**Mental Health Crisis Care Concordat - Kirklees Action Plan**

**Introduction**

The Mental Health Crisis Care Concordat is a national agreement between services & agencies involved in the care & support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

In February 2014, 22 national bodies involved in health, policing, social care, housing, local government & the third sector came together & signed the Crisis Care Concordat. It focuses on four main areas:

* **Access to support before crisis point** – making sure people with mental health issues can get help 24 hours a day & that when they ask for help, they are taken seriously.
* **Urgent & emergency access to crisis care** – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
* **Quality of treatment & care when in crisis** – making sure that people are treated with dignity & respect, in a therapeutic environment.
* **Recovery & staying well** – preventing future crises by making sure people are referred to appropriate services.

Kirklees is unique as it covers two geographic acute footprints; Greater Huddersfield (GH) CCG works in Partnership with Calderdale CCG & North Kirklees (NK) CCG works in Partnership with Wakefield CCG. Both Partnerships are undertaking a transformation both of Urgent Care services & Mental Health services.

Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on commissioning for prevention & early intervention.

The partner agencies across Kirklees signed the Yorkshire & Humber Regional local Crisis Care Concordat Declaration to work together in December 2014.

The following crisis action plan has been drawn up by with the partner agencies & Kirklees CCGs Mental Health Commissioners\*. This plan is focused on those areas specific to the concordat The plan captures actions identified as ongoing work that impacts on the quality of crisis care & the service user experience in Kirklees, but the actions may be part of wider delivery plans; e.g. The Kirklees Suicide Prevention Plan, which is progressed & monitored by the Kirklees Suicide Prevent Group led by Public Health.

All partners are committed to working together to achieve the outcomes detailed in the action plan. This is the first iteration with the ambition that it will evolve as the recognised transformation programmes develop over the next 2 - 5 years. Progress will be reported into the Kirklees Mental Health Partnership Board (MHPB) & Integrated Commissioning Group (ICG) & the two Strategic Urgent Care Boards.

We wish to hear comments & suggestions for improvements & areas of work we should concentrate on. Following stakeholder circulation, this plan with comments & changes received will be presented to our Mental Health Partnership Board & our Strategic Urgent Care Boards for ratification & agreement by all the stakeholders.

*\*there are 2 Kirklees CCGs. Mental Health Commissioning is led by Greater Huddersfield on behalf of the 2 Kirklees CCCs.*

