

Mental Health in Policing and Police Custody

Health, Social Care & Sport Committee

Report (October 2019)

Recommendation 1. We recommend that the Welsh Government works with the police to seek evidence about why the number of detentions under the Mental Health Act is increasing, and to provide some analysis of national and local data to explain the regional variations.

Welsh Government response –

Accept in principle.

We agree in principle on the basis that the recommendation needs to be owned across all agencies who have a collective responsibility for the use and outcomes of section 135 and section 136 detentions in Wales – including the NHS, Local Authorities and the police.

In order to achieve the outcome of providing effective support to people experiencing mental health crisis, the Mental Health Crisis Care Concordat (MHCCC) has sought to secure better quality data to inform, engage further enquiry and better understand whether people's needs are being met in a timely and effective manner. As part of this work, the Welsh Government has led the development of a new, strengthened data set for the use of police powers under the Mental Health Act 1983. The data set was developed collaboratively with partners, including the police. It will be published on a quarterly basis, with the first statistical release on 5 December 2019, capturing the position from April 2019 onwards. Ongoing quarterly publication within the year will enable the MHCCC Assurance Group to engage and analyse national and local data on section 135 and section 136 detentions.

We consider that the *number* of section 135 and section 136 events alone (whether they be going up or down) should be a starting point of enquiry and understanding. The key question is what difference and improvements are being made across the system to effectively support people experiencing mental health crisis.

All partners will need to understand and learn from the reasons where the number of detentions are either increasing or decreasing. Whilst any increase in the number of detentions would demand further analysis, there are a range of factors that may have contributed to this. For instance, changes to police powers and places of safety provision under the Mental Health Act 1983, made by the Policing and Crime Act 2017, expanded the circumstances where police officers can exercise these powers (e.g. to include railways, rooftops and offices). At the same time, while officers are able to use these police powers in an expanded range of situations, the changes to the law also require officers (where practicable) to consult with specific

professionals to secure an alternative response to using section 136 where possible, on a case by case basis.

The revised data set takes account of these changes and will include more information than has been published previously, such as ethnicity, age and methods of conveyance. Further work is needed to secure more reliable recording and transfer of information from policing to health services on the consultation process, before this aspect of the data set can be published.

Welsh Government will propose to the MHCCC Assurance Group that the Data Task and Finish Group is reconvened to agree a multiagency framework of questions to investigate the data further and to identify factors that are contributing to any variation in the use of police powers and outcomes.

Financial Implications

None. Seeking and analysing evidence about the number of detentions under the Mental Health Act 1983 and providing analysis of national and local data to explain the regional variations, is a core role for the MHCCC Assurance Group.

Recommendation 2. We recommend that the Welsh Government works in partnership with the police to review the emerging evidence on the effectiveness of the different triage schemes in Wales. Better understanding is needed on which model of joint working between the police and health staff is helping to provide people in crisis with the right help and support, and which can contribute to reducing the use of section 136 overall.

Welsh Government response –

Accept.

A key aim for the MHCCC Assurance Group is to collectively understand which approaches are most effective – and all partners need to ensure that approaches include robust evaluation to inform this understanding. Police powers under the Mental Health Act 1983 have an important place in safeguarding the safety of people experiencing acute mental health crisis and these powers were retained and expanded by the change in law in December 2017. The well-being and safety of citizens is paramount, and the collective aspiration of the MHCCC Assurance Group is to see a reduction in the use of police powers where a less restrictive response is more appropriate and practicable.

At a national level, the Welsh Government has commissioned the NHS National Collaborative Commissioning Unit to conduct a Mental Health Urgent Access and Conveyance Review. The review is being overseen by a multiagency steering group and will analyse data across a range of partners – including the police, local authorities, 111, the NHS and WAST – to help us to better understand the current demand which is currently recorded by partners as ‘mental health demand’.

Partners on the MHCCC Assurance Group agree that this work is fundamental to improving the crisis pathway. We expect to receive the findings from the review by April next year.

We are also working to identify which approaches could be scaled up at a national level. In particular, we are working with mental health clinicians, Local Health Boards and 111 to identify opportunities to develop a mental health crisis pathway.

As one partner in the multiagency crisis pathway, we have made crisis and out-of-hours care a priority area, both for the NHS and in the new 2019-22 Together for Mental Health Delivery Plan, which will be published shortly. We invested an additional £1million in 2018/19 and £1.4million in 2019/20 to support a range of interventions – including extending crisis care, liaison services and street triage. These new approaches and interventions are overseen by the Regional Mental Health and Criminal Justice Partnerships who report on progress to the MHCCC Assurance Group meetings to enable partners to identify areas of good practice and advocate for wider adoption. For example, Swansea University will present the findings from the evaluation of the triage pilot in South Wales to the MHCCC Assurance Group meeting in December.

Financial Implications

Unknown at present. Working in partnership with members of the MHCCC Assurance Group to review the emerging evidence on the effectiveness of the different triage schemes in Wales will be absorbed from within existing programme budgets and NHS allocations. However, potential costs associated with implementing recommendations from the forthcoming Urgent Access Review are not yet known.

Recommendation 3. We recommend that the Welsh Government should work with its partners to ensure all services are playing a key role in intervening early to prevent a mental health crisis escalating in the first place. Greater accountability for the implementation of Local Health Board improvement plans for crisis and out of hours services is needed, ensuring that funding is being targeted at actions that will help individuals to access support before crisis point.

Welsh Government response –

Accept.

