users to have a crisis plan, updated to show use of crisis services

### Service user expectations: at time of crisis

* A reasonable physical environment
* Not to feel alone, but to have some contact with friendly staff whilst waiting at A&E, and some connection with the team at A&E providing patient care, giving information about what’s going on, in order to help us reduce our anxiety
* Respectful relationships and language in the general milieu of the Emergency Department (A&E)
* Staff to remember that people are still listening and aware even when in crisis – their views are not to be dismissed

### Service user expectations: after the crisis

* Tapering down of intensive support in a planned way after a crisis
* Good information about ongoing sources of support in the community
* Active introduction and linking in with community services available, as well as information
* Staff to have a professional, reassuring manner and explain what is happening at each stage
* Reassuring first contact
* A named nurse who understands me and is available.

### Carers’ expectations

* GPs and their teams to have respect and understanding for carers
* GPs to give more priority to mental health
* Phones to be answered in a crisis, or at worst an answering machine with another contact number to ring where someone will answer
* The care coordinator will have a good relationship with them, even if the people that carers are caring for do not want contact
* To be told if the key worker of the person they care for will not be around for a period, such as leave, changed responsibilities, or an extended course.
* Help when their own situation gets serious, as well as help when the situation of the person they care for gets serious

These expectations will be used as the basis for monitoring of service user and carer experience.

## 4 Key principles for our local action plan in Tower Hamlets

* People in crisis, and the carers of people in crisis, should be treated with dignity and respect and their expertise listened to
* We will work together to:
* Improve patient and care out of hours response
* Put service users at the centre of their crisis care planning
* Obtain feedback from carers
* Meet service user and carer expectations in the Royal London Hospital Emergency Department
* Support our partners in emergency response , the London Ambulance Service, the Metropolitan Police and the British Transport Police
* We will improve the monitoring and scrutiny of our performance, and work to engage service users and carers in those processes

## 5 Current crisis services

East London Foundation NHS Trust, the local NHS provider of secondary care mental health services, has self assessed its services against the requirements of the publication ‘Mental Health Care Crisis Concordat’ (February 2014), and reports the following positive achievements working with partners in crisis care:

* Our local crisis pathway offers an alternative to admission (the ‘crisis house’)
* Access standards in the Emergency Department (A&E) at the Royal London Hospital are a priority focus for all agencies. In December 2014, 96% of A&E patients referred to the RAID team were seen in under an hour by RAID, and the overall A&E four hours wait target was met for 91%.
* The local service system continues to offer good access to available mental health beds
* The local standard of Approved Mental Health Professionals (AMPH) attendance within an hour of call-out is met
* The designated place of safety for people detained under section 136 of the Mental health Act is a hospital not a police station (and has been for some years)
* Very few mental health assessments take place at police stations
* Local services include police station diversion and court diversion by mental health professionals
* Local police are actively involved in multi-agency forums and aftercare, where appropriate.

As partners, we are committed to maintaining these achievements.

## 6 Action plan for improvement

The following plan is proposed. Actions (in terms of the expectations above) focus initially on ‘the time of crisis’.

|  |  |  |
| --- | --- | --- |
| Principle | Action | Lead |
| People in crisis and the carers of people in crisis, should be treated with dignity and respect and their expertise listened to  | Improve service user and carer experience of mental health crises at the Royal London Hospital Emergency Department | All signatories  |
| Obtain feedback from service users and carers with experience of local crisis services | Mental Health Partnership Group |
| Improve patient and carer out of hours response | Review options for improvement with partners  | Tower Hamlets CCG |
| Develop improved on-line access to information and services  | Partner agencies via *In the Know* on-line information resource |
| Put service users at the centre of their crisis care planning | Audit crisis plans and CPA plans (including for older adults) and reduce variability in quality | ELFT |
| Support our partners in emergency response , the London Ambulance Service and the Metropolitan Police and British Transport Police | Reduce proportion of mental health crises where police are first to attendContinue to ensure good response times and high quality services from LAS for Mental Health Act call-outs, and work to reduce inappropriate emergency ambulance crisis call-outs | All signatories |
| Scrutiny of performance including service user and carers | Improve reporting of crisis activity and develop a mental urgent care and crisis care dashboard, including monitoring ethnicity and age | CCG |
| Engage service users and carers in monitoring the delivery of services according to expectations | Mental Health Partnership Group |

*Notes:*

*The Mental Health Partnership Group is an interagency forum convened by Tower Hamlets CCG.*

In the Know *is the on-line information resource developed with Tower Hamlets Idea Store*

It is envisaged that improvements in these areas can be made within available resources.

