**30 October 2015 - County Durham and Darlington Mental Health Crisis Care Concordat: Local Action Plan - Progress and Achievement Report**

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| North Durham Clinical Commissioning Group (CCG) | North East Ambulance Service NHS Foundation Trust (NEAS) |
| Durham, Dales, Easington & Sedgefield (DDES) CCG | Durham Police & Crime CommissionerDurham ConstabularyBritish Transport Police |
| Darlington CCG | County Durham & Darlington Local Medical Committee |
| NHS England | County Durham & Darlington Fire & Rescue Service |
| Durham County Council (DCC) Local Authority (LA) | Countywide Forum |
| Darlington Borough Council (DCB)/Darlington Health & Wellbeing Board | Mental Health Matters |
| County Durham Health & Wellbeing Board/County Durham Mental Health Partnership BoardSub Groups:-* County Durham Mental Health Provider & Stakeholder Forum
* No Health without Mental Health
* Learning Disability/Mental Health Commissioning Group
* Dual Diagnosis Strategy Implementation Group
* Public Metal Health Strategy Group
* Children and Young People’s Mental Health & Emotional Wellbeing
* CCG Mental Health Care Delivery Working Group
 | Investing in Children CIC |
| Healthwatch DarlingtonDarlington Mental Health NetworkHealthwatch County Durham | Waddington Street Centre |
| County Durham & Darlington NHS Foundation Trust (CDDFT) | Mental Health North East |
| Tees Esk & Wear Valley NHS Foundation Trust (TEWV) | Chester-le-Street and Durham City Mind |
| North Tees & Hartlepool NHS Foundation Trust (NTHFT) | Stonham Home Group |
| City Hospital Sunderland NHS Foundation Trust (CHSFT) | Darlington Samaritans |
| Drug & Alcohol Services (Lifeline – County Durham, Darlington)  |  |

**1. Overview & Background**

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| The national Mental Health Crisis Care Concordat (Crisis Care Concordat) was launched in February 2014. One of the key aims of the Crisis Care Concordat is to develop joined up service responses to people (of all age) who are in mental health crisis There has been national sign up to the Crisis Care Concordat by a number of key agencies with a specific corporate emphasis, on securing delivery of improved outcomes for people in mental health crisis at a local level. In **County Durham**, the Mental Health Implementation Plan is the overarching mental health strategy for children and adults in County Durham, and is the local implementation plan of the national “*No Health without Mental Health*”. This 3 year plan set out how, we intend to develop and  improve Mental Health services covering all ages across the county. It also outlined what our local priorities would be in order achieve positive outcomes in line with the requirements and objectives of the national strategy. The Mental Health Implementation Plan for County Durham is supported by a number of strategies and work relating to mental health, including:* The Public Mental Health Strategy.
* Self-Harm and Suicide Prevention.
* County Durham Dual Diagnosis Strategy.
* County Durham and Darlington Dementia Strategy.
* The Mental Health Crisis Care Concordat.
* Children and Young People’s Mental Health, Emotional Wellbeing and Resilience Plan.
* Child and Adolescent Mental Health Services interim Strategy.

Local priorities include:* Improving outcomes for people experiencing mental health crisis (Crisis Care Concordat).
* Supporting people who are socially isolated.
* Reducing the number of people developing mental health problems through promotion of mental health, prevention of mental ill-health and improving the quality of life for those with poor mental health through early identification and recovery (Public Mental Health Strategy).
* Developing a specific Mental Health and Emotional Wellbeing Strategy to take forward work relating to children and young people, incorporate Children and Adolescent Mental Health Services (CAMHS).
* Reducing the rate of people who self-harm or attempt suicide in County Durham .
* Supporting those in the armed forces community who have poor mental/physical health.