The MHCCC is designed to support policy making, investment in services, anticipating and preventing crisis, and making sure effective emergency response systems operate in localities when a serious crisis occurs. The Concordat is structured around a number of core principles, one of which is “people have effective access to support before crisis point”. Other core principles include people having urgent and emergency access to crisis care when they need it; people receiving

improved quality of treatment and gain therapeutic benefits of care when in crisis; a focus on recovery and staying well and receiving support after crisis; securing better quality and more meaningful data, with effective analysis to better understand whether people's needs are being met in a timely and effective manner; and maintaining and improving communications and partnerships between all agencies/organisations, encouraging ownership, and ensuring people receive seamless and coordinated care, support and treatment.

The National Mental Health Crisis Care Delivery Plan reflects this focus on prevention and all Regional Mental Health and Criminal Justice Partnerships have plans in place to deliver on this, locally.

More broadly, we are taking forward a range of programmes and activity which aim to prevent poor mental health and to intervene earlier. This include the Joint Ministerial Whole School approach to emotional health and well-being, funding for Regional Partnership Boards to improve lower tier support in the community, and our mental health social prescribing pilots. We are also working across Government to strengthen the protective factors for good mental health including housing, employment and education. The actions we are taking will be set out in the third and final Together for Mental Health Delivery Plan which will be published soon.

Financial Implications

None. Working with partners to ensure all services are playing a key role in intervening early to prevent a mental health crisis escalating in the first place is a key focus of the Together for Mental Health Delivery Plan and any costs will be absorbed from within existing programme budgets and NHS allocations.

Recommendation 4. The Welsh Government should work with Healthcare Inspectorate Wales to ensure its thematic review of crisis and out of hours care includes a review of the care pathway for people detained under section 136, looking at the quality, safety and responsiveness of the care provided to people detained under section 136.

Welsh Government response –

Accept in principle.

Welsh Government will work with Healthcare Inspectorate Wales, who are currently planning the scope and associated timings for the thematic review. A further update to the HSC+S Committee will be provided once these plans are in place.

Financial Implications

None. Any costs will be absorbed from within existing programme budgets and NHS allocations.

Recommendation 5. The Welsh Government should work with its partners to develop additional health-based places of safety if required. It should also explore the benefits of adopting regional models to address the concerns raised about staff being drawn from other wards, and to ensure section 136 facilities are staffed appropriately to deal with those who may be intoxicated.

Welsh Government response –

Accept.

All Health Boards provide health-based places of safety for the purpose of an assessment of a person's mental health when they are subject to section 135 or section 136. We will request assurance from the Health Boards that current capacity is meeting demand.

The Urgent Mental Health Access and Conveyance Review will help us and partners understand which elements of the crisis pathway need to be strengthened, including alternative places of safety.

Financial Implications

Unknown at present. In the first instance, Welsh Government will work with partners to establish the need for additional health-based places of safety. Costs associated with this initial work will be absorbed from within existing programme budgets and NHS allocations. Should additional health-based places of safety be required, the extent to which associated costs could be met from existing programme budgets and NHS allocations will be considered and addressed in discussions with Health Boards.

Recommendation 6. The Welsh Government should work with Regional Partnership Boards and the third sector to develop sanctuary provision in local areas for people experiencing mental health crisis.

Welsh Government response –

Accept in principle.

Regional Mental Health and Criminal Justice Partnerships are responsible for leading the delivery of regional MHCCC Delivery Plans, and this includes access to sanctuary or alternative models of support. Working with the MHCCC Assurance Group, we will request the five Regional Partnerships to map local provision and to consider this alongside the findings from the Mental Health Urgent Access and Conveyance Review, once they are reported.

There are examples across Wales that we are looking to learn from – for example, the Twilight Sanctuary in Llanelli. This service is one of the first projects from the Transforming Mental Health Programme to launch and has been supported by specific Welsh Government aimed at improving crisis and out of hours provision in mental health services.

Financial Implications

Unknown at present. In the first instance, Welsh Government will work with partners to assess current sanctuary based provision. Costs associated with this initial work will be absorbed from within existing programme budgets and NHS allocations. Should additional sanctuary based provision be required, the extent to which associated costs could be met from existing programme budgets and NHS allocations will be considered and addressed in discussions with Health Boards.

Recommendation 7. We recognise that data collection is improving, and that the Welsh Government intend to publish a new section 135/136 data set, but there are still difficulties in getting a full picture of the use of section 136 because of the availability and quality of data. We recommend that the Welsh Government works with its partners to ensure the data set it publishes on the use of section 136 includes the type of place of safety people are taken to, and the outcomes for people subject to it.

Welsh Government response –

Accept.

On 6 November I wrote to the Committee about the publication of the revised section 135 and section 136 data. The Welsh Government has led the development of a new, strengthened data set for the use of police powers under the Mental Health Act 1983. The data set was developed collaboratively with partners, including the police, and will be published on a quarterly basis, with the first statistical release on 5 December 2019 capturing the position from April 2019 onwards.

Whilst the data published on 5 December includes more information than previously published, such as ethnicity, age and method of conveyance, it reflects only part of the revised data set. We are continuing to work with partners in policing, NHS and

local authorities to improve consistency of all data to enable us to publish a fuller profile in the future.

Financial Implications

None. Costs associated with improving the consistency and quality of data will be absorbed from within existing programme budgets and NHS allocations.

Recommendation 8. The Welsh Government should publish the NHS Delivery Unit's recommendations for improving care and treatment planning following its review:

(a) to help ensure there is greater transparency in holding Health Boards to account for the quality of these plans, and

(b) to give assurances to the Committee that individuals who are already known to mental health services have a care and treatment plan in place in line with the Mental Health Wales Measure.

