Local Government Association

directors of adass adult social services

Research

Mental Health Crisis Concordat

Local authority provision and practice

March 2015

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Acknowledgments

We would like to thank the Directors of Adult Social Services and their colleagues, who found the time to complete our online survey in July and August last year. We would also like to thank all the people who took part in our telephone interviews. We are very grateful for their time and insightful comments.

We would also like to thank the research group of the Association of Directors of Adult Social Services for supporting our research and recommending the project to social services departments.

Foreword

In February 2014 the Mental Health Crisis Concordat was launched. The aims of this important document, which was signed initially by 22 organisations including the LGA and ADASS, was to set out the standards of care people should expect from public services if they experience a mental health crisis and how the emergency services should respond. It is intended as a key point of reference for good practice to support momentum for national and local organisations to improve commissioning and standards of delivery. A key focus is for local organisations to enable access to support for people before a crisis occurs as well as to ensure that people experiencing a mental health crisis can access timely, effective and integrated services and support.

The Concordat challenged local health, care and criminal justice partnerships to develop a range of supports for people at risk of or who are experiencing a crisis in their mental health that are; community based, help to avert crisis and reduce reliance on hospital beds where possible. It set out an ambition that police custody should not be used just because mental health services are not available. It also encouraged services to get better at sharing essential need to know information about patients which could help keep the public safe and stipulated that police vehicles should not be used to transfer patients between hospitals.

The aim was that local areas sign their own regional and local agreements to improve crisis provision for people experiencing a mental health crisis. It set out a challenge for local areas to strive to ensure that the following are available:

- Health-based places of safety and beds are available 24/7 in case someone experiences a mental health crisis.
- Police custody should not be used because mental health services are not available and police vehicles should also not be used to transfer patients.
- Timescales are put in place so police responding to mental health crisis know how long they have to wait for a response from health and social care workers. This will make sure patients get suitable care as soon as possible.
- People in crisis should expect that services will share essential ‘need to know’ information about them so they can receive the best care possible. This may include any history of physical violence, self-harm or drink or drug use.
- Figures suggest some black and ethnic minority groups are detained more frequently under the Mental Health Act. Where this is the case, it must be addressed by local services working with local communities so that the standards set out in the Concordat are met.
- A 24-hour helpline should be available for people with mental health problems and the crisis resolution team should be accessible 24 hours a day, 7 days a week.

Since February 2014, all local areas have signed the mental health crisis concordat. This is an important achievement. The challenge now, is that areas develop and set out their plans for implementing the concordat locally.

Within the national concordat, there were also core actions that national agencies who have signed up to it agreed to take forward. There were a number of actions for the Local Government Association (LGA) and Association of Directors of Social Services (ADSS), working either singly or with the College of Social Work and Public Health England (PHE) to take forward.

The research published here was carried out to fulfill a number of our joint commitments in respect of the Concordat. The main aim of the research was to gather examples of emerging practice that local authorities and their partners are involved in, in respect of the commissioning and delivery of services and supports for those experiencing a mental health crisis and to bring these together into one place.

Phase one of the research was carried out in July 2014. The findings represent a particular point in time, when many local authorities were still at an early stage in developing their approach to meeting the challenges set out within the mental health crisis concordat. What the survey demonstrates however is that the majority of authorities and their partners were committed, even at that stage, to ensuring that they were addressing the needs of people experiencing mental health problems within their planning, within a 6 month time frame. It also demonstrates that many areas were already involved in developing and delivering more responsive services within the community, which better meet the needs of those at risk of mental health crisis; whether these are triage services, community based places of safety or accommodation and support projects for those at risk of crisis.

We are grateful to all those authorities and their partners who took the time to participate in this research project. We are particularly grateful to those areas which took part in phase two of the project and who have provided us with such rich information on how local authorities and their partners are working together to address the needs of people at risk of mental health crisis. The research demonstrates really effective working across agencies. It also demonstrates that in some core areas, further focused work is still required by all partners.

We hope that local areas will find this document a helpful contribution to the work that you are involved in; in planning, commissioning and delivering services for those at risk of mental health crisis. And that it will help stimulate debate and discussion within localities and regions about how best to meet the needs of this very vulnerable group of citizens.

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Summary

Introduction

This report outlines the findings of an LGA and ADASS research into mental health crisis care in English authorities. The aim of the research was to collect data from local authorities on local planning and the commissioning of services, to prevent and respond to mental health crisis in the community. The research, although conducted via local authorities is concerned with partnership arrangements in local areas. This reflects the cross-organisational commissioning and delivery arrangements for mental health services for people at risk of or experiencing mental health crisis which sits with a range of partners and in particular the National Health Service (NHS). Therefore, throughout the report, references to local authorities means in effect 'local area'. The research was carried out with the support of the ADASS research group.

The research was undertaken in response to commitments outlined in the Mental Health Crisis Concordat (Department of Health, 2014). The Concordat comprises a national agreement between services and agencies involved in the care and support of people in crisis because of a mental health condition. It sets out how organisations should work together to ensure that people needing immediate mental health care at a time of crisis get the right services without delay, and get the help they need to stay well.

The LGA's distinct concordat commitment centres on sharing good practice. The LGA also shares a number of joint commitments with ADASS, PHE and the College for Social Work which focus on supporting local social services review and plan their contribution to local mental health crisis services, develop resources to support local authorities and CCGs in the development of an effective framework for the commissioning of services to meet the needs of those in mental health crisis, and also to develop resources to support safeguarding boards scrutinise local implementation of the Concordat. (See Annex 1 of the Concordat for full details of the LGA's and ADASS's shared actions.)

The research was carried out at a particular time in local areas' planning for and commissioning of services and supports for people experiencing mental health crisis. We are aware, as areas indicated within their responses, that many areas have made significant progress in their analysis of needs, in work to develop actions plans in respect of the Mental Health Crisis Concordat and in their planning and commissioning of services for people at risk of experiencing mental health crisis. As such, many of the initial findings of the report should be treated with caution as being fully representative of where local areas priorities and planning currently rests in respect of services for people experiencing mental health crisis. However, the research contains useful pointers to, and examples of, effective partnership working taking place between local authorities, Clinical Commissioning Groups, Mental

Health Trusts, the police and voluntary sector agencies. As such, we hope it provides useful information for local authorities and their partners as they continue to develop effective partnership working in this complex area.

Respondents

The research comprised an online survey of Directors of Adult Social Services (DASSs) focusing on mental health needs assessments (MHNAs), strategic planning and safeguarding. The survey was in the field between July and August 2014. A 52 per cent response rate was achieved. Follow-up interviews were carried out in November 2014 in six authorities with DASSs, mental health commissioners and operational managers with responsibility for mental health.

Key messages

Mental health needs assessments

- There is a high level of commitment amongst local authorities to mental health needs assessments (MHNAs). All 78 authorities taking part in the survey had completed, part-completed or were planning to complete a mental health needs assessment. 22 per cent of areas had completed MHNAs at the time of the survey and the majority of authorities (65 per cent) stated that such an assessment would be completed in the next 6 months.

- The majority of authorities that had completed a mental health needs assessment (14 in total), had done so as part of a Joint Strategic Needs Assessment (JSNA).

- The survey suggests that local areas might want to refresh MHNAs in order to ensure that these include an analysis of how and where people present in crisis. Responses indicated that this is currently included in just under half (47 per cent) of local MHNAs.

- Where authorities included analysis of the needs of people at risk of mental health crisis within their assessments, about half include information on; the effectiveness of local support or services to prevent crisis, an analysis of gaps in local provision in relation to early intervention or prevention of crisis and the effectiveness of local support or treatment for people experiencing a mental health crisis.

- Local authorities need to give greater attention, in their analysis of needs and their subsequent planning of services, to the needs of people with mental health problems and drug/alcohol misuse issues. The LGA and ADASS will produce a self-assessment tool to support authorities in their planning and commissioning of services and are aiming to address the issue of dual diagnosis as a part of this tool.

Local Authorities Strategic Planning and mental health crisis care

- Most local authorities reported having effective working arrangements and effective joint planning between and within agencies in respect of the commissioning and delivery of mental health services. This includes a strong shared understanding across agencies of local pressures in relation to mental health services. However, there was said to be less understanding of local pressures among services and organisations in relation to people with multiple needs.

- Most authorities are taking a positive role in respect of supporting local capacity building within community-based services. The majority of authorities reported having in place agreed local commissioning intentions in respect of:
    - support and services to intervene early and prevent crisis
    - delivering effective responses for people experiencing mental health crisis and
    - providing effective support and recovery services.

- Several partnerships provided details of innovative and creative work in respect of meeting the needs of those experiencing mental health crisis. This included finding new ways to commission and deliver frontline services and redesigning pathways for those experiencing a mental health crisis.

- Several authorities also gave details of work being carried out to improve outcomes for those experiencing a mental health crisis. This ranged from specific frontline projects such as street triage projects, care home liaison services and court diversion services; joint training initiatives; improved data collection and the development of integrated IT systems between health and social care. The LGA and ADASS will draw on positive practice cited in the development of a self-assessment framework to support LAs in their planning and commissioning of services.

Safeguarding

- Almost two-thirds of respondents said their local safeguarding board had not yet specifically discussed the Mental Health Crisis Concordat.

- However, most respondents said their safeguarding board had carried out various aspects of core safeguarding work in respect of people experiencing mental health crisis. The greatest number (76 per cent) had carried out work on ‘learning from series incidents around safeguarding adults with mental

health problems' and over 60 per cent of respondents said their safeguarding board had also been involved in 'promoting awareness of safeguarding to people with mental health problems' and 'promoting awareness of safeguarding to services providers for those people with mental health problems'.

- The majority of local authorities responded positively when asked whether they would welcome additional support in this area. Suggestions in this area included
    - making safeguarding personal
    - self-audit tools and help with using outcome data and incident reporting
    - safeguarding for those with dual diagnosis and
    - additional information on what is expected of safeguarding boards in respect of mental health.

- The LGA and ADASS have developed a guidance note and checklist for safeguarding adults boards scrutiny of local implementation of the Mental Health Crisis Concordat.

Next steps

- Survey respondents suggested a number of ways to improve outcomes for people experience mental health crisis. These included:
    - implementing a holistic view of mental health, which includes domestic violence and substance misuse
    - developing effective alternatives to inpatient care
    - improved data collection (including evaluating outcomes and collating information to understand needs) and
    - raising the local and national profile of mental health.

- These are all areas that the LGA and ADASS will aim to take forward within its future programmes of work on mental health.

Key learning from case studies

- Building on our survey of DASSs, follow-up interviews were carried out with DASSs, mental health commissioners and operational managers with responsibility for mental health in six local authorities. The following key learning points were raised by interviewees with regards to meeting the needs of people at risk of mental health crisis:
    - the importance of raising the profile of mental health locally
    - working through structures and systems that support effective, integrated mental health services
    - the importance of good partnership working to plan and deliver services

- identification of a good range of providers of mental health services
- finding an effective balance (by understanding “What works” locally) between crisis support and early intervention and prevention
- seek viable alternatives for people with mental health issues
- acting as a “role model” of good practice (eg by offering work placements to those with mental health problems)
- active and continuing engagement with service users and carers, for example, by using the ‘experts by experience’ model
- ensuring person-centred support by including people at an early stage in planning their care
- communicating and learning from others to ensure a mutual understanding of mental health crisis issues across teams and organisations.

Introduction

In responding to the shared LGA and ADASS commitments outlined in the Mental Health Crisis Concordat (Department of Health, 2014), we collected data from local authorities on local planning and the commissioning of services, to prevent and respond to mental health crises. Phase one of the research comprised a survey of DASSs focusing on mental health needs assessments, strategic planning and safeguarding. Phase two comprised interviews in six authorities with DASSs, mental health commissioners and operational managers with responsibility for mental health.

Methodology

Phase one: Survey of DASSs

A short online survey of DASSs was carried out to:

- consider local needs assessments in relation to mental health and how these inform local commissioning intentions
- review the features of local strategic plans in relation to mental health crisis care
- consider the responses of safeguarding boards concerning mental health crisis care
- identify examples of emerging practice in relation to local developments in support and/or responses to people in crisis.

The survey was in the field between 10 July and 5 August. A total of 78 responses were received – a response rate of 52 per cent. This is a good response rate for a survey such as this and the level of response means that the results provide a good snapshot of the views of this particular group of respondents. They do not represent the views of all DASSs[1].

A breakdown of response rate by authority type is shown in Table 1.

Table 1: Breakdown of responses by authority type

Authority	Number	Per cent
County (27)	15	56
English unitary (55)	32	58
Metropolitan district (36)	17	47
London borough (32)	14	44

Base: all respondents (78)

Table 2 provides a breakdown of responses by government region.

[1] Respondents were asked to provide their job title; just under half referred to themselves as a director (or acting/assistant/deputy director). The other respondents described themselves as managers, leads or heads of service.

Table 2: Breakdown of response by a region			
Authority	**Population**	**Sample**	**Per cent**
East of England	11	7	64
East Midlands	9	5	56
London	32	14	44
North East	12	5	42
North West	23	13	57
South East	19	7	37
South West*	15	8	53
West Midlands	14	10	71
Yorkshire and the Humber	15	9	60

Base: all respondents (78)
* Isles of Scilly were not include

Phase Two: Interviews with DASSs, commissioners and operational managers

Interviews with DASSs, mental health commissioners and operational managers with responsibility for mental health in six local authorities were carried out. The purpose of the case studies was:

- To review of the practice that LAs (with CCGs and Mental Health Trusts) have developed in respect of commissioning and providing community-based services for people at risk of mental health crisis.
- Examine how local authorities (in partnership with other agencies) are meeting the needs of people in mental health crisis.
- To achieve an understanding of whether, or not, there is emerging practice around effective integration in this area.
- To better understand if, and how, local authorities are establishing the need for mental health and substance misuse services which can address the needs of people with dual diagnosis.

The selected authorities appeared from phase one to be engaged in innovative practice of their commissioning and delivery of mental health crisis services. They were selected using the following criteria:

- survey respondent had agreed to take part in follow-up research
- survey respondent gave majority 'yes' responses when asked if their authority's local strategic planning groups(s) included representation from a range of providers, services and also service users
- survey respondent strongly agreed when asked if planning and commissioning of mental health services was well-coordinated and joined-up between agencies in their locality.

Using the above criteria, we selected the six localities which provided the best spread in terms of region and authority type. The authorities included two metropolitan districts, two unitary authorities, one country and one London borough. Of the six authorities, two were located in the East of England; the other two were

located in Greater London, North West, the West Midlands, and Yorkshire and the Humber.