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| **1. Management of the Action Plan** | | | | |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** |
| 1.1 | Kirklees to sign the Yorkshire & Humber Regional local Crisis Care Concordat Declaration. | December 2014 | GHCCG & Yorkshire & Humber Regional team | * The Declaration sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. |
| 1.2 | Kirklees to develop a Crisis Care Concordat action plan | End March 2015 | GHCCG | * A single agreed action plan is in place for Kirklees, with agreed priorities |
| 1.3 | Ensure that progress against the Concordat action plan is reported on & monitored | Ongoing | MHPB | * Work to develop & improve crisis services & support is effective & timely. |
| **2. Strategy & Commissioning** | | | | |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** |
| 2.1 | Refresh the All Age Mental Health commissioning strategy in Kirklees, with agreed action plan | December 2015 | ICG & MHPB | * Provides a clear mandate for the future commissioning of Mental Health services, including crisis services, invest in more prevention & early intervention services to promote positive mental health & wellbeing. * High quality, consistent, evidence-based care & support that delivers value for money is commissioned for people with mental health issues in Kirklees |
| 2.2 | To complete mental Health position statement | August 2015 | ICG | * To enable a clear picture of current provision & support the identification of service gaps |
| 2.3 | Update the Joint Strategic Needs Assessment – mental health section | 2015 | Public Health(PH) | * Bring all information together to enable a clearer picture of need * Improved useable data at a CCG level * Improved intelligence for planning, commissioning & provision of mental health services * Implementation of metrics devised by NHS England for 2015/16 |
| 2.4 | Ensure that Equality Act principles are applied to all services. | Ongoing | GHCCG/NKCCG  /Local Authority(LA) | * Equality Impact Assessments are undertaken for all services being commissioned/recommissioned. * Robust data collection on protected characteristics * Improved understanding of how service users experience & access services * Partners consider & make ‘reasonable adjustments’ where required. |
| 2.5 | Ensure that the recommendations of the ‘Kirklees Health watch’ review of Section 136 are incorporated within developing action plans | Ongoing | GHCCG/NKCCG | * That there is a clear understanding of service user & carer requirements & that this matches services delivered * That there is a clear understanding of what service users/carers can expect from services * Ensure that any changes to the crisis pathway & planned service improvements are developed in collaboration with service users. |
| 2.6 | Improve support & involvement for service users/carers | Ongoing | GH&NKCCGs/ LA engagement teams | * The experience of service users & carers is used to develop & improve effective, high quality care & support. * Service users/Carers feel more involved & supported |
| 2.7 | Refresh Suicide Prevention Strategy with agreed action plan  Complete Suicide Audit | October 2015  August 2015 | PH / suicide prevention group | * Provides a clear mandate for the future to promote positive mental health & wellbeing, high quality, consistent, evidence-based care & within Kirklees * To provide coherent & coordinated response to reduce self-harm & suicide * To support those affected by suicide * Identification of hot spots & an analysis of data at a locality level * Reduction in suicide rates |
| 2.8 | Complete Dementia Needs analysis  Refresh Dementia Strategy with agreed action plan  Complete Dementia service map | June 2015 |  | * Bring all information together to enable a clearer picture of need * Improved useable data at a CCG level * Improved intelligence for planning, commissioning & provision of mental health services * Provides a clear mandate for the future to promote positive, high quality, consistent, evidence-based dementia care & within Kirklees * To provide coherent & coordinated response(supports delivery of recommendations of serious care review) * To enable a clear picture of current provision by locality & support the identification of service gaps |
| 2.9 | Undertake a review of all mental health pathways as part of the transformation programme including:  Intensive Home based treatment(include evaluation of SRG funded pilot)  Acute inpatient, PICU pathway;  rehabilitation/recovery services;  Pathways for people with Attention Deficit Hyperactivity Disorder (ADHD) / Autistic Spectrum Disorder (ASD);  IAPT service,(evaluate a pilot of The Big White Wall);  Community peri-natal pathway;  Memory monitoring pathway | During 2015/16  April 2015 | GH & NK CCGs  Southwest Yorkshire Partnership foundation Trust(SWYPFT) | * Kirklees has a fit for purpose model mental health service spanning NHS & third sector provision that can meet the diverse & complex needs of the population. * Access criteria & information about services will be clearly described so that referrers & service users can navigate the services & reduce numbers of inappropriate referrals & reduce the length of time service users wait to access treatment. * People are supported by a workforce with the right skill mix to meet their needs which will promote recovery & reduce the likelihood of relapse & mental health crisis. * Appropriate self-referral into services is promoted * Clarity of processes & protocols & everyone is aware of them * Roles & responsibilities are clear, everyone is aware of them & duplication is reduced * Care is patient centred & seamless including well planned/managed transition * Age is not a barrier to accessing appropriate services * Services meet NICE guidance & are CQC compliant * Increase access to support for low level mental health problems * Offer choice of support available |
| 2.10 | To Implement MH CQuIN indicators | From April 2015 | GH & NK CCGs  SWYPFT | * To provide support to innovative pathway redesign, to support improvements in patient care – as above * To support the delivery of national access criteria & reduction in unnecessary demand |
| 2.11 | Continue to develop children & young people’s services; - scope the gap between needs & current provision of services (including those with behavioural problems & the extension of IAPT ) | June 2015 | GH/NK CCGs & LA  SWYPFT | * Scoping exercise completed * Recommendations made to commissioning governing bodies * Improved inpatient provision for children & young people * Developed intensive community treatment pathways, providing integrated pathways * Clear emergency/crisis multiagency protocols & pathways |
| 2.12 | Work with Community Partnerships to develop/ commission 3rd sector support for crisis prevention, Dementia Friendly localities  To strengthen engagement & support development of the 3rd sector | Ongoing | GH & NK CCGs  LA | * Improved ability of 3rd sector organisations to respond to commissioning intentions * Increased number of Dementia Friendly localities/communities across CCGs * Joined up working across all sectors |
| 2.13 | Ensure that mental health is a key part of the ‘care closer to home’ model | Ongoing | GH & NK CCGs | * Mental health has parity of esteem with physical health in the Kirklees ‘care closer to home model’ & this is demonstrated through the overarching & individual service specifications. * Greater integrated working across Kirklees health & social care economy |

