Evaluation of the Crisis Care Concordat
Implementation

Final Report: Summary

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1 Background

The Crisis Care Concordat is an England-wide national agreement between the different agencies and services involved in the care of people experiencing, or at risk of experiencing, a mental health crisis. Launched in February 2014, the Concordat focuses on improving the quality and availability of help and support for acute mental health crises, as well as prevention and recovery.

In May 2014 Mind commissioned The McPin Foundation to evaluate the implementation of the Concordat at local level. We used a mixed methods approach consisting of:

- An analysis of a sample of local area action plans
- Observations in 4 local areas
- Interviews with key stakeholders in the 4 areas
- Interviews with members of the National Steering Group
- Surveys of the experiences and views of service users and carers

2 Results

2.1 Action plan analysis

Action plans were produced locally to translate the national concordat guidance into local practice. We analysed a sample of 32 action plans, randomly selected from a total of 96, to identify key themes describing the work areas prioritised and how these were to be progressed locally.

**Theme 1: ‘Sharing information and expertise’** was evident in the way plans prioritised improved information sharing practices and access to mental health expertise such as through 24/7 helplines, and included the development and delivery of training.

**Theme 2: ‘Accessing quality care in a crisis’** focused on developing and improving the quality of Street Triage, provision of Places of Safety (POS) and psychiatric liaison services as examples of partnership and multi-agency working that support urgent/emergency care in a crisis.

**Theme 3: ‘The community in crisis care’** describes how the action plans addressed the need for a whole community response to people in crisis. This covered the broad range of services and service providers involved in prevention and recovery, including the role of the voluntary sector, family and wider community.

**Theme 4 ‘Inclusion in crisis care’** identified how local areas planned to meet the needs of vulnerable and excluded groups, including services for children and young people. It also included evidence of involvement of service users and carers in developing and implementing the action plans.
2.2 Local Area Observations

Between July and October 2014 we undertook observations of 8 key meetings in 4 local areas (Gloucestershire, The Wirral, Cambridgeshire and London). The observations provided valuable insights into the implementation of the Concordat, in particular the importance of ‘Partnership working’, ‘Leadership’, ‘Competing priorities’ and ‘Co-production’. These four areas were followed up further in the interviews with key stakeholders in each of the local areas and with members of the National Steering group.

2.3 Local Area and National Steering Group interviews

Twelve local area and 4 National Steering group stakeholders were interviewed to understand their experiences of, and perspectives on, the implementation of the concordat locally including achievements and challenges. We heard about:

- Partnership working and experiences of partnership working in the development and delivery of local area action plans, including the achievements and the obstacles experienced in working with a number of different statutory and non-statutory agencies.

  “A big challenge is getting people who don’t work in mental health services to recognise that mental health is everyone’s responsibility”

  “We don’t agree about everything and that’s really healthy, but it doesn’t mean that we don’t look for better ways of doing things and progress things, and that, for me, is actually what a partnership should be”

- Local implementation of a national agreement, and the experience of this process, including issues relating to leadership and management.

  “[It is] a rare example of a national initiative that has resulted in local action”

  “I always think there’s an issue about … people who have an interest and commitment and understand the subject versus people that have the formal seniority and authority within their organisation … and ideally you want those two things to combine … but sometimes that doesn’t happen”

- Service user and carer experience, including different approaches and attitudes towards service user and carer involvement in the delivery of the Concordat, and the mechanisms for this involvement, particularly in the development of the local action plans, but also in terms of involvement at national level.

  “We need to hear the messages that are hardest to hear”

- The future of crisis care, with participants sharing views on what needs to happen next in order for the Concordat work to have lasting impact, and reflections on the scope and purpose of crisis care. A “prevention concordat” was proposed.
“[It’s not just about] how we pick people up off the street, it’s about how we make sure that they don’t get ill in the first place or that they stay well”

“The biggest challenge is the money to do what needs to be done”

2.4 Survey of crisis care experiences

We developed an online survey to understand service user and carer experiences of crisis care, including any changes in their experiences. We asked people to complete the first of two surveys during October and November 2014. Respondents to this survey were then invited to complete a second survey during November and December 2015.

In 2014 we found:

- 391 people with personal experience of a mental health crisis answered our survey.
  - 75 were men...
  - 313 were women
  - 150 family and friends responded on behalf of someone who had been in a crisis.

- 2013/4
  - 59% experienced a crisis in the last year...
  - 2008 - 2013
    - ...32% between 1 and 5 years ago...
    - ...9% more than 5 years ago.