Telephone interviews were conducted with six DASSs (or a delegated colleague), five mental health commissioners and six operational managers with responsibility for mental health. Table 3 gives the job titles of those who took part in our interviews.

Table 3: Case study interviewee job titles

Authority type	Director Questions	Commissioner questions	Operational manger questions
County	Director of Community Services	Assistant Director, Mental health, Learning Disabilities, Offender Health and Substance (NHS)	Head of Adult Mental Health
London Borough		Joint Commissioning Manager Mental Health	Professional Lead Social Worker
Metropolitan district 1	Head of Service, Adult Social Care	Head of Commissioning, Adult Social Care	Head of Service, Adult Social Care
Metropolitan district 2	Assistant Director, Health Wellbeing and Disabilities		Operations Manager
Unitary authority	Director of Children's and Adults' Services	Commissioning Officer	Acting Assistant Director, Community Care Services
Unitary authority	Executive Director of Social Care, Housing, Health	Divisional Manager, Adult Mental Health	Operational Manager

Please note the following when reading this report:

- Where tables and figures report the base, the description in brackets refers to the group of people who were asked the question. The number provided refers to the number who answered each question. Please note that bases sometimes vary.
- Throughout the report percentages in figures and tables may add to more than 100 per cent due to rounding.

Survey of DASSs

Mental Health Needs Assessment

The first section of the survey aimed to establish where authorities were positioned with regards to their mental health needs assessment (MHNA).

MHNA progress

All 78 authorities planned to complete a MHNA; 22 per cent were reported to be 'completed'. The majority (60 per cent), however, said their assessment was 'partly-completed', and 18 per cent said work had 'not yet started' on their assessment (see Table 4).

Table 4: At what stage is your authority's MHNA?

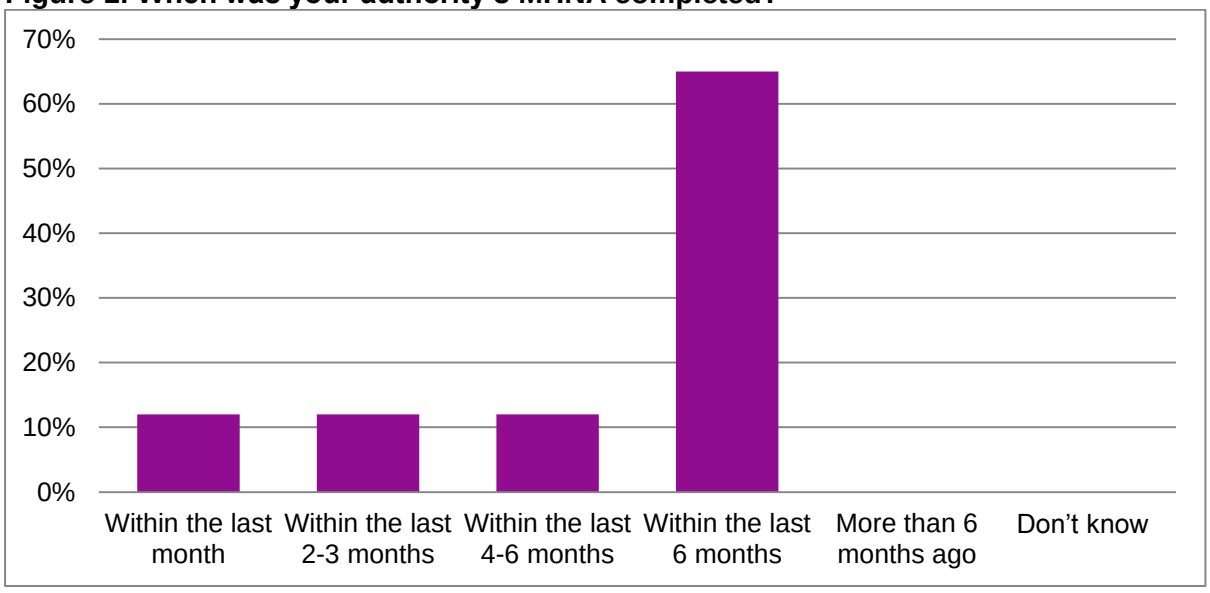
	Number	Per cent
Completed	17	22
Partly-completed	47	60
Not yet started	14	18
No plans to do this	0	0

Base: all respondents (78)

Completed MHNAs

The 17 respondents who said their assessment was 'completed' were asked to specify when it had been completed. The majority (65 per cent) said 'within the last 6 months', although 36 per cent had done so within a shorter timeframe (see Figure 1).

Figure 1: When was your authority's MHNA completed?



Base: if 'completed' MHNA (17)

The 17 respondents with a completed MHNA were asked if their assessment was included in their Joint Strategic Needs Assessment (JSNA) or a standalone health

needs assessment (HNA). Fourteen selected 'JSNA' and a further respondent said their MHNA would be included in their JSNA in the future. Two respondents selected 'other' and their responses are shown in Table 5.

Table 5: Please indicate if your MHNA is included in the following:		
	Number	**Per cent**
JSNA	14	82
Standalone HNA	0	0
Not currently included in the JSNA, but will be in the future	1	6
Other (both JSNA and standalone HNA)	1	6
Other (joint commissioning plan)	1	6
Don't know	0	0

Base: if 'completed' in MHNA (17)

Respondents with a completed MHNA were asked if their current needs assessment included specific analysis of local needs relating to people with mental health problems and drug/alcohol misuse issues (ie dual diagnosis); 16 of the 17 said this was not the case. The remaining respondent was unsure (see Table 6).

Table 6: Does your current needs assessment include specific analysis of local needs relating to people with mental health problems and drug/alcohol misuse issues (ie dual diagnosis)		
	Number	**Per cent**
No	16	94
Don't know	1	6
N/A	0	0
Don't know	0	0

Base: if 'completed' in MHNA (17)

Respondents with a completed MHNA were asked if their assessment included analysis of how and where people present in crisis. Eight out of 17 respondents said this was the case, eight said 'no' and one was unsure (see Table 7).

Table 7: Does your needs assessment include analysis of how and where people present in crisis?		
	Number	**Per cent**
Yes	8	47
No	8	47
Don't know	1	6

Base: if 'completed' in MHNA (17)

The eight respondents who said their needs assessment included analysis of how and where people present in crisis were asked to provide details. Two made reference to their JSNA and a third said his/her authority would be working with providers in managing the development of new datasets, which would be jointly reviewed and shared on a regular basis to gain an 'intelligent understanding' of what the data was saying. S/he added that the authority would meet regularly with

providers to agree approaches to quality improvement and providers' performance against contractual targets. Other replies included:

- Statistical data that lists local Mental Health Act activity including co-morbidity and ethnic distribution of mental disorders.
- Emergency mental health admissions to hospital trusts by age and locality. Information relating to place of safety, police and Mental Health Act assessments.
- Key recommendations for mental health including the need to interface with homelessness issues in relation to tuberculosis and drugs and alcohol. Dementia was added to meet one of the authority's priority areas for strategic action.
- Analysis of people receiving crisis treatment by outcome, age and location.

Respondents with a completed MHNA were asked to specify if their assessment included analysis of the effectiveness of local support/services, local responses and local support/treatment. Responses to this three-part question were evenly split (see Table 8).

Table 8: Does your needs assessment include analysis of the effectiveness of:

	Yes		No		Don't know	
	N	%	N	%	N	%
Local support/services to prevent crisis through timely interventions	8	47	9	53	0	0
Local responses to people experiencing mental health crisis	9	53	8	47	0	0
Local support/treatment for people when they present in crisis	9	53	8	47	0	0

Base: if 'completed' in MHNA (17)

There was an almost even split in the numbers of respondents who said their completed MHNA included, and did not include, analysis of gaps in local provision in relation to early intervention/prevention of crisis, responses to people presenting in crisis, and local support/treatment for people experiencing a mental health crisis (see Table 9). 'Other' analysis included: 'dementia'; 'substance misuse'; 'primary care prevention'; 'provision of alternative place of safety ie crisis retreat'; and 'a mapping exercise covering all crisis services is proposed'.

Table 9: Does your needs assessment include analysis of gaps in local provision, in relation to:						
	Yes		No		Don't know	
	N	%	N	%	N	%
Early intervention/prevention of crisis	9	53	8	47	0	0
Responses to people presenting in crisis	9	53	8	47	0	0
Local support/treatment for people experiencing a mental health crisis	9	53	8	47	0	0
Other	5	83	0	0	1	17

Base: if 'completed' in MHNA (17)

'Partly-completed' or 'not yet started' MHNAs

Sixty-one respondents said that their authority's MHNA was 'partly-completed' or 'not yet started'. Most respondents (44 per cent, 27 respondents) said their assessment would be completed within the next six months, whereas 30 per cent (18 respondents) said it would be done within the next 3 months (all but one of these had already part-completed their assessment) – see Table 10.

Table 10: Approximately, when will your authority's MHNA be completed?				
	Total		Partly-completed	Not yet started
	Number	Per cent	Number	Number
Within the next month	1	2	1	0
Within the next 3 months	18	30	17	1
Within the next 6 months	27	44	21	6
In more than 6 months' time	10	16	4	6
Don't know	5	8	4	1

Base: If 'partly-completed' or 'not yet started' needs assessment (61)

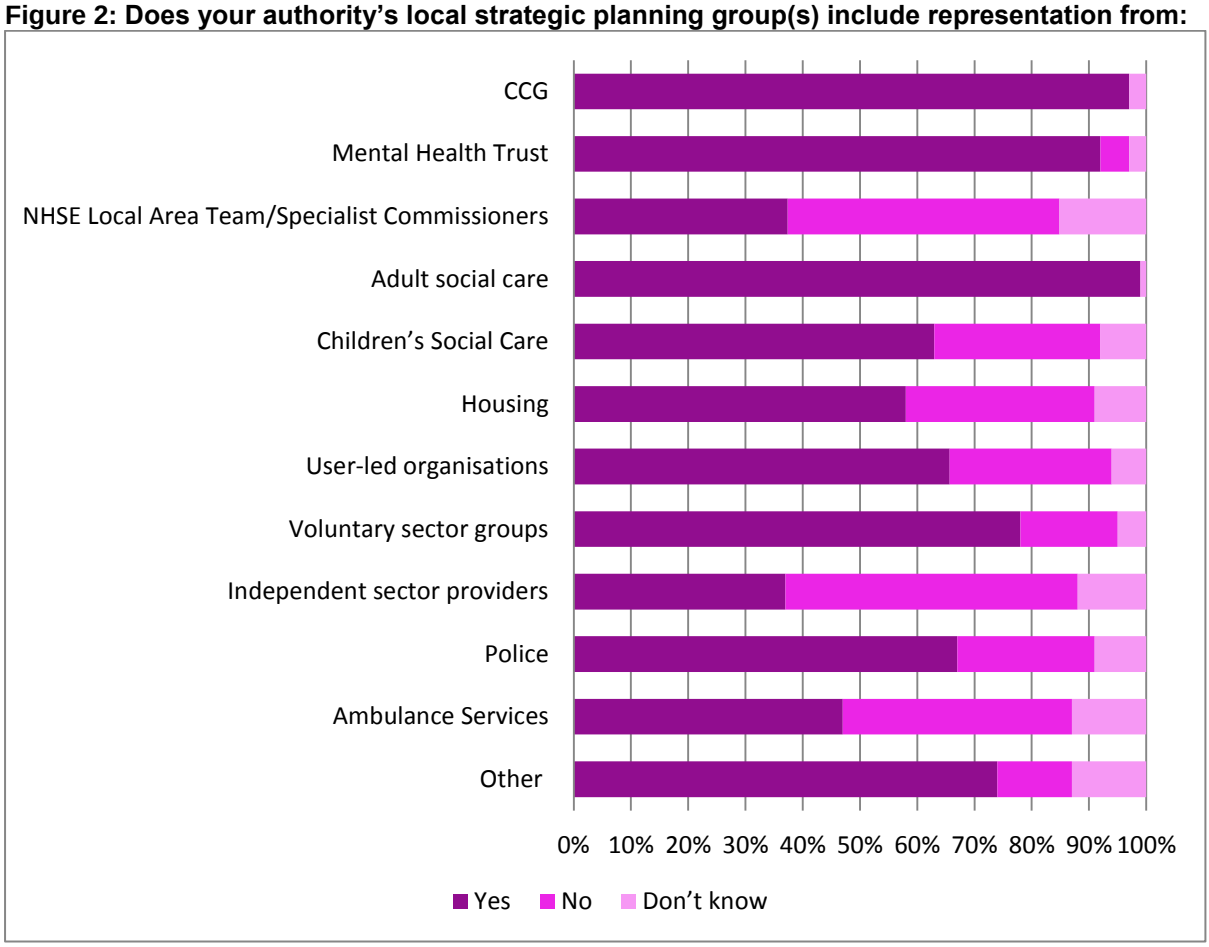
Strategic planning

The second section of the survey aimed to establish the position of councils with regards to mental health crisis care and local strategic planning.

Strategic planning groups

Respondents were asked if their authority's local strategic planning group(s) included representation from various organisations (see Figure 2). Most of those who responded replied positively. Representation was highest among adult social care (99 per cent), CCGs (97 per cent) and Mental Health Trusts (92 per cent).

Figure 2: Does your authority's local strategic planning group(s) include representation from:



Base: all respondents (78)

In addition to the organisations set out above, 17 respondents indicated additional members of their strategic planning groups. These included: Public Health/Office of the Director of Public Health (n=5); HealthWatch (n=4); voluntary sector (including carers' organisations or representatives) (n=3); youth offending and/or probation (n=3); and Acute Hospital Trusts (n=3). The following groups were also mentioned by one respondent each: General Hospital Trusts; community health; service users and/or carers; General Practitioners (GPs); Patient Advice and Liaison Service; and Primary Care Services.

Shared understanding of costs

Over half of the respondents to the survey (51 per cent) said that, in their locality, there was a 'moderate' understanding of the costs of local mental health services. Around a fifth (21 per cent) said 'a great extent' when asked if there was a shared understanding of the costs of local mental health services (see Table 11).

