London's All-Age Mental Health Crisis Care Concordat

Improving Outcomes and Experience for People Experiencing Mental Health Crisis in London

Our Vision for London:

When people in London experience a mental health crisis, they are kept safe, free from harm, and are supported to access the care and support they need in a timely manner, regardless of where they first seek help. As a collective, we endeavour to reduce racial disparities and tackle inequities faced by minoritised communities, promoting inclusion across our service.

Our mental health care and support offer will be co-produced, culturally competent and tailored to meet the needs of our diverse population, through utilising approaches such as the Patient and Carer Race Equality Framework (PCREF) to ensure services provide culturally competent care.

This concordat is a commitment to ensuring seamless care and support for people of all-age in crisis, accessing care in London's mental health system. Through this concordat, it is our vision that all Londoners experiencing mental health crisis have access to timely and equitable support that is best suited to their needs. We will work together as a group of organisations, to deliver on the commitments set out within this mental health concordat. We will regularly review progress against the key metrics set out within this commitment, and will collectively share learning and best practice across the region, to ensure we deliver the best possible care and outcomes for all demographics within our diverse population.

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Contact Details: england.londonmentalhealth@nhs.net

Signatories

NHS South West London

NHS South East London

NHS North East London Integrated Care Board

North Central London Integrated Care System

North West London Integrated Care System

SideBySide Network

Metropolitan Police

NHS England London

London Councils

Cavendish Square Group

NHS London Ambulance Service NHS Trust

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Table of Contents

Opening Remarks and Case for Change

Over the past decade, across our capital we have seen significant investment in our mental health services. This investment has resulted in historic expansion across London. We have seen continued growth in access to vital community mental health services, and the roll-out of liaison mental health teams in all Emergency Departments in the capital. We have also seen increasing numbers of people accessing vital crisis services through community-based crisis alternatives, such as crisis cafés. More recently, during the pandemic, we saw the launch of open access crisis lines across all trusts. Finally, police custody is no longer deemed as a Health Based Place of Safety.

While we recognise that there has been real progress since the launch of the first crisis care concordat in 2014, we accept that there is much more we can do to improve access, patient experience, and outcomes for the diverse population we serve. It is now imperative we take action to turn the dial on several key areas:

- The rate of detention under the Mental Health Act (MHA) for Black people continues to be higher than White people, at 344 detentions per 100,000 people, a c.10% increase since 2018, compared to 75 per 100,000 for White people[1]; London region has the 2nd highest number of section 136 (S136) detentions of Black people per 100,000 of the population.[2]
- People presenting with a mental health need at any of our Emergency Departments can face long waits, in untherapeutic environments.
- Far too many people detained under S136 of the MHA are conveyed to Emergency Departments in police vehicles. London is an outlier in the number of S136's that are taken to Emergency Departments as a first place of safety, at c.60%, compared to c.30% for England.[3]
- Many people face disproportionate long lengths of stay in our acute inpatient settings, often out of area, away from their friends, family and carer networks.

More broadly, people with mental health conditions also face significant health inequalities when compared to the general population:

1. People with severe mental illness (SMI) are five times more likely to die before the age of 75 than those who do not have SMI.[4]
2. Only 8% of individuals with psychosis are reported as being in paid work[5] compared to 75% of the general population of working age adults.[6]
3. Black people in the UK are eight times more likely than White people to be given a community treatment order after being treated under the MHA in hospital.[7]

[1] (Gov.UK, 2022)
[2] Data produced by NHSE London UEC MH BI ref: 058, Data sources: S136 detentions – Home office National Statistics, 2021/22
[3] Data produced by NHSE London UEC MH BI ref: 058, Data sources: S136 detentions – Home office National Statistics, 2021/22
[4] (National Mental Health Intelligence Network, 2023)
[5] (Royal College of Psychiatrists, 2021)
[6] (Gov.UK, 2022)
[7] (Centre for Mental Health, 2020)

4. Children and Young People with a learning disability are three times more likely to have a mental health problem than the general population[8]
5. 85% of older people with depression receive no NHS support.[9]

In short, too many people experience failures of mental health care.

This all-age crisis care concordat, which seeks to build on the 2014 crisis care concordat, is a partnership agreement between our agencies and other organisations, as a London collective committed to real change. The concordat covers everyone in London with a mental health need, including those with a co-existing diagnosis of autism, ADHD, learning disabilities, and those with drug or alcohol co-morbidities.

11Through this concordat, it is our vision that all Londoners experiencing a mental health crisis, their families & carers, have access to timely and equitable support that is best suited to their needs, leading to improved patient experience & outcomes. Our offer will be trauma-informed, and co-produced from design to delivery with those who access our care and support.

London's health and care system will work in partnership with our service user and carer groups, Voluntary Community and Social Enterprise (VCSE) partners, social care, local authorities, police services, and community groups, to prevent crises through ensuring the most suitable prevention and early intervention support is in place, close to home.

We will meet the needs of vulnerable people in urgent situations, providing co-produced, personalised care and support to ensure people have a say in the crisis care they receive. When an individual requires acute care, we will ensure this is provided in a holistic way, in the least restrictive environment possible.

As a collective, we agree on the vital importance of holistic, community-based mental health services, that work in partnership with VCSE & community sectors, primary care, and social care to support people to live well in their community. Where it is required, inpatient admissions should be therapeutic, and in the best setting for their immediate, medium or long-term needs.

This concordat is arranged around our commitment to four key principles, which we sign up to as partner agencies across London:

1. We prevent crisis by supporting people to live well in their communities, and work to tackle inequity of access, and outcomes, to community mental health services, with a particular focus on improving access and outcomes for Black men
2. People experiencing a mental health crisis can access the right care closer to home, alternative services to Emergency Departments, reducing the need for avoidable Emergency Department attendances, and front-line staff can access advice to support the most appropriate pathway for individuals potentially subject to detention under S136 of the Mental Health Act

[8] (Centre for Mental Health, 2020)
[9] (Centre for Mental Health, 2020)

3. If people attend Emergency Departments in a mental health crisis they are seen in a timely way, and provided with proportionate and effective support, including alternatives to admission
4. When an individual requires an inpatient bed, admission is purposeful, close to home, with a clear plan for discharge on admission

These four principles are all underpinned by effective partnership working across London's health and care system, service user and carer groups, VCSE partners, social care, local authorities, police services, and community groups.

As a London collective, we have a great history of working together to improve care and experience for our patients. London's Mental Health Compact, which sets out minimum expectations for access to inpatient services, is a great example of this, as is the ongoing work to improve the S136 pathway, strengthening the support and guidance offered to police officers, to ensure they are able to access timely advice when supporting someone who is experiencing a mental health crisis. Through this concordat, we are signalling our intent to build on our previous success to do all that we can to improve outcomes for our diverse population.

The concordat serves as a partnership between signatories to deliver improved outcomes for people experiencing a mental health crisis in London. We commit to working in partnership at regional and Integrated Care System (ICS) level to deliver on the London-wide commitments contained within this concordat, regularly monitoring our progress against delivery, and harnessing learning and good practice in pursuit of London being the world's healthiest global city.

A key underpinning principle of the concordat is to tackle inequalities in access, experience, and outcomes. As a collective, we acknowledge there needs to be significant improvement in data recording across the system, particularly around the consistent collection of ethnicity data. Having timely, valid, and accurate data (i.e. meaningful recording of patient ethnicity without the use of 'not known' or 'not stated') will allow us to effectively monitor and tackle health inequalities in the system[10].