Welsh Government response –

Accept.

The NHS Wales Delivery Unit was commissioned by Welsh Government to undertake an assurance review, working with Health Boards to gain a clearer understanding of the progress made in the delivery of effective care and treatment planning since the commencement of the Mental Health Wales (Wales) Measure 2010 ("the Measure"). As part of the process of the review, all Health Boards received individual reports with recommendations from the NHS Delivery Unit. The national thematic report was published on the NHS Planning Delivery and Performance webpage which enables all NHS organisations to access the information to support improvements, alongside their individual reports.

The improvements recommended in the review have also informed the development of the Together for Mental Health Delivery Plan (2019/22) which will be published soon. Progress against these actions will be monitored as part of the monitoring arrangements for the Delivery Plan.

The NHS Wales Delivery Framework¹ includes performance standards and measures for the delivery of mental health services in line with the Measure. This includes the standard that 90% of all relevant patients under Part 2 of the Measure will have a valid Care and Treatment Plan (CTP). A valid CTP is one that has been reviewed at least once in a 12 month period. The reason that the target is not set at 100% is to allow for the time period to appoint a Care Co-ordinator for a relevant

¹ <https://gov.wales/sites/default/files/publications/2019-05/nhs-wales-delivery-framework-and-reporting-guidance-2019-2020-march-2019.pdf>

patient and to develop and write a CTP. A 100% target would require a CTP to be immediately in place as soon as a decision is made that the person is accepted into secondary mental health services and is a “Relevant Patient”.² This would, in most cases, be impracticable and counter the guidance set out in the Code of Practice for Parts 2 and 3 of the Measure about fully involving the person in preparing their CTP and in consultation with other parties.

Under Part 3 of the Measure, a former ‘relevant patient’ over the age of 18 who has been discharged from secondary services is able to ask for a re-assessment of their mental health within three years of their date of discharge. This means that a person does not have to go back to their GP to request a referral back into mental health services (although they are not prevented from going back to their GP if that is their preference).

Performance data is published on a quarterly basis on Stats Wales. The latest published data, relating to the quarter ending September 2019, showed that on an All-Wales all-ages basis there were 22,661 patients in receipt of secondary Mental Health services at the end of September 2019. Of these, 20,034 (88.4%) had a valid Care and Treatment Plan. There is an ongoing commitment in the Together for Mental Health Delivery Plan (2019-22) to act on the findings of the NHS Delivery Unit’s Review of the Quality of Care and Treatment Planning to improve compliance with statutory requirements and the quality of care and treatment plans.

It is important to understand that not all individuals who are currently or previously “known” to mental health services will be receiving (or be former users of) secondary mental health services in line with the Measure. In this case, it would not be a requirement that they have a statutory Care and Treatment Plan.

Financial Implications

None. The assurance review undertaken by the NHS Wales Delivery Unit has been published.

Recommendation 9. The Welsh Government should implement, as a matter of urgency, its conveyance review and state how it will ensure that alternative patient transport will be provided for individuals experiencing mental health crises, thereby limiting the use of police vehicles in the conveyance of individuals detained under the Mental Health Act 1983 to hospital.

Welsh Government response –

Accept.

² “Relevant Patient” means someone who the Local Health Board is responsible for providing a secondary mental health service or someone who is under guardianship of a local authority in Wales.

We expect to receive the findings from the Mental Health Urgent Access and Conveyance Review in April and the findings will be presented to partners on the MHCCC Assurance Group to inform next steps. I will update the Committee when we have considered the findings from the review.

In addition to the review, through our additional investment in mental health crisis care, both Aneurin Bevan and Hywel Dda Health Boards are piloting approaches using non-emergency vehicles for mental health conveyance. The outcomes of these pilots will inform our actions in this area.

Financial Implications

Unknown at present – and dependent on the findings from the Mental Health Urgent Access and Conveyance Review, due to report in April and the outcomes of existing pilots. The extent to which any future costs could be met from existing programme budgets and NHS allocations will be considered and addressed in discussions with Health Boards.

Recommendation 10. As an immediate action, the Welsh Government should publish the six-monthly assurance reports provided to Welsh Government by the Mental Health Crisis Concordat Assurance Group to help increase transparency and drive service improvement.

Welsh Government response –

Accept.

I expect to receive the first 6 month assurance report from the MHCCC Assurance Group in early 2020 and will share this with the Committee. We will publish the 6 monthly reports once we have web pages developed to host these, along with other information from the MHCCC Assurance Group.

Financial Implications

None. Costs associated with publishing six monthly assurance reports will be absorbed from within existing programme budgets and NHS allocations.

Recommendation 11. The Welsh Government should, in consultation with members of the MHCCC Assurance Group, review the role, purpose and governance arrangements of the Mental Health Crisis Care Concordat Assurance Group, in order to satisfy itself that there is sufficient focus on implementation; increased accountability in terms of ensuring that learning from pilots and projects is shared and good practice is scaled up so that there is a more consistent approach to mental health crisis care provision and services across Wales.


Welsh Government response –

Reject.

A review of the role and functions of the MHCCC Assurance Group has recently been carried out with members. It has now moved from a Task and Finish Group as originally convened, to an Assurance Group which will report formally to Welsh Government and other partners. The work of the Assurance Group is now moving to a new phase, focussing on implementation – with the new programme of work being overseen by a new Chair. A new National Delivery Plan has been developed and agreed by all partners and is being implemented by the Regional Groups. I have included the revised Terms of Reference, membership and National Delivery Plan at Annex A for the Committee’s information.

Financial Implications

None (rejecting recommendation).