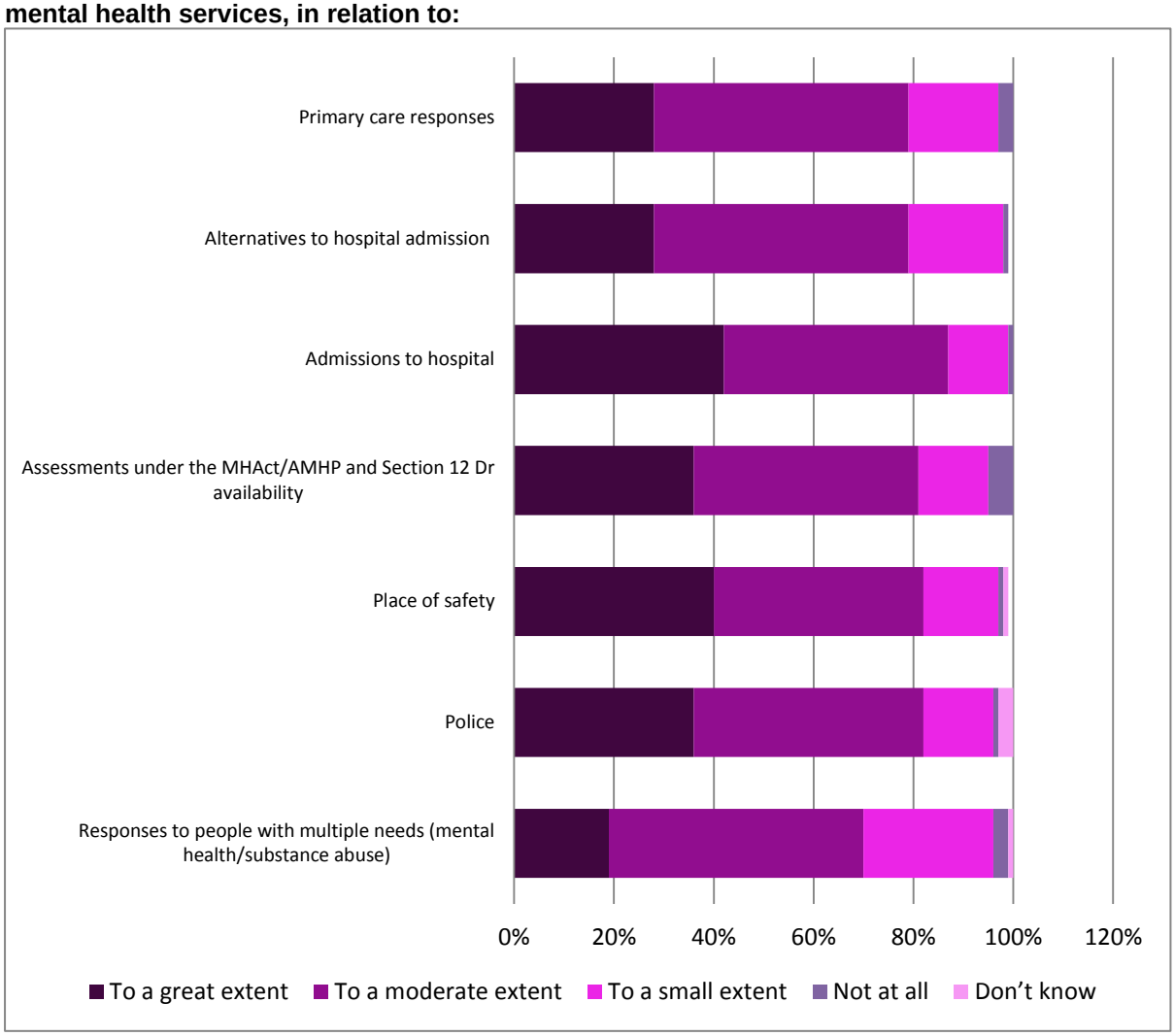
Table 11: To what extent do you think there is a shared understanding of the costs of local mental health services?		
	Number	Per cent
To a great extent	16	21
To a moderate extent	40	51
To a small extent	21	27
Not at all	1	1
Don't know	0	0

Base: all respondents (78)

Understanding of local pressures

Respondents were asked to specify the extent to which they thought there was an agreed understanding of local pressures in mental health services among the services and organisations set out in Figure 3. Most respondents said this was the case to a 'great' or 'moderate' extent (between 67 per cent and 87 per cent). The exception to this was 'responses to people with multiple needs (mental health/substance abuse)', where a shared understanding was described as being 'moderate' or 'small' extent.

Figure 3: To what extent do you think there is an agreed understanding of local pressures in mental health services, in relation to:



Base: all respondents (78)

Nine respondents gave 'other' replies, when asked about the extent to which they thought there is an agreed understanding of local pressures in mental health services (see Table 12).

Table 12: 'Other' responses (To what extent do you think there is an agreed understanding of local pressures in mental health services, in relation to…?)

Great extent	'Learning disability and mental health'; 'Probation'; 'Under 16s'; 'Voluntary organisations and carers advocates'; 'Specialist services for challenging Elderly Mentally Infirm (EMI) nursing home placements'; 'Learning difficulties and autism';
Moderate extent	'ASD spectrum'
	'Effective response for personality disorders'
Small extent	'Emergency departments'

Base: all respondents who replied 'other' in response to: 'To what extent do you think there is an agreed understanding of local pressures in mental health services, in relation to…? (9)

Reviewing AMHP provision

Respondents were asked how often capacity in approved mental health professional (AMHP) provision was reviewed in relation to working hours and also out-of-working-hours/weekends. Overall, capacity was reviewed to much the same extent across working and non-working hours. The most frequently reported timeframe was 'monthly' (45 per cent for working hours) and (41 per cent for out-of-hours). See Table 13 for details.

Table 13: Within your authority, how frequently is capacity in AMHP provision reviewed in relation to working hours and out-of-working-hours/weekends?

	Working hours		Out-of-hours/weekends	
	Number	Per cent	Number	Per cent
Monthly	35	45	32	41
Quarterly	19	24	22	28
Twice a year	4	5	3	4
Annually	11	14	8	10
Other	7	9	9	12
Don't know	2	3	4	5

Base: all respondents (78)

Seven respondents gave 'other' replies when asked about the frequency of reviewing AMHP provision in relation to working hours. Reviews took place: daily (n=1); as required or needs-led (n=2); were ongoing (n=3); every 3 months (n=1). Nine respondents gave 'other' replies in relation to out-of-hours/weekends. Reviews took place: daily (n=1); were ongoing (n=1); weekly at present as service was new (n=1); at least quarterly at present as service was new (n=1); as required or needs-led (n=2); ad hoc/occasional basis (n=2); or unspecified as process was under review (n=1).

Planning and commissioning of mental health services

Respondents were asked to specify the extent to which they agreed with certain statements about the planning and commissioning of mental health services in their locality. As shown in Table 13, the majority of respondents (60 per cent or more) agreed that the planning of mental health services in their locality was well-coordinated between agencies (62 per cent) and joined-up with agencies (60 per cent). Similarly, most respondents (50 per cent or more) said the commissioning of mental services in the locality was well-coordinated between agencies (56 per cent) and well-coordinated within agencies (50 per cent).

Table 14: To what extent do you agree with the following statements about the planning and commissioning of mental health services in your locality:												
	Strongly agree		Tend to agree		Neither agree nor disagree		Tend to disagree		Strongly disagree		Don't know	
	N	%	N	%	N	%	N	%	N	%	N	%
Our planning of mental health services is												
…well-coordinated between agencies	9	12	48	62	12	15	9	12	0	0	0	0
…joined-up within agencies	8	10	47	60	16	21	7	9	0	0	0	0
Our commissioning of mental health services is												
…well-coordinated between agencies	8	10	44	56	13	17	12	15	1	1	0	0
…well-co-ordinated within agencies	12	15	39	50	18	23	7	9	1	1	1	1

Base: all respondents (78)

Most respondents (56 per cent) replied positively when asked if mental health commissioning plans in their locality included building capacity in community-based services for people at risk of mental health crisis (to anticipate and prevent crisis through early intervention and avoid admissions to in-patient provision). A further 28 per cent said this was not presently the case, but work was underway (see Table 15).

Table 15: In your locality, do mental health commissioning plans include building capacity in community-based services for people at risk of mental health crisis (to anticipate and prevent crisis through early intervention and avoid admissions to in-patient provision)?		
	Number	**Per cent**
Yes	44	56
No, but this is underway	22	28
No, this has not yet been done	9	12
No, and we have no plans to do this	1	1
Don't know	2	3

Base: all respondents (78)

Respondents were asked to specify the extent to which services respond to people with multiple care needs in their locality. Around two-thirds of respondents (64 per cent) said that in their locality mental health crisis services responded 'fairly well' to adults who also have substance misuse problems (as well as mental health problems). Similarly, around two-thirds (62 per cent) said, in their locality, substance misuse services responded 'fairly well' to adults who also have mental health problems (as well as substance misuse problems). See Table 16.

Table 16: To what extent, in your locality, do services respond to people with the following multiple care needs:										
	Very well		Fairly well		Not very well		Not at all		Don't know	
	N	%	N	%	N	%	N	%	N	%
Mental health crisis services for adults who also have substance misuse problems	4	5	50	64	24	31	0	0	0	0
Substance misuse services for adults who also have mental health problems	6	8	48	62	22	28	0	0	2	3

Base: all respondents (78)

Respondents were asked about the extent to which certain services addressed the needs of adults requiring substance misuse services (see for Table 17 results). The most responsive services were said to be 'early intervention in psychosis services'; assertive outreach teams; crisis resolution teams and accident and emergency mental health liaison teams for adults. Ten respondents gave 'other' responses, including 'voluntary sector' and 'Improving Access to Psychological Therapies (IAPT)'.

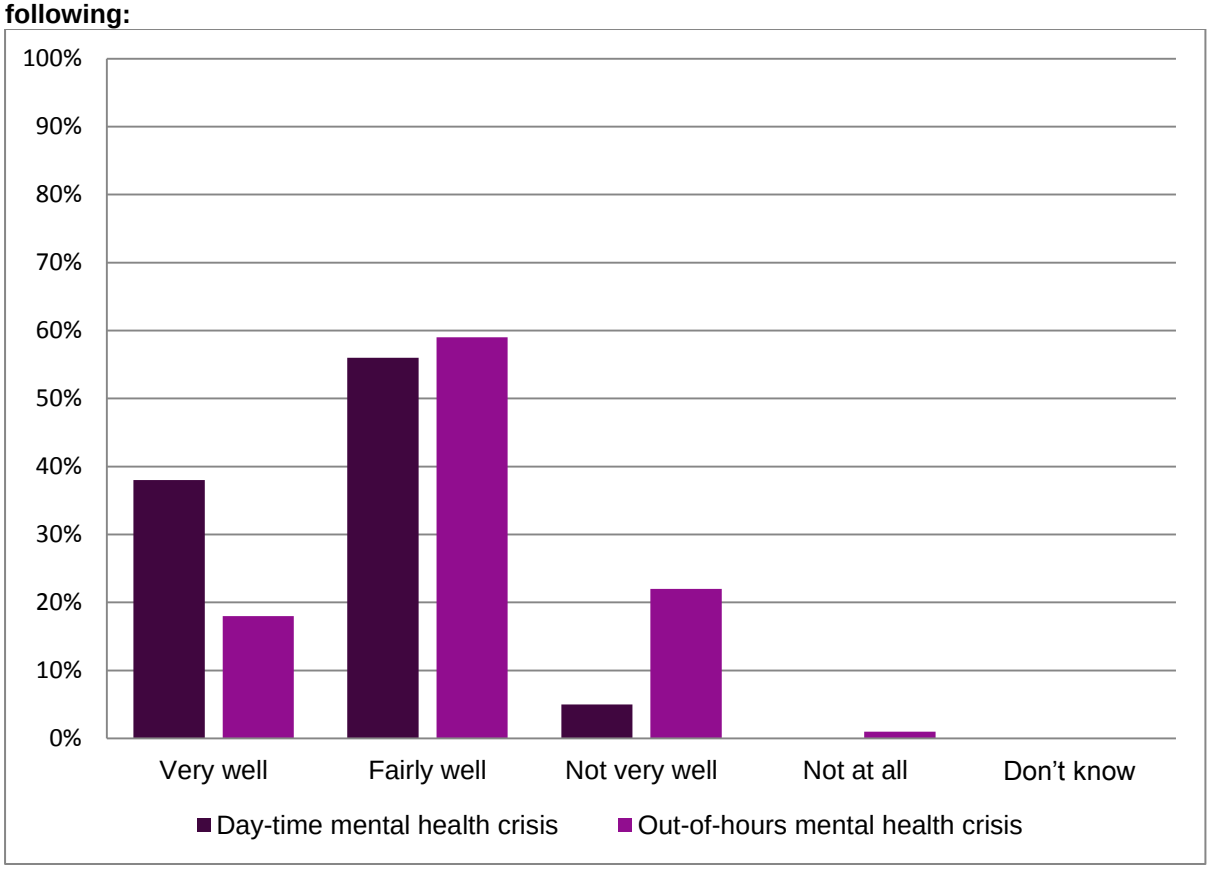
Table 17: In your locality, how far do the following services also address the needs of adults requiring substance misuse services?										
	To a great extent		To a moderate extent		To a small extent		Not at all		Don't know	
	N	%	N	%	N	%	N	%	N	%
A&E mental health liaison for adults	5	6	39	50	26	33	1	1	7	9
Assertive outreach team	10	13	43	55	12	15	2	3	11	14
Crisis accommodation	3	4	33	42	23	29	10	13	9	12
Crisis resolution ream	6	8	46	59	15	19	2	3	9	12
Early Intervention in Psychosis Service	15	19	43	55	9	12	0	0	11	14
Self-help groups	5	6	33	42	11	14	0	0	29	37
Short-term breaks/respite care service	3	4	16	21	24	31	7	9	28	36
Women-only community day services	1	1	7	9	20	26	15	19	35	45
NHS 24-hour nurse staffed care	5	6	28	36	18	23	4	5	23	29
Mother and baby services	2	3	18	23	18	23	7	9	33	42
Other	0	0	1	33	2	67	0	0	0	0

Base: all respondents (78)

Responses to day-time and out-of-hours crisis

Ninety-four per cent of respondents said services responded ‘very well’ or ‘fairly well’ to day-time mental health crisis, while 77 per cent of respondents said services responded ‘very well’ or ‘fairly well’ to out-of-hours mental health crisis (see Figure 4).

