



AGENDA ITEM

(3.1.5)

MENTAL HEALTH ACT MONITORING COMMITTEE

Crisis Care Concordat

Date of meeting	(03/11/2021)
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Fiona Thomas (Clinical Service Group Manager, Mental Health, Rhondda & Taf Ely)
Presented by	Fiona Thomas (Clinical Service Group Manager, Mental Health, Rhondda & Taf Ely)
Approving Executive Sponsor	Executive Director of Operations
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
CTM Crisis Concordat Group	23/09/2021	NOTED
Wales Crisis Care Concordat Assurance Group	22/07/2021	NOTED

ACRONYMS

MHA	Mental Health Act
CTMUHB	Cwm Taf Morgannwg University Health Board

CCC	Crisis Care Concordat
CCAAG	Crisis Care Assurance and Advisory Group
WAST	Welsh Ambulance Service Trust.

This paper is presented to the committee to provide an update on progress in relation to the Regional Crisis Care Concordat (CCC) group tasked with the successful implementation of the Wales Crisis Care Concordat National Action Plan 2019 – 2022 across the Cwm Taf Morgannwg region in collaboration with partner agencies and third sector organisations.

1. SITUATION/BACKGROUND

- 1.1 The Mental Health Crisis Care Concordat (the 'Concordat') is structured around six main principles and sets out twenty actions to support the successful implementation in practice. This was published by the Welsh Government and partners in 2015 as a shared statement of commitment by senior leaders from the organisations most involved in responding to and supporting people who experience a significant deterioration in their mental health that results in a mental health crisis.
- 1.2 Assurance related to progress against the action plan is provided to the national group and partners quarterly and to Welsh Government on a six monthly basis via the Chair of the national group.
- 1.3 It is anticipated nationally that due to the pandemic there will be a significant and sustained increase in demand for mental health support where the causal factors are due to socio-economic impacts of Covid-19, as opposed to a medical or specialised mental health need.
- 1.4 Following publication of NHS Wales's National Collaborative Commissioning Unit report, 'Beyond the Call – National Review of Access to Emergency Services for those Experiencing Mental Health and/or Welfare Concerns' in October 2020, a sub-group of the national Concordat Assurance Group reviewed its findings and recommendations and has developed a 'Multi-Agency Interim Plan for Crisis Care 2021 to 2022.
- 1.5 In Wales the NHS 111 service is not currently designed to provide specialist mental health support yet during the first three months of 2020, circa 1% of the 170,875 calls received, in the areas where the

NHS '111' service is available, were classed as mental health calls. A number of pilot projects throughout the UK suggest that having mental health professionals as part of the NHS 111 service resulted in '25% fewer' people needing to attend an emergency department for mental health concerns. Of those triaged by mental health professionals 3% needed a police or ambulance response, 17% needed a 'face to face' crisis assessment and the other 80% were signposted to third sector partners, crisis sanctuaries or were referred to primary or community services.

- 1.6 Regional Crisis Care Concordat Forums will be required to work collaboratively now, more than ever to ensure that care pathways are effective for patients and timely but also develop plans to respond to the increasing demands of services, address the recommendation of the updated Multi-Agency Interim Plan for Crisis Care 2021 to 2022.

2. **SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

- 2.1 **Terms of Reference** have been further reviewed by the regional group in relation to:
 - National change in name from Crisis Care Concordat Board to Forum
 - National Mental Health Concordat Assurance and Advisory Group (CCAAG) new interim Action Plan arrangements for 2021/22.
 - Membership and attendance relevant to previously agreed stakeholder list.
- 2.2 **Structure** of the forum in order to deliver against the Crisis Care Concordat action plan has been agreed (**Appendix 1**). Work stream leads will now progress the development of their groups and aim to develop clear terms of reference and priorities ahead of next meeting in November. It has not yet been possible to assign leadership to the Primary Care & Community Based Crisis Pathway group as it was felt at the meeting this would best be led by WAST with the support of Local Authority. This will be an agenda item for confirmation at the next forum meeting. The Chair of the forum has made contact with WAST members to advise and offer support.
- 2.3 **Quality, Safety, Risk and Experience** is prioritised within the structure outlined in **Appendix 1**. Reporting structures will be aligned through the work streams with clearly defined Terms of Reference and

presentation of highlight reports to the forum for review and escalation. This will provide assurance and routes of escalation into the National Crisis Care Assurance and Advisory Board and the Mental Health Act Monitoring Committee. There is also a feedback mechanism in place for the regional group to receive updates directly from the Crisis Care Concordat National Co-ordinator.

2.4 National Update Received - A new interim Crisis Care National Action Plan has been developed and shared across all regions (**Appendix 2.**) This replaces the current national Action Plan 2019 - 2022. This new interim plan has 8 actions with each regional forum expected to oversee delivery. These have been aligned and allocated to the work streams of the CTM forum. A new national reporting template has been developed and will issued for implementation from January 2022.

2.5 NHS 111 –In May 2021 a CTM 111 Project group was formed with the objective to implement 111 Mental Health Services for the whole of CTM. This project group works in collaboration with the National 111 Programme team and will deliver the project in 2 phases.

Phase 1 – Pilot Phase – Go live date TBC anticipated Nov 21

Weekend Out of hours 111 MH Service

- Friday 18:30 to 22:00
- Saturday & Sunday 14:30 to 22:00

Phase 2 – Planned Go Live 01/04/21 (TBC)

24/7 CTM 111 MH Service

Expected Outcomes from NHS 111 Implementation

Improved Patient Experience / Patient Centred Approach

- No wrong front door – When a person contacts CTM 111 MH Service they will receive an inclusive response and assisted with their current presentation and arrangements made for further/different support if needed.
- Right Help, right time – By working towards a 24/7 approach, we will respond effectively to urgent mental health needs.
- Reducing Duplication – Users of CTM Mental Health Service should not have to repeat their story. The person completing referrals will be a trusted assessor, therefore further assessments should only be additive to the patients care.