Wales
Crisis Care Concordat
National Action Plan

2019 - 2022

Wales Crisis Care Concordat National Action Plan 2019 to 2022

Introduction

The Mental Health Crisis Care Concordat (the 'Concordat') was published by the Welsh Government and partners in 2015. It is a shared statement of commitment that is endorsed by senior leaders from organisations that are most involved in responding to and supporting people of any age who experience a mental health crisis or who experience a significant deterioration in their mental health that could lead to crisis. The Concordat set out the ways in which partner agencies should work together to deliver a high-quality response to this group of people who require assessment and/or intervention, and who may be in contact with the police, and potentially detained under section 135 or section 136 of the Mental Health Act 1983 (MHA).

Across Wales there is a continuing focus on reducing the need for the police to use their powers under the MHA unless as an absolute last resort, and for people in crisis or at risk of crisis to be effectively supported by health, social care and third sector services. These services should be co-ordinated, delivered in partnership, and ensure that help, advice, support and information are easily accessible and available as early as possible, and by so doing help prevent people from reaching crisis point.

This National Action Plan lists the actions that should be implemented in support of each of the Concordat's four core principles plus two additional ones (see below). It is consistent with current Welsh policies, strategies and legislation, and specifically cross references the 'Together for Mental Health' (T4MH) all Wales strategy to assist facilitation and monitoring of its delivery. We expect to see delivery of the actions set out in this document measured and accounted for through implementation of the T4MH Delivery Plan, and although the outcomes set out here are not specific performance targets and do not need to be directly measured as part of this plan, we would expect to see evidence of improved outcomes for people using services. This plan should be regarded as a live/working document and used in conjunction with the original Concordat which provides further comprehensive details of the core principles, governance arrangements, purpose aim and scope, as well as the partners who have committed and signed up to it. Regional plans should be updated to reflect the actions and outcomes set out in this document.

Overarching aims of National Action Plan

- Services should be centred and focused around the safety and the needs of the person in need of support
- Services should demonstrate that people are being kept safe and that their needs are being met
- Increased availability and use of alternative health and non-health-based places of safety including community-based settings
- Safe and appropriate conveyance of people across and between services
- Continuing development, learning and sharing of new ideas and innovation across agencies/organisations
- To provide links with and draw from existing strategies and plans, and be open and transparent in reporting progress

Core principles

The Concordat is structured around the following four core principles:

- People have effective access to support before crisis point
- People have urgent and emergency access to crisis care when they need it
- People receive improved quality of treatment and gain therapeutic benefits of care when in crisis
- Recovery and staying well and receiving support after crisis

A further two core principles have been added to this action plan:

- Securing better quality and more meaningful data, with effective analysis to better understand whether people's needs are being met in a timely and effective manner
- Maintaining and improving communications and partnerships between all agencies/organisations, encouraging ownership, and ensuring people receive seamless and coordinated care, support and treatment

Policy and Legislation

In Wales mental health policy and legislation stress the importance of preventing and supporting people in crisis or who are at risk of crisis. 'Together for Mental Health' was published in 2012 and is Wales' overarching mental health strategy. The strategy highlights the need for people to be involved in their own care, support and treatment, and at the centre of service planning and delivery. It also emphasises the importance of ensuring that effective partnerships are established and maintained. Since its publication numerous supporting pieces of policy guidance have been issued relating to; criminal justice liaison services, mental health services for veterans in prison, children and young people involved with the Youth Justice system, the care and treatment of people with co-occurring mental health and substance misuse problems, etc. Other national initiatives and programmes have also been developed such as the 'Unscheduled Care Programme' and the 'Early Action Together Programme'.

There are four key pieces of legislation that impact on the delivery of the Concordat and this accompanying action plan:

- Mental Health Act 1983 (the 83 Act) (*see also specific changes to s135 and s136 of the MH Act in the Policing and Crime Act 2017 (Part 4, Chapter 4)*) and the MHA 1983 Code of Practice for Wales which provides detailed guidance on required responses to people in mental health crisis
- Mental Health (Wales) Measure 2010 (The Measure) (and its supporting regulations, guidance and the Code of Practice to Parts 2 and 3 of the Measure) The Measure places statutory duties on care co-ordination and the production of care and treatment plans (CTPs) for people using secondary care mental health services. The Measure also places a statutory duty on LHBs and Local Authorities to assess a person who requests such an assessment when they have been discharged from mental health services in the last 3 years without the necessity for a referral from their G.P.

- The Social Services and Well-being (Wales) Act 2014 which provides the legal framework for improving the well-being of people and a duty to produce care and support plans. It also includes a major focus on partnership working across agencies/organisations
- The Well-being of Future Generations (Wales) Act 2015 which puts an onus on organisations to think longer term, prevent problems from occurring, and take a more joined up and collaborative approach. This legislation also provides the legal framework for establishing Public Services Boards across Wales

It is important to ensure that this action plan is not regarded as separate or different to these policies, programmes and legislation but is seen as integral to them.

Governance and assurance

Multi agency 'Mental Health and Criminal Justice Partnership Boards' (MHCJPB) (or equivalent) have been established across each of the four Police force areas in Wales. These Boards provide a mechanism to deliver change and improvement. They are responsible for overseeing and monitoring regional action plans developed to address the core principles of the Concordat. MHCJPBs should receive assurance on a quarterly basis that the actions set out in this delivery plan are being locally implemented. They should also receive assurance that people whose mental health has deteriorated rendering them in crisis, or who were at risk of reaching a crisis, received timely help, support, advice, treatment and care. MHCJPBs should provide assurance to the national Concordat Assurance Group on a quarterly basis that the requirements set out in this plan are being achieved. The national Concordat Assurance Group will provide written assurance to the Cabinet Secretary for Health and Social Services every six months that the Concordat is being effectively implemented and, if not, the reasons why and what remedial action is being taken.