These priorities are aligned to those in the County Durham Joint Health and Wellbeing Strategy. The Health and Wellbeing Board through the Mental Health Partnership Board, established a multi-agency task and finish group to take forward the local declaration and development of a prioritised action plan, to ensure outcomes for patients in a mental health crisis continue to be improved. A ‘Wellbeing for Life Service’ was developed by County Durham public heath which provided an integrated and holistic wellbeing service to improve health and wellbeing and tackle health inequalities in County Durham. The service ensured a joined up approach across the wider health and social care system, to enable communities and individuals to optimise their health and life opportunities. It also includes a drive for stronger partnership working and the potential for joint commissioning with health care, focusing on preventive and early intervention services to support people with long term health conditions, including mental health conditions and vulnerable groups.Durham County Council and its partners introduced a new way of working with children, young people and their families facing multiple and complex challenges. The County Durham ‘Think Family’ approach meant ensuring that both parents and children were able to get the support they need, at the right time, to help their children achieve good outcomes. For County Durham this meant all agencies who work with these families, work collaboratively using the ‘think family’ multi-agency approach to meet the needs of whole families. Making sure that families receive integrated, co-ordinated, multi-agency, solution focused support. By identifying problems early, all services can work closely together to help prevent a family’s needs escalating and requiring more intensive intervention. This approach is known in Durham as the Stronger Families Programme.In **Darlington**, the Mental Health Implementation Plan is the overarching mental health strategy for children and adults and is the local implementation plan of the national mental health strategy “No Health without Mental Health”. The plan also sets out how, over the next three years, Darlington intend to develop and improve how people with a mental health problem are supported. The implementation plan has been co- produced with key stakeholders and its’ outcomes will be monitored through the Darlington Mental Health Network. The implementation plan is built around the 6 key outcomes identified in the National Strategy:* More people will have good health.
* More people with mental health problems will recover.
* More people with mental health problems will have good physical health.
* More people will have a positive experience of care and support.
* Fewer people will suffer avoidable harm.
* Fewer people will experience stigma and discrimination.

Local priorities include:* Supporting the parity of mental health through the delivery of an effective action plan to deliver the Crisis Care Concordat.
* The co- production of effective preventative services that address mental health needs earlier.
* A continued focus on improving access and choice to psychological therapies.
* Implementing a recovery approach which includes the intention to develop a recovery college.
* Building on the important role Primary Care plays in preventive mental health approaches.
* Development of a person centred care programme approach (CPA).

Alongside these priorities the Clinical Commissioning Group (CCG) made efforts ensure that mental health spend rises in real terms and grows in line at least with the CCG’s overall growth in its allocation. There were three new national targets for 2015/16 that reinforce the emphasis on mental health: these are that;* By April 2016 50% of people experiencing a first episode of psychosis will receive treatment within two weeks.
* At least 75% of adults should have their first IAPT treatment session within six weeks of referral, with a minimum of 95% treated within 18 weeks.
* Commissioners and providers to agree Service Development Improvement plans setting out how adequate and effective levels of liaison psychiatry will be provided in acute settings.

The North East Ambulance Service Regional Mental Health Crisis Concordat Action Plan is attached for reference.Local Priorities activities and progressThis progress report action plan provide a wide range activities with progress and outcomes that has been achieved through a lot of collaborative partnership working towards improving the delivery in response for people in need of Mental health Crisis Care.A number of key priorities were agreed by the County Dunham Health and Wellbeing Board in March 2015 were; * *Continued implementation of the policy arrangements for patients detained under section 136 of the Mental Health Act – this is essentially the integrated working and processes between the police, mental health, A&E and ambulance services. This includes places of safety arrangements recently put in place in both County Durham and Darlington through System Resilience Funding.*
* *Developing proposals and review of protocols for people presenting with mental health problems and intoxication from alcohol or drugs. This includes designation of place of safety in appropriate settings. There is also an opportunity to look at models of care and support within the community and voluntary sector.*
* *Review data sharing proposals between health and the police to enable effective strategic planning and operational delivery*
* *Review the evidence from the national “Street Triage pilots”. Consider and review demand within County Durham in terms of police time spent in street situations and in people’s homes or public places responding and dealing with people in mental health crisis. In addition review the ongoing effectiveness of the ‘tele triage’ scheme that is in place in County Durham*.