Figure 4: Overall, in your locality, how would well would you say services respond to the following:

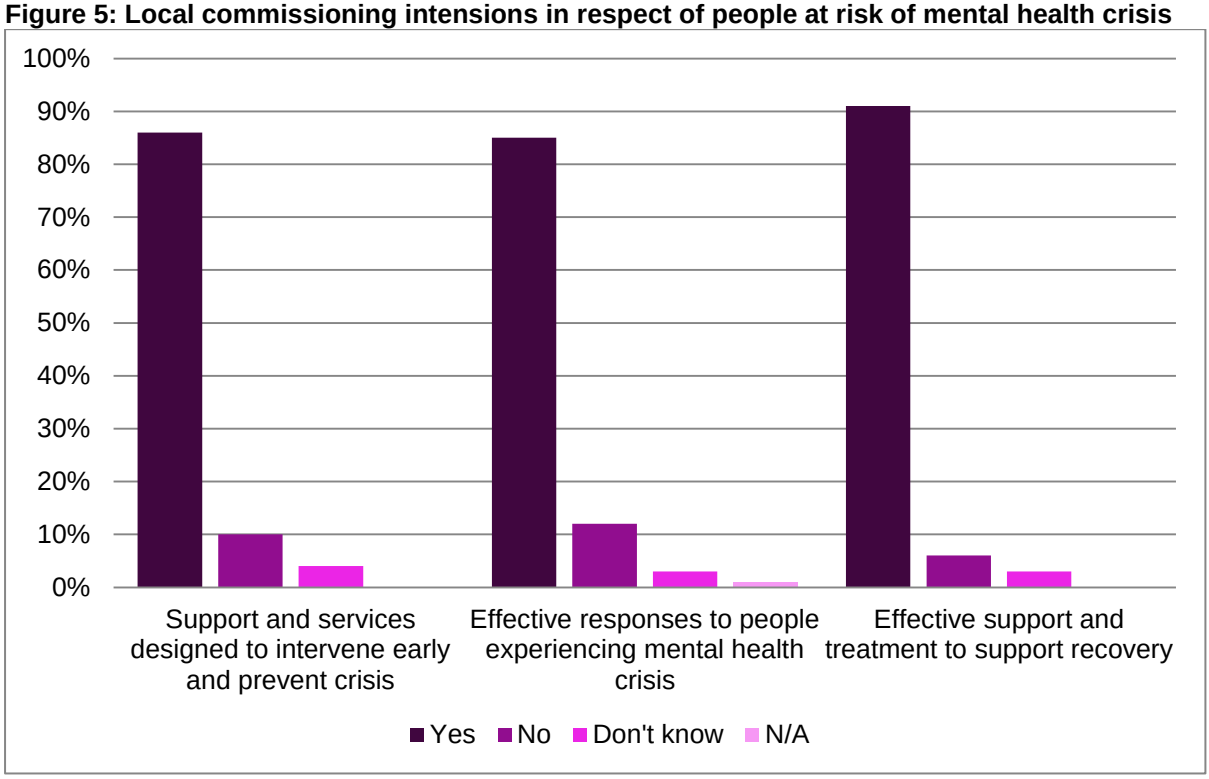


Base: all respondents (78)

Local commissioning intentions

At least 85 per cent of respondents (and up to 91 per cent) said that local commissioning intensions in their locality were agreed in respect of the services set out in Figure 5.

Figure 5: Local commissioning intensions in respect of people at risk of mental health crisis



Base: all respondents (78)

Safeguarding

The third section of the survey aimed to establish the position of councils with regards to mental health crisis care and safeguarding.

Discussion of Concordat

Almost two-thirds of respondents (64 per cent) reported that their local safeguarding board had not discussed the Mental Health Crisis Concordat. Nineteen per cent said discussion had taken place and 17 per cent were unsure (see Table 18).

Table 18: Has your local Safeguarding Board discussed the Mental Health Crisis Concordat?

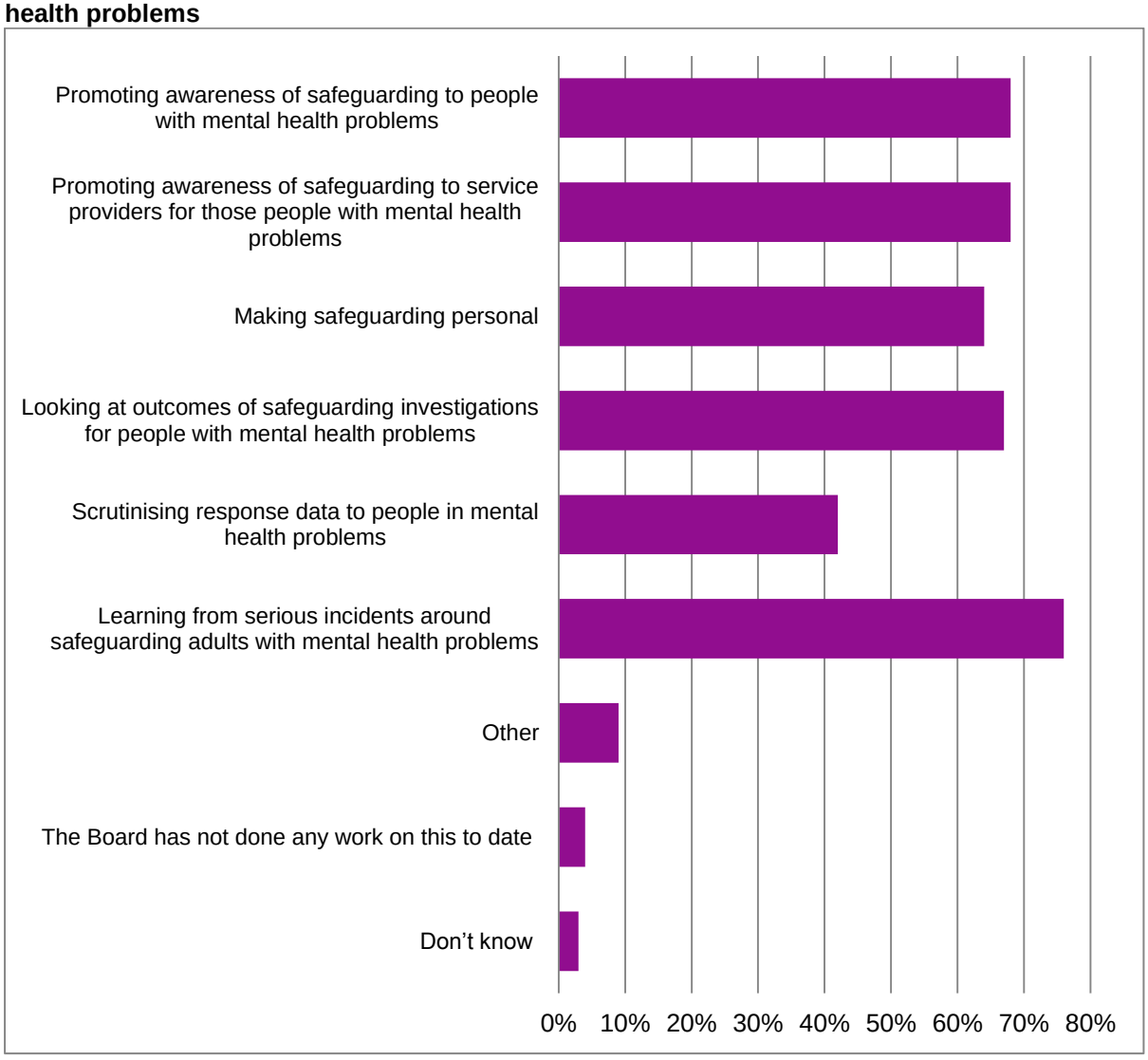
	Number	Per cent
Yes	15	19
No	50	64
Don’t know	13	17

Base: all respondents (78)

Safeguarding adults with mental health problems

Around two-thirds to three-quarters of respondents reported that their local safeguarding board had carried out work in five of the six safeguarding areas shown in Figure 6. The greatest number (76 per cent) said their local safeguarding board had carried out work on 'learning from serious incidents around safeguarding adults with mental health problems'.

Figure 6: Work carried out by local safeguarding boards on safeguarding adults with mental health problems



Base: all respondents (78)

Nine per cent of respondents gave an 'other' response when asked about work carried out by local safeguarding boards on safeguarding adults with mental health problems. The responses were:

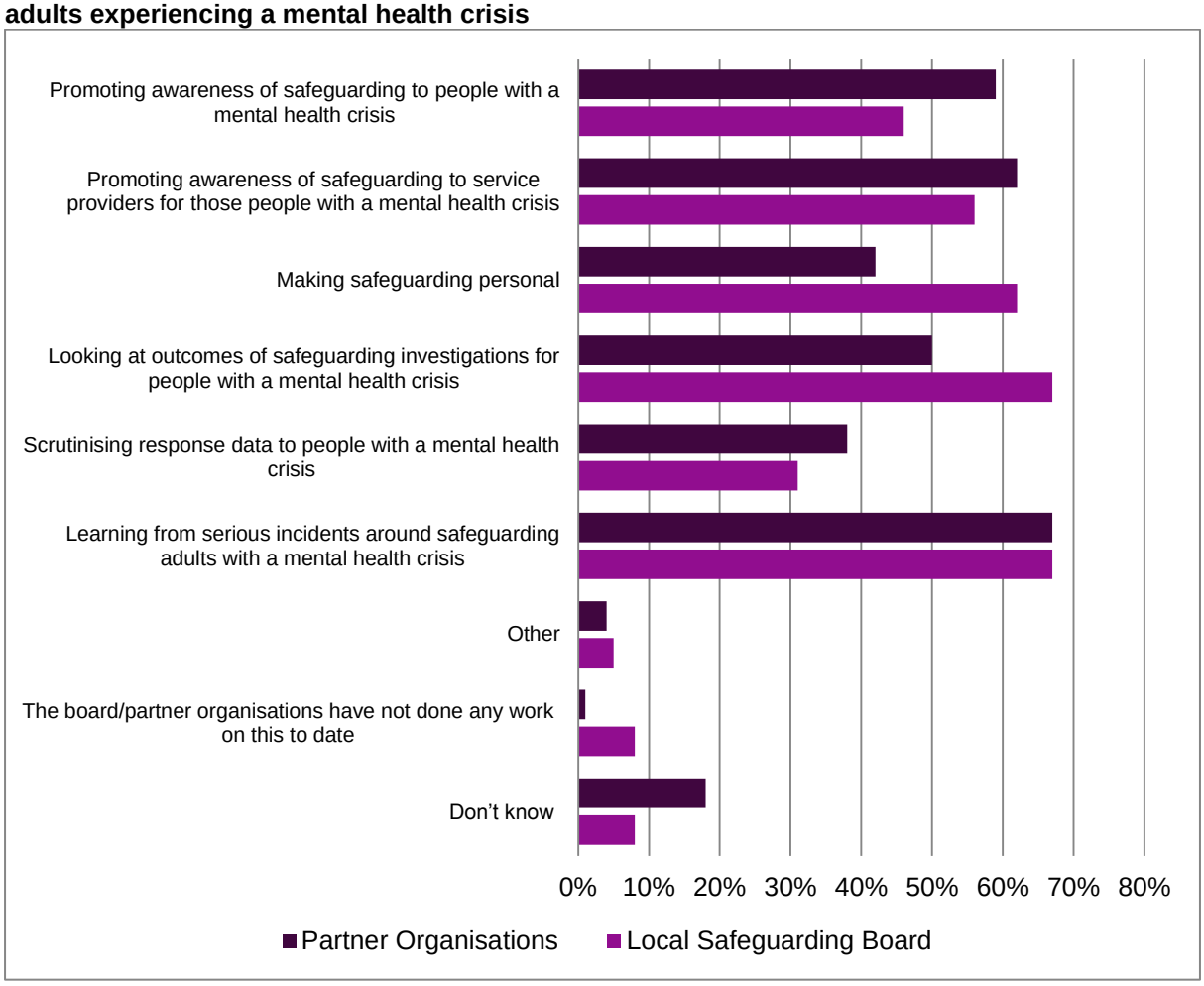
- service users: 'working with service user groups in mental health in relation to safeguarding'; and 'work with service user groups'
- 'we have established a multi-agency suicide sub-group'

- ‘an audit of safeguarding work in mental health services’
- ‘above work completed but not client specific. AVA [Abuse of Vulnerable Adults] data informs Board of number who have a mental health need’
- ‘safeguarding audit, followed by sharing of findings’
- ‘training.’

Respondents were also asked about work done by their local safeguarding board and by partner organisations on safeguarding adults experiencing a mental health crisis. As shown in Figure 7, a varied picture emerged, and there was some variation in the responses given for local safeguarding boards and for partner organisations.

The largest number of respondents, 67 per cent, said that work had been done by their local safeguarding board and partner organisations on ‘learning from serious incidents around safeguarding adults with a mental health crisis’. Sixty-seven per cent also said their safeguarding board was looking at the outcomes of safeguarding investigations for people with mental health problems. The lowest response, about a third of respondents, was given to ‘scrutinising response data in respect of people with a mental health crisis’.

Figure 7: Work done by local Safeguarding Board, and partner organisations, on safeguarding adults experiencing a mental health crisis



Base: all respondents (78)

Additionally, the following 'other' responses were given when asked about work done by local safeguarding board, and partner organisations, on safeguarding adults experiencing a mental health crisis:

- Service users: 'service user engagement in safeguarding'; and 'work with service user groups'.
- 'The Safeguarding Board and Mental Health Services are at a developing and evolving stage. There is a team supporting the Board and the links with mental health services and issues are being progressed.'
- 'The board will look at all of the above as part of its business but not specifically for crisis work with service user groups.'
- 'The above work is completed but not always client specific.'
- 'We have done a lot of work around BIA/mental capacity and fluctuating capacity.'
- 'Training.'

Use of tool kits and good practice exemplars

Respondents were asked if their safeguarding board had utilised any toolkits, good practice exemplars, guidance or other similar tools. As shown in Table 19, almost two-thirds said their Board had used 'guidance' (65 per cent), while 42 per cent had used 'good practice exemplars' and 33 per cent had used 'toolkits'. Meanwhile, 15 per cent of respondents were unsure if the safeguarding board had utilised the tools and guidance, and 10 per cent said 'none of the above' had been used. Of the five respondents who detailed an 'other' reply, three gave specific details. These included 'case reviews'; 'safeguarding audit, followed by roadshows and learning workshops'; and 'a good practice safeguarding group'.

Table 19: Has your Safeguarding Board utilised any of the following to help it deliver its functions:

	Number	Per cent
Toolkits	26	33
Good practice exemplars	33	42
Guidance	51	65
Other	5	6
Don't know	12	15
None of the above	8	10

Base: all respondents (78)

Overall, as shown in Table 20, respondents said the toolkits, good practice examples and guidance had been 'fairly useful' or 'very useful', although these percentages are based on small numbers of respondents.