Core principle 1: Access to support before crisis point			
Actions to support addressing this principle	Link to existing plans/legislation	Data/Information sources	Outcomes to be aiming for
<p>1.1 Ensure that people currently receiving secondary mental health services:</p> <ul style="list-style-type: none"> • Have a comprehensive Crisis Plan that includes Contingency Planning and who to contact when in need of help or support, and appropriate detail of planned support to mitigate crisis • Have easy and fast access to a crisis prevention service (<i>this could either be a statutory service such as a Crisis Team or a community service such as a crisis café, etc.</i>) • Are appropriately supported or sign-posted to alternative sources of support when contacting statutory health/social care services or community/third sector services, and know where to get information <p>1.2 Ensure that people not currently receiving secondary mental health services:</p> <ul style="list-style-type: none"> • Have timely access to primary care services • Have timely access to a crisis prevention service within the community, e.g. crisis café or other local community service • Are appropriately supported or sign-posted when contacting statutory health/social care services or community/third sector services and know how and where to receive information 	<p><i>The Measure and the MHA 1983 (revised 2007)</i></p> <p><i>T4MH Delivery Plan: People with a mental health problem have access to appropriate and timely services</i></p> <p><i>T4MH Delivery Plan: To ensure people with an identified mental health problem have timely access to a range of evidence based psychological therapies</i></p> <p><i>T4MH Delivery Plan: To ensure timely and appropriate services for people with first episode psychosis</i></p> <p><i>T4MH Delivery Plan: People to have access to appropriate information & advice to promote mental wellbeing & to help understand/manage their condition</i></p> <p><i>T4MH Delivery Plan: To promote mental well-being and where possible prevent mental health problems developing</i></p> <p><i>T4MH Delivery Plan: To ensure there are robust links between primary care and mental health services</i></p>	<p>CTP local audits including the quality of crisis and contingency plans</p> <p>Early intervention services records</p> <p>First episode psychosis records</p> <p>GP data</p> <p>Hospital admissions rates</p> <p>GP records</p> <p>Local Primary MH Support Services (LPMHSS) records</p> <p>Third sector records</p> <p>CALL helpline records</p>	<p>Fewer re-admissions</p> <p>Earlier access to services</p> <p>Reduction in rate of use of s136</p> <p>Alternatives to hospital admission</p> <p>Reduced rates of self-harm & suicide</p> <p>Fewer unnecessary referrals from primary to secondary care</p> <p>Reduced rates of self-harm & suicide</p> <p>Better mean mental wellbeing score</p> <p>More support, care & treatment within primary care with fewer inappropriate referrals to secondary care</p> <p>GMS contract – Directed Enhanced Service</p>

Core principle 2: Urgent and emergency access to crisis care

Actions to support addressing this principle	Link to existing plans/legislation	Data/Information sources	Outcomes to be aiming for
<p>2.1 Ensure that people experiencing a mental health crisis:</p> <ul style="list-style-type: none"> • Have access to a local service available 24/7 • Receive safe support - treated with dignity & respect • If detained under s136 taken to a place of safety that is appropriate to needs, including alternative places of safety such as crisis café, crisis house, sanctuary • Receive a timely assessment of needs in accordance with current CMHT guidance • Receive timely help, support, care and treatment • Have an urgent referral route available from primary care <p>2.2 Police, Health Boards and local authorities have an agreed protocol in place to help ensure:</p> <ul style="list-style-type: none"> • Less need for police to use powers under s136 • Appropriate and safe means of conveyance is used that best meet people's needs • Swift and easy diversion from criminal justice services to health and social care service, including direct links into crisis teams for both s136 and voluntary assessments • People with mental illness affected by alcohol or drugs receive a timely and appropriate service • Children & young people are never detained in police custody suites under s136 • Availability of real time advice/clinical support from Police control rooms, and MH professional advice always available to the Police 	<p><i>T4MH Delivery Plan: - timely and appropriate Mental Health services for people with mental health problems who are in contact with the criminal justice system</i></p> <p><i>T4MH Delivery Plan: - ensure people with co-occurring mental health and substance misuse problems are managed effectively</i></p> <p>'Talk to me 2' Objective 2: <i>To deliver appropriate responses to personal crisis, early intervention and management of suicide and self-harm</i></p> <p><i>T4MH Delivery Plan: ensure that all people in crisis and in contact with police are treated with dignity and respect</i></p> <p><i>SSWBA (14); MH (W) M (10) & MHA</i></p> <p><i>'Service framework for the treatment of people with a co-occurring mental health and substance misuse problem'</i></p> <p><i>Mental Health Act 1983</i></p> <p><i>Policing and Crime Act 2017 Part 4 Chapter 4</i></p>	<p>s135 and s136 data</p> <p>ED unscheduled care</p> <p>Core data work</p> <p>Patient/service user feedback data</p> <p>Suicide and self-harm prevention action plans</p> <p>Feedback from people who have used services and their families</p> <p>Audits regarding outcomes from referrals and assessments</p> <p>Data on the use of s135 and s136 and the conversion rate to informal or Ss2 or3</p> <p>Police & Ambulance data on conveyancing & local authority data regarding detention under MHA</p>	<p>More use of local/community resources (reduced use of s136)</p> <p>Improved patient experience in ED</p> <p>Quicker assessment and faster access to treatment</p> <p>Reduced rate of self-harm</p> <p>Reduced rate of suicide</p> <p>Fewer 'serious incidents' or 'never events'</p> <p>Early detection of MH needs when within police custody and/or fast signposting to appropriate support service</p> <p>More people diverted from criminal justice services to health and social care services</p> <p>People receive appropriate and safe means of transport to services that meet their needs</p> <p>Fewer people being 'bounced' between services</p>