[10] (NHS Digital, 2022)

1. Principle One

We prevent crisis by supporting people to live well in their communities, and work to tackle inequity of access, and outcomes, to community mental health services, with a particular focus on improving access and outcomes for Black men

1.1 Context

Community mental health services play a crucial role in the delivery of mental health care, providing vital support to people with mental health needs when they require it. Implementing the ambitions in the Community Mental Health Framework for Adults and Older Adults, will enable people to live well in their communities, by accessing the correct support when and where they need it.

Overall, our vision for London is that people with a mental health need are supported to live well in their communities, access care when and where they need, move easily through the care system and work towards individualised recovery. Ultimately, it is our hope that people receive the right care and support in their communities to provide early intervention, and reduce the number of individuals later presenting in crisis.[11]

1.2 London-Wide Commitments

1. Delivery of the Community Mental Health Transformation Programme

Crucial to the success of London's crisis care concordat will be the delivery of the community mental health transformation programme, delivering new and integrated models of primary and community care for adults and older adults with severe mental health problems.

Delivery of this programme will ensure that people are supported to live well in their communities, addressing known inequalities in access. Of those admitted to inpatient care, 16% of those from minoritised communities have not had any prior contact with community mental health services, compared to 13% of White British people, highlighting the need to improve access to early support for minoritised communities[12]. These inequalities will be addressed by providing choice and control, to access relevant culturally competent services from integrated primary and community models of care.

New and integrated models will provide holistic care and support from a range of statutory and VCSE organisations and ensure continued increased access to a range of psychological therapies. This will include providing support to address the stark inequalities in reduced life expectancy faced by people with severe mental illness (SMI), of 15-20 years, through delivery of physical health checks and follow up interventions. Additionally, models will ensure equitable access to employment

[11] (NHS England and NHS Improvement and the National Collaborating Centre for Mental Health, 2019, p. 6)
[12] (NHS Digital, 2023)

support via the Individual Placement and Support (IPS) service. Finally, the roll-out of Mental Health Practitioners, based in primary care will ensure that those with mental health needs who do not meet the thresholds for secondary care, are supported in their communities.

As a London system, we commit to increasing access to core community mental health services for all who need it, reducing unwarranted variation in waiting times for access to new and integrated models and improving outcomes for people with severe mental health problems. Through the expansion and transformation of community mental health services, more Londoners will have access to high quality, specialist support, at the right time, where they need it. These services will promote knowledge-sharing and co-training to learn and improve their offer, and provide better and earlier support to reduce the risk of people reaching crisis point.

2. Embedding Lived Experience and Culturally Appropriate Support in the Delivery of Community Mental Health Services

While we have seen significant increases in investment and access to community mental health services, we know there is inequitable access, particular for minority groups. For example, we know that Black males are under-represented in community mental health services but over-represented in crisis and acute settings. Data highlights that of those admitted to inpatient settings, 16% of people from minoritised backgrounds have had no prior contact with community mental health services, compared to 13% of White British people[13]. Embedding diverse lived experience in the design and delivery of community mental health services will go some way in ensuring that we design services that meet the needs of our diverse population.

Through their development, new and integrated models of community mental health will focus on communities who are underrepresented in primary and community services. The voice of people with lived experience will be embedded in community mental health services. Our vision is that community mental health services are culturally competent, meet the diverse needs of London's population and ensure equitable access to care and support.

As a collective, we commit to:

- Increasing mobilisation and access to tailored support, e.g. culturally competent community/faith based mental health support services, which will be embedded in new models
- Providing a regionally maintained directory of culturally appropriate mental health service provision, to support shared learning and best practice
- Establishing London-wide Black & Minority Ethnicity mental health advisory group to enhance co-design and service transformation of the mental health pathway in London
- Increasing the offer of crisis care alternatives available out-of-hours

There is already exciting work underway across London focussed on embedding lived experience in community mental health services and ensuring a range of culturally competent provisions, and as a collective we commit to continuing to invest

[13] (NHS Digital, 2023)

in and grow the voice of lived experience (both service users & carers) in our community mental health services and beyond. We commit to actively listening and incorporating service user and carer experience and feedback in our service design and provision, recognising the value their experience adds, and ensuring our lived experience community receive the support they need to contribute to the work.

3. Advanced Choice Documents

The Government plans to introduce statutory advance choice documents to enable people to express their view on the care and treatment that works best for them as inpatients, before the need arises for them to go into hospital. Advance choice documents will be developed in good time and in partnership with individuals at risk of detention under the Mental Health Act and their families.

As a London collective, we will ensure that advance choice documents are routinely in place to ensure those with a longer term mental health diagnosis receive appropriate ongoing care, and ensuring effective suicide prevention interventions are in place. We endeavour to learn from the South London and Maudsley study to co-produce, test, and refine for distribution an advance choice resource for Black people previously detained under the MHA, that can easily be used by service users, their carers, and mental health professionals.

1.3 How will we measure success?

At a regional level, we expect we will:

1. Achieve an overall 5% year on year growth in access to community mental health services [14]
2. Deliver the four-week-waiting time standard for access to community mental health services (*in shadow form until Q4 2023/24)* [15]
3. Achieve an increased proportion of minoritised groups accessing and engaging with community mental health services[16]
4. Secure a downward trend in total number of known mental health patients presenting to an Emergency Department in crisis[17]
5. Secure a downward trend in the number of known mental health patients presenting in a mental health crisis within 7, 14, 21 & 28 days following a mental health inpatient spell, or a previous attendance to an Emergency Department [18]
6. Achieve improved experience & outcomes for minoritised groups accessing appropriate community services[19]

[14] PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf (england.nhs.uk); Baseline 2020/21.
[15] From Q2 2023/24, NHS England will publish data on the "longest waits" (median and 90th percentile) data for community mental health (based on the proxy metric (time to 1+ contact for CYP and 2+ contacts for AMH). From end Q4 23/24, NHS England will publish the full waiting time metric as described in waiting time guidance: "the clock starts when the first request for mental health services is received and is stopped when: the person is seen (face to face, telephone or video); a meaningful assessment is completed; baseline outcome score is recorded and a clinical intervention is started (e.g. psychological therapies) or a social intervention is started (e.g. social prescribing/ peer support) or a co-produced personalised care plan is completed.
[16] To be measured via either "access" to CMH services broken down by ethnicity or via "caseload". Data source: MHSDS, to be confirmed.
[17] To tracked using SPC charts to identify when activity breaches the process limits.
[18] To tracked using SPC charts to identify when activity breaches the process limits.
[19] To be tracked at a provider level as no national data sets/ collections for tracking outcomes and patient experience. To be regularly reviewed at London's Crisis Care Concordat Steering Group.

Outcomes and Experience

In line with the steer on outcome measures for community mental health services, providers will work towards the use of three outcome measures for community mental health (Goal Based Outcomes, REQOL-10 and DIALOG+). As a collective, our systems will track outcomes by ethnicity to identify disparities and opportunities for improvement. Finally, providers will utilise patient experience surveys to understand disparities in patient experience of community mental health services for Black and Asian Minority Ethnicity (BAME) populations compared to White counterparts.

Data Quality Improvement

Improved demographic reporting in the Mental Health Services Data Set (MHSDS) will be critical for us to understand disproportionality in access to London's mental health services. As a collective, we commit to ongoing work to improve ethnicity recording in the MHSDS. Latest data suggests that there is currently 99% coverage of ethnicity codes in the MHSDS but only ~80% accuracy which highlights there is still further work required to improve ethnicity recording in the MHSDS.