As the above priorities were not fully accomplished, It was recently agreed by the Crisis Care Concordat Steering group that they will still remain as key priorities in the Refreshed County Durham & Darlington mental Health Crisis Care Concordat local Action plan :Achievements celebrated included: * **S136** - Funding was secured with Tees, Esk and Wear Valley Foundation Trust, for a S136/Place of Safety (POS) Co-ordinator’s role, to ensure that appropriate staff are available at each Place of Safety hospital, ‘’on call persons’ are present to relieve/meet officers at POS suite when crisis care is needed. There are already positive signs in the reduction of waiting times for police officers (from 4 to 3 hours) who are involved with providing support to people in need of support or response to Mental Health Crisis.
* **Triage 136 Helpline** - Collaborative work between key agencies, for example, collaborative work between the Police and TEWV resulted in the establishment of the triage 136 Helpline. The Helpline has made a difference by reducing waiting times for people with Crisis Care needs. A Tele-Triage process has been developed for Police Officers to work closely with Crisis Team members, from the scene incident/location of call, to sharing information and pursuing advice to support S136 patients. Officers have the facility to dial direct from the scene using their pocket set. This system avoids unnecessary detentions.
* **Training** - There has been corporate and interagency joint MH training programmes developed, shared, and attended by participants across different agencies, i.e. all police colleagues in supervisory roles have received training on the MHA legislation via multi-agency delivery facilitated by Tees, Esk and Wear Valley Trust staff.
* Public Health has been leading joint work related to Suicide Prevention. With reference to suicide and attempted suicide early alert systems are in place. Papyrus a Young People’s Suicide Prevention champions Programme has been implemented, and the Safer Suicide communities website, was launched at the Suicide Prevention Conference earlier this month at the Durham Centre Belmont.
* The Durham Constabulary are 1 of 3 Forces nationwide who are involved in an Early Alert Suicide Scheme, identifying potential needs of friends and family bereaved by suicide. Police report that friends & Families are often at a high risk to suicide themselves, support is provided for them through this difficult period. Links are also made with those who attempt suicide and need support with their Wellbeing and Coping Strategies. Effective information sharing across key agencies has developed better intervention and prevention of repeated attempt of Suicide. Joint work with the Police has also seen the development of the, “If You Care Share”.
* The Children and Young People’s crisis service pilot provided by TEWV is in place. The evaluation report has shown encouraging outcomes in relation to response times and timely interventions by mental health workers to provide support and assessment.

There has been ongoing update progress report and information shared to a number of boards, committee and groups i.e. Clinical Commissioning Assurance Groups, the County Durham; Health and Wellbeing Board, and Mental Health Partnership Board, the Safer Durham Partnership Board, Durham County Council Safer & Stronger OSC, Darlington No Health without Mental Health Group and Network etc.This progress report action plan provide a wider range and outcomes related to collaborative partnership working towards improving responses for people in need of Mental health Crisis Care.In light of progress and achievements listed above, changes have been made to the RAG ratings to action 3.1 Resources in place to accept people in crisis, so as not to detain in police cells. *See plan attached*. It still highlights actions/milestones completed and achieved, equally there are number of ongoing priorities that are still being pursued, to ensure the delivery of appropriate and quality of support and services to people in need of mental health crisis care at the right time and at the right place**.****Rag Legend**

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| **RED** | No progress made – significant risk to timely delivery – remedial action required | **AMBER** | Limited progress made, action/milestone may slip or need to be re-profiled | **GREEN** | **Action/milestone on track to deliver at standard required for delivery** | **BLUE** | **Action complete, on time and to standard required for delivery of plan** |

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**2. Programme Objectives – Actions, Milestones & Progress**