Table 20: How useful have the toolkits, good practice examples, and guidance been:										
	Very useful		Fairly useful		Not very useful		Not at all useful		Don't know	
	N	%	N	%	N	%	N	%	N	%
Toolkits (n=26)	6	23	18	69	1	4	0	0	1	4
Good practice exemplars (n=33)	14	42	16	48	0	0	0	0	3	9
Guidance (n=51)	19	37	29	57	0	0	0	0	3	6

Base: all respondents (respondent numbers shown in table)

Additional resources to help Safeguarding Boards

Respondents were asked what additional resources they would find useful to help them deliver their safeguarding functions in respect of people experiencing a mental health crisis. Forty-four respondents set out a detailed response to this question. These responses focused on the following areas (see Annex A for a full set of responses).

- making safeguarding personal
- interface issues/agency representation on boards
- shared intelligence and inter-agency decision-making (self-audit tool/using outcome data/incident reporting
- additional multi-agency training and support
- dedicated advanced practitioners for mental health safeguarding
- accommodation alternatives for people experiencing a mental health crisis
- safeguarding for dual diagnosis (including substance abuse and also dementia)
- wider awareness raising/advocacy (greater focus on crisis work and services)
- service-user related issues (eg service-user feedback, service-user rights)
- additional information on the expected role of safeguarding boards with respect to mental health
- information sharing (cascading information from serious case reviews, learning from serious incidents, improved integrated IT systems).

Good practice by partner organisations

One of the key aims of the research was to identify local areas that might be involved in developing good practice in respect of people experiencing or at risk of a mental health crisis. 36 of the 78 respondents gave at least one example of practice that they felt had been particularly effective, that their partner organisations had developed in respect of people experiencing a mental health crisis (see Annex B for full results).

- 14 respondents referred to effective working with the police such as street triage projects, and establishing effective Section 136 of the Mental Health Act (MHAct) protocols (including data sharing, and the development of Section 136 suites to reduce the use of police cells). Some local authorities had developed community-based services to allow the police to directly refer people they believe would benefit from mental health support. Others highlighted joint local authority/NHS crisis teams to reduce the use of police cells.
- 7 respondents highlighted local practice in respect of Safeguarding, including joint training across local authority/NHS disciplines, and also internal and external audits carried out by safeguarding boards in respect of people with mental health problems, in particular carrying out serious case reviews.
- Other areas of practice included the provision of community-based accommodation to help people remain in familiar settings and maintain routines to enhance recovery, and reduce admissions to A&E. For example, one local authority ran an out-of-hours café, run in partnership with the voluntary sector and Mental Health Trust, which was reducing the numbers of A&E admissions for this group.

Further comments on improve outcomes

Respondents were given the opportunity to provide further information with regards to improving outcomes for people experiencing mental health crisis; 39 responded to the question (see Annex C for full results). Of these, some highlighted the Mental Health Crisis Concordat in respect of driving improvements. Their comments included the establishment of multi-agency groups to develop and drive forward the requirements set-out in the Concordat and the development of an action plan in respect of this. They also spoke about building on, and developing, effective multi-agency working across key partners, including the police, in respect of the Concordat.

Four respondents mentioned ongoing engagement in developing and delivering street triage work, as an effective way of improving outcomes for people who come into contact with the police and reducing inappropriate MHAct Section 136 detentions. Four respondents also highlighted the extension of community-based mental health services as a means of improving outcomes. Only two respondents

specifically highlighted joint work in respect of people experiencing mental health problems and substance misuse issues.

Respondents suggested the following as strategies to improve outcomes for people experiencing (or likely to experience) a mental health crisis:

- holistic consideration of mental health (including domestic violence, depression, substance misuse)
- alternatives to inpatient care (including bed shortage, distance from home, need for family placements)
- clear pathways for service-users
- improved data collection (including. evaluating outcomes, collating information to understand needs)
- integrated IT system between health and social care
- raising the local and national profile of mental health.

Mental Health Crisis Case Studies

Introduction

Building on our survey of DASSs, we carried out a series of interviews to explore the ways in which local authorities have, and are, developing support and services for people at risk of a mental health crisis, for example, through new ways of working, specific projects or by making better use of data and other intelligence to inform planning and commissioning. The purpose of this was to understand what local authorities and their partners think works well, how challenges within a number of localities are being addressed and to identify learning that might be helpful to share more widely among the sector.

Case-study authorities were selected based on their responses to the DASS survey, as described earlier in this report. Fifty-four respondents (69 per cent) volunteered to be contacted about our case study work; six local authorities were selected. Interviews were carried out in November 2014 and ran for between 30 and 60 minutes. Interviewees took part on the basis that neither they nor their authority would be named in this report, but with permission, specific areas that were working well might be highlighted.

Director interviews

Directors of Adults Social Services were asked about mental health needs assessments (MHNAs), strategic planning and the commissioning of services for people at risk of experiencing a mental health crisis. They were also asked about joint initiatives, financial/resource challenges, workforce/skills gaps, specialist commissioning and lessons that could be shared. We conducted four one-to-one telephone interviews with DASSs, and one joint interview (an Operations Manager also contributed).

Key local drivers for the development of MHNAs

The key drivers for the development of MHNAs were a) ensuring a thorough understanding of local need and b) ensuring that mental health services were effective. However, interviewees tended not to talk of a single MHNA but of a suite of tools and documents used to analyse need, and to set out measures and processes (including the Concordat, JSNAs, commissioning strategies and other evidence papers). Five other key points were highlighted in relation to developing a mental health plan:

- **Having a clear direction** – knowing where a local authority is going with regards to mental health crisis work (based on rigorous needs analysis and sound governance structures), and having a clear sense of what a local authority wants to deliver for people experiencing a mental health crisis.

- **Having sound structures in place** – e.g. a Mental Health Delivery Group (building on old Local Implementation Groups) with representation from GPs and service users, and supported by CCGs and local authority officers. Also, gaining the support of local Health and Wellbeing Boards in terms of mental health planning.
- **Collecting evidence** – eg from needs analysis conducted with CCGs, in-borough reports on mental health, local pilot projects, and workshops on pulling evidence together.
- **Reviewing plans** – reviewing and refreshing plans to ensure the focus is correct (demographic and other changes) and with respect to developing relationships with partners.
- **Working holistically and in partnership** – eg to facilitate the setting-up of a local mental health commissioning framework (bringing together all needs assessment information).

MHNAs and better understanding

Interviewees were asked how the MHNA had helped them to better understand the needs of people at risk of experiencing a mental health crisis. Such assessments were assisting local authorities in various ways:

- **Gaining a holistic overview of services**. This included achieving an overview of services and their overall impact eg duty cover, psychiatric liaison, street triage, Child and Adolescent Mental Health Services (CAMHS). Taking time to think about the best ways to assign services locally (see Table 21).
- **Focusing on prevention**. This included helping authorities to think about taking action before mental health problems occur or reach a point of crisis, as well as assigning services locally.
- **Early and rapid intervention.** Helping authorities to focus on projects that enable them to intervene early (eg addressing emerging health concerns for younger people to try to reduce the demand on services as they become older) and more rapidly responding to individuals experiencing mental health crises.
- **Identifying pressure points**. Highlighting where difficulties occur for service users eg becoming much more aware of the transition between CAMHS and adult mental health which can be difficult for individuals and the system (one authority mentioned extending the CAMHS end-point from 18 to 25 years).
- **Identifying gaps**. Evidencing and highlighting gaps within the current system to inform and support planning for change (see Table 21).
- **Understanding data**. Gaining a better understanding of what data are saying e.g. who is acting as primary referrers and are they in particular areas? Using data more thoroughly e.g. regarding referrals to local authority crisis services, rates of admissions and re-admissions for people in crisis and then referrals to crisis services.

Table 21: Examples of how the development of a MHNA had helped LAs to gain a better understanding of the needs of people at risk of mental health crisis
Gaining a holistic overview of services: One authority had recently changed the management of its in-house mental health social work service; a deliberate move back to the county council so as to develop a stronger community mental health service. **Identifying gaps**: A unitary authority had made significant use of a report into mental health carried out by its Director of Public Health. The report highlighted the range of mental health problems within younger age groups; evidence that the authority needed to tackle mental health issues at a much earlier age than currently. It was clear, from the report, that adult mental health issues may have been present for many years, emphasising the need for early intervention and preventative work. The report also highlighted an increase in the early onset of dementia within the local community. **Understanding data**: A unitary authority was using data from its strategic needs assessment to 'drill down' into case examples. One issue highlighted was the disproportionate number of people detained by the police under MHAct Section 136, possibility as a result of having drug- or alcohol- related problems alongside potential mental health issues. The authority worked with the local police service to identify different options for those affected. A new system was introduced, part of a Street Triage scheme, whereby a Mental Health Nurse Practitioner now attends all appropriate incidents with the police, to provide mental health advice and support. This had resulted in a 'fairly dramatic' reduction in the numbers of inappropriate MHAct Section 136 detentions, also with a significant cost saving.

Strategic planning and commissioning – what is working well?

Interviewees were asked what was working well. All five interviewees spoke about the importance of joint working within authorities (e.g. with Children and Young People's services, and Housing), and with external partners (e.g. CCGs, Mental Health Trusts, inter-agency Mental Health Delivery Group, police services and the voluntary sector). One interviewee spoke about the integration of mental health and social care teams at various hubs across her authority. Partnership working was seen as essential to providing positive outcomes for people with mental health difficulties. Overall, six areas were highlighted as working well by at least one interviewee:

- **Joint working.** This included good partnerships between children and young people's services and adult social care (working toward streamlining and reducing duplication), the creation of a well-developed joint commissioning strategy with CCGs, and very active assessment/provider forums (focusing on ensuring ease of navigation around services at the point of crisis). See Table 22.

- **Governance/overview mechanisms.** This included the prioritisation of mental health by local Scrutiny Boards (for Health and Wellbeing and Social Care), the championing of mental health by an elected member for mental health, and the setting-up of a joint management group (to review the performance of the authority's provider and to act as a platform for examining the detail of service outcomes).
- **Prioritising the mental health agenda.** It was seen to be important to achieve an emphasis on mental health prevention within the authority (e.g. through the integration of mental health and social care teams). See Table 22.
- **Robust approach to strategic planning and commissioning.** Achieving approaches that work well and that are prioritised and 'unpicked' with an authority.
- **Access to mental health professionals**. Understanding and enabling access to adult mental health professionals as this is particularly important for individuals using such services as a key point of contact.
- **Feedback**. Gaining feedback from key partners (incl. CCG director and local Health Wellbeing Board). One interview spoke about a self-directed peer support pilot with her local NHS Foundation Trust that had recently taken place, which fed into her authority's MHNA.

Examples of the current and planned joint initiatives can be found in Annex E.

Table 22: Examples of what is working well within authorities with regards to mental health planning and provision

Joint working: As a result of its partnership working, a unitary authority was looking at a number of options in relation to:

- acute admissions: whether or not it has the right level of beds and occupancy
- positioning of services: whether or not some of its services are situated in the right place
- specialist services: whether or not it should be looking at more specialist provision across a wider geographical footprint

Putting mental health on the agenda: A metropolitan authority had decided to include mental health as one of the work streams of the Better Care Fund along with dementia, early intervention/prevention and step-down forensics. This was done to make sure that mental health was seen as a high priority at the local level, and to ensure partnership working across the system around mental health issues.

Financial and other resource challenges

Interviewees were asked how far they were addressing financial and other resource challenges in the commissioning of services locally. Three interviewees (from metropolitan and unitary authorities) reported that their mental health budget had been protected in some way. One said her budget had been 'relatively untouched by budget reductions' as mental health was a high priority. Another interviewee said his authority was 'really struggling with the austerity measures' but had protected mental

health services over the last four years. Interviewees spoke about specific issues relating to financial and resource challenges. These included:

- **Procurement and commissioning**: One authority was tackling austerity via a procurement process, with the aim of securing a good outcome at a lower price. Another said, while there were huge challenges, commissioning was one of the authority's key levers to shape services differently in order to managing such challenges. Its commissioners were doing a lot of work on budget and outcomes with the intention of redesigning and 'up-streaming' services effectively.
- **Shared services**: One authority had a joint EDT with a neighbouring authority and was looking to join with an additional authority in its locality.
- **Reducing residential/nursing care costs**: One authority spent much of its mental health provision on residential and/or nursing care and these budgets had experienced downward pressures. The authority was working with providers to reduce costs in this area, as it had identified that it was paying higher rates than other local authorities.
- **Developing a resettlement programme**: Linked to the above, this authority was developing a resettlement programme which aimed to reduce residential care through moving clients into supported housing as/where appropriate.

In terms of future developments, four interviewees commented on addressing financial and other resource challenges going forward.

- **New models of accommodation**: One interviewee said his authority was developing different models of accommodation which were more cost-effective while also providing better outcomes for people.
- **Evolving care packages**: One interviewee hoped her authority would move to offering more flexible care packages, which evolved as the needs of an individual evolved. She said the best outcomes were packages that provided independence for people, within a supported framework. It was identified that this approach was not new or unique but that perhaps what was new was the development of a systematic way of applying evolving packages of support.
- **More resources for children and young people**: One interviewee said, to really shape the future, his authority needed to find more resources to put into its Children and Young People Service, and find better ways of dealing with children and young people's issues.

Table 23: Examples of the ways in which authorities were addressing financial and other resource challenges in the commissioning of services locally
Procurement and commissioning: A county authority was addressing a historic issue that many residents were placed in residential care placements. The authority now has a programme of moving people, in a managed way, into community-based provision and providing more appropriate support. **Procurement and commissioning:** A unitary authority was pulling together its main commissioning intentions across health and social care, but particularly with public health. Its aim with public health was 'to look at things very differently' in an attempt to 'get upstream and avert crisis'. The authority had been working with financial colleagues to explore new ways of working with people with mental health problems, focusing on some of the physical and wellbeing aspects of their care e.g. access to leisure facilities and encouraging the take up of exercise. It had also been working with some of its contracted providers, such as Mind, to explore opportunities to work differently and make efficiencies.

Workforce, capacity, skills and gaps

We asked interviewees how far issues relating to workforce, capacity, skills and gaps were impacting on work being developed in the area of mental health crisis. Two interviewees spoke positively; one said he enjoyed a 'good steady' social worker workforce, and another said her current workforce was 'fit for purpose' and has the skill set to support people using services. Two others spoke about system-wide issues. One highlighted general recruitment issues within a variety of disciplines in adult and children's services. A second said his Mental Health Trust had significant workforce issues which impacted on the whole system.

A number of interviewees highlighted ways in which their authority was addressing workforce issues.

- One authority was developing a new operational model that was looking across adult services provision more generally, with its aim being to support self-care.
- One authority was running a project aimed at skilling-up GPs in the area of mental health, in partnership with health promotion colleagues in public health and with some GPs.
- One authority was piloting a 'Skills for Care' tool.