1.4 Case Studies

Women's Cooperative Hub – Coffee Afrik & East London Foundation Trust

Coffee Afrik was established in 2018, with core values centred on community support, empowerment & equality, working with marginalised and vulnerable people to help communities create lasting change.

Coffee Afrik entered a partnership with East London Foundation Trust (ELFT), campaigning for a reduction in health inequalities, highlighting intersectional issues, and creating new joint third sector contracts.

In partnership with ELFT, Coffee Afrik advocate for improvements in the way mental health services are provided to end users, with a focus on access for People of Colour (POC), citizens with Special Emotional Needs & Disability (SEND) and the LGBTQI+ community.[20]

In March 2022, Coffee Afrik launched a Women's Cooperative Hub in Tower Hamlets, providing culturally competent support to women from the Somali community, using a holistic, Islamic-centred approach. Coffee Afrik identified and worked with a culturally competent female mental health therapist, who specialises in working with those from minority ethnic groups, to coordinate and organise peer-to-peer group sessions on a range of topics; focusing on the 5 steps to wellbeing adapted to Islamic principles. The group meets twice weekly and provides information and support to clients on a range of areas, including: mental health, loneliness and isolation, Arabic & Quran lessons, and digital inclusion.

[20] (Coffee Afrik CIC, 2023)

Coffee Afrik captured data over a six month period (Mar-Aug 2022), of the 65 women who attended overall during this period:

- **45%** showed a marked improvement in confidence
- **68%** felt less socially isolated & lonely
- **71%** wanted to see more projects like this in the community
- **91%** believed this project had brought them together, and closer to the community
- **55%** of clients showed improvements in their ability to make decisions, with greater understanding of available services, and mental health awareness
- **85%** of clients showed signs of optimism for the future, with a more positive outlook on life

This data clearly illustrates the significant improvement in the women's wellbeing, and reinforces the power and importance of culturally competent, community-based care.[21]

Community Connectors: East London Foundation Trust

Since the publication of the Community Mental Health Framework for Adults and Older Adults in 2019, work has been underway across London to ensure patients can access holistic, person-centred care in the community.

As part of the community mental health transformation programme, ELFT, in partnership with community organisations, introduced 'Community Connector' roles across a number of their boroughs; who play a vital function in realising the vision of the Community Mental Health Framework.

The Community Connectors work within Neighbourhood Mental Health Teams (NMHTs), to link service users with organisations within their local community who can support their ongoing care and recovery; while they continue to receive relevant clinical support from their NMHT. [22] The Connectors provide a link between primary and secondary mental health services, providing a more integrated, and personalised model of care for the patient, and are able to reach people who may not always receive the support they need through more traditional access routes. [23] Community Connectors work collaboratively with service users to identify wider issues that could be impacting their mental health, e.g. debt, housing, employment circumstances, loneliness, isolation, and caring responsibilities.

The Community Connector role has been co-designed and co-delivered with VCSE partners, service users, and carers, to ensure the roles are representative of the person-centred, holistic care they are seeking to provide. As part of the ongoing development of the Community Connector role, a framework has been developed by ELFT, to establish role competencies, and provide structured learning and professional development support for Community Connectors and their teams.[24]

[21] (Coffe Afrik CIC, 2022)
[22] (ELFT, 2023)
[23] (Community Links, 2022)
[24] (East London NHS Foundation Trust, 2023)

2. Principle Two

People experiencing a mental health crisis can access the right care closer to home, alternative services to Emergency Departments, reducing the need for avoidable Emergency Department attendances, and front-line staff can access advice to support the most appropriate pathway for individuals potentially subject to detention under S136 of the Mental Health Act

2.1 Context

Sometimes people will require urgent mental health support if they are experiencing a crisis. It is our London-wide vision that people experiencing mental health crisis in our capital should have access to safe, timely, and appropriate support, when they need it. As a London system, we commit to tackling waiting times to enable this timely support to be delivered. Crisis support should be open-access, culturally appropriate, available without referral, and as much as possible, delivered close to home.

As a collective, we agree that assessment and detention under the Mental Health Act should only happen when detention is the only option to support someone out of crisis, and should always be the last resort. We agree that support for individuals experiencing crisis should be patient centred, and individuals have the right for their voice, and the voices of their families & carers, to be central to decisions made about their care.

Data highlights that the use of the Mental Health Act in London is rising, and there are significant disparities between different groups in terms of people who are subject to the Act. In particular, Black men are 1.5 times more likely to be detained under a S136[25] and more likely to be discharged from hospital with further restrictions of a Community Treatment Order. For this reason, as a London collective, we agree to work towards a London-wide goal to reduce the use of S136, with a specific focus on Black males who are currently overrepresented in detentions, and the use of the Mental Health Act.

It is recognised that each of the commitments within this concordat, which aim to improve the accessibility, and quality of support for people experiencing mental health crisis, are suicide prevention measures insofar as they enable earlier intervention and sustained recovery. However, dedicated suicide prevention plans which involve close working between the NHS, public health, and partner organisations will be a key component of our expanded crisis care offer.

The advent of a London-wide Real-Time Surveillance System for suspected suicide, in partnership with London's police forces, is a crucial mechanism through which to facilitate stronger use of data in suicide prevention strategy across the region. By cultivating shared ownership of data-driven ICS suicide prevention plans, we can maximise our ability to implement evidence-based, locally-specific interventions to improve support for vulnerable communities.

[25] Data produced by NHSE London UEC MH BI ref: 058, Data sources: S136 detentions – Home office National Statistics, 2021/22

As a collective, we also have an opportunity to build upon the commitment set out in the NHS Long Term Plan to develop 'suicide bereavement support for [bereaved] families, and staff working in mental health and crisis services in every area of the country'[26]. In London, each ICS now has a dedicated suicide bereavement support service which receives referrals via the Real-Time Surveillance System, enabling targeted, proactive provision of support for those bereaved or affected by suicide. By supporting the development and submission of a core dataset for suicide bereavement services, including referral and access data, we can build an understanding of who is being supported by services and improve service user outcomes.

2.2 London-Wide Commitments

1. Delivering the 111 First for Mental Health programme, which will result in increased access to mental health services for patients experiencing crisis

The aspiration of the NHS Long Term Plan is that by 1st April 23/24, there will be 100% coverage of 24/7 age-appropriate crisis care, via NHS 111[27] across England. NHS 111 will be the single, universal point of access for people experiencing mental health crisis.[28]

London's newly established 111 First for mental health service, will direct those calling 111 with a mental health need to a specialist mental health service, instead of them undergoing an assessment by 111 health advisors using NHS pathways and algorithms, which is the existing state of play. London's 111 First for mental health service will go live across all ICBs by 1st April 23/24.

The London vision is that anyone in London experiencing mental health crisis can call NHS 111 and have 24/7 access to the mental health support they need in the community, making 111 a reliable single point of access for our complex pathways across multiple organisations. Patients and their families/carers will experience a consistent and seamless access pathway to the right mental health care and support at the right time, and in the best setting for their immediate, medium or long-term need.

2. All ICBs have culturally competent and easily accessible front door alternatives such as community crisis cafés and other services with self-referral capacity

Crisis alternatives, such as crisis cafés and safe havens, offer a safe environment for people experiencing a mental health crisis who do not have a medical need for an Emergency Department attendance.[29] Alternative services should be culturally competent and tailored to the diverse needs of the population they serve. A regionally maintained online directory of London's crisis alternatives will be made available on the Mobile Directory of Services (MiDoS), easily accessible to mental health trusts, the 111 First for mental health service, police and ambulance services.