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|  | **Objective 1. Commissioning to allow earlier intervention and responsive crisis services**Matching local need with a suitable range of servicesImproving mental health crisis servicesEnsuring the right numbers of high quality staffImproved partnership working at a local level |
| **Ref** | **CCC Ref** | **Actions & Milestones** | **By when** | **By whom** | **Progress** | **RAG** |
|  |  |  |  |  |  |  |
| A |  | Appoint and convene **Multi-Agency Partnership Task and Finish Group**, including Clinical Commissioning Groups (CCGs), Local Authorities (LAs), Constabulary, National Health Service (NHS) providers, Ambulance service. | Jan 2014 | Michael Houghton |  |  |
| B |  | **Local Mental Health Crisis Declaration** drafted, agreed and published. | Nov 2014 | Michael Houghton, Karen Turner | **Comprehensive County Durham and Darlington organisational and agency engagement. Declaration/press release statement signed off and published on local websites. Declaration uploaded onto national Concordat portal.** |  |
| E | 1.41.5 | Develop **County Durham** **Mental Health Needs Assessment Plans**, to inform the commissioning intentions for a ‘good evidence-based mental health early intervention/crisis care pathway’:* to assess the level of local need,
* develop baseline assessment of current provision/gap analysis.
 | Dec 2015 | DCC – Catherine Richardson  | **The County Durham Mental Health Needs Assessment has been scoped and will be available for comment on August 15, then out for consultation between September to November 2015.** |  |
| F | 1.83.14 | Review/update **local mental health early intervention/crisis care protocols** related to mental health crisis presenting with intoxication from substance misuse, when national guidance available. Agree/implement the dual diagnosis strategy – mental health/learning disabilities, in addition to substance misuse.Consider a **range of solutions**: the use of wet rooms/sober up safe places; SOS Buses (Colchester Essex Model) and Street Angels. | Dec 2015 | TEWVPolice Con.NEASDCCDBCCCGs**NHWMH Liaison Group (link with Dual Needs Strategy Group)** | **Joint work is being done between TEWV & Police and Lifeline** **The Dual Needs Strategy has now been agreed, and an Implementation plan will be available Dec 2015** |  |
| G | 1.93.184.5 | Develop a Concordat partners’ workforce **Training and Development Plan**, in response to required awareness, skills and competencies (core skills, suicide prevention training, training to reduce the use of physical restraint in mental health services). | Dec 2015**Ongoing** | DCC – David Shipman, Catherine RichardsonDBC – Mark HumblePolice Con. – Lorraine Joyce & Kevin Weir**(Public Mental Health – staged approach)** | **There has been corporate and joint interagency mental health awareness training programmes developed, shared, and attended by participants across different agencies. For example police officers in supervisory roles have received training on Mental Health Act legislation and guidance delivered and facilitated by TEWV.****In relation to suicide prevention training, 400+ Police Constabulary Staff completed the training (up to July 15). Training is ongoing.****Durham Constabulary are 1 of 3 forces nationwide who are involved in an Early Alert Suicide Scheme, identifying potential needs of friends and family bereaved by suicide. This scheme has developed better intervention and prevention of repeated attempt of suicide.** |  |
| H | 1.8 | Develop a **Partnership Working Joint Commissioning Plan,** viaNo Health Without Mental Health Implementation Group(user/carer involvement, key metrics/monitoring frameworks, mechanism to share best practice, i.e. web portal).  | Mar 2015 | **Concordat Members****CCG** | **Michael Houghton/Concordat Members discussed/agreed how/by whom the Mental Health Crisis Care Concordat Action Plan will be implemented and thereafter feed into the ‘No Health Without Mental Health Implementation Group’ (County Durham) and Mental Health Network (Darlington).**  |  |
| I | 1.12 | Develop and support **suicide safer communities’ model** and develop associated website and support/advice lines.  | Jul 2015**Ongoing** | Catherine Richardson & **County Durham Suicide Prevention Strategy Group** | **Public Health has led joint work related to suicide prevention. Suicide and attempted suicide early alert systems are in place. Papyrus, a telephone advice and support line for young people and a young person’s suicide prevention champion’s programme are in place. The Safer Suicide Communities website was launched at the Suicide Prevention Conference earlier this month.** |  |

