Report to: East Sussex Health and Wellbeing Board

Date: 12 April 2016

Title: Update on the East Sussex Crisis Care Concordat

By: Head of Strategic Commissioning for Mental Health, ESCC and Service

Director for East Sussex, Sussex Partnership NHS Foundation Trust

Purpose: To update the Board on progress against Action Plans

RECOMMENDATION: The Board is recommended to note the progress being made to improve outcomes for people experiencing mental health crisis as a result of the local Crisis Care Concordat.

1. Background

- 1.1 The Health and Wellbeing Board last received a Report in January 2015 about the Crisis Care Concordat, which is a nationally led initiative requiring local areas to develop plans for "improving outcomes for people experiencing mental health crisis".
- 1.2 The initiative was centrally driven by Ministers and had high national visibility, requiring for example that all submissions were published on an open-access web-site to ensure transparency and accountability.
- 1.3 Central to local plans was that they be developed collaboratively between agencies, and a mandated list of signatories was required to accompany first a local 'Declaration' in December 2014, and then detailed action plans in March 2015 being submitted to NHS England (as the lead national agency).
- 1.4 Papers provided to the Health and Wellbeing Board in January 2015 described findings from an analysis comparing local services with newly-set national standards, which also identified gaps.
- 1.5 Actions plans for East Sussex were then produced which set out, alongside the identified gaps, how these would be addressed by what actions, being taken by which agencies, and by when.
- 1.6 A further submission summarising local progress against the actions set out in these plans, was made to NHS England in October 2015.

2. Report

- 2.1. The Report attached as Appendix 1 brings our local progress against actions plans up to date, and illustrates that in many areas good progress has been made. Highlights include:
 - Significant reductions in Mental Health Act detentions by police and in their use of custody suites (4.3.1)
 - Provision of identified alternatives to conveyance for ambulance services attending people in mental health crisis (5.3.3)
 - More rapid attendance and conveyance by ambulance to places of safety for people detained by the police (5.3.5)
 - Specialist training for A&E staff and provision of enhanced on-site psychiatric liaison services (6.2)

- Provision of an 'urgent care lounge' within psychiatric facilities providing a less stigmatising alternative to A&E (6.3.1), in response to service user lobbying
- A funded programme of transformational change for children and young people presenting with mental health problems, including those in crisis (8.1)
- A new rapid response service to assess adults in crisis in the community rather than requiring their attendance at A&E (10.3.3)
- Demonstration of the effectiveness of 'street triage' as a means to improve collaborative working between the police and mental health services, disseminate best practice and deescalate crises in order to avoid detention(s) (10.3.6)
- Sustainability of new services through recurrent investment in street triage, rapid response services and enhanced psychiatric liaison.
- 2.2. Whilst further work remains to be done, for example, in establishing an urgent care lounge at the Conquest Hospital helping more GPs, GP out-of-hours services, and ambulance crews to divert more people from A&E (by accessing rapid response services) as noted above, good progress has otherwise been made.
- 2.3. As importantly, the Crisis Care Concordat has in many ways succeeded in its aim of improving inter-agency working at local level, and there is now a more firm foundation on which to build further improvements for people experiencing a mental health crisis.

3. Recommendations

The Health and Wellbeing Board is recommended to note the progress being made to improve outcomes for people experiencing mental health crisis as a result of the local Crisis Care Concordat.

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Background Documents

None