

Crisis Care Concordat

Frequently Asked Questions

National Signatories

1. Which national organisations have signed the Concordat?

Association of Ambulance Chief Executives
Association of Directors of Adult Social Services
Association of Directors of Children's Services
Association of Police and Crime Commissioners
British Transport Police
Care Quality Commission
Chief Fire Officers Association
College of Emergency Medicine
College of Policing
Department of Health
Health Education England
Home Office
Local Government Association
Mind
Ministry of Defence
Monitor
National Police Chiefs' Council
NHS Clinical Commissioners, Mental Health Network
NHS Confederation
NHS England
NHS Providers
Public Health England
Royal College of General Practitioners
Royal College of Nursing
Royal College of Paediatrics and Child Health
Royal College of Psychiatrists

2. Which national organisations are supporters of the Concordat?

Behind the Mask Foundation
Carers Trust
Centre for Mental Health
CLASP
Crossrail
Mental Health Foundation
Mental Health Providers Forum

Missing People
Nacro
National Housing Federation
National Survivor User Network
Recovery Focus
Rethink Mental Illness
RNLI
Stonewall
Together for mental wellbeing
Turning Point
Young Minds

3. What is the difference between a national supporter organisation and a national signatory organisation?

A Supporter organisation:

- Is a VCS organisation with some responsibility for/involvement with mental health crisis care in England
- Fully supports the Mental Health Crisis Care Concordat
- Is willing to communicate information with their networks/membership about the Concordat, including about resources and events, encouraging local action.

A Signatory organisation:

- Is a national organisation with significant and/or statutory responsibility for the delivery of mental health crisis care services in England
- Must sign up to the Mental Health Crisis Care Concordat “joint statement”
- Has specific actions in relation to the delivery of the Concordat
- Will attend and participate in the bi-annual steering groups and the annual national summits
- Is willing to communicate information with their networks/membership about the Concordat, including about resources and events, and require their involvement in developing and implementing local Crisis Declarations
- Will hold other signatories to account for the delivery of the Concordat across England.

Action Plan content

4. What needs to be in the local Action Plan?

The Concordat website <http://www.crisiscareconcordat.org.uk/resources/> is the best guide to what should be in an action plan.

5. Is there a minimum expectation / standard that you would expect from an action plan before accepting it for the initial upload to the Concordat website?

Each local plan should cover the issues in each section of the Concordat (the four stage model of prevention, urgent access, quality of treatment and care and recovery/ staying well) as well as including an outline of the governance structures developed locally to ensure the action plan is carried out.

All local action plans are expected to address each stage, informed by the partner's knowledge about why people present in a mental health crisis, local needs data and known gaps within the local system for care and support.

The NHS England Planning Guidance for 2015/16 was published just before Christmas. It requires commissioners and providers to ensure that proper support is given to people experiencing a mental health crisis.

As a minimum, it is explicit about the need for:

- mental health support as an integral part of NHS 111 services
- 24/7 Crisis Care Home Treatment Teams
- Ensuring enough capacity to prevent children, young people or vulnerable adults, undergoing mental health assessments in police cells.

The NHSE Planning Guidance states (Para 4.17, Dec 2014):

“The Crisis Care Concordat describes the actions required of commissioners and providers to ensure that those experiencing a mental health crisis are properly supported. This includes the provision of mental health support as an integral part of NHS 111 services; 24/7 Crisis Care Home Treatment Teams; and the need to ensure that there is enough capacity to prevent children, young people or vulnerable adults, undergoing mental health assessments in police cells.”

The Action Plan Template with prompts is available at the following link

<http://www.crisiscareconcordat.org.uk/resources/>

and is intended to support local teams in taking a systemic approach to making the improvements most needed within their own area.

Timescales

6. What are the timescales for loading Action Plans to the Concordat website?

NHS organisations are working to the 'Mandate' for 2014/15 which requires:

"By March 2015, we expect measurable progress towards achieving true parity of esteem, where everyone who needs it has timely access to evidence-based services.

"We expect every community to have plans to ensure no one in crisis will be turned away, based on the principles set out in the soon to be published Mental Health Crisis Care Concordat."

Action Plan duration

7. Is there a specific duration that the action plan should cover?

We suggest that action plans should aim for continuous improvements, rather than a set period. Often the priority that local Concordat partnerships attach to specific actions following a gap analysis, will set their urgency or timescales.

Significant service changes will need to align with commissioning/ contractual cycles - ideally these would be three years, but many local networks are planning annual or incremental developments.