[26] (NHS England, 2019, p. 72)
[27] (NHS England, 2019, p. 30)
[28] (NHS England, 2019, p. 73)
[29] (NHS England, 2019, p. 70)

As a system, we commit to engaging and working in partnership with these alternative services to provide support, and effective advertising/signposting of the services to increase access where the service is appropriate for the individual.

By providing clear signposting or direct referrals to these services, the hope is that we ensure that people who require urgent mental health support when experiencing a crisis can access alternative crisis services, where this is right for them, in a timely manner, in the best setting for them, and which are culturally competent.

3. Centralised S136 hub (North & South) available to provide timely advice

NHS England London Region, along with system partners and stakeholders have designed a bespoke service for the S136 pathway. This is to address the inequitable access for police officers when needing to consult with a mental health professional prior to applying S136; or needing advice on the correct non-S136 pathway for the individual.

This proposed new service will potentially launch in Q3 2023/24, and is expected to be integrated within the 111 First for mental health service hosted by one lead mental health trust in the North of the region, and another lead in the South of the region. The expectation is that the centralised hub will contribute to a reduction of the use of S136 in London and increase the likelihood of individuals receiving the right care in the right place, at the right time. The initial phase of the hub will be a pilot which will be evaluated.

4. All six Mental Health Joint Response Cars (MHJRC) operating 7 days a week, resulting in increased utilisation and support for people experiencing crisis

Following a recommendation in the NHS Long Term plan, to introduce Mental Health vehicles to reduce inappropriate ambulance (or police) conveyance to Emergency Departments[30], all ICBs have committed to, and accelerated, the full business as usual model of operating MHJRCs in their area.

The London Ambulance Service plays a crucial role in the mental health crisis care pathway as 999 and NHS 111 are often the first point of access for those experiencing a mental health crisis. Mental health calls are often complex, take time, and require specialist expertise to manage them effectively, which often leads to individuals being conveyed to Emergency Departments, which is rarely the correct environment unless they have a medical emergency.

The joint response car team is designed to use the skills of the mental health professional, and paramedic, to manage people safely in the community where this is appropriate. The mental health professional can complete a biopsychosocial assessment, formulate a risk assessment, and deliver brief psychological interventions to reduce distress. The paramedic can make a physical health assessment and deploy their expertise of pre-hospital care. Together, they can use their skills and knowledge to try to get the best care for the patient at the earliest point.

[30] (NHS England, 2019, p. 71)

Evidence from an initial pilot and evaluation of the MHJRC demonstrated that more than four out of five people who were seen by the joint team of mental health professional and paramedic were seen, treated, and discharged at the scene; therefore avoiding Emergency Department presentations. This compares to two out of five people in the business-as-usual model [31].

As a London collective, we commit to continue funding the Mental Health Joint Response Cars to ensure all cars are in operation seven days a week.

2.3 How will we measure success?

At a regional level, we expect we will see:

1. An overall 20% year on year reduction over 3 years in the number of people placed on S136, with a specific focus on tackling the disproportionate use of the act in minoritised communities
2. Downward trend in numbers of people detained under S136 of the Mental Health Act following 0300# consultation
3. 95% of patients categorised as requiring a very urgent, or urgent assessment are seen within 4hrs and 24hrs by the crisis/home treatment team
4. Consistent operation of the 6 MHJRCs 7 days per week

2.4 Case Studies

Mental Health Joint Response Cars – London Ambulance Service

In November 2018 the London Ambulance Service (LAS) launched a six month pilot of the MHJRC in South East London. The service paired paramedics and mental health professionals (MHP) to respond to patients experiencing a mental health crisis, or requiring a specialist mental health response.[32]

The aim of the MHJRC service is to ensure patients receive the right care, in the right place, first time, and ensure parity of esteem for mental health patients using LAS. The MHP can conduct a biopsychosocial assessment, formulate a risk assessment and deliver brief psychological interventions to support the patient. The Paramedic is able to complete a physical health assessment and utilise their expertise in pre-hospital care. Combining the skill sets of these experienced clinicians showed improvements in quality and efficiency of care delivered at the scene, maximising the chances of being able to safely manage the patient in the community.[33]

The evidence from the initial pilot in 2018 and evaluation of the MHJRC demonstrated that more than four out of five people who were seen by the joint team of MHP and paramedic were seen, treated and discharged at the scene; therefore avoiding Emergency Department presentations. This compares to two out of five

[31] LAS Data provided at UEC MH Recovery Board 16/02/23
[32] (NHSE and London Ambulance Service, 2020, p. 3)
[33] (NHSE and London Ambulance Service, 2020, p. 7)

people in the business-as-usual model (double-crew ambulance)[34]. The initial pilot also modelled the potential cost saving to systems, resulting from the reduction in those being conveyed to Emergency Departments. Due to the success of the initial pilot, funding was secured for five additional MHJRCs to be launched, taking the total to six for London.

Entering into 2023/24 LAS has now filled all 21 MHP posts to support the running of the MHJRCs. These staff will also rotate to support the provision of mental health advice & guidance in the emergency operations centre/clinical assessment service. Now that the workforce issues have been resolved LAS are working to increase the utilisation rate, and undertaking an evaluation of the service, led by Imperial College Health Partners in Q2 2023/24.

[34] (NHSE and London Ambulance Service, 2020, p. 3)

3. Principle Three

If people attend Emergency Departments in a mental health crisis they are seen in a timely way, and provided with proportionate and effective support, including alternatives to admission

3.1 Context

Whilst we strive to provide people with suitable alternatives to presenting to an Emergency Department in a mental health crisis, we will continue to see a proportion of people attending our Emergency Departments across the region in need of mental health crisis support. In these instances, it is our collective duty to ensure people receive timely care, proportionate to their needs; and where appropriate an alternative to admission is provided. We share a collective commitment that there is "no wrong door" and it is our duty to ensure that people receive safe, effective, and holistic care wherever they experience a crisis. People attending Emergency Departments should receive a personalised assessment for their needs, and where required, signposting to relevant follow up support.

The Mental Health Clinically-Led Review of Standards provided clear recommendations to embed urgent & emergency mental health in waiting time standards for the first time. As a London system we endeavour to ensure 95% of patients categorised as very urgent, and urgent, requiring an assessment, are seen within the 4 hour and 24 hour CRHTT targets set out in the standards. Additionally, a face to face assessment should commence within one hour of a referral from the Emergency Department to liaison psychiatry services.[35]

We have seen exciting progress in the London region, launching several Mental Health Crisis Hubs, which act as a safe alternative to Emergency Departments for those in crisis. These services offer a safe space for individuals to receive support, and initial data from these services show reduced length of stay, and compared to those attending Emergency Departments in crisis, a lower number of people being admitted to an inpatient bed. Working to expand the coverage of these services, as well as improving signposting will contribute to the London concordat ambition of ensuring timely care, and providing alternatives to admission.

3.2 London-Wide Commitments

1. Continued sector commitment to delivering the operational aspect of the London Mental Health Compact and adhering to the core principles

The London Mental Health Compact was developed to set out cross-agency working between London & surrounding county mental health & acute trusts, local authorities, ICBs, NHS England, LAS & police services. This is to ensure high quality care for people in mental health crisis, and set out a common understanding of expectations across the health & care system for patients and their families/carers.