Commissioner interviews

Commissioners of mental health services were asked a series of questions on the commissioning of community-based services for adults at risk of experiencing a mental health crisis.

Services deemed to be working well

The main themes emerging from our questions about services deemed to be working well centred on communication, cooperation and a shared vision between key partners. These issues were said to be important:

- **joint co-operation** between the authorities and CCGs, including CCG-led partnership working to bring key partners around the table to concentrate on crisis care
- **open and realistic** outlook among authorities about the local challenges, thus enabling rapid progress
- **co-production** of a Mental Health Framework, providing a joint document across all key stakeholders that covers the totality of what an authority and its partners are attempting to achieve
- encouragement of **innovative working**
- **joining up at a strategic-level**; strategic bodies exist to share the learning and information that comes out of commissioning activity
- **listening to service users** and feeding their experiences back to elected members to support development of better services.

Table 24: Examples of what was working well in the planning, or commissioning, of community-based services for adults at risk of mental health crisis
Joint cooperation: The re-procurement of mental health services in one authority was being undertaken jointly with a CCG. Their informal relationship was bringing about serious, mature, realistic and sometimes heated discussions about crisis services. The **open and realistic approach** taken by both parties to local challenges facilitated quick progress, specifically in regard to the reduction in hospital admissions. A street triage scheme had been rejected as it did not suit the locality's rural nature. Instead, agencies chose to have three AMHPs within the central police county control room; resulting in a drastic reduction in inappropriate MHAct Section 136 suite admissions. This was because AMHPs could: • offer timely advice to police officers attending to individuals exhibiting mental health issues • rapidly access patient medical records • suggest alternative approaches and pathways for individuals that avoid MHAct Section 136 and/or custody suite activity. This approach has been described as 'inspirational' by all the partners involved due to its rapid impact. **Joint cooperation**: A user-led crisis centre and MIND employment support service were highlighted as good examples of a local authority working with a local CCG to jointly commission mental health services. The ambition for this metropolitan authority was to move towards a more integrated commissioning approach, potentially with a pooled fund arrangement and to increase the amount of Section 256 partnership arrangements. **Joining-up at a strategic level**: The commissioning and provision of mental health services in a unitary authority were overseen by a delivery group and a senior management strategic group for mental health (both accountable to senior boards). Good partnership working within the authority was reported, as were close relationships with the local CCG which was housed within the authority and represented on the senior management team. Thus, a wide partnership approach was taken to the commissioning services.

Impact of strategic arrangements on services

The impact of strategic arrangements on services varied between authorities, thus interviewees' experiences were also varied. The key themes emerging from their responses centred on the following:

- ensuring a **mutually understood language** across services to make it quicker to implement change and identify difficulties
- the importance of **joint arrangement** between services to increase the possibility of moving money around the system

- the inclusion of the **voice of the person** in high-level strategic commissioning plans
- the importance of **balancing early intervention/prevention** work with enduring and **crisis-related mental health work**
- recognising that moving staff due to strategic re-organisation can produce **provision gaps** and problems for people moving through services.

Ways of engaging with users/carers

Interviewees were asked about the ways in which they had engaged with, and involved, users/carers within their strategic arrangements for mental health crisis care. Overall, a number of methods were identified. One interviewee, however, noted that service user involvement was a 'challenge' for her authority as there was less history of service user engagement than, for example, where she had worked previously. However, there had been significant progress in this area. The following were highlighted as being particularly positive:

- **Consultation with service users/carers.** Ensuring service users and carers are meaningfully involved in commissioning and pathway modifications across the system eg through a formal 'expert by experience' group (see Table 25).
- **Service user membership**. Including service users in groups such as mental health strategic boards and delivery groups. Recruiting a 'lead service user' to act on behalf of all service users and voice their concerns and anxieties (see Table 25).
- **Involvement in decision-making**. Embedding service user/carer involvement in decision-making across the commissioning process.
- **Service user reference group**. Setting-up a mental health user reference group to comment on the authority's mental health work.
- **User-led Crisis Centre**. Commissioning a user-led crisis centre controlled and delivered by people with experience of mental health illnesses.
- **Commissioner involvement**. Getting out and talking to service users and providers about how to make support systems work more effectively to prevent mental health crisis eg identifying problems, constraints, and communication blockages.
- **Challenging providers**. Testing providers on how they will respond to the principles of the Concordat.

Table 25: Example and engaging with service users/carers

Consultation with service users: One authority, with substantial resources from the local CCG, had involved service users in the re-procurement of mental health services by creating an 'expert by experience' group comprising of three stages:

- Local people were consulted extensively about the sorts of outcomes they wanted from the new services using language that made sense to them. The authority defined a list of outcomes for the county based upon this feedback.
- The authority ran a mini-recruitment exercise whereby people with experience of mental health services came forward to help choose a mental health service provider. This group, with some training, then worked as a panel and their voices and views were used to create an overall provider evaluation.
- A third stage will involve the same group of people as the above to finalise outcomes-based specifications with the commissioners and providers together in co-production.

Service user membership: One authority had recruited a lead service user who was in regular contact with the commissioning team and had influenced decision-making. For example, the decision to have two staffed MHAct Section 136 suites at a cost of £300,000 per annum was taken as a result of user engagement despite the budgetary challenges. In addition, users suggested working more closely with the police and there are now a set of key performance indicators between the police and mental health staff eg to provide medication to individuals in police custody within one hour of them being taken in by the police. There were plans for a user workshop to be held and from this a draft action plan to be developed to improve the current level of service.

Service user reference group: One authority consulted an Adult Social Care service user reference group when putting together new specifications and included service users on decision-making panels. A group of service users recently authored a paper on their experience of crisis and this was being used to inform the local crisis Concordat. Users had also been involved in developing a Mental Health Framework and had participated in joint events related to the Framework.

Gaining a better understanding of local pressures

Interviewees were asked about work they were carrying out to gain a better understanding of local pressures, including workforce and skills gaps and the risks associated with these. They were also asked about the impact this work. The following approaches were identified:

- **Good operational knowledge**: Having good information about what works well, shortages and peaks and troughs through continuous engagement with the operational teams.

- **Procurement process**: One authority was reaching the end of a procurement exercise which involved a gap analysis and extensive local engagement. Joint commissioning strategies for mental health had been developed with CCGs. Local residents were consulted about their desired outcomes for services.
- **Developing a framework**: The development of a workforce framework had prompted a review of staffing more generally, in one case. The framework was helping to define the authority's direction of travel and ambitions. Another authority was undertaking detailed work to achieve an appropriate workforce around mental health and the Care Act more widely. Its workforce strategy identified training needs, workforce planning and service risks.
- **Employee incentives and staff retention**: One authority was addressing its workforce challenges by offering a series of incentives (such as higher banding for roles, relation packages, jointly advertising posts with Trusts, payment of accommodation fees).

Services for people with multiple needs

Interviewees were asked about services for people with multiple needs. On the whole, commissioners said services were working well with some good outcomes being reported for services users with multiple needs (see Table 26). One interviewee, for instance, said the Joint Commissioning Unit in her authority had regular interface with managers from other services such as drug and alcohol services (e.g. via a joint management group). She said services tried to be as joined up as possible in their working and individual services took the lead if they reflected the primary need of an individual. This commissioner said, in her authority, although services did not currently pool their funds, they understood each other's perspective; they worked together well and shared the same language and vision.

However, commissioners also highlighted this as an area where further work might be helpful. This could include additional support for people with visual or hearing impairments, for people with long-term mental health conditions who experience new conditions as they get older and also the need to provide dual diagnosis support for parents and children. One commissioner also highlighted the need to ensure parity across services dealing with mental health, while also making sure that people with mental health needs can access generic health services.

Table 26: Examples of services for people with multiple needs

Examples from Commissioners
A unitary authority was trying to address the needs of younger adults with dementia and challenging behaviour. The combination of these needs had led to some very complex demands, including management of aggression and violence. The authority also has a higher than average level of alcohol consumption and a larger than average number of alcohol-related dementias in young adults. A joint-commissioning approach, sub-regionally, was being sought to bring about a specialist service in the area to reduce the damage caused to individuals, families and local communities. Sub –regional approaches are also being explored in

relation to the development of centres of excellence to support small groups of people with complex autistic spectrum conditions where regional rather than local approaches indicate more cost effective service outcomes.

Operational managers were also asked about services for people with multiple needs. They described services for people with dual diagnosis (specifically mental health and drug/alcohol misuse) as being 'OK' Those interviewed, highlighted the importance of better working relationships between the different services in this area. There was a sense that services remained quite separate and that in many areas further work was required to bring these together. Suggested actions for improvements in this area are set out in Table 25.

Table 25: Responding to people with multiple needs

Examples from Operational Managers	
Issue	**Actions**
Coordination between services	Establish a memorandum of understanding (or 'cooperation between teams' policy) – to ensure that a professional is assigned in the first instance while a keyworker is organised – to stop people 'falling between the gaps'.
	Create multi-agency projects such as a street outreach programme e.g. working with Multi-Agency Public Protection Arrangement (MAPPA) authorities at levels 2 and 3.
	Arrange multi-agency meetings to create local solutions to mutual problems eg MHAct Section 136 meetings attended by Mental Health Trusts, operational management, senior clinical staff, AMHPs, EDT, Crisis and Home Treatment Services and senior police (inspector-level).
	Develop very close links between specialisms and ensure that teams share their knowledge and skills to support people in circumstances where they have learning difficulties and are presenting mental health problems.
Section 75 of Health and Social Care Act	Work with Mental Health Trusts to develop their role across all statutory social work. Improve links with Trusts to enable joint working eg with social workers based within Trusts in areas such substance misuse.
Holistic approach	Focus not only on the dual problem of mental health issues and drug/alcohol misuse but 'hidden' disabilities such as Asperger syndrome and the often overlooked issue of domestic violence.

Operational managers interviews

Operational managers with responsibility for mental health were asked about community-based services for people at risk of experiencing a mental health crisis,

Effective community-based services

Interviewees were asked which community-based services, for people at risk of experiencing a mental health crisis, were particularly effective in their local area. Three themes emerged from the interviews: a move towards home treatment; interface with housing; and early/rapid response to mental health needs (also see Table 26).

- **Move towards home treatment**: One Authority reported that their move away from services housed in community-based buildings to a more personalised approach (including the use of personal budgets), was resulting in service users requesting things they knew to be effective in managing their mental health condition.
- **Interface with Housing**: Positive work with people to enable them to remain in their tenancies was also seen as being particularly important. One interviewee spoke about working with people who had historically 'burnt their bridges' with private landlords and housing organisations.
- **Early/rapid response**: In another area, an intensive support service had been developed for people with unplanned difficulties (eg people whose care packages had broken down or people with unexpected needs due to a physical health issue arising very quickly). Services to meet the needs of this group had been given greater focus, and people were now 'plugging back' into core services for situations requiring a quick response.

Table 26: Examples of community-based services, for people at risk of experiencing a mental health crisis, reported as being particularly effective

Move towards home treatment: An operational manger in a unitary authority gave an example about an individual who heard voices in the shower. The person identified that having a shower radio to block out these noises would help; this had allowed this person to remain at home. It was an effective outcome and low cost solution.

Interface with housing: A unitary authority had developed close links with housing providers. Prior to this there had been a large number of delayed discharges as clients had no suitable accommodation in which to move. The authority appointed a mental health housing expert to work directly with the local housing teams. She holds a weekly surgery for mental health staff to discuss the housing needs of the patients in their care. The following impacts were reported:

- a better understanding among mental health staff of housing and its related challenges
- a better understanding among housing staff of the housing needs of mental health patients and the ways housing can impact on mental health
- more focused early intervention that more fully supports mental health service user needs
- the prevention of further crises for service users who are discharged from hospital but return shortly after as their accommodation is not suitable
- a reduction to zero of delayed discharges due to accommodation issues for the last eight months.

Early/rapid response: A county had recently moved social care duties back to its authority to develop a stronger service. This is resulting in the authority picking-up on social care needs at an earlier stage.

Commissioning and provision of integrated AMHP and EDT services

Interviewees were asked what was working well regarding the commissioning, or provision, of integrated AMHP and EDT services in their locality. They focused on: centralised AMHP services; good AMHPs-EDTs links; geographical workings; day/night services; and partnerships.

- **Centralised AMHP services**: One interviewee spoke of the benefits of running a centralised service for its daytime AMHP provision, which included: accurate and real-time data and increased timeliness (see Table 27).
- **Good AMHPs-EDTs links:** Three interviewees spoke of good (or improved) links between AMHPs and EDTs and services were reportedly working well together (eg. managers jointly attend meetings, such as MHAct Section 136 meetings with the police).
- **Geographical workings**: Two interviewees spoke about the benefits of cross-county working. In one case, residents were able to access a county-

wide AMHP service even if the professional was registered with one particular district. Another had moved social care services back to its control, and the AMHPs service was now a county-wide service with a much higher profile and stronger leadership (rather than being broken into different sections of the authority).

- **Day/night services**: In one area, following the move of social care back to her authority, day and night services felt more joined-up. She said her authority was thinking more creatively about how work was passed between the daytime and out-of-hours service (see Table 27). Another said, in his authority, daytime services and the EDT services routinely discussed cases passed over and there had been an improvement in relations between day/night services.
- **Partnerships**: Two interviewees spoke about good participation from AMHPs and EDTs in MHAct Section 136 meetings (as well as from other key services). One of these also said the local police service attended the local AMHP forum, as did local police custody triage nurses. Another spoke about good relations with her local Mental Health Trust (which employs the AMHPs) and the local provider for social work degrees (linking academic knowledge with practice).

Table 27: Example of commissioning and provision of integrated AMHP and EDT services

Centralised services: A London borough is running a centralised service for its daytime AMHP provision. It is staffed by three AMHPs who undertake all MHAct assessments within the borough. The service works closely with the out-of-hours duty service, with referrals to the out-of-hours service being made via a centralised contact number. The benefits of an centralised service were reported to be:

- A single liaison office for key partners: (including. police, Mental Health Trust, bed management services, wards and the local private psychiatric and acute hospitals).
- Accurate and real-time data: Statistical information relating to the demographics of the MHAct assessments and their outcomes are more accurate and kept in real time as opposed to being forwarded to an administrator on a monthly basis.
- Shared work: Greater equality in terms of the number of assessments undertaken by AMHPS as all assessments are shared by the service rather than dealt with by individual teams working with differing levels of mental health morbidity.
- Increased timeliness: Assessments are timelier as the work is shared across larger groups.

Key learning

Interviewees were given the opportunity to provide additional comments about mental health crisis care, and/or to pass on any lessons that would be useful to other

authorities. A summary of the comments made by directors, commissioners and operational mangers is shown in Table 28.

