Wales Crisis Care Concordat

Mental Health

National Action Plan 2022

Delivering high quality services 24/7

Introduction

This revised and updated crisis care national action plan is a short-term plan for 2021 to 2022. It applies to people of all ages, and its overriding principle is about helping people when they are at, or about to be at, a point of mental health crisis. A more detailed, longer-term plan for crisis care services will be developed following the publication of the successor to the 'Together for Mental Health' strategy and will be informed by the NHS Delivery Unit's review of NHS crisis service. The action plan reflects a collective commitment across the organisations represented on the Mental Health Crisis Care Assurance and Advisory Board to work in partnership to improve the multi-agency response to crisis care.

The main aims of this action plan are:

- To ensure earlier help and support is available to people of all ages from a range of agencies including health, social care and third sector services
- To ensure service providers work together in partnership to deliver high quality services in a joined up and co-ordinated way
- To increase the availability and use of non-clinical safe places to go when people are in need
- To ensure that support, care, and treatment is person centred and designed to meet the needs of people from different communities

'Beyond the Call'

Following publication of NHS Wales's National Collaborative Commissioning Unit report, 'Beyond the Call – National Review of Access to Emergency Services for those Experiencing Mental Health and/or Welfare Concerns' in October 2020, a sub-group of the Crisis Care Assurance and Advisory Board reviewed its findings and recommendations and proposed what further action needed to be taken, by whom and by when.

The report's first recommendation was that 'Public sector services should ensure consistent real time data is acquired and shared regarding mental health/welfare demand and adopt common definitions for mental health crisis and a range of welfare concerns.' Actions relating to the acquiring and sharing of data is included in this interim action plan. For the purposes of its review, the report describes a mental health and/or welfare crisis, as 'any situation in which an incident related to public safety or individual welfare prompts a call to emergency services and is linked to a person's mental health or wellbeing.'

References are made in the table below to where the action relates to a recommendation within the 'Beyond the Call' report.

Definition of ‘crisis’

There are numerous other definitions and approaches to what ‘crisis’ means, and much consideration has been given to understanding the concepts of ‘social crisis’ versus ‘mental health crisis/psychiatric emergency’ and ‘welfare-concerns’. Often, the discussion surrounding these concepts has focused on the role of service providers in addressing these needs.

A service-oriented approach to delivering ‘crisis care’ is often informed by service eligibility criteria where services provide specific responses to people who have a diagnosed ‘mental illness’ or people experiencing a situation where they feel vulnerable and may have social, emotional, or clinical needs. A risk-focused approach/definition centres on people perceived to be at risk, be it psychological, social, or physical and can include assessment of risk to themselves or others. There are various other approaches.

This Action Plan focuses on providing timely help, advice, care, support, and treatment for anybody who feels overwhelmed and unable to cope emotionally and/or psychologically. The terms ‘crisis’ and ‘crisis care’ covers a wide range of conditions and situations that will usually require a multi-agency response.

Whatever people’s urgent needs are, meeting them will require readily available advice and/or services that are easily accessible. A key challenge in planning, and delivering a responsive service is recognising that each person’s perception of crisis is individual. What for one person may feel manageable may for another feel overwhelming.

Partnership working

Providing services to support people in crisis, or to prevent people falling into crisis, is not the responsibility of any one service. It is a public service and third sector issue, and each partner organisation has a role to play in providing services that meets people’s needs in an informed manner. It is important for each sector to have a clear understanding of one another’s service provision, eligibility, and access criteria, and for public services to ensure there is a joined up and flexible approach.

Crucially, service users and carers, local communities, and third sector organisations should be involved and engaged in planning and delivering services. Partners should ensure that easily accessible information is made widely available so that people know where to go when they are in crisis or feel their mental health is deteriorating.

Governance, accountabilities, and assurance

Regional multi-agency Crisis Care Concordat Boards/Forums have been established in each Health Board area footprint. These Boards/Forums provide a mechanism to deliver change and improvement. Each Board/Forum should have up to date terms of reference and produce quarterly update/assurance reports for the national Crisis Care Assurance and Advisory Board. These update reports will provide a level of confidence that the actions set out in this national action plan are being implemented at a regional level where progress is delivered and assured through regional action plans.

