

**North East Lincolnshire CCG**

Attachment 09

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Helen Kenyon, Deputy Chief Executive  |
| **Date of Meeting:** | 15 January 2015 |
| **Subject:** | Parity of Esteem and Mental Health Crisis Care Concordat |
| **Status:** | [x]  OPEN [ ]  CLOSED |
| **Agenda Section:** | [ ]  STRATEGY [ ]  COMMISSIONING [ ] OPERATIONAL ISSUES |

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| **OBJECT OF REPORT** |  |
| The report is brought to inform the Board as to NELCCG involvement in driving forward the Parity of Esteem agenda, and to ask the Board to ratify the CCG signing up to the NEL Mental Health Crisis Care Concordat. |

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| **STRATEGY** |  |
| Parity of Esteem is a core element of Excellence in Mental Health Commissioning, and links across Transforming Care strategies for better management of Long Term Conditions, streamlining pathways through Single Point of Access, reducing dependency on services through self-care, and improving quality and safety across providers. |

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| **IMPLICATIONS** |  |
| The Parity of Esteem agenda will increase the interplay between Mental Health and Physical Health pathways, particularly for Long Term Conditions. The Parity of Esteem Agenda will place challenging access times for mental health care, which may require some service re-design in partnership with Mental Health providers.The Mental Health Crisis Care Concordat will change the Mental Health Crisis pathway over the next 3 years and is based on evidence and outcomes locally. |

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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT** **(R)** **The Board asked to:****1. ratify the CCG sign up to the Mental Health Crisis Care Concordat, and** **2. note the content of the report in relation to Parity of Esteem** |
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|  |  | **Yes/No** | **Comments** |
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|  | Does the document take account of and meet the requirements of the following: |  |  |
| i) | Mental Capacity Act | Y |  |
| ii) | CCG Equality Impact Assessment | Y |  |
| iii) | Human Rights Act 1998 | Y |  |
| iv) | Health and Safety at Work Act 1974 | Y |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 | Y |  |
| iv) | Does the report have regard of the principles and values of the NHS Constitution?[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613) | Y |  |

**Mental Health Parity of Esteem**

**What is Parity of Esteem?**

The Parity of Esteem agenda is valuing mental health care equally with physical health. From a user perspective it means:

*“My family and I all have access to services which enable us to maintain both our mental and physical wellbeing” and “If I become unwell I use services which assess and treat mental health disorders or conditions on a par with physical health illnesses.”*

More fully, parity of esteem means that, when compared with physical healthcare, mental healthcare is characterised by:

* equal access to the most effective and safest care and treatment
* equal efforts to improve the quality of care
* the allocation of time, effort and resources on a basis commensurate with need
* equal status within healthcare education and practice
* equally high aspirations for service users; and
* equal status in the measurement of health outcomes.

Such a definition challenges commissioners and providers to think about Mental Health in new ways, including

* enabling easier and more responsive access to mental health care on par with physical health care
* recognising & supporting mental health needs of those with long term conditions *and* the long term conditions of those with mental health needs
* enabling people with mental health needs to have more say and control of their care.

**Why is it important?**

* Mental illnesses are very common
* Among people under 65, nearly half of all ill health is mental illness
* Mental health problems have a significant economic and social cost
* only a quarter of all those with mental illness such as depression are in treatment
* We tend to view physical and mental health treatment in separate silos in health services
* People with poor physical health are at higher risk of experiencing mental health problems…
* …and people with poor mental health are more likely to have poor physical health
* Life expectancy for people with long term mental health conditions is 10-15 years lower than the general population

**What changes?**

Many Agendas have found greater momentum being consistent with Parity of Esteem. NHS England identifies 3 priority areas in its Parity of Esteem programme

