



AGENDA ITEM

4.5

MENTAL HEALTH ACT MONITORING COMMITTEE

Crisis Care Concordat National and Local Update

Date of meeting	(07/12/22)
FOI Status	Open/Public
If closed, please indicate reason	Not Applicable - Public Report
Prepared by	Aaron Jones (Interim Clinical Service Group Manager, Mental Health, Rhondda & Taf Ely)
Presented by	Aaron Jones (Interim 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
		Choose an item.

ACRONYMS

MHA	Mental Health Act
CTMUHB	Cwm Taf Morgannwg University Health Board
CCC	Crisis Care Concordat



CCAAB

Crisis Care Assurance and Advisory Board

This paper is presented to the committee to provide an update on progress in relation to the National and Local Crisis Care Concordat groups 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 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.



- 1.6 A new interim Crisis Care National Action Plan has been developed and shared across all regions (Appendix 1) 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. **SPECIFIC MATTERS FOR NOTING OR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

- 2.1 **Noting - Structure** of the forum to deliver against the Crisis Care Concordat action plan has been updated to reflect work stream lead changes (**Appendix 2**). The data information and outcomes measures and Secondary Care & Hospital based crisis pathway work streams have are currently without leads due to recent staffing changes and retirement. The chair and vice-chairs of the Regional Concordat will seek nominations for new leads and commence handover of objectives to new leads once appointed.
- 2.2 **Noting - Quality, Safety, Risk and Experience** is prioritised within the updated structure outlined in **Appendix 2**. Work streams are now aligned to the action plan. Reporting templates are also aligned to the national reporting template. This provides 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. **Appendix 3** is the October 2022 submitted progress report to the CCAAB.
- 2.3 **Noting - National Update Received** – Regional forums were asked to consider and implement where applicable outcome focussed measures into the current reporting template to be able to demonstrate progress and benefits to service users.
- 2.4 **Noting – Outcomes/Data measures** – In response to the national request, the CTM CCC Forum have drafted a data dashboard / monitoring dashboard in **Appendix 4**. That will help evidence the effect of interventions being undertaken by the work streams. Further work is continuing to improve the dashboard.



- 2.5 **Noting - CTM 111 Pilot Progress** - The 111-pilot project went live from November 2021. Activity into this service is provided by Mental Health categorised calls within the current 111 GP Out of Hours service which the current outcomes could be categorised as, refer to A&E, refer to Mental Health Crisis and refer to GP out of hours doctor.

Pilot Details

Weekend Out of hours

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

Notable outcomes of pilot to date

- Call durations range from 15-60 minutes.
- Peak times Saturday and Sunday evening.
- No outcomes to date have been referred to A&E or Mental Health Crisis.

A draft 111 pilot evaluation report with further outcomes from the pilot is provided in **Appendix 5**.

Phase 2 – 15 Hour 7 Day Service. Planned go live 30th January 2023. The 111#2 project is now working towards the implementation of a 7-day 15-hour service.

Notable updates are

- Staffing model agreed and signed off by National Programme Team.
- Recurrent funding for 15-hour service secured.
- Location agreed and secured to co-locate service with 111 physical health.
- Pathways reviewed, updated, and submitted to Delivery Unit for sign off. All pathways updated to include timeframes agreed with Mental Health Triage Scale and Principles of 111#2 including warm handover between services to reduce Patients need to repeat discussions, improving patient experience.
- Communications plan created and signed off by National Programme.

2.6 **Noting - Collaboration & Partnership Working**

Despite the challenges of the ongoing increased operational pressures that 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 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 Increased operational demands on all partners contributing to slower than anticipated progress within workstreams.
- 3.2 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 a further update report in six months



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board