Update reports should include any output and outcome data that is available to demonstrate progress, highlight key achievements, and show how additional funding is helping achieve results.

They should also identify any challenges or barriers to implementing action plans and set out what remedial action is being taken. Regional Boards/Forums should also ensure that Regional Partnership Boards are kept informed of progress.

The Chair of the national Crisis Care Board will provide a bi-monthly highlight report to the Ministerial Mental Health Delivery and Oversight Board, and produce an annual report on progress, key successes, and any identified future risks and challenges.

No.	Action	Timescale	Led By	Outcome and output Indicators
1.	Each Region to have a multi-agency protocol in place between health, local authorities, the police and the third sector, published (on partners' websites) and updated every year setting out: • How the public should access care when in a crisis • Each agencies' role and responsibility relating to providing crisis care services • Criteria for accessing services in a timely manner • The arrangements in place for the appropriate and safe transfer of people between and across services • The service arrangements in place to meet the specific needs of people from minority and ethnic communities • How information will be shared across agencies, to help inform the delivery and improve outcomes for people presenting in crisis Arrangements for how people affected by alcohol or drugs, and who have a mental health condition, will receive a timely and appropriate service	By June 2022	Regional multiagency crisis care boards/forums	Each Region to have standardised multi agency working methods in place for providing crisis care services that is described in a multi-agency protocol • An agreed arrangement in place for the sharing of information between agencies. • When a person is in police custody, each police service to have in place, systems and processes that help inform on the early identification of mental health needs and the methods for timely referring /signposting of people to the appropriate support service. (Timescales should be included within the regional protocol) • Feedback systems in place that inform on the appropriateness of care and its timeliness from people who have used crisis care services, including specific feedback from people from ethnic communities and from people affected by alcohol or drugs