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| **3. Access to support before crisis point** | | | | | | | |
| **No.** | | | **Action** | **Timescale** | | **Led By** | **Outcomes** |
| 3.1 | | | Strengthen links to primary care through the development of Social Prescribing within Kirklees CCGs relevant to the needs of their population.  Explore the role of the Integrated Care Teams in supporting people in mental health crisis. | By September 2015  During 2015 | | GH & NK CCGs  Community partnerships  Primary care Community provider  SWYPFT | * To widen the choice of support offered at primary care level. * Reducing repeat attendance in primary care & secondary care. * Increase use of community capacity to support demand for services * Increased staff awareness of developing joined up contingency planning between agencies i.e. Primary care, Mental health services, Schools, etc. * Increased integration across community services. * Enhanced workforce & skill mix |
| 3.2 | | | CCGs Clinical leads will support primary care development | Ongoing | | GH & NK CCGs | * Lead clinical coordination of developments for parity of esteem & primary care development * Primary care will be able to sign post effectively to resources that are available to offer support |
| 3.3 | | | Maintenance & self-management techniques disseminated & preventative activity promoted | During 2015 | | PH  partnership working | * Expand treatment options, providing greater choice & control for patients, empowering people with the knowledge, skills & resources to promote their own & their family’s wellbeing. * Adopting proactive health promotion to enable intervention at an early stage, supporting people to engage in healthy behaviours |
| 3.4 | | | Ensure simple access to Samaritans by sharing of Samaritans contact details & referral form to all partners | During 2015 | | Huddersfield Samaritans  All partners | * Improved early access to listening service |
| **4. Urgent & emergency access to crisis care** | | | | | | | |
| **No.** | | | **Action** | **Timescale** | | **Led By** | **Outcomes** |
| 4.1 | | | Ensure that crisis services are included in the Directory of Services, with the relevant services for those with an urgent mental health need & to include drug & alcohol services; linking with 111 | Ongoing | | GH & NKCCG DOS team  SWYPFT | * To ensure that appropriate & effective crisis response is available 24/7, & that anyone telephoning 111 can be linked in to appropriate service pathways. * Service user directed to best service first time without need for duplication of contact |
| 4.2 | | | Review current Section 136 service including Place of safety, reflecting local requirements;  Consider options for alternative places of safety for under 18s to prevent Inappropriate use of custody  Partnership working to signpost children & young people to CAMHS & other relevant services e.g. substance misuse service  Review provision for people who are violent &/or dependent drinkers. | During 2015 | | GH & NK CCGs  SWYPFT  Police  Other partners | * Section 136 service is evidence-based, informed by the experience of those receiving & delivering it & ensures safety, privacy & dignity * Reduced inappropriate S136 use * Improved access to skilled/appropriate staff * Integrated service approach * Ensuring no young person under the age of 18 is being detained in a police cell as a place of safety (as per ‘Future in Mind’ document) * Appropriate services utilised(as per ‘Future in Mind’ document) * Ensure Parity of esteem for service users with alcohol issues meeting physical health & mental health needs * To improve the timeliness & access to appropriate assessment reducing the use of inpatient care & reducing lengths of stay for service users who are admitted to hospital. * Faster assessment of service users presenting at CHFT with regards to mental health & alcohol needs * Increase access to specialist alcohol professionals in A&E to facilitate referral to appropriate services for diagnosis & treatment |
| 4.3 | | | Review Section 12 provision, capacity & response | Ongoing | | GH & NKCCG  SWYPFT | * Ensure section 12 provision complies with mental health law & best practice * Speedier decision making for section 2 & section 3 of the Mental Health Act * Patients assessed & treated appropriately * Appropriate, skilled workforce to meet demand |
| 4.4 | | | Deliver Yorkshire Ambulance Service Crisis concordat action plan | Ongoing | | YAS  & Partners | A separate plan has been drawn up by the Yorkshire Ambulance Service which can be viewed here: |
| 4.5 | | | Review of West Yorkshire Patient Transport including the conveyance of patients with mental health issues.  Develop protocols between mental health services, police & ambulance service for the effective & timely conveyance of patients both urgent/planned places of safety & in line with the Code of Practice | May 2015  Ongoing | | CCGs contracting team  Multi agency group | * Transport for people with mental health issues is effective, timely & that transport staff have had relevant training * People with mental health issues receive a high quality appropriate service that ensures safety, privacy & dignity. * The best use is made of available resources |
| 4.6 | | | Continue to develop & deliver joint training on the Code of Practice & mental health law to police & mental health services staff | Ongoing during 2015 | | Police  SWYPFT | * Police & mental health staff understand the Code of Practice & mental health law, & the responsibilities of each service in relation to people presenting in crisis |
| **5. Quality of treatment & care when in crisis** | | | | | | |
| **No.** | | | **Action** | **Timescale** | | **Led By** | **Outcomes** |
| 5.1 | | Evaluation of Acute Psychiatric Liaison Service (RAID) to ensure it meets NICE guidance & the national specification  To vary specification In line with 2015 Planning Guidance & Better Access by 2020 targets. | | | CHFT/SWYPFT evaluation to be complete end of April 15.  To be Confirmed | SWYPFT  CHFT  GHCCG /CCCG | * The evaluation will enable commissioners to analyse whether the service has achieved its original business case objectives: * Diversion of those presenting with MH/self-harm issues at A&E away from acute admissions. * Fast access (within 3 hours) to a mental health assessment * Appropriate referral onto mental health service. * Improved service user experience. * The evaluation report will be used to inform the Liaison service re-specification in 2015. * Improved timeliness & access to appropriate assessment reducing the use of inpatient care & reducing lengths of stay for service users who are admitted to hospital. * Faster assessment of service users presenting at CHFT with regards to mental health needs * Improved ambulatory care pathway for service users with a mental health difficulty or following an episode of self-harm. * Closer & more consistent collaboration between SWYPFT & CHFT to optimise efficiency in managing mental health & self-harm presentations in the A&E. * Access to specialist drug & alcohol teams to ensure capacity & best care for those with drug & alcohol needs. * Parity of esteem for service users under 65 & over 65 years of age in terms of meeting physical health & mental health needs * Increase case finding of older patients with mental health problems & facilitate referral to appropriate services for diagnosis & treatment |
| 5.2 | | Implement & evaluate the Psychiatric Liaison service to support people with mental health problems in the acute hospitals | | | By End March 2016 | NKCCG/WCCG | * It is expected that the pilot will deliver the following measurable benefits to patients:  1. Improved patient experience 2. Improved patient outcomes 3. Improved patient & staff safety 4. Reduced length of stay 5. Reduced clinical risk 6. Increased evidenced based decision making & service planning 7. Reduced duplication/ failure to identify patients’ needs 8. Improved communication & transitional arrangements (in-patient to out-patient) between with partner agencies (incl. non-medical) 9. Improved communication between patient, family & health providers 10. Reduced repeat attendance at A&E |
| 5.3 | | Social Care input into crisis care & access to EDT | | | To be confirmed | To be developed in partnership with Kirklees LA. | * The crisis team will be able to flex workforce to respond to the needs presenting. * Timely access for mental health act assessment from the EDT. |
| 5.4 | | Implement a joined up approach to data collection & reporting re. MH crisis & 136 detentions | | | During 2015 | SWYPFT,  Kirklees LA  Police | * Robust data set available to enable monitoring & planning for crisis services |
| 5.5 | | Consider local policies on restraint & in relation to the Supreme Court Judgement on Deprivation of Liberties (March 2014)  Regular training for relevant staff across providers | | | During 2015 | SWYPFT | * Support therapeutic practices to reduce restraint to a minimum * Adherence to the MHS code of practice & emerging national evidence * Outcomes identified in SWYPFT restraint policies |