[35] (NHS England, 2021)

Individuals care & treatment can be delayed due to inconsistent decision-making and lack of transparency around capacity management and escalation. Such delays can result in the service user becoming more distressed and unwell, as well as increasing clinical risk when they are at their most vulnerable. The Compact therefore aims to resolve these issues by setting out maximum waiting times and timeframes for key stages along the patient pathway, and keeping patients, and their families/carers, fully informed as to the steps being taken. It also provides a framework for capacity management and an escalation process to support access once individuals are waiting to be admitted, and avoid disputes between trusts.

Drawing on existing regulations and policies governing mental health services in England, as well as existing good practice, the Compact outlines the roles and responsibilities of individual organisations along both CYP and adult pathways to admission. As a London system, we will continue to commit to the principles set out in the Compact, and work collaboratively with our partners to provide high quality care.[36]

2. "CORE 24" compliant mental health liaison provision in all acute Emergency Departments

Liaison psychiatry services ensure that people who are being treated for physical health care needs, who also have a mental health need, are provided with appropriate support for their mental health needs, and receive a holistic biopsychosocial assessment.

All acute hospitals in London have well established liaison mental health teams, to provide appropriate care and support to those attending an Emergency Department, and it is our intention to continue to make these vital services available.

The Five Year Forward View for Mental Health set out the importance of a CORE 24 Liaison Psychiatry service, and the Mental Health Clinically-Led Review of Standards recommended that 70% of liaison mental health teams should be achieving CORE 24 standards as a minimum by 2023/24.[37] Data modelling demonstrates the significant positive impact of CORE 24 liaison psychiatry; an Emergency Department with no liaison provision would expect to see 80% of attendances with a mental health need go on to be admitted to an acute setting, compared to 9% for those Emergency Departments operating a full CORE 24 service. [38]

Recognising the benefits that a CORE 24 service brings to the patient, as well as their families/carers, and the system as a whole, we will continue to ensure that all Emergency Departments in London are compliant with the CORE 24 standards for liaison psychiatry.

We will also continue to work with the trusted assessor model in place across London, which promotes safe and timely discharges from NHS Trusts to adult social care services[39].

[36] (NHS England London, 2022)
[37] (NHS England, 2021, p. 31)
[38] (NHS England, 2020, p. 7)
[39] (Care Quality Commission, 2018)

3.3 How will we measure success?

At a regional level, we expect:

1. 76% of Mental Health patients are seen and discharged within 4hrs of arrival at an Emergency Department in line with the national target[40], with the aspiration to perform above this target to treat patients in a more timely way
2. Psychiatric liaison teams review patients within 1 hour of referral from Emergency Department and within 24 hours of referral from an acute ward

3.4 Case Studies

Mental Health Crisis Assessment Service (MHCAS) – North Central London Mental Health Partnership

In March 2020, Camden and Islington NHS Foundation Trust (now part of the newly-formed North Central London Mental Health Partnership, part of NCL ICS), set up their MHCAS in just 10 days, in response to the COVID-19 pandemic. The service was set up to offer a calm, therapeutic environment for those experiencing a mental health crisis, operational 24 hours a day, 7 days a week. The service provides an alternative to Emergency Departments for those who do not have an acute physical health need, and therefore also supports demand on the wider Emergency Department system in the locality.[41]

The MHCAS is just one part of the Partnership's wider provision of mental health crisis services. North Central London Mental Health Partnership operates a Crisis Single Point of Access telephone service that is free to call, available 24 hours a day, 7 days a week, and can offer appropriate support, including immediate emergency care where appropriate. North Central London Mental Health Partnership community mental health services have crisis resolution and home treatment teams that can support people where they live, and there are crisis houses that offer residential care as an alternative to hospital admission. North Central London Mental Health Partnership work in partnership with other voluntary and community organisations running crisis cafes where people can recieve drop-in support.

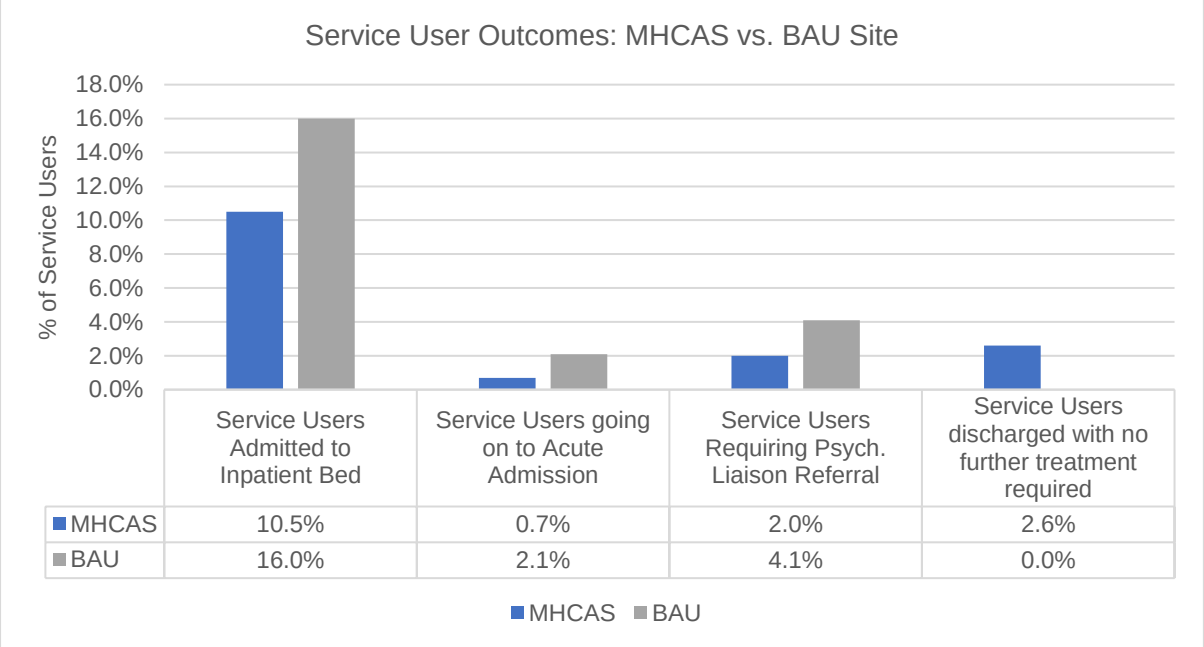
The MHCAS offers full emergency mental health assessments and onward care planning, employing a diverse and highly skilled mental health workforce incorporating support workers, peer coaches, nurses and doctors. MHCAS supports every aspect of emergency mental health care planning, from GP referrals, to Mental Health Act assessments.[42]

The MHCAS receives referrals from LAS, police, community mental health teams, and also accepts walk-ins. In the first year of operation (March 2020 - March 2021), the team at the MHCAS received over 3,500 referrals.[43] This increased to 7,587 in the second year (April 2021 - March 2022), averaging 632 people per month.[44]

[40] (NHS England & The Department of Health and Social Care, 2023, p. 3)
[41] (Camden & Islington NHS Foundation Trust, 2021)
[42] (Camden & Islington NHS Foundation Trust, 2023)
[43] (Camden & Islington NHS Foundation Trust, 2021)
[44] (Health Innovation Network, 2022, p. 19)

In February 2022, NHSE (London) commissioned the Health Innovation Network (HIN), to complete an evaluation of MH crisis hubs in operation across London, to identify the core components of effective mental health crisis pathways.[45] The evaluation was carried out over an eight month period (March-October 2022), using data collected from the period April 2021 – March 2022, comparing the MHCAS to a business as usual (BAU) Emergency Department model.