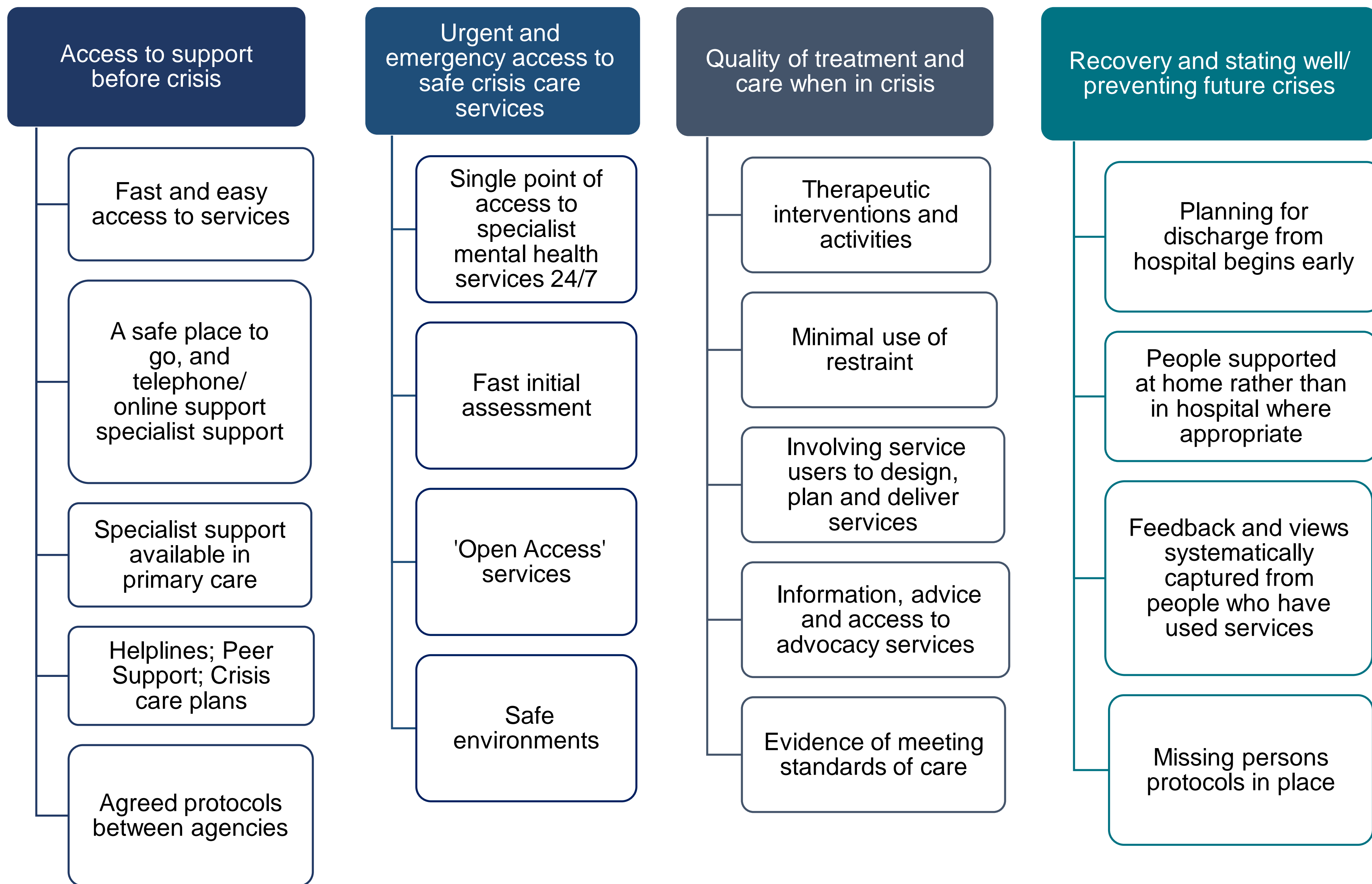
No.	Action	Timescale	Led By	Outcome and output Indicators
2.	Health Boards and local authorities develop joint plans, working with the third sector and other partners, to ensure that people of all ages who are experiencing early signs of a personal, emotional, or early-stage mental health crisis have 'out of hours' access to a 'safe place to go' service/facility, and an online or telephone based service, for respite, safety, or to help avert a crisis. (Beyond the Call Rec.8)	Plan in place by March 2022 Service in place October 2022	HBs and LAs report progress quarterly to regional multiagency crisis care boards/forums	• Each Region to have a plan in place that reflects local needs and informs on the services in place 'out of hours', and the model of delivery Plans to include: o How 'out of hours' service is shared/promoted o How this provision fits in to wider local service models o How service can be accessed
3.	All organisations to engage with the 111 pilots and ensure that people of all ages with an urgent need have 24/7 access to mental health support, and that clear referral/signpost pathways are available for people where required, e.g., out of hours social services, welfare support, finance/debt, domestic abuse support, etc. (Beyond the Call Rec.6)	By October 2022	Unscheduled Care Board	• Reduction in number of people with mental health problems contacting emergency services through 999 • Reduction in the inappropriate use of s136 • 111 service in place with a single point of access across Wales with clear multi agency links to its method of working

No.	Action	Timescale	Led By	Outcome and output Indicators
4.	People of all ages receiving a secondary mental health service have a high quality 'Crisis Plan' in place, reflecting Welsh Government requirements, that includes a mutually agreed advance statement, and details of planned support to help prevent and/or mitigate any future potential crisis. (Beyond the Call Rec.4)	By June 2022	HBs report to regional multiagency crisis care boards/forums	• Evidence through regular audit of crisis plans (as part of CTP audit) with findings reported quarterly to multi-agency crisis care board/forum • 'Service user' feedback at CTP review • Reduction in admissions to hospital • Reduced demand on 999 services for people known to mental health services
5.	'All agencies will ensure that those who are in contact with people in distress have the necessary knowledge, skills, and attitudes to ensure compassionate and supportive care is delivered' *(Talk2Me2 Objective 2vi)*	By March 2022	Regional multiagency crisis care boards/forums	• Agencies to have a training programme in place that reflects the 'Talk2 me2 Objective 2vi'. Uptake on training to be reported annually to regional multi-agency crisis care boards/forums • Post training, implement an evaluation process with: - The staff who have been trained • People that have used the services