Table 28: Additional comments and lessons learned	
Examples given by all interviewee groups	
Establish a high profile for mental health	The Concordat provides a renewed focus on mental health crisis care, following the National Service Framework in 1999. The increased national profile of mental health will only be helpful for the future of mental health services.
	The inclusion of mental health within the Better Care Fund; a conscious decision within one authority to ensure that mental health retained a high profile locally.
	The Annual Director of Health report on mental health and wellbeing in one authority had focussed attention on the consequences of poor mental health and the negative impact on individuals, families and wider society. They strongly encouraged other authorities to produce similar reports.
Structures and systems	System transformation was enabling various partners in one authority to work well at the local level.
	Careful thought was being given to what makes good integrated mental health services; which involved moving social workers back from the local Trust in one authority.
	Mental Health Boards were providing the opportunity to raise awareness among partners and were facilitating shared learning and approaches, systems and evidence. An inspection of mental health provision in one authority had been made simpler because its Board structure made it easy to gather the information required.
Joint working	Agencies need to work together to plan and deliver services to helping people avoid reaching mental health crisis (also bearing in mind the Care Act). Multi-agency meetings should involve sufficiently senior staff who can problem solve and make local decisions about practice and organisational arrangements. One interviewee raised concerns about housing providers not being included in the Concordat.
Service provision	Identifying the right providers for mental health services was seen to be crucial in improving services, increasing capacity, reducing gaps and improving outcomes for patients.One authority was involved in a procurement process for mental health, learning disabilities, and child and adolescent mental health services.
	Street triage was seen to be a particularly successful way to support people in very difficult circumstances and very cost-effective.
Early intervention and prevention	‘Rather than a total focus on people in crisis, it is equally important to look at early intervention and prevention to avoid crises happening in the first place’.
Seeking viable alternatives	Better crisis support could be achieved through more viable alternatives for people with mental health issues eg is a

	shortage of acute hospital beds the key challenge in dealing with mental health crises or a lack of viable alternatives? Does a service user need an acute hospital bed or a bed for one night and then a programme of medication?
LAs as role models	Local authorities can act as role models by offering work placements to those with mental health problems, or sensory or learning disability issues. A Work-Right Co-ordinator in one authority was encouraging teams to think about having someone with a mental health condition in their team. Many placements had led to permanent employment.
Service user and carer engagement	Engage with service users and carers, for example, by using the 'experts by experience' model.
Person-centred support	Avoid a culture of doing 'to' people by planning care, with service users, at the earliest opportunity. Ask them what would help them to sustain living at home. In one authority, this had led to creative solutions by clients that professionals might come up with. Include service users at an early stage in planning their own care. Speak to and engage people in decision-making regarding their care, even in crisis if possible, as this can help with their recovery.
Management	Staff need access to good performance management.
Communication and learning from others	Effective communicate is needed within and outside of local authorities to ensure a mutual understanding of mental health crisis issues across team and organisations. Local authorities should learn from what other organisations are doing well.

Annex A: Core issues and themes

What are the core issues and themes that might usefully be included in the development of additional resources to enable your Safeguarding Board to help it deliver its functions in respect of people experiencing a mental health crisis?	
Authority type	**Comments**
Counties	'Issues around clinical quality versus. safeguarding interface.'
	'Need to improve the data regarding mental health crisis and the implications and impact.'
	'The need for out-of-area placements for two issues: very specialist placements and secondly, adult acute overspill.'
	'Producing and using outcome and quality data to drive improvements.'
	'More specific focus and analysis on crisis work and services. People who don't meet FACS [Fair Access to Care] but are vulnerable and who may be in contact with numerous agencies.'
	'A document outlining the expected role of safeguarding boards with respect to mental health services.'
	'Case illustrations/incident reporting.'
	'Description of how the multi-agency system works to deliver care to people in crisis.'
	'Referral and response protocols for 24 hour care and support and 7-day working.'
	'Working together as a whole system. Access to information.'
	'Better understanding and integration of local multi-agency adult safeguarding policy, procedures within predominantly medical (psychiatric) led services.'
	'Improved integrated IT systems for information sharing within the principles of information governance.'
London borough	'Safeguarding from a user perspective. Improved information from NHS incident reporting systems.'
	'Applying learning from serious incidents. Making safeguarding personal. multi-agency training.'
	'The Care Act will lead us to work further to empower and promote rights of service users. We need to increase advocacy for not only SUs but some perpetrators of safeguarding issues. We lack resources to manage this. <Local authority name> has a high level of older adults. Currently 54,000 over 65s but expecting a 37 per cent increase to 74,100 by 2030. We need to support carers of dementia with the stress of caring, often the carers are elderly. We need further resources to fund the support we would like to offer. We have a Home Treatment Team for dementia sufferers but with further resources carers could be better served.'
	'The extensive piece of collaborative work we have undertaken over the last year to review care provision across all our providers has highlighted that additional training and support is required to promote the delivery of high quality care for all our residents.
	'Housing representation and sharing intelligence to develop wider awareness of social issues that can impact on safeguarding concerns for those individuals who as a result of their mental illness are vulnerable. Greater inter-agency decision making.'
	'Roles and responsibilities - mental health crises are not sole responsibility of the Mental Health Trust. Availability of suitable alternatives to hospital for

	people in a crisis.'
	'Clarity on the functions of the safeguarding board in relation to crisis. Examples of measures to monitor the effectiveness of safeguarding arrangements for those in crisis. Examples of how Boards have looked to meet the needs of those in crisis.'
Metro-politan districts	'Information for service users describing safeguarding and the process used for multi-agency referrals.'
	'Clarity of case management roles between partner organisations.'
	'A dedicated advanced practitioner for mental health safeguarding to work within mental health teams and across agencies.'
	'Local authorities need genuinely extra resources/capacity to cope with tenfold rise in DoLS [Deprivation of Liberty Safeguards] and related referrals, and we could benefit from joint workshops in relation to mental health pathways/learning the specific lessons from serious case reviews etc.'
	'Making safeguarding personal learning from serious incidents.'
	'NICE guidance around what good practice should look like.'
	'Agreed understanding of any guidance and good practice examples.'
	'Best practice examples from across England. Community-based crisis examples.'
	'Toolkits and guidance for audits.'
	'The [safeguarding board] chair is actively involved in promoting good information sharing…by holding practice groups across agencies, sharing good practice. Learning around the issues of forced marriage and domestic abuse. More time to cascade the information from SCR [serious case reviews] that would influence workers knowledge as all SCR have included mental health issues.'
Unitary authorities	'Mental Health Crisis Concordat. Making Safeguarding Personal.'
	'Self-audit tool for safeguarding boards'
	'Short term crisis accommodation as alternatives to hospital. Availability of AMHPS/Section 12, service-user forum feedback and representation, police/ambulance interface in Mental Health Act. Promoting safeguarding for people in mental health/dual diagnosis crisis/publicity/information campaign/education. Ongoing further improvements in interface with children's services.'
	DoLs [Deprivation of Liberty Safeguards] Guidance arising from <LA name> decision. Ambulance service. Whole system good practice around mental health and violent offending. Good practice examples to support the Duty to Cooperate.'
	'Starting point is discussion of Mental Health Crisis Concordat at safeguarding board – a resource to facilitate this may be helpful.'
	'More material in relation to Making Safeguarding Personal with people experiencing a mental health crisis.'
	'Better awareness of what is mental health crisis. Roles and responsibilities of key professionals dealing with people in mental health crisis. Learning from serious incidents which relate to mental health shared with key agencies.'
	'Importance of s12 doctors being available. Guidance regarding the impact of mental ill health.'
	'A project worker to explore in more depth the problems around the Health Trust accepting safeguarding referrals where a clear diagnosis isn't realised and where intervention is required to enable safeguarding investigations. Useful to examine any ongoing support to determine whether safeguarding referrals lead to further mental health interventions or support. More robust and timely response to those with substance misuse who may require mental health assessment and input, who also get stuck in the system where a

	physical health need is being used as a reason to not assess for psychiatric needs.'
	'Specific guidance and focussed discussion.'
	'Central information hub which would include best practise, either regional or national which the SAB [safeguarding adults board] could log in to and utilise as a guide and to share best practice.'
	'Identification and management of risk and level of risk and mental capacity/consent issues.'
	'Specific guidance on best practice in terms of how to prevent, identify and support someone in crisis…self/peer/family/professionals/multi agency.'
	'More information on tool kits and good practice examples for safeguarding boards.'

Base: all respondents (44)

Annex B: Examples of good practice

Examples of good practice that partner organisations have developed in respect of people experiencing a mental health crisis, which respondents said had been particularly effective	
Authority type	**Comment**
Counties	‘Street Triage project in partnership with <name> police and <name> Healthcare Foundation Trust – one of the national pilot projects. We will be looking to extend this across the county.’
	‘Mental health liaison nurse supporting the police.’
	‘We have an ambulance transportation pilot that has reduced waiting times for those individuals with the most urgent needs.’
	‘Police/mental health triage car and mental health in custody. CCGs giving overspend (plus the responsibility and risk) on out of area beds to the provider trust to solve blockages in the care pathway.’
	‘Developing tender for a social care crisis out-of-hours service. Establishing two RAID teams. Host families peer support service complex needs service.’
	‘Recent redesign of pathways between primary and secondary care and improved access to urgent and priority referrals.’
	‘1) Sharing data on S136 activity between police/local authority and NHS street triage including mental health staff in police call centre [has enabled the] development of anticipatory care planning for people who repetitively present in crisis. 2) Partnership in practice groups (PIPs) multi-agency operational forums 3) Joint training.’
	‘Street triage project.’
	‘Crisis house provision, triage car, Information sharing protocols with police, police negotiators MOU, S136 suite’
	‘Time out cafe: an out of hours provision (evenings and weekends) run in partnership across <local authority name> and<local authority name>, with voluntary sector working in partnership with the secondary mental health provider trust. Pilot currently being evaluated; initial findings show its use is increasing and it is reducing A&E admissions.’
	‘Street triage project between police and Mental Health Trust.’
	'Mental health operational multi-agency policy and procedures. Vulnerable adults service about to go out to tender.’
	‘Move to a multi-agency safeguarding hub (MASH) which includes mental health services.’
London Boroughs	‘Solidarity in crisis peer support service and street triage.’
	‘Mental Health Trust has instigated a link-worker group in relation to mental health and safeguarding, ensuring best practice and dissemination of learning from serious incidents.’
	‘Mental Health Trust safeguarding governance monthly meetings.’
	‘The Mental Health Trust works closely with <local authority name>. It links incident reports to safeguarding alerts. It has SAMS in all teams and is developing local operational groups of managers to ensure information, good practice, training etc. is cascaded. This reports to the Trust central safeguarding committee which reports back to <local authority name>. safeguarding board. The Trust has high compliance with training and SAMS in each team, the trust works closely with <local authority name>. safeguarding leads, a high level of co-operation, collaboration. The Trust

	and borough have developed a joint self-neglect and risk pathway to enable cases such as people who are hoarding to benefit from a united approach from all agencies and professions.'
	'There is very established joined up working between the local authority and <name> Foundation Trust. A section 75 agreement is in place and safeguarding training is provided at an advance level.'
	'Restraint audits.'
	Over the last year we have undertaken an in-depth and sustained piece of work to review care and care providers. The work has been collaborative between the local authority, Mental Health Trust, the police and the <name> ambulance service. Poor quality care has been highlighted in some providers with safeguarding alerts being raised. This has resulted in individuals being moved to better quality homes and receiving better quality care. A number of poor quality providers have closed. Contract monitoring has been improved with a revised monitoring template, a new Quality Outcomes Framework and a new process for quarterly monitoring visits.'
	'NHS safeguarding lead who links up with the local authority lead. Joint training across disciplines. Direct links to Safer Community Teams by NHS Trust and the local authority. Learning Lessons conferences (yearly).'
	'Our Crisis team has extended its role to provide community detox for some patients as an alternative to inpatient admission.'
Metro-politan districts	'Effective liaison with <name> police and <name> ambulance service. Effective coordination with children's services with regard to managing the impact and care of children when having to undertake assessment under the Mental Health Act.'
	'Commissioning of emergency response beds with local private provider accessed via the crisis home treatment team for individuals in crisis.'
	'Have jointly commissioned a short term accommodation support service with an independent provider and <name> Trust to meet an identified need.'
	'Housing complex cases panel – prevents eviction and supports tenancies and agencies supporting people with acute and enduring mental illness.'
	'The mental health service provides a recovery house accommodation that can take people in Crisis. It is staffed 24/7 by social care workers for short periods of time, max 2 weeks. This is a shared initiative with Health.'
	'The crisis team have several examples of working with people through safeguarding and using the Care Programme Approach to support ongoing needs ie. A young person detained on adult ward and safeguarding raised in response to inappropriate placement. Joint working between adult and children social care ensured the best interests of the young person were managed as a safeguarding response.'
Unitary authorities	'Safeguarding board is discussing serious case reviews which involve people experiencing mental health problems. Case-file audits involving people with mental health problems are carried out to ensure they are dealt with appropriately and equitably.'
	'Pan-<name> street triage for people in mental health crisis – jointly funded by CCG, PCC and local authorities.'
	'Speedy agreements on jointly funded packages of support in the community or care settings – early intervention and preventing hospital admissions. Helps people remain in familiar surroundings with as much of their daily normalities as possible and enhance recovery.'
	'Police/Nurse triage following audit of S136. Implementation has reduced use of S136 and of those that are completed they are [more likely to be] appropriate. New Directions – Local authority service that allows police to

	directly refer people they believe will benefit from mental health support. Implementing mental health liaison service at Acute Hospital.'
	'Serious Incident Review Group developed with partner organisations and the Mental Health Trust, CCG, and Local authority. Safeguarding leads who are designated has provided an overarching view. Rigorous internal audits, external audits are also in place. Joint training is in place, tailored to specific areas. Regular meetings between partner organisations in place with leads to strengthen the links/ share information.'
	'Establishing two S136 suites. Intensive home treatment service which aims to provide a 'hospital at home' resource.'
	'A&E liaison team which now has extended hours. Joint council and NHS crisis team. S136 protocol and suite.'
	'Through the delivery of the outcomes within our joint mental health strategy, the provider trust has redesigned the community service responses including crisis response. It is early in the process but the principles are working well.'