- 2013 - 2008
  - 2013
    - 31% went to a mental health professional...
    - 30% went to a GP...
    - 12% went to Accident and Emergency...
    - 12% called an ambulance.

- Of people who had experienced a crisis themselves...
  - ...10% rated the care they got as excellent!
  - ...20% rated the care they got as good...
  - ...19% rated the care they got as OK...
  - ...15% rated the care they got as not very good...
  - ...35% rated the care they got as poor!

- Of family and friends...
  - ...5% rated the care they got as excellent!
  - ...21% rated the care they got as good...
  - ...21% rated the care they got as OK...
  - ...13% rated the care they got as not very good...
  - ...41% rated the care they got as poor!
In 2015 we found:

In each survey, participants were asked about their experiences of care, and to rate the quality of crisis care. Although we found no significant differences in carers’ responses, there were some significant differences in responses from people who had used crisis services, suggesting improvements in their experiences in 2015 as compared to 2014.

All respondents to the 2015 survey were also asked about their awareness of the work of the concordat, and if they felt that crisis care in their area had improved. Around 20% of respondents were aware of Crisis Care Concordat work in their area. However, the majority of participants did not feel there had been any improvement in local crisis care services, perhaps suggesting they were unaware of any improvements in the availability or extent of services, as opposed to improvements in their experiences of receiving care.
3 Discussion

The sign up of all 96 local areas to the Concordat is itself indicative of the impact of the initiative. Our surveys of service user and carer experiences of crisis care also show that, among our sample at least, there have been some reported changes in the last 12 months indicating improvements in the experience of accessing and receiving care in a crisis.

We focused our evaluation of the local implementation of the Concordat in 4 local areas, and found more similarities than differences in their experiences of implementation.

We found that while partnership working presented some challenges – from finding a shared language to understanding and negotiating varying cultures in different sectors – the Concordat has achieved considerable success in initiating and sustaining multi-agency working across a range of partners. Impacts were reported beyond the improvement of crisis care services, such as understanding the contribution of different partners and the pressures that each organisation is working under. Particular achievements in crisis care service delivery included reducing the use of police cells as a POS.

While there was evidence of service user and carer involvement, there had been some challenges to integrating lived experience expertise within Concordat groups, including difficulties in reaching a diversity of perspectives and the need to balance inclusivity with ensuring that involvement was meaningful.

The importance of extending services to meet a diversity of needs was also recognised, including the development of crisis care for children and young people. However, while all of the action plans included provision of and improvements to services for children and young people, it was evident from the interviews that this is an area requiring substantial additional work.

Finally, at both local and national level it was stressed that improving the quality of crisis care is a much longer term project, with a need to maintain momentum. While the Concordat was credited with attracting funding, there remained concerns about resourcing, including questions of where responsibility for funding initiatives involving partners from different agencies would lie, and the impact of anticipated cuts.
4 Recommendations

**Quality and availability of data:**

1. There is a further need for combined data sets from the range of organisations involved in the crisis care pathway, including police, housing, social services, general practice, as well as statutory mental health services.
2. There is also a need for all data to be available at local level; this is particularly important given the variations in delivery of services and in level and range of need between different local areas.

**Inclusion:**

3. Consider whether the use of lived experience working groups would be a more meaningful and effective way to facilitate the contribution of service user and carer perspectives, including ensuring diversity of views.
4. Build on the work already in place to consider the specific needs of vulnerable and excluded groups, for example people with dual diagnosis, people involved in the criminal justice system and people with learning difficulties.
5. Address the lack of parity in crisis services for children and young people, including looking at ways to move beyond a model of extending existing adult services to one that addresses the specific needs of children and young people who are experiencing or at risk of a mental health crisis.

**Maintaining momentum:**

6. Embed partnership working into routine practice at local level, providing leadership and ensuring accountability, as well as a clear understanding of where responsibility lies to sustain the delivery of the Concordat vision.
7. Agree mechanisms and responsibilities at national level for embedding mental health crisis care in current and future policy and funding landscapes, and for continuing to improve service user and carer experience.
About the McPin Foundation

The McPin Foundation is a specialist mental health research charity based in London but working across England. We exist to transform mental health research by placing lived experience at the heart of research activities and the research agenda.

Our work includes:

• Guidance and expert support on public and patient involvement in mental health research
• Collaborative research studies in partnership with organisations interested in user focused mental health research
• Campaign and policy work to raise the profile of mental health research and improve access to evidenced based information

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