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| **6. Recovery & staying well / preventing future crisis** | | | | | | |
| **No.** | | | **Action** | **Timescale** | | **Led By** | **Outcomes** |
| 6.1 | | Wellness Recovery Action Planning (WRAP) – embedded in the new Rehabilitation & Recovery Service.  Review accommodation needs as part of crisis & rehabilitation pathways for individuals with long term/enduring mental illness | | | During 2015  Ongoing | GH & NK CCGs  SWYPFT  GH & NK CCGs  LA | * Enables the service user to focus on their own recovery & co-produce a meaningful plan that supports them in crisis or difficult times. Key elements & outcomes include:  1. Wellness Toolbox 2. Daily Maintenance Plan 3. Identifying Triggers & an Action Plan 4. Identifying Early Warning Signs & an Action Plan 5. Identifying When Things Are Breaking Down & an Action Plan 6. Crisis Planning  * Joined up approach to ensure wider determinants are addressed to encourage stability * Opportunities for individuals to live as independently as possible with appropriate support * Reduction in number of delayed discharges & admissions to long term hospital/residential accommodation |
| 6.2 | | Audit of contingency/ crisis planning – for individuals known to secondary MH services (agreed CQuIN Indicator) | | | During 2015 | GH & NK CCGs  SWYPFT | * Data available to identify the extent to which crisis plans exist * Increased staff awareness of crisis & contingency planning * Increased service user & carer awareness of contingency & crisis planning * Better equip staff to support patients & ultimately improve patient experience |
| 6.3 | | To ensure that carers have clear access to methods of support at times of urgent need & crisis  To ensure carers & service users have access to information & support to prevent an urgent need occurring & enable early intervention. | | | During 2015 | GH & NK CCGs  LA  All partners | * Understand the experiences of people using urgent care services * Understand the groups/individual service users who have regular contact with the multiple agencies & cross agency planning to support preventative care * Ensure carers needs are met to help support & prevent mental health crisis in service users |
| 6.4 | | Peer Support & Self-help for those with severe & enduring Mental Health issues | | | Ongoing | Recovery College (SWYPFT) partnership working | * Fewer relapses * Condition management * User & carer education * User & carer empowerment * Signposting |
| 6.5 | | Explore opportunities for partnership working around the planning & targeting of community fire safety initiatives | | | During 2015 | GH & NK CCGs  Fire service  All partners | * Targeted prevention work will focus on risk factors using an evidence-led approach |