Governance - review of Action plans for continuous improvements

8. How often should action plans be reviewed/refreshed?

The expectation is that local action plans will be refreshed from time to time as set by local governance arrangements. Most areas are setting a first review date around six months following uploading their Action Plans to the Concordat website.

9. How do local CCC groups best link into their local system, e.g. through Health and Well Being Boards, System Resilience Groups, Suicide Prevention Forums, CAMHS Transformation etc.?

There is no 'one best way'. Other partnership forums may not be 'co-terminous' geographically with the local CCC or may not have representation from all of the essential partners (those with a statutory responsibility or professional duty of care towards vulnerable people who may experience a mental health crisis).

That said, CCC groups commonly co-ordinate or "join up" local initiatives across the pathway and generally report directly into one or more Health and Well Being Boards at significant points (e.g. when action plans are published or refreshed or when JSNAs are updated) and may include a representative from Healthwatch. CCC groups

can add additional perspectives or data from 'blue light' or criminal justice services to local NHS or social care governance arrangements.

Through its assurance of System Resilience Groups (SRGs), NHS England expects there to be formal linkage between CCC groups and SRGs.

Increasingly, elected members nominate one or more 'mental health champions who work at a strategic level to promote improved outcomes and can sponsor or help to maximise the use of available resources across traditional organisational boundaries, see: <http://www.mentalhealthchallenge.org.uk/champions/>

The 'get inspired' pages on this website provide examples of CCC groups working as 'whole systems' and publications which are helping communities and partner agencies strengthen shifts to early intervention and prevention, for example: 'Get Well Soon - reimagining place-based health'
http://www.nlgn.org.uk/public/wp-content/uploads/Get-Well-Soon_FINAL.pdf

Regulation

10. What is the scope of the Care Quality Commission's Mental Health Crisis Care Thematic Reviews?

CQC's thematic review of mental health crisis care began in late 2013 with the aim of exploring the experiences and outcomes of care for people experiencing a mental health crisis. Alongside assessing the quality of an individual provider's response to a person experiencing a mental health crisis, CQC are looking at how different organisations and agencies work together to provide an effective response within a local area.

In this review, CQC are focusing on the pathways for three key groups. These are people who experience a mental health crisis and:

- present to accident and emergency departments (with a particular focus on people who self-harm)
- require access to and support from specialist mental health services
- are detained by police under Section 136 of the Mental Health Act.

For further information, and to view the first phase of published data, go to: <http://www.cqc.org.uk/content/thematic-review-mental-health-crisis-care-initial-data-review>

11. What plans does CQC have to follow up the 'Right here, Right Now' report (http://www.cqc.org.uk/sites/default/files/20150630_righthere_mhcrisiscare_full.pdf)?

“CQC has already begun to deliver actions outlined in Right Here, Right Now, and will build on these throughout 2015/16.

We recognise that there are important issues for all sectors that we regulate and we are working to ensure that these are embedded appropriately throughout CQC’s Hospitals, Primary and Adult Social Care Inspection directorates.

We also identified a series of actions that could encourage improvement in local organisations that people may come into contact with when experiencing a mental health crisis.

We are currently in the process of determining the most effective way of tracking progress against these actions. This may come through CQC’s inspection activities, or alternatively it may involve working with partner organisations who are better placed to oversee action.” (CQC October 2015)

Joint Strategic Needs Assessment (JSNA)

12. What and where is the 'Joint Strategic Needs Assessment' (JSNA)? What mental health information should be in it?

The Department of Health provides statutory guidance on 'Joint Strategic Needs Assessments' (JSNAs), which are a legal requirement under The Health and Social Care Act 2012: <https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance>

This Government Guidance describes the purpose of JSNAs as "to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence-based priorities for commissioning which will improve the public’s health and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, will be used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing."

The Joint Commissioning Panel for Mental Health have published useful guidance which sets out the sort of mental health information which can inform the JSNA, free to download from their website:

<http://www.icpmh.info/wp-content/uploads/icpmh-publicmentalhealth-guide.pdf>

The Crisis Care Concordat website includes examples of JSNAs which have informed their local action plans: [http://www.crisiscareconcordat.org.uk/wp-content/uploads/2015/01/9846 PH Annual Report 2014 singles WEB 7 .pdf](http://www.crisiscareconcordat.org.uk/wp-content/uploads/2015/01/9846_PH_Annual_Report_2014_singles_WEB_7_.pdf)

You should be able to see your local JSNA on the Council and NHS Clinical Commissioning Group websites or by contacting your local Director of Public Health.