* **Improving Access to Psychological Therapies (IAPT)** – building on the national programme to roll out access to talking therapies for people suffering from depression and anxiety disorders, helping patients manage their conditions and improve their quality of life.  There is a national ambition by end March 2015 to increase access so that at least 15% of those with anxiety or depression have access to a clinically proven talking therapy services, and that those services will achieve 50% recovery rates
* **Improving diagnosis and support for people with Dementia** – progress towards diagnosis, treatment and care of people with dementia by 2015, recognising that key to this is a diagnosis as this can unlock access to support services. There is a national ambition for two thirds of people with dementia to have received a formal diagnosis and be accessing care and support by end March 2015. There is a drive to provide additional support for people who are newly diagnosed with dementia and their carers, with a new information and webchat service to guide people in the early stages through NHS Choices.
* **Improving awareness and focus on the duties within the Mental Capacity Act** – Concerns have been raised that there is a low level of appreciation of the duties and expectations of CCGs explicit in the Mental Capacity Act, a concern that spans patient groups such as those with enduring mental illness and people with dementia. The Act is of central importance in delivering healthcare. Where difficult decisions may need to be made in balancing the patients’ rights to make decisions about their care and treatment with the right to be protected from harm, and requiring others to act in the patient’s ‘best interests’ where they lack capacity for a particular decision.

**NELCCG activity under Parity of Esteem**

* Improving Access to Psychological Therapies – introducing ambitious targets to encourage provider towards achieving access rate of 15% of those with anxiety or depression, and maintain over 50% recovery rates
* Mental Health Crisis Care Concordat – a multi-agency approach to developing and maintaining a responsive pathway to support people through Mental Health Crisis
* Developing Access targets – setting targets to achieve mental health access and response on par with physical health eg Mental Health assessment in crisis within 4 hours
* Supporting development of Whise project – an initiative from Navigo where people with long standing mental health problems are offered physical health checks, supported with physical health information and advice, and onward referral facilitated if required
* Improving Person Centred Planning in Mental Health – supporting development of the Care Planning Approach and Care Support Planning towards a more asset based collaborative and co-produced plan, including strengthening personal budgets in Mental Health with the ambition to deliver Integrated Personal Health & Social Care Budgets in 2015
* Re-development of Rehabilitation at Hope Court – redefining the Hope Court provision to be more on par with Intermediate Care, offering a period of supported rehabilitation and development/re-establishment of life skills.
* Development of short term Re-enablement beds in residential care sector
* Reviewing Mental Health Care home provision – re-shaping the market to increase supported living, bringing Mental Health Residential Care on par with Older Persons Residential Care funding and bringing them Mental Health Residential Care homes onto the Quality Framework.
* Integrating Mental Health expertise and access to Mental Health pathways in the NEL Single Point of Access

**Mental Health Crisis Care Concordat**

The Concordat has attracted a high profile in the Parity of Esteem agenda. The Department of Health published the Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis. The Concordat is a commitment from 20 national organisations, as signatories to the document, to work together to support local system to achieve systematic and continuous improvements in crisis care for people with mental health problems across England. The signed agreement as submitted to the National Deadline of End of December 2014 is attached in Appendix 1

The Concordat supports a multi- agency approach to deliver excellence in commissioning. Health and wellbeing boards have a key role to play to bring health and social care commissioners together with the local community and wider partners. NELCCG has facilitated a Concordat Group with key representatives from agencies involved with the Mental Health Crisis Pathway including : NELCCG, NELC Children’s services, LPFT (CAMHS) , Police, Foundations, NELC Developing Healthier Communities, Open Door, Rethink, EMAS. The Concordat Group is currently working to the next deadline of End of March 2015 when it is expected to submit a multi-agency plan toward the Concordat model/principles (Appendix 2). Concurrently the group is

* establishing it’s governance and reporting requirements – both internally to signatory organisations and to the Health and Wellbeing Board
* aligning the Mental Health Crisis Care Pathways to the Concordat model
* identifying existing data to evidence the MH Crisis pathway, and developing data requirements for gaps, to inform future concordat discussion and pathway refinement.