**Detailed implementation plans with milestones, leads and timelines** will be developed by task and finish groups convened through the Mental Health Partnership Group, or as part of existing contract management arrangements.

Consideration of the London Mental Health Crisis Commissioning Standards will be included in these task and finish groups.

## 7 Planning the next cycle of improvement

As part of our longer term planning, we will consider whether mental health services should move to hours of operation which match those envisaged for the future of primary care.

We will also work with other CCGs and the London Ambulance Service to consider ways of improving ambulance response times to mental health crises.

There are a number of specific pathways where more information and stakeholder consensus is required. Information about crisis pathways in Tower Hamlets for the following groups will be gathered by the CCG, in partnership with other agencies:

* Children and adolescents
* People who misuse drugs and alcohol
* Homeless people
* People with dementia
* Black African and Black Caribbean service users who are currently disproportionately represented amongst users of section 136 and those admitted into hospital under other sections of the Mental Health Act.
* Older adults

Information and proposals will be presented to the Mental Health Partnership Group meeting in May 2015.

## 8 Timeline

**How the Tower Hamlets response has been developed to date (March 2015)**

* Special session of the Mental Health Partnership Group (the local multiagency forum) -June 2014
* Focus groups of service users and carers (separately) -August and September 2014
* Meeting with Tower Hamlets Council and ELFT borough manager -November 2014
* The regular service user engagement event ‘Your Say Your Day’ - December 2014
* Mental health summit on joint strategy - December 2014
* Mental Health Partnership Group, February 2015
* Submission to NHS England, March 2015

**Proposed implementation milestones**

* Full list of local signatories – March 2015
* Task and finish groups identified – April 2015
* Report on areas where more information is required - May 2015
* Report on work of task and finish groups -October 2015
* Review of Crisis Concordat and Action Plan – December 2015

## 9 Signatories

Confirmed signatories for Tower Hamlets Mental Health Crisis Care Concordat action plan

|  |  |
| --- | --- |
| Organisation | Signatory |
| Tower Hamlets CCG | Jane Milligan, Chief Officer |
| Tower Hamlets Council | Robert McCulloch Graham, Corporate Director, Education Social Care and Wellbeing |
| East London NHS Foundation Trust | Dr Robert Dolan, Chief Executive; Paul James, Deputy Director of Operations and Borough Director for Tower Hamlets |
| Barts Health NHS Trust | Peter Morris, OBE, Chief Executive; Professor Alistair Chesser, Group Director (Emergency and Acute Medicine)  |
| London Ambulance Service NHS Trust | Natasha Wills, T/Assistant Director Operations, East Central Sector |
| Metropolitan Police  | Wendy Morgan, Det Superintendent, Tower Hamlets BOCU |

**10 Supporters**

**Other local organisations declaring their support by 30 March 2015**

|  |  |
| --- | --- |
| Organisation | Signatory |
| Bangladeshi Mental Health Forum | Shamsur Rahman Choudhury, Secretary |
| Beside | Richard O'Brien, Director is |
| Bowhaven | Rita Dove, Chair of Trustees  |
| Hestia | Thomas Neumark, Director of Performance & Development |
| Mind in Tower Hamlets and Newham | Michelle Kabia, Chief Executive Officer  |
| Rethink Mental Illness | Mark Winstanley, Chief Executive  |
| Vietnamese Mental Health Service  | Jack Shieh, OBE |
| Working Well Trust | Helen Forster, Trust Director |