Core principle 3: Quality of treatment and therapeutic care when in crisis

Actions to support addressing this principle	Link to existing plans/legislation	Data/Information sources	Outcomes to be aiming for
<p>3.1 Ensure that people experiencing a mental health crisis are continuously treated with dignity and respect and receive a safe service that meets their needs</p> <p>3.2 Ensure that the use of restraint is minimised, and all relevant staff are trained in de-escalation techniques and processes</p> <p>3.3 Ensure seamless transfer of care between and across services, and that effective liaison services are in place</p> <p>3.4 Ensure people have accurate, timely and up to date information and are aware of their rights</p> <p>3.5 Ensure that planning for appropriate discharge from hospital takes place as early as possible, and that following discharge appropriate follow up support is provided within targeted timescales</p> <p>3.6 Ensure there are a wide range of therapeutic activities for people to do whilst in hospital</p> <p>3.7 Services demonstrate they meet national guidelines and standards relating to inpatient care</p>	<p><i>T4MH Delivery Plan: - ensure that all services are planned and delivered based on safety and respect</i></p> <p><i>T4MH Delivery Plan: - ensure that service users/carers feel listened to and are fully involved in decisions about their own care/family member's care</i></p> <p><i>T4MH Delivery Plan: Welsh Government to review the provision and the availability of more structured interventions for individuals within the community that have a personality disorder, mental health issues and substance misuse concerns</i></p>	<p>Feedback from people who use services</p> <p>HIW inspection/audit reports</p> <p>Reporting of 'serious incidents' and 'Never events'</p> <p>NICE guidelines</p> <p>Accreditation for Inpatient Mental Health Services (AIMS)</p> <p>T4MH delivery plan reports</p>	<p>More people have a positive experience of care, support and treatment provided when in a crisis</p> <p>People spend less inappropriate time in hospital</p> <p>People receive appropriate support to meet their needs once they are discharged from hospital</p> <p>More people with mental health problems are supported by health and social care services rather than by criminal justice agencies</p>

Core principle 4: Recovery and staying well

Actions to support addressing this principle	Link to existing plans/legislation	Data/Information sources	Outcomes to be aiming for
<p>4.1 Care and Treatment Plans (CTPs) for people receiving secondary mental health services should include:</p> <ul style="list-style-type: none"> • Early warning signs of crisis or relapse – recording the thoughts, feelings and/or behaviours that may indicate when a person is becoming more unwell • Actions that need to be taken should a person become more unwell ('crisis plan') • Details and contacts of local support that is available to help prevent a person's circumstances escalating into a crisis • Who person is most responsive to and who person wishes services to contact when becoming unwell • Identifying factors that are significant to a person being able to remain as independent as possible • With consent CTPs should be accessible to services that people call at points of crisis 	<p><i>T4MH Delivery Plan: People with mental health problems to have fair access to housing and related support and promote access to mental health services amongst people who are homeless or vulnerably housed</i></p> <p><i>T4MH Delivery Plan: support people with mental health problems to sustain work and to improve access to employment and training opportunities for those out of work and have access to advice & support on financial matters</i></p> <p><i>T4MH Delivery Plan: increase the availability of recovery oriented mental health services</i></p>	<p>Audit of CTPs</p> <p>Service user and carer feedback</p> <p>Housing support services</p> <p>Out of work services</p> <p>Money advice services</p> <p>CALL helpline</p> <p>Peer mentoring services</p> <p>Quality of life indicators</p>	<p>People discharged from secondary mental health services stay well for longer</p> <p>More people living with a mental health condition live independently</p> <p>Fewer readmissions to hospital</p> <p>More people living with a mental health condition to be in employment, training or education</p> <p>More people living with a mental health condition to have secure good quality housing</p>
<p>4.2 People discharged from secondary mental health services or otherwise not in receipt of secondary mental health services are able to access help, advice, information, support and treatment when they need it</p>	<p><i>T4MH Delivery Plan: People to have access to appropriate information & advice</i></p> <p><i>T4MH Delivery Plan: Promote mental well-being and where possible prevent mental health problems developing</i></p> <p><i>MH Measure Part 3</i></p>	<p>LPMHSS records</p> <p>Third sector records and/or feedback</p> <p>Part 3 data</p>	<p>More people living with a mental health condition to know where to receive help, advice and information</p>

Core principle 5: Data and analysis			
Actions to support addressing this principle	Link to existing plans/legislation	Data/Information sources	Outcomes to be aiming for
<p>5.1 Ensure both meaningful and accurate qualitative and quantitative data is gathered and held to demonstrate that the needs of people in crisis, or at risk of crisis, are being met</p> <p>5.2 Ensure data and information is appropriately shared across and within agencies and organisations in accordance with data protection legislation</p> <p>5.3 Ensure service provision is evidence based or, if not, part of a pilot/trial programme</p>	<p><i>T4MH Delivery Plan: To progress the development and implementation of a national mental health core data set capturing service user outcomes</i></p> <p><i>T4MH Delivery Plan: To continue to support an evidence-based approach and ensure active research and evaluation is at the heart of service development</i></p>	<p>Assurance reports provided to MHCJPBs</p> <p>Quarterly assurance provided by MHCJPBs to national CAG</p> <p>National core data set</p>	<p>Evidence available that shows how services are helping people recover and are meeting their needs</p> <p>Increased knowledge and learning across and within organisations and agencies</p> <p>Assurance of increased focus on delivering what matters to people who use health & social care services</p>