The data from the HIN evaluation showed:



	Service Users Admitted to Inpatient Bed	Service Users going on to Acute Admission	Service Users Requiring Psych. Liaison Referral	Service Users discharged with no further treatment required
MHCAS	10.5%	0.7%	2.0%	2.6%
BAU	16.0%	2.1%	4.1%	0.0%

Fig1. Chart showing service user outcome data from the Health Innovation Network Report

Since the launch and ongoing success of the MHCAS in C&I, similar models are being rolled out across other ICBs within the capital, with the aim of providing a safe, calm, therapeutic environment, and an alternative to Emergency Departments, for those in a mental health crisis.

[45] (Health Innovation Network, 2022, p. 4)

4. Principle Four

When an individual requires an inpatient bed, admission is purposeful, close to home, with a clear plan for discharge on admission

4.1 Context

Sometimes, when an individual's needs cannot be met in the community, an inpatient admission may be required. Where this is required, admission should be purposeful, close to home, and set clear plans for discharge on admission. Recent high-profile examples have highlighted that all too often, people are detained in inpatient settings without sufficient therapeutic input, which can be traumatic for the individual and reduce their chances of recovery. We also know that some people are often in an inpatient setting for longer than necessary, when they are deemed clinically ready for discharge (CRFD), and they could be more appropriately supported in the community, for example in supported accommodation.

As a collective, we agree it is imperative to ensure that no individual is placed in an inpatient setting for longer than is necessary to meet their purpose of admission, and we commit to ensuring that inpatient stays are therapeutic, person-centred, and recovery focused. Close partnership working across ICB level with partners from social care and VCSE will be imperative to ensure that we reduce long length of stay across the capital, and ensure that people are supported to return home as soon as is clinically appropriate.

4.2 London-Wide Commitments

1. Deliver against plans to eliminate inappropriate Out of Area Placements

When an individual requires an inpatient admission, this should be purposeful and where relevant, close to home, adhering to national guidance on defining Out of Area Placements (OAPs). People that are placed in an inpatient service outside their local area on average have longer lengths of stay, poorer clinical outcomes (including increased risk of suicide) and poorer experiences of care. This is often due to the negative impact of being out of area on their continuity of care, and reduced contact with people in their support network.[46]

As a London collective, we recognise the importance of inpatient care close to home, which can help the individual maintain contact with family, carer/s, and friends, and feel as comfortable as possible with their local surroundings. As such, we share an ambition to continue to work towards eliminating inappropriate Out of Area Placements across London.

[46] (NHS England, 2022)

Data highlights that there is already some good work underway across London to deliver plans to eliminate inappropriate Out of Area Placements for acute inpatient care.

2. Embedding principles of effective inpatient care

As a collective, we will ensure that three key principles are embedded in inpatient care across London[47]. This means that:

1. Admissions will be purposeful: people will only be admitted to inpatient care when they require assessment, intervention, or treatment that can only be provided in a hospital setting
2. Inpatient care will deliver therapeutic benefit: care will be planned and regularly reviewed with the individual and their chosen carer/s so that they receive therapeutic activities, interventions, and treatment they need to support recovery and meet the purpose of admission
3. Discharge is proactively planned and effective: discharge will be planned with the individual from the start of their inpatient stay, so that they can leave hospital as soon as they no longer require assessments, interventions, or treatments that can only be provided in an inpatient setting, with all planned post-discharge support provided promptly on leaving hospital. This includes providing assistance to homeless people who may need support with housing on discharge, to successfully avoid crisis in the community.

Effective partnership working is crucial to ensure we turn the dial on existing long length of stay across the capital. We know all too often people are delayed in an acute inpatient setting for longer than necessary which is harmful for the individual and their recovery. We commit to ensuring appropriate partnership arrangements are in place across health, local authorities and VCSE organisations to ensure that no individual is in a setting for longer than necessary. We will continue close partnership working between social care and local authority colleagues, to ensure ongoing focus on reducing the percentage of beds that are occupied by people who are deemed CRFD.

Finally, we will work collectively to deliver future recommendations from the inpatient mental health and learning disability quality transformation programme, which seek to transform inpatient quality care.

4.3 How will we measure success?

At a regional level, we expect we will see:

1. Reduction of average Length of Stay (LoS) to national target of 32 days
2. Downward trend in percentage of beds occupied by people who are Clinically Ready for Discharge (CRFD)
3. Reduction in 60+ and 90+ day long LoS
4. Bed occupancy operating at 85% (as recommended by Royal College of Psychiatry)

[47] (NHS England, 2022)

5. Reduction in OAPs to support achievement of LTP plan of eliminating inappropriate out of area bed usage

As a system, we also commit to embedding our own local measures to monitor additional metrics, e.g. patient experience. Collecting qualitative feedback on standards of inpatient care & quality of therapy as part of inpatient quality programme.

4.4 Case Studies

Reduction in inappropriate Out of Area Placements – North West London ICB

The Five Year Forward View for Mental Health set the ambition to work towards eliminating inappropriate out of area placements (OAPs) for non-specialist adult acute care. This was achieved by West London NHS Trust in NW London and the position has always been maintained. The NHS Long Term Plan echoed this ambition and elimination was achieved for a short period of time across the whole of NW London ICS in 2020 however, the impact of the pandemic pressures saw inappropriate OAPs increase at Central & North West London (CNWL) trust.

The team at CNWL worked to identify key areas which could help drive the reduction, and ultimate elimination of OAPs, and set a target in October 2022 to eliminate inappropriate OAPs by 31 March 2023. The areas identified were:

- Director level focus and scrutiny on OAP data
- Improved flow from acute and OAP beds into rehabilitation beds
- Single discharge team across acute and rehabilitation to improve the bed base
- Introduction of a MHCAS to support the flow out of the Emergency Department and reduce the need for acute admission.

Through implementation of winter schemes in winter 2022/23, CNWL saw their progress towards eliminating inappropriate OAPs significantly accelerate, resulting in the Trust eliminating all inappropriate OAPs by January 2023. This position has been sustained for 4 months:

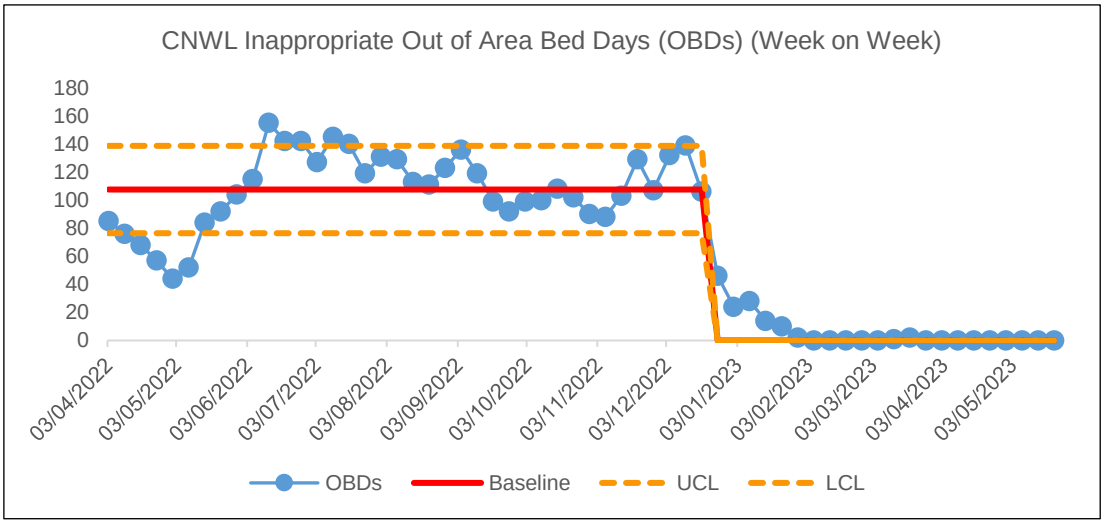


Fig2. Chart showing the decrease in the number of inappropriate OAPs in CNWL, data submitted by NWL ICB

5. Summary and Closing Remarks

Through this concordat, we are signalling our intent and commitment to improve access, experience and outcomes for Londoners who experience a mental health crisis. This is a commitment to ensuring seamless care and treatment for people accessing care and support in London’s mental health system. It is our vision that all Londoners experiencing mental health crisis have access to timely and equitable support that is best suited to their needs.

