Tees-wide Crisis Care Concordat Update (October 2015)

## Introduction and background

The Tees-wide Concordat Task and Finish Group was established to address issues emerging between local emergency services when dealing with people in a crisis. The group pre-dated the Mental Health Crisis Care Concordat, yet many of the areas of concern contained the Concordat were shared and experienced by members of the Group. The Group meets bi-monthly and enables a dialogue across commissioners and providers and users of crisis services.

An existing crisis action plan was in place before the national Concordat information emerged, so it made good sense to bring the two together. The local action plan has enhanced the national action plan, adding key deliverables, key tasks and lead person details, so monitoring and progress can easily be undertaken.

## The Tees Valley Crisis action plan

### Prioritisation and monitoring

The current action plan has been prioritised to reflect the key impact areas that the Group believes will make a significant positive difference to the lives of those people experiencing a mental health crisis and to the services providing support in a crisis. The key priority areas for improvement are shown in red. These actions will be specifically monitored by the Group. Green actions are completed actions, and actions with no colour, while still important, are monitored elsewhere.

A template is used for updating the action plan by the person responsible for that action, and a lead organisation (NEMHDU) was commissioned to support the Group in delivery against its plan. NEMHDU, whilst also responsible for a number of actions within the local plan, collated all the action plan updates, maintained a master copy of the action plan and supported the Group to monitor implementation of the action plan

### Progress against the action plan

The Group has developed a significant momentum over the last 12 months and has made good progress against the local action plan. The plan clearly address the main areas outlined within the crisis care review and prioritisation letter, and also the issues raised from the CQC reports: themed review of crisis care and places of safety. The plan takes these national issues and addresses them at a local level.

Key issues that the group has addressed thus far include:

### Crisis Assessment Suite

Hartlepool and Stockton CCG and South Tees CCG have jointly commissioned a 24/7 open access Crisis Assessment Suite at Roseberry Park Hospital in Middlesbrough. The Mental Health crisis assessment suite aims to provide an alternative to attendance at Accident and Emergency Departments for individuals with urgent mental health needs by providing open access to mental health assessment. Anecdotally, one of the drivers behind the development of the ‘CAS’ was that people were turning up to Roseberry Park expecting to be seen. Previously, Roseberry Park had a ‘136 suite’ but this was not publicly accessible.

1. Ambulance conveyance for people to the crisis assessment suite

Intelligence from the ground indicates that a discrete transport service would be beneficial in cases of mental health crisis, as traditional ambulances are often diverted to physical health emergency cases. As a result, a sub-group has been set up with the aim of putting a pilot service in place this winter to convey people to the Crisis Assessment Suite.

### Frequent users of emergency services who need an alternative provision and service response

The Group has analysed the most frequent uses of all emergency services and found that certain Groups emerge( 5 in total), all of whom consume significant emergency services resource, but have a distinct pattern. Usually one in which the person is using emergency services because they aren’t able to access more appropriate community based services earlier, or as an alternative.

Some people in this group account for hundreds of 999 calls and A&E attendances, representing a hitherto unmanaged need in the system.

Further work is required in this area, identifying a detailed pathway for each of the 5 cohorts, but already recommendations have emerged to change services’ response, offer alternative services so use of emergency services reduces and improve multiagency planning and response.

### Crisis Data gathering and sharing

This is a major action, as it underpins all the work involved. Good crisis data is required for intelligent commissioning and for monitoring service provision and access as well as outcomes.

The work on frequent users has required sharing of data within information governance protocols and clear agreements for data sharing across organisations.

Work is still progressing in this area but the progress is very encouraging.

### Patient experience

User-led experience of crisis and crisis service has been commissioned and is a strong focus for the Group. The outcomes of this work will be incorporated in the pathways work identified above.

### Crisis monitoring

The CQC Thematic Review data collection and report showed that it is possible to collect a range of data (mainly from the MHLD MDS) and distil in to a report specifically focussing on Crisis use and experience. We are in the process of developing such a report for the Tees area.

## Conclusion

The Group is making significant progress against the local issues affecting the delivery of effective crisis response and user experience. The organisational structure and approach to delivery and monitoring of the Group crisis action plan has enabled the action plan to stay current, visible and on track.