Core principle 6: Communication and partnerships			
Actions to support addressing this principle	Link to existing plans/legislation	Data/Information sources	Outcomes to be aiming for
<p>6.1 Ensure effective partnership working across all organisations involved in supporting people in crisis</p> <p>6.2 Ensure that people can access and receive services through the Welsh language when they wish to do so</p> <p>6.3 Ensure effective communication processes across and within agencies/organisations involved in supporting people in crisis</p> <p>6.4 Ensure a Regional communication strategy is in place that informs stakeholders and partners about the Concordat and its impact</p>	<p><i>T4MH Delivery Plan: ensure service users, families and carers are fully involved in service development</i></p> <p><i>T4MH Delivery Plan: ensure Welsh speakers access services through the medium of Welsh when needed and increase welsh language capacity in the workforce</i></p> <p><i>T4MH Delivery Plan: ensure public services & third sector work to provide an integrated approach</i></p>	<p>Assurance reports provided to MHCJPBs</p> <p>Quarterly assurance provided by MHCJPBs to national CAG</p>	<p>People experience a seamless and joined up service during a crisis</p> <p>Increased knowledge and learning across and within organisations and agencies</p> <p>Reduced waste and duplication, and minimised bureaucracy</p>



Wales

Crisis Care Concordat

Concordat Assurance Group

Terms of Reference

November 2019

Purpose

The Mental Health Crisis Care Concordat is a shared statement of commitment by organisations to work together to provide better support to people who experience, or are at risk of experiencing, a mental health crisis, and improve outcomes. The Concordat Assurance Group (CAG) will provide strategic direction, leadership, oversight and assurance relating to the ongoing implementation of the Wales Mental Health Crisis Care Concordat National Action Plan.

Functions

The CAG will carry out the following functions:

- Receive written and verbal assurance from regional groups and partners every three months that their Crisis Care Concordat regional action plans are being implemented
- Provide assurance to Welsh Government every 6 months that the Crisis Care Concordat National Action Plan is being implemented
- Facilitate improved collaboration, communication and co-ordination between and across all partners working to implement the Concordat and the National Action Plan
- Provide a mechanism, or forum, for escalating any issues that impact on the delivery of the National Action Plan or regional action plans
- Provide a forum for learning and sharing of good practice across Wales
- Receive regular updates from the National Collaborative Commissioning Unit on its review of access and conveyance relating to crisis care and to consider and provide advice on how best to implement its recommendations
- Provide any support needed to help implement regional crisis care action plans
- Be informed by and respond to a broad and diverse range of people across Wales who have used crisis care services

Membership

See Annex 1 for details of organisations that are represented on the National Concordat Assurance Group

Meetings

CAG meetings will be held quarterly on these dates; 11 December 2019, 18 March 2020, 23 June 2020, 22 September 2020.

Chair and Secretariat

The CAG is chaired by Emrys Elias (Vice Chair Aneurin Bevan UHB)
emrys.elias@wales.nhs.uk

The national Crisis Care Concordat co-ordinator is Peter Martin (Mind Cymru)
p.martin@mind.org.uk

Welsh Government secretariat support is provided by Lisa McInch
lisa.mcinch@gov.wales

Governance arrangements

The original Crisis Care Concordat for Wales described how multi-disciplinary 'Mental Health and Criminal Justice Partnership Boards' '*will provide the driver to deliver local and regional change and improvement*', and should '*act as the prime arena for accountability*'. These Boards no longer exist and have been superseded by other regional multi agency groups or forums.

These regional groups/forums, through either the Chair or through a nominated person, will provide assurance to the CAG on a quarterly basis that the actions set out in the National Action Plan are being implemented through regional action plans, and that successful outcomes are being achieved. Regional groups/forums will also provide assurance and that any transformation or service improvement funding received to deliver improved crisis care services is having a positive impact.

Reporting arrangements

Each of the 5 regional groups/forums should submit a quarterly assurance report (see Annex 2) to the Chair of the CAG (through the national co-ordinator) at least 2 weeks before its next meeting. These assurance reports will be included with the papers circulated for the national meeting.

As well as giving overall assurance that regional action plans are being implemented and making a positive difference, assurance reports should also specifically:

- Detail key outputs and outcomes relating to regional Crisis Care Concordat plan for the last 3 months
- Highlight key achievements over the last 3 months including how transformation or service improvement funding is being used to improve services
- Highlight any current challenges or barriers to implementing regional plans and what remedial action is proposed or is being taken
- Set out any priority areas for action that are planned for next 3 months

The Chair of the CAG will provide a written assurance report every 6 months which will be sent to all partners. This assurance report will be mainly informed by the assurance reports provided by the regional groups/forums. The written assurance report will include:

- An all Wales overview of progress in delivering the Crisis Care Concordat National Action Plan
- What learning and good practice has been shared across Wales and the benefits this has made
- Key achievements on a regional basis, including how any additional transformation or service improvement funding has been used to deliver better services
- Any challenges or barriers to implementing the National Action Plan and what remedial action is being taken

Accountability

The CAG does not have a specific performance management role. Its prime role is receiving assurance that the purpose set out in the original Crisis Care Concordat is being met and its principles are being applied through delivery of regional crisis care action plans. Each partner organisation will have its own internal governance, accountability and performance management arrangements. Multi agency regional groups (relating to crisis care) should have arrangements in place for overseeing and monitoring their regional action plans. The Chair of each regional group is responsible for ensuring that assurance is provided to the national CAG through the reporting arrangements described above.