The vision and the commitments set out within this concordat will only be delivered through consistent and effective partnership working and collaboration. It is only through our collective drive that we will deliver on these commitments; together as a London-wide partnership we are stronger. Through this concordat, we commit to acting as one to deliver on the promise to our patients: to improve access, experience, and outcomes, and tackle the stark health inequalities and disparities that continue to be experienced by too many people in our city.

While we all recognise there has been some promising progress to improve our mental health offer in the capital, all too often people are still facing failures of care. Whether a person is struggling to access timely community mental health support, is unnecessarily detained under the Mental Health Act, or is spending too long in untherapeutic Emergency Departments while in crisis, as public servants it is our duty to work together with pace and purpose to deliver on the promise of this document and to improve access, experience, and outcomes for the people we serve.

References

Health Innovation Network. (2022, October). *London Mental Health Crisis Hubs Evaluation.* Retrieved from Health Innovation Network: https://healthinnovationnetwork.com/wp-content/uploads/2022/12/MH-Crisis-Hubs-Evaluation-Final-Report.pdf

Royal College of Psychiatrists. (2021). *National Clinical Audit of Psychosis (NCAP).* Retrieved from Royal College of Psychiatrists: http://www.rcpsych.ac.uk/NCAP

Camden & Islington NHS Foundation Trust. (2021, March). *Mental Health Crisis Assessment Service marks its one-year anniversary*. Retrieved from Camden & Islington NHS Foundation Trust: https://www.candi.nhs.uk/news/mental-health-crisis-assessment-service-marks-its-one-year-anniversary

Camden & Islington NHS Foundation Trust. (2023). *Mental Health Crisis Assessment Service (MHCAS)*. Retrieved from Camden & Islington NHS Foundation Trust: https://www.candi.nhs.uk/our-services/mental-health-crisis-assessment-service-mhcas

Care Quality Commission. (2018, 06 25). Retrieved from Guidance: Trusted Assessors: https://www.cqc.org.uk/sites/default/files/20180625_900805_Guidance_on_Trusted_Assessors_agreements_v2.pdf

Centre for Mental Health. (2020, Nov 11). *Centre for Mental Health*. Retrieved from Centre for Mental Health: https://www.centreformentalhealth.org.uk/publications/mental-health-inequalities-factsheet#:~:text=Some%20groups%20of%20people%20have%20far%20poorer%20mental,are%20often%20poorer%2C%20in%20some%20circumstances%20causing%20harm.

CNWL NHS Foundation Trust. (2023). *Mental Health Crisis Assessment Service (MHCAS).* Retrieved from Central & North West London NHS Foundation Trust: https://www.cnwl.nhs.uk/services/mental-health-services/adult-and-older-adult/st-charles-hospital/mental-health-crisis-assessment-service-mhcas

Coffe Afrik CIC. (2022, June). Coffee Afrik CIC Wellbeing Project. London.

Coffee Afrik CIC. (2023, February). *Coffee Afrik CIC - About*. Retrieved from Coffee Afrik CIC: https://www.coffeeafrique.co.uk/about

Community Links. (2022, May). *ELFT Community Connectors*. Retrieved from Community Links: https://www.community-links.org/community/elft-community-connectors/

East London NHS Foundation Trust. (2023, April). *East London NHS Foundation Trust.* Retrieved from East London NHS Foundation Trust: https://www.elft.nhs.uk/user/login?destination=/system/files%3Ffile%3D2023-05/elft_community_connectors_competency_and_continuing_professional_development_cpd_framework_final.pdf

ELFT. (2023, March). *Bashir Hassan - Community Connector*. Retrieved from TRUSTtalk Online: https://www.trusttalk.elft.nhs.uk/article/bashir-hassan-community-connector/

EMHIP. (2020, September). *EMHIP Key Interventions Report.* Retrieved from EMHIP: https://emhip.co.uk/wp-content/uploads/2021/06/Ethnicity-Mental-Health-Improvement-Project-Report-Final.pdf

EMHIP. (2023, February 21). *Ethnicity & Mental Health Improvement Project*. Retrieved February 21, 2023, from Ethnicity & Mental Health Improvement Project: https://emhip.co.uk/

Good Thinking. (2021, May). *Five ways to good mental wellbeing & Islam.* Retrieved from Good Thinking: https://goodthinking-strapi.s3.eu-west-2.amazonaws.com/EN_JC_0308_Five_Ways_Wellbeing_Islam_AW_e04aa64189.pdf

Gov.UK. (2022, June 23). *Detentions under the Mental Health Act.* Retrieved from Gov.UK: https://www.ethnicity-facts-figures.service.gov.uk/health/mental-health/detentions-under-the-mental-health-act/latest#:~:text=black%20people%20were%20most%20likely,222%20detentions%20per%20100%2C000%20people

Gov.UK. (2022, Nov 3). *Employment.* Retrieved from Gov.UK: https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/employment/employment/latest#:~:text=the%20employment%20rate%20was%2052%25%20for%20all%2016,and%2071%25%20for%2050%20to%2064%20year%20olds

National Mental Health Intelligence Network. (2023, April 19). *Premature mortality in adults with severe mental illness (SMI)*. Retrieved from Gov.uk: https://www.gov.uk/government/publications/premature-mortality-in-adults-with-severe-mental-illness/premature-mortality-in-adults-with-severe-mental-illness-smi#authors

NHS Digital. (2022, Nov 23). *Ethnicity: Part of Data quality of protected characteristics and other vulnerable groups.* Retrieved from NHS Digital: https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set/submit-data/data-quality-of-protected-characteristics-and-other-vulnerable-groups/ethnicity

NHS Digital. (2023, Jun 8). *Integrated Care Board (ICB), Sub Integrated Care Board (Sub ICB) and Commissioning Region data.* Retrieved from NHS Digital: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/icb-and-sub-icb-location-data

NHS England & The Department of Health and Social Care. (2023, January 30). *Delivery Plan for Recovering Urgent & Emergency Care Services.* Retrieved from https://www.england.nhs.uk/wp-content/uploads/2023/01/B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf

NHS England. (2019, May 20). Mental health crisis care in the NHS Long Term Plan. London.