2.6 Collaboration & Partnership Working

Despite the challenges of the ongoing Covid-19 pandemic and the operational pressures that this is presenting across all sectors, engagement with this work is positive and representation from across

partners within region is noted. The chair of the CCC forum will work to identify those less involved in the forum work in order to establish and supportively address and challenges or obstacles for attendance / engagement with the regional approach. Any obstacle to working collaboratively across with region will have a significant and detrimental impact on the pace with which this work will proceed.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Ensuring that the board are aware of the updates to the action plan made by CCAAG for 21/22 and future work related to the wider review of the national Mental Health Delivery plan.
- 3.2 Development of distinct work streams with 8 assigned actions directly linked to the 21 / 22 updated plan. These will be monitored and reported through the CCC forum to the committee.
- 3.3 The regional CCC Forum will need to continue to work with colleagues across the region and nationally to address wider issues linked to the implementation of the concordat delivery plan. Lack of engagement from any partner will impact on the effectiveness and speed at which progress can be made. This will be monitored by the chair of the forum and escalated accordingly if concerns are identified.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:



Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Choose an item. If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The MHA Monitoring Committee is asked to:

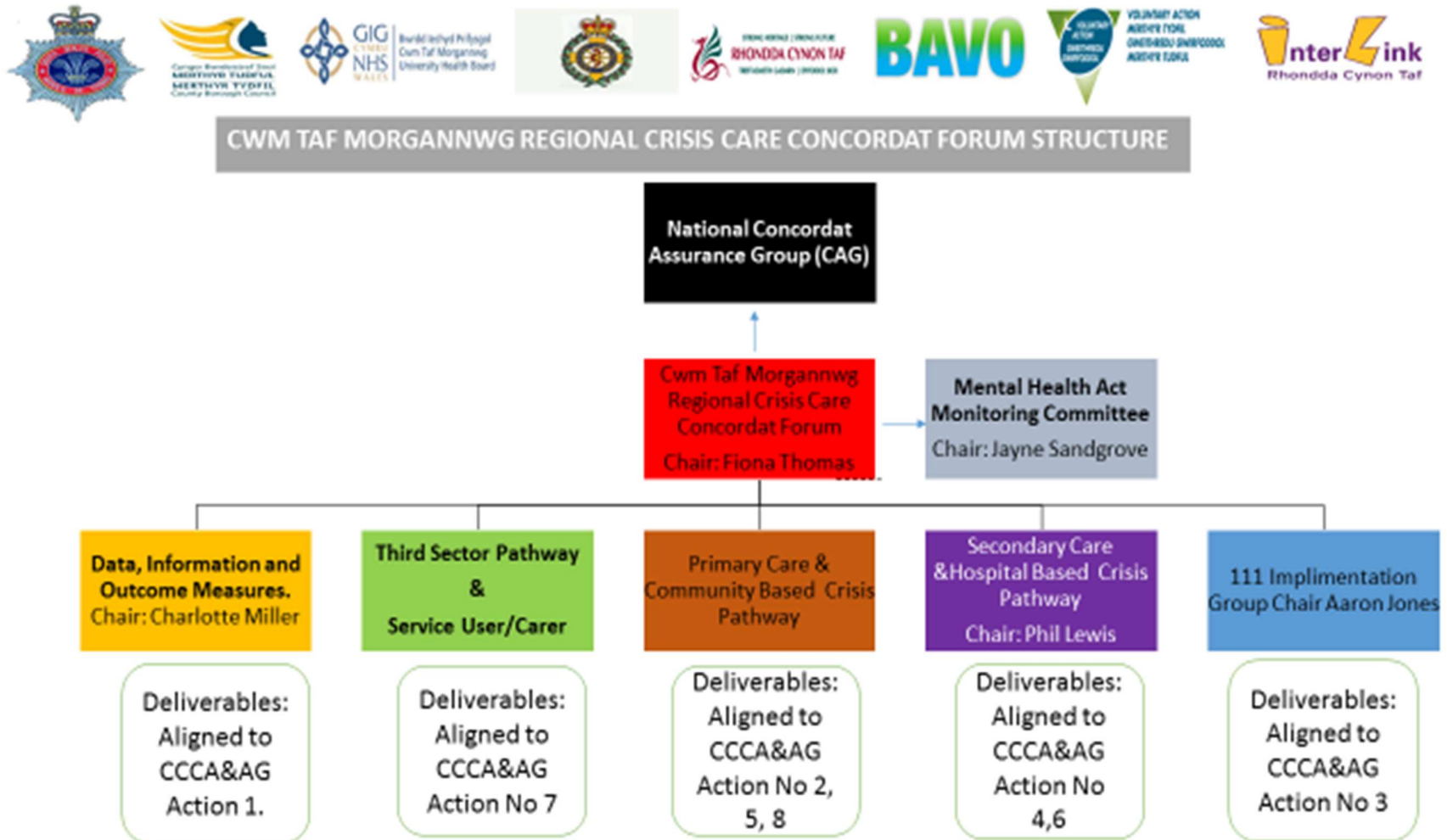
- **DISCUSS** the content of report
- **NOTE** key matters for escalation
- **APPROVE** receipt of further update report in six months.



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University Health Board

Appendix 1 - Crisis Care Concordat Forum Structure





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Bwrdd Iechyd Prifysgol
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