Escalating concerns

Each partner organisation should have its own processes for escalating any barriers or challenges to implementing any part of the Crisis Care Concordat it is responsible for delivering. Any barriers and/or challenges should be discussed and addressed at regional multi agency group meetings. Where there are any issues or problems identified that cannot be resolved either at an organisational level or through regional partnerships, they can be escalated to the national CAG for further consideration on how to resolve and the best way to take forward.

Being informed by people's lived experience

There are two main networks that will ensure that the CAG is informed, influenced and driven by people who have experience of using mental health crisis service:

Wales Alliance for Mental Health

The mental health third Sector is represented on the CAG by the Chair of the Wales Alliance for Mental Health (WAMH). WAMH is an alliance of national charities which support people with mental health problems and mental illness, and current membership comprises Diverse Cymru, Hafal, Mental Health Foundation, Mental Health Matters, Mind Cymru, Platform and Samaritans. Collectively they bring a wealth of knowledge and reflect a wide and diverse range of 'service user' experiences. All organisations involved in WAMH are committed to ensuring people experiencing mental ill health in Wales have their voices heard.

National Mental Health Forum (Wales)

CAG will also seek views from and be informed by the National Mental Health Forum in taking forward its work. The Forum provides a strong and diverse voice for people with experience of mental health services, and carers, across Wales. It brings together the local and national partnership board members, their deputies, and a further ten members recruited nationally to ensure that it reflects the diversity of the people of Wales and the range of their mental health needs. It is increasingly becoming a powerful voice for service users and carers. The Forum is supported and facilitated by Practice Solutions Ltd - www.practicesolutions-ltd.co.uk – and the co-ordinator for the CAG will ensure it is regularly kept up to date and that there is regular contact and liaison.

Mental Health Crisis Care Concordat Assurance Group: Membership	
Chairs of Regional Partnerships	
Lead: Richard Jones Deputy: Vikki Evans	Dyfed
Lead: Chris O'Connor Deputy: Sarah Paxton	Gwent
Lead: Lesley Singleton Deputy:	North Wales
Lead: Gaynor Jones Deputy: James Thomas	South Wales
Lead: Louisa Kerr Deputy:	Powys
Chair of Assurance Group	
Emrys Elias	Vice Chair: Aneurin Bevan UHB
Crisis Care Concordat Co-ordinator	
Peter Martin	Mind Cymru
Social Services Representatives	
Sarah Paxton	ADSS Cymru
Third Sector	
Sara Moseley	Wales Alliance for Mental Health
Andrew Misell	Alcohol Concern Cymru
NHS Collaborative	
Shane Mills	
NHS Delivery Unit	
Phill Chick	
HM Prison and Probation Service	
Ian Barrow	

Mental Health Act Admin Rep	
Sarah Roberts	
Police Liaison Unit	
Paul Morris	
Police Mental Health Lead	
Mark Collins	
Police and Crime Commissioners	
Alun Michael	
Public Health Wales	
Welsh Ambulance Service Trust	
Stephen Clarke	
Healthcare Inspectorate Wales	
Scott Howe	
Royal College of Psychiatry	
Oliver John	
Welsh Government	
Matt Downton Elin Jones Lisa McInch	

Crisis Care Concordat National Action Plan for Wales

Assurance Reporting

1. The all Wales Crisis Care Concordat Action Plan sets out 20 actions to be implemented to support the following six core aims:
 - People have effective access to support before crisis point
 - People have urgent and emergency access to crisis care when they need it
 - People receive improved quality of treatment and gain therapeutic benefits of care when in crisis
 - People are supported in their recovery, stay well, and receive effective support after crisis
 - Better quality and more meaningful data and effective analysis is secured
 - Effective communications and partnerships are maintained and improved
2. An assurance report template is attached that should be completed and sent to the Chair of the national Concordat Assurance Group, via the national co-ordinator, each quarter. Assurance reports provide a level of confidence that the actions set out in the National Action Plan are being implemented at a regional level through regional action plans. They should include any output and outcomes data that is available to demonstrate progress, highlight any key achievements and show how additional funding is helping achieve results. Assurance reports should also identify any challenges or barriers to implementing action plans, and detail immediate priorities for the next 3 months
3. The Chair of each regional forum should email the completed assurance form to the national co-ordinator each quarter at least 2 weeks prior to the national Concordat Assurance Group meeting. This will then be included in the agenda for the national group's meeting. The Concordat Assurance Group will in turn provide an assurance report to Welsh Government every 6 months that the National Action Plan is being delivered, what learning has taken place, any barriers or challenges, and any remedial action that is being taken.
4. Multi agency crisis care forums have been established across each of the 4 police force areas in Wales to oversee and monitor their own regional action plans. These regional forums should have their own arrangements in place for receiving assurance from each partner agency that the actions set out in regional plans are being implemented.
5. If you have any queries regarding completion of the template, or require any further help or support please contact: p.martin@mind.org.uk

Mental Health Crisis Care Concordat - Assurance Report

Partnership area:		Reporting period:	
Actions set out in the Crisis Care Concordat National Action Plan are being implemented through regional action plans and monitored at a regional level		Assurance provided by:	Date completed:
Output and outcomes data for this period		Challenges and remedial action	
Key achievements in this reporting period - include details of how any transformation or service improvement funding is helping achieve results		Priorities for next 3 months	