Base: all respondents (36)

Annex C: Further relevant information – completed and ongoing work

Further relevant information with regards to improving outcomes for people experiencing mental health crisis – completed and ongoing work	
Authority type	**Comments**
Counties	'Need to concentrate on the impact of welfare reforms and on housing as a part of the holistic consideration of mental health.'
	'Work is underway to improve key areas– the challenge is to lead and develop across a very complex and diverse range of agencies and services – influencing and changing a whole system.'
	'We are receiving some good results regarding substance misuse and street triage services in specific areas.'
	'Use of a S136 service-user questionnaire.'
	'<Local authority name> agencies are reviewing and implementing the acute hospital liaison service. A mental health concordat steering group has been formed.'
	'<Local authority name>, implementing the crisis care Concordat is overseen by the Health and Wellbeing Board. After a large workshop with all partners in May, a Crisis Care Concordat delivery group has been set-up. The multi-agency group will develop the local action plan, review immediate action and quick wins and be responsible for delivering the Concordat locally.'
	'IT systems that could talk to each other across health and social care.'
	'Each Local authority and CCG has different commissioning arrangements, relationships and levels of investment. Additionally mental health crisis does not have the national or local profile, financially or as a priority as physical health crisis, A&E and urgent care pathways, this and other factors impact on outcomes.'
	'The Concordat sets out a sensible process for addressing local issues in relation to crisis provision, but it does not in itself create a level of priority for addressing this, and this leads to a degree of frustration among service users. Having a commissioning intention is not a binding commitment to delivery. Though ring-fencing is not an approach which is currently in favour in relation to Local authority and NHS funding, there might be consideration of focused resourcing to extend the scope of crisis services. Alternatively, there might be greater opportunities for cross agency funding. For example, public health study in <region> of a mental health intervention for teenagers convinced the police that this made a substantial difference to crime reduction and the local police commissioner agreed to contribute funding to extend the service.'
London boroughs	'With effect from October 1 2014, the operational hours for the mental health access services will be extended into the evening and at the weekend.'
	'The Mental Health Trust is considering a joint health and social care out-of-hours crisis response to substance misuse and mental health breakdown.'
	'Bed shortages affect admissions. People often are placed some way from home in private beds. The Trust will always bring people back to a Trust bed asap but it causes distress for patient and carer. It would be better for those in crises if we had a variety of alternatives to inpatient care, possibly respite care short stay accommodation. <Local authority name> AMHPs work closely in partnership with Metropolitan police to follow the Concordat. Joint training and regular operational meetings. This improves the interface and support for people experiencing a mental health crisis. The Trust has a court diversion

	service which works to ensure people are not unduly detained in the police station. Working with the AMHPs we ensure that those in crisis are given appropriate care and treatment rather than further detainment where it is not essential.
	Here in <Local authority name> we have a very good working partnership between all Statutory Partners. Formal S75 agreements and regular dialogue between partners is key with consistent and regular attendance at key meetings. Monitoring and looking at feedback from service-users' needs is to be at the heart of outcome improvement.'
	'A new joint mental health strategy is being developed in <Local authority name>, to be launched Autumn 2014. Integrated working within community mental health teams is undergoing a comprehensive review to ensure health and social care responses are delivered with an improved recovery-orientated and outcome-focussed approach.'
	'Extending the availability of day services across 24/7. Single point of contact for mental health across agencies. Developing IT interfaces to share information more efficiently. Staff seconded between Children and Adult services.'
	'<Local authority name> and CCG are working with <neighbouring Local authority> to develop a local crisis declaration and action plan in response to the Concordat. This work will address some of the gaps highlighted by this survey.'
	'There were no questions about Market Position Statements or Pathways to Personalisation in Mental Health. Both are key areas for improving outcomes.'
	'…It would be better for those in crises if we had a variety of alternatives to inpatient care, possibly respite care short stay accommodation. <Local authority name> AMHPs work closely in partnership with the police to follow the Concordat through joint training and regular operational meetings. This improves the interface and support for people experiencing mental health crisis. The Trust has a court diversion service which works to ensure people are not unduly detained in the police station. Working with the AMHPs we ensure that those in crisis are given appropriate care and treatment rather than further detainment where it is not essential.'
Metro-politan districts	'Review of community teams operational hours. Pilot plans to extend service to people experiencing crises.'
	'We are currently working closely with the Mental Health Trust in order to review the role and function of the crisis assessment service (CAS) and align the responsibly of the emergency duty team in order to provide an enhanced offer. The CAS is a fully integrated position between Health and Social Care therefore Crisis is not medicalised and crisis assessment plans focus upon short term outcomes.'
	'We are currently undertaking a wide ranging review of current service provision and commissioned services. This will better inform strategic outcomes.'
	'There is a pilot street triage project currently in <local authority name>.'
	'<Local authority name> is currently working jointly with the CCG and Mental Health Trust to develop clear pathways for service-users and carers. The introduction of a new IT system will enable the local authority to evaluate outcomes for mental health users in relation to safeguarding and all other aspects of care management.'
	'We are currently developing a new mental health strategy which will incorporate commissioned activity. We are not yet at the point of implementation.'
	'More choice regarding alternatives to hospital admission with intensive

	support that will enable people to manage to remain as independent as possible until the immediate crisis is resolved.'
	'Being aware that mental health crisis has a variety of presentations, domestic violence and mental health, depressions, substance misuse crisis, collating this information is integral to understand community needs. Support from public health to understand these issues is key.'
Unitary authorities	'We are currently undertaking a lean review of staffing within <name> Mental Health Trust and taking into account local health provider's restructuring plans.'
	'The development of <street triage name>…[with NHS Foundation Trust, CCG, council and police]. The Triage response is to improve the outcomes for individuals who come into contact with the police. Care home liaison service preventing and early intervention in 24 hour settings…Integrated Safeguarding Unit.'
	'Focus on support closer to home, either in the community or in hospital. Agencies working together at the point of crisis as can be seen in the development of the street triage service. Need to scope out the possible benefits of using family placements at point of crisis where people are supported in real homes close to where they live.'
	'A multiagency <local authority name> wide mental health oversight group is in place which looks into key issues for people in mental health related crisis and how to improve the response. Work is underway to develop a multi-agency action plan to ensure a better-coordinated response by the police, social care, health, voluntary sector partners, before, during and after mental health related crisis.'
	'Improved working across agencies increased hospital capacity increase options around alternatives to hospital admission.'
	Recently Local authority/CCG/Mental Health Trust completed a self-assessment for <local authority name> against the outcomes outlined in the Concordat. This will inform a pan-<authority> approach at a strategic level involving <name> constabulary and <name> ambulance [service]. There will be a local action plan for <local authority name>.'
	'More personalised services and policy.'
	'Changes have been made to the safeguarding operational group which links to the SOVA [Safeguarding of Vulnerable Adults] Board to focus on reporting and analysis of local themes and trends. Also the group is looking at utilising time to share practice from real cases with a view to developing more responsive mental health services.'
	'Themed development sessions and safeguarding leads embedded in all teams. We have signed up for the bronze level Making Safeguarding Personal Programme 2014/15.'
	'We have just established our crisis Concordat working group, which will be multi-agency and is currently being jointly led by the CCG and the local authority.'
	'We are currently finalising a local implementation plan for 'No Health without Mental Health', and the improvement of crisis services is a key objective. A multi-agency group has been established to deliver on the requirements of the Mental Health Crisis Concordat.'
	'There is a local community triage service which works with <local authority name> police to support people identified to the police as having potential mental health needs. This service works both with people in public places and in their own homes and other settings. It was commissioned initially as a pilot by the Police and Crime Commissioner, with ongoing commissioning support from the two local CCGs until the end of the current financial year. Initial

	evaluation suggests it has been effective both in reducing S136 detentions and in providing better outcomes for people experiencing mental health crisis.'
	'We are planning on closing the current EDT provision and moving to having AMHP functions and wider social work and mental health provision based within and integrated into IHT [Intensive Home Treatment] and EDT, so there will be 24/7 availability of AMHPs for crisis.'
	'The Mental Health Concordat is on the agenda for the next Safeguarding Board and the Health and Well Being Board in September/October.'

Base: all respondents (39)

Annex D: Further relevant information – suggestions for improvement

Further relevant information with regards to improving outcomes for people experiencing mental health crisis – suggestions for improvement	
Authority type	**Comments**
Counties	'Work is underway to improve areas highlighted above. The challenge is to lead and develop across a very complex and diverse range of agencies and services - influencing and changing a whole system.'
	'Need to concentrate on the impact of welfare reforms and on housing as a part of the holistic consideration of mental health.'
	'IT systems that could talk to each other across health and social care.'
	'Each local authority and CCG has different commissioning arrangements, relationships and levels of investment. Additionally mental health crisis does not have the national or local profile, financially or as a priority [in the same way] as physical health crisis, A&E and urgent care pathways. This and other factors impact on outcomes.'
London boroughs	'The Concordat sets out a sensible process for addressing local issues in relation to crisis provision, but it does not in itself, create a level of priority for addressing this, and this leads to a degree of frustration among service users. Having a commissioning intention is not a binding commitment to delivery. Though ring-fencing is not an approach which is currently in favour in relation to local authority and NHS funding, there might be consideration of focused resourcing to extend the scope of crisis services. Alternatively, there might be greater opportunities for cross agency funding. For example, a public health study in the [Region name] of a mental health intervention for teenagers convinced the police that this made a substantial difference to crime reduction and the local police commissioner agreed to contribute funding to extend the service.'
	'Bed shortages affect admissions. People are often placed some way from home in private beds. The Trust will always bring people back to a Trust bed asap but it causes distress for patient and carer…'
Metro-politan districts	'There were no questions about market position statements or pathways to P personalisation in mental health [in the survey]. Both are key areas for improving outcomes.'
	'More choice regarding alternatives to hospital admission with intensive support that will enable people to manage to remain as independent as possible until the immediate crisis is resolved.'
	'Being aware that mental health crisis has a variety of presentations; domestic violence and mental health, depressions, substance misuse crisis. Collating this information is integral to understand community needs. Support from public health to understand these issues is key.'
Unitary authorities	'Focus on support closer to home, be it in the community or in hospital. Agencies working together at the point of crisis as can be seen in the development of the street triage service. Need to scope out the possible benefits of using family placements at point of crisis where people are supported in real homes close to where they live.'
	'Improved working across agencies increased hospital capacity increase options around alternatives to hospital admission.'
	'More personalised services and policy.'

Base: all respondents (12)

Annex E: Examples of the current and planned joint initiatives

Examples of the current and planned joint initiatives		
Project and authority type	**Partners**	**Features**
Street triage – current 2 metropolitan authorities, 1 unitary authority and 1 county	Neighbouring authorities (including AMHPs, mental health nurse practitioners, community alternative teams, emergency housing teams), police and ambulance services, NHS Trust, CCG	• addresses the rising number of inappropriate MHAct Section 136 detentions (down one-third on same period last year, in one authority) • speeds-up Section 136 decision-making process (community psychiatric nurse currently attends all mental health incidents to which police are called, in one authority) • more effective use of legislation (either MHAct Section 136 or custodial route) • effective suicide prevention (a reduction in number of suicides in one authority) • helps to reduce 'revolving door' of individuals presenting in crisis on a regular basis – directs them to other services • social services presence at night time within the community • more flexible and enhanced partnership working (especially with the police) • greater ability to deal with service users in a timely and resource-sensible way.
Early intervention for children and young people – current 1 metropolitan authority	Big Lottery and 12 authorities	• stage 1 pilot: Authority has received £0.5m to support its early intervention/prevention work with 10 to15 year olds • stage 2: School-based programme to build resilience among young people and help them to face challenges including digital and cyber-bullying and family breakdowns • stage 3: If successful in applying for this funding, the authority will receive £10m over a five year period to bring about systems change that will should impact positively impact on a generation of children currently at risk of mental health crises and self-harm

Court diversion – current 1 unitary authority	Neighbouring authority funded by NHS England	• 12-month criminal justice project addressing people who have offended, and preventing crisis • identifies people prior to going through the court system – and also during the court process – who have a mental health, drugs or alcohol problem or a learning disability • aims to divert people to more appropriate health and social care support – and to avoid crisis situations – and stop the 'revolving door' of one person having multiple court appearances • individuals agree to engage in a programme of assessment and short-term support.
Peer support – recently completed 1 metropolitan authority	Mental Health Foundation Trust	• self-directed peer support project.
GP programme – current 1 unitary authority	GPs, mental health outreach team, Public Health colleagues	• getting GPs much more involved in outreach-based work – and developing mental health skills • targeting individuals who are not described as having definable mental illness but who do lead chaotic and difficult lives • project has had a high measure of success with notable reductions in the numbers of suicide attempts amongst these individuals • examples of people who rarely left their homes now undertaking volunteering roles at local community centres.
Service user experience – planned 1 unitary authority	A local university	The university is carrying out work on service user experience of mental health services and their families/carers eg experience of being detained under the MHAct. The aim is to learn how to make the process more dignified and less unpleasant for individuals and, therefore, people who are in crisis may be more inclined to come back for support at an earlier stage.
Sanctuary scheme – planned 1 unitary authority	NHS Foundation Trust	Developing a sanctuary scheme for people in crisis building on models from regional neighbours. It focuses on providing crisis beds in the community for people reaching a mental health crisis, so they can go somewhere safe without being admitted to hospital.
Survivor-led Crisis Centre – current 1	CCG	Provides innovative services to people experiencing mental health crisis. Provides a helpline and an out-of-hours service for people in crisis.

metropolitan authority		
Community Links – current 1 metropolitan authority	NHS Foundation Trust, NHS Community Trust, Chamber of Commerce and numerous charities	Service working with a range of adults with specific mental health support needs including a service supporting people on personal budgets. Some of this support is residential and some is community based.
Women-only services – current 1 metropolitan authority	Not specified	• women's counselling and therapy service • Asian women's support service (outreach and advocacy).
Community organisation – current 1 metropolitan authority	Not specified	Provider of mental health and wellbeing services with particular focus on people with complex mental health. It supports the well-being, recovery and entitlements of service -users and carers.
Crisis card for residents	'Suicide alertness' training providers and community organisation	A credit-card sized sheet providing contact information for immediate access to services (e.g. phone numbers for support services if feeling suicidal). This has been widely distributed to the public to make information accessible.
Family Action project – current 1 London borough	Family Action (one-year CCG commission)	People who have received a personal budget (and choose to use this service for a period of time) are referred into the service.
Together Your Way – current 1 London borough	Not specified	• provides immediate access to a non-chargeable service for up to 12 weeks • short-term re-enablement service designed to keep people out of crisis service (not developed for those with ongoing or long-term mental health needs) • the idea of the service is that no-one is turned away. If users are very unwell they may need immediate referral to a secondary service but these individuals would hopefully have already been identified by a GP.

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