No.	Action	Timescale	Led By	Outcome and output Indicators
6.	People discharged from psychiatric in-patient care should be followed up by the service within 72 hours of discharge and a comprehensive care plan should be in place at the time of discharge and during pre-discharge leave (National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH report 2019 p6) display.aspx (manchester.ac.uk)	By June 2022	HBs report to regional multiagency crisis care boards/forums	• Operational working practices in place that reflect NCISH guidance • Information to be communicated to the individual and their GP within 24 hours following discharge and where appropriate copied to the community team and other specialist services • Revised CTP to be in place to reflect any change in a persons' care needs
7.	Feedback and views will be systematically sought and captured from people of all ages who have used crisis care services, and acted upon, including specific feedback from people from minority and ethnic communities	By June 2022	All partners	• Service user feedback mechanism introduced and reported quarterly to multi-agency crisis care boards/forums

No.	Action	Timescale	Led By	Outcome and output Indicators
8.	Public sector services that manage or commission facilities caring for vulnerable persons will have a robust 'missing person' protocol in place. These protocols should specify preventative measures to reduce missing person's calls to the Police, such as the proactive management of risk (Beyond the Call' Rec. 5)	By June 2022	All partners	• Missing persons protocol implemented in all Regions • Reduced number of people reported missing • Reduced missing persons calls to the police

The four core principles of the Crisis Care Concordat and some practical examples



Access to support before crisis
Fast and easy access to services
A safe place to go, and telephone/ online support specialist support
Specialist support available in primary care
Helplines; Peer Support; Crisis care plans
Agreed protocols between agencies
Urgent and emergency access to safe crisis care services
Single point of access to specialist mental health services 24/7
Fast initial assessment
'Open Access' services
Safe environments
Quality of treatment and care when in crisis
Therapeutic interventions and activities
Minimal use of restraint
Involving service users to design, plan and deliver services
Information, advice and access to advocacy services
Evidence of meeting standards of care
Recovery and stating well/ preventing future crises
Planning for discharge from hospital begins early
People supported at home rather than in hospital where appropriate
Feedback and views systematically captured from people who have used services
Missing persons protocols in place

‘Beyond the Call’ Recommendations

1. Public sector services should ensure consistent real time data is acquired and shared regarding mental health/welfare demand and adopt common definitions for mental health crisis and a range of welfare concerns.

2. There should be effective collaboration between public and third sector services to improve outcomes for people experiencing a mental health crisis or seeking support for welfare concerns, codified through a national framework that includes multi-agency standards, whole system measures and indicators for success.

3. The accountable Welsh Government departments and responsible public sector services must ensure that support is available and accessible, at the required times, to address urgent welfare concerns such as dementia, substance misuse, debt, and homelessness.

4. NHS mental health secondary care services must ensure that individuals currently accessing services should have crisis plans in place building on the needs of the individual, personal resilience, and preventative actions.

5. Public sector services that manage or commission facilities caring for vulnerable persons must ensure these protocols should specify preventative measures to reduce missing person’s calls to the Police, such as the proactive management of risk.

6. NHS Wales should facilitate access to specialist MH professionals through a single point of entry, such as NHS Wales 111 Service. This service must have robust links to third sector and self-help support and provide referral pathways to primary care, police, and emergency medical personnel.

7. All public and third sector agencies should promote a trauma informed approach to crisis.

8. The public sector should provide, wherever possible in partnership with the third sector, a range of crisis prevention or response services including crisis cafes or sanctuaries, high intensity user support, home treatment and primary care support.

9. The Welsh Government should deliver a national communication campaign to ensure individuals, carers and family members know where to go for support or advice for themselves and others in crisis.

10. The Welsh Government, public sector and third sector agencies must ensure that the needs of vulnerable individuals are recognised and met when presenting in crisis. All agencies must engage with individuals or representatives from these groups to reduce barriers to accessing support in a crisis