SRG money has been made available for implementation of the Concordat locally. Informed by conversations of the Concordat Group and limited by very short return deadlines NELCCG submitted a successful bid for £95,000 one-off funding to be used as follows:

* *Sanctuary Pilot* – £60,000 to fund a time limited pilot (Jan15-June15) hosted by Open Door to gain evidence as to the effectiveness of the model including
	+ reduction of access acute services for people in crisis
	+ identifying benefits of information, signposting, and support early in the crisis ‘pathway’
	+ promotion of self as resource for coping
	+ The acceptance of the model within the NEL population
	+ To inform future commissioning
	+ Aimed at intervention before MH service involvement
* *LincsLine (MH Crisis line)* – £20,000 to fund development of the existing MH crisis helpline towards 24/7 operation. This service is orientated towards people with long term mental health issues, well known to services
* *Improving MH Information & Advice* – £15,000 to support development of Information and Advice, improve signposting, support training for SPA advice officers, and support MH implementation towards Single Point of Information



**Appendix 1 - Mental Health Crisis Care Concordat Principles**

The principles include:

*A. Access to support before crisis point*

A1. Early intervention – protecting people whose circumstances make them vulnerable

*B. Urgent and emergency access to crisis care*

B1. People in crisis are vulnerable and must be kept safe, have their needs met appropriately and be helped to achieve recovery

B2. Equality of access

B3. Access and new models of working for children and young people

B4. All staff should have the right skills and training to respond to mental health crises appropriately

B5. People in crisis should expect an appropriate response and support when they need it

B6. People in crisis in the community where police officers are the first point of contact should expect them to provide appropriate help. But the police must be supported by health services, including mental health services, ambulance services and emergency departments

B7. When people in crisis appear (to health or social care professionals, or to the police) to need urgent assessment, the process should be prompt, efficiently organised, and carried out with respect

B8. People in crisis should expect that statutory services share essential ‘need to know’ information about their needs

B9. People in crisis who need to be supported in a health-based place of safety will not be excluded

B10. People in crisis who present in emergency departments should expect a safe place for their care and effective liaison with mental health services to ensure they get the right ongoing support

B11. People in crisis who access the NHS via the 999 system can expect their need to be met appropriately

B12. People in crisis who need routine transport between NHS facilities or from the community to an NHS facility will be conveyed in a safe, appropriate and timely way

B13. People in crisis who are detained under Section 136 powers can expect that they will be conveyed by emergency transport from the community to a health-based place of safety in a safe, timely and appropriate way

*C. Quality of treatment and care when in crisis*

C1. People in crisis should expect local mental health services to meet their needs appropriately at all times

C2. People in crisis should expect that the services and quality of care they receive are subject to systematic review, regulation and reporting

C3. When restraint has to be used in health and care services, it is appropriate

C4. Quality and treatment and care for children and young people in crisis

*D. Recovery and staying well / preventing future crises*

As stated in A1 Early intervention, care planning is a key element of prevention and recovery. Following a crisis, NICE recommends that people using mental health services who may be at risk are offered a crisis plan. This should contain:

* Possible early warning signs of a crisis and coping strategies
* Support available to help prevent hospitalisation (National Institute for Health and Care Excellence, Quality Standard on crisis planning).
* Where the person would like to be admitted in the event of hospitalisation
* The practical needs of the service user if they are admitted to hospital, for example, childcare or the care of other dependants, including pets
* Details of advance statements and advance decisions made by the person to say how they would like to be treated in the event of a mental health crisis, or to explain the arrangements that are in place for them
* Whether and the degree to which families or carers are involved
* Information about 24-hour access to services
* Named contacts.

A person’s transitions between primary and secondary care must be appropriately addressed. Commissioners will ensure a clear criteria for entry and discharge from acute care. This should include fast track access back to specialist care for people who may need this in the future, and clear protocols for how people not eligible for the Care Programme Approach (CPA) can access preventative specialist health and social care when they need it. The CPA is a particular way of assessing, planning and reviewing someone’s mental health care needs.

The principles of integration of care are valuable in this respect, in making sure the pathway of services is comprehensive and is organised around the patient, particularly during transition from acute to community teams.

Meeting the needs of individuals with co-existing mental health and substance misuse problems requires an integrated and coordinated approach across the range of health, social care and criminal justice agencies.