NHS England. (2019, July 23). *NHS Mental Health Implementation Plan 2019/20 – 2023/24.* Retrieved from NHS Long Term Plan: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf

NHS England. (2019, January 7). *The NHS Long Term Plan.* Retrieved from NHS Long Term Plan: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

NHS England. (2020, March). *Liaison MH - Financial modelling examples and assumptions.* Retrieved from Future NHS: https://future.nhs.uk/connect.ti/AdultMH/view?objectId=65718597

NHS England. (2021, July 1). *Mental health clinically-led review of standards.* Retrieved from NHS England: https://www.england.nhs.uk/wp-content/uploads/2021/07/B0788-CRS-consultation-report-MH-standards-1-July-2021.pdf

NHS England. (2022, February). *Draft Acute Inpatient Guidance - NHS England National Adult & Older Adult Mental Health Programme.* Retrieved from Future NHS Collaboration Platform: https://future.nhs.uk/AdultMH/view?objectId=159852645

NHS England. (2022, February). *Draft Acute Inpatient Guidance, version 2.* Retrieved from Draft Acute Inpatient Guidance, version 2: https://future.nhs.uk/AdultMH/view?objectId=159852645

NHS England. (2023, Feb). *London Mental Health Compact.* Retrieved from NHS England: https://www.england.nhs.uk/london/london-clinical-networks/our-networks/mental-health/mental-health-compact/

NHS England. (2023, April 28). *Recording outcome measures for Adult and Older Persons Community Mental Health services (FINAL-v1.0).* Retrieved from Future NHS: https://future.nhs.uk/connect.ti/AdultMH/view?objectID=162344165

NHS England and NHS Improvement and the National Collaborating Centre for Mental Health. (2019, September 29). *The Community Mental Health Framework for Adults and Older Adults.* Retrieved from https://www.england.nhs.uk/wp-content/uploads/2019/09/community-mental-health-framework-for-adults-and-older-adults.pdf

NHS England London. (2022, July). *Access to mental health inpatient services (all ages).* Retrieved from NHS England: https://www.england.nhs.uk/london/2019/10/15/london-unites-to-provide-high-quality-mental-health-care/

NHSE and London Ambulance Service. (2020, August). *MHJRC Review Final - 12.08.2020.* Retrieved from Future NHS: https://future.nhs.uk/AdultMH/view?objectId=80626117

Appendix 1: EMHIP Case Studies

The Ethnicity and Mental Health Improvement Project (EMHIP) is a collaborative project with Wandsworth Community Empowerment Network (WCEN), SWLSTG and SWL ICB. It is a practical, locality-based service improvement programme to reduce ethnic inequalities in access, experience, and outcomes of mental health care.[48] EMHIP consists of 5 Key Interventions (KI):

1. Establishing Community Health and Well Being Hubs
2. Increasing Service Options
3. Reducing restrictive/coercive practice
4. Enhancing inpatient care experience
5. Ensuring a culturally capable workforce

The following is an account of 2 of the 5 Key Interventions, these are included as appendices as they are not yet live.

Crisis Family Placement Project – South West London & St George's Mental Health NHS Trust (SWLSTG)

The Crisis Family Placement programme aims to support and treat people going through mental health crisis who would otherwise be admitted to hospital. Host families are recruited from local BME communities

Host families are identified from local BME communities and are given training and support to provide community-based, culturally competent alternatives to acute hospital admission for people going through mental health crisis. Ongoing clinical care will be provided by the NHS.

The host families identified for the launch of this project in SWLSTG, are from Black communities, where there is a strong need for alternatives to traditional, hospital-based care. This is particularly true for Black men, who are significantly over-represented in acute inpatient admissions, and are more likely to experience coercive and restrictive care.

The project aims to serve the following functions:

- The care and support to those under the scheme will be the same as those receiving acute mental health care
- Individuals remain under the care of home treatment (HT) throughout their stay in family placement
- Crisis access 24/7 through HT
- Three-way Personal Plans (service user ↔ host family ↔ HT) to ensure care, support, and supervision

[48] (EMHIP, 2020, pp. 24-27)

Mental Health & Wellbeing Hubs – South West London ICB

Wandsworth Community Empowerment Network (WCEN) has developed community networks across the SWL ICB as an infrastructure to implement EMHIP. This work involves identifying 'places of association' within BME communities to act as Mental Health & Wellbeing (MH & WB) Hubs; these places are linked to BME community assets (e.g. mosques, churches, community gardens, barbershops); spaces of social and cultural safety where people gather and associate. The Hubs act as central points of community mental health eco-system working collaboratively with NHS partners.

Mental health staff will be embedded within these hubs, alongside Community Mental Health and Well Being Workers, to provide support, advice and guidance, and enable the MH & WB Hubs to access specialist mental health services. The Hubs are also linked to the diverse community resources and assets in the local area, and provide people with a range of holistic support, including safe spaces in the community, physical health checks, diet and exercise programmes, housing, welfare benefits and other rights-based advice and advocacy.

These hubs aim to offer a 'whole system' approach to community health and wellbeing, premised on community enablement and empowerment.[49]

[49] (EMHIP, 2020, pp. 12-16)

Appendix 2: Metric Summary

Principle	Metric
1	Achieve an overall 5% year on year growth in access to community mental health services
1	Deliver the four-week-waiting time standard for access to community mental health services
1	Achieve an increased proportion of minoritised groups accessing and engaging with community mental health services
1	Secure a downward trend in total number of known mental health patients presenting to an Emergency Department in crisis
1	Secure a downward trend in the number of known mental health patients presenting in a mental health crisis within 7, 14, 21 & 28 days following a mental health inpatient spell or a previous attendance to an Emergency Department
1	Achieve improved experience & outcomes for minoritised groups accessing appropriate community services
2	An overall 20% year on year reduction over 3 years in the number of people placed on S136, with a specific focus on tackling the disproportionate use of the act in minoritised communities
2	Downward trend in numbers of people detained under S136 of the Mental Health Act following 0300# consultation
2	95% of patients categorised as requiring a very urgent, or urgent assessment are seen within 4hrs and 24hrs by the crisis/home treatment team
2	Consistent operation of the 6 MHJRCs 7 days per week
3	76% of Mental Health patients are seen and discharged within 4hrs of arrival at an Emergency Department in line with the national target, with the aspiration to perform above this target to treat patients in a more timely way
3	Psychiatric liaison teams review patients within 1 hour of referral from Emergency Department and within 24 hours of referral from an acute ward
4	Reduction of average Length of Stay (LoS) to national target of 32 days
4	Downward trend in percentage of beds occupied by people who are Clinically Ready for Discharge (CRFD)
4	Reduction in 60+ and 90+ day long LoS
4	Bed occupancy operating at 85% (an aspiration as recommended by Royal College of Psychiatry)
4	Reduction in OAPs to support achievement of LTP plan of eliminating inappropriate out of area bed usage

Appendix 3: Acknowledgements

This concordat and the principles set out within it, have been developed with expert contributions from a wide range of partners; to whom we are extremely grateful:

- London Crisis Care Concordat Task & Finish Group
- NCL ICB
- NEL ICB
- NWL ICB
- SEL ICB
- SWL ICB
- London Mental Health Trusts
- Coffee Afrik CIC
- Association of Directors of Adult Social Services in England
- London MHUEC Recovery Board members
- Service User & Carer representatives
- Metropolitan Police Service
- London Ambulance Service
- Mayor of London
- The Ethnicity and Mental Health Improvement Project
- Thrive London

Following publication of the document, the NHSE London Region Mental Health Team will set up a quarterly London-wide crisis care concordat steering group, made up of key system stakeholders, including signatory organisations, to review progress made against each of the system commitments and metrics, and escalate any delivery risks and challenges to the London Mental Health Board.

We will collectively share learning and best practice across the region, to ensure we deliver the best possible care and outcomes for all demographics within our diverse London population.