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|  | **Objective 2. Access to support before crisis point**Improve access to support via primary care Improve access to and experience of mental health services |
| **Ref** | **CCC Ref** | **Actions & Milestones** | **By when** | **By whom** | **Progress** | **RAG** |
| A | 2.13.93.123.163.175.25.4 | Develop a **‘good evidence-based multi-agency (health, local authority and police)/user/carer mental health early intervention/crisis care pathway’** to support people (adults, young people & children)/families:* undertake **process mapping** to determine ‘what good service provision/experience looks like’,
* identify gaps/scope needs,
* seek user/carer input,
* collaborate with voluntary sector organisations,
* consider various models (‘street triage’ pilots, tele-triage etc.),
* address the gaps in service provision for black/ethnic minority groups, lesbian/gay/bisexual people, ‘seldom heard’ groups,
* considerations: police custody (liaison/diversion), crisis related services listed on the NHS 111 Directory of Services, care and support plans,
* monitor the effectiveness of responses to people who experience mental health crisis.
 | Jan-Jun 2015 | **TEWV (Paul Wait) to lead with multi-agency partners** | **Crisis Triage Telephone Helpline (136) is up and running. TEWV reported that the process mapping will be completed in August/Sept 15****Collaborative work between Durham Constabulary and TEWV resulted in the establishment of the tele triage scheme. This scheme enables police officers to access support and advice from mental health professionals when dealing with incidents and pursuing advice to support patients detained under the Mental Health Act. Officers have the facility to dial direct from the scene using their pocket set. This initiative has made a difference by reducing waiting times for people in mental health crisis accessing appropriate support and reducing unnecessary detentions in custody.****The Children and Young People’s crisis service pilot provided by TEWV is in place. The evaluation report has shown encouraging outcomes in relation to response times and timely interventions by mental health workers to provide support and assessment.** |  |
|  |  | **Map the distribution of third sector mental health organisations/services.** | Jan-June 2015 | Healthwatch (Durham) –Healthwatch (Darlington) – Andrea Goldie**Overall implementation group** | **Darlington – has produced a Directory listing a range of agencies and services. The directory embeds ‘Mental Health Services, and supportive’ agencies. The webpage link to the directory is http://www.healthwatchdarlington.co.uk/news/healthwatch-darlington-mental-health-directory****Work is in progress between Durham County Council & Public Health and providers, to produce a Directory of Mental Health providers.**  |  |
|  | **Objective 3. Urgent and emergency access to crisis care**Improve NHS emergency response to mental health crisisSocial services’ contribution to mental health crisis servicesImproved quality of response when people are detailed under section 135 and 136 of the Mental Health Act 1983Improved information and advice available to front line staff to enable better response to individualsImproved training and advice for police officersImproved services for those with co-existing mental health and substance misuse issues |
| **Ref** | **CCC Ref** | **Actions & Milestones** | **By when** | **By whom** | **Progress** | **RAG** |
| A | 3.13.134.1 | Resources in place to accept people in crisis, so as not to detain in police cells (zero s136 detention in the short-term). | Outcome Awaited | 136 Co-Ordinator County Durham &136 Co-Ordinator Darlington**(Liaison Group)** | **The implementation of the new Liaison and Diversion service from April 2015 has a structure regarding those remanded into custody following court.** **Collaborative work between Durham Constabulary and TEWV resulted in the establishment of the tele triage scheme. The scheme enables police officers to access support and advice from mental health professionals when dealing with incidents and pursuing advice to support patients detained under the Mental Health Act. Officers have the facility to dial direct from the scene using their pocket set. This initiative has made a difference by reducing waiting times for people in mental health crisis accessing appropriate support and reducing unnecessary detentions in custody****During the period of July & August 2015 8, *136* Co-Ordinators were recruited across County Durham and Darlington respectively.** |  |
| B | 3.2 | Review report from the **TEWV crisis service review**, which identified a number of areas to take forward and have been tasked to the Mental Health Operational Group to address:* triage system/telephone helpline,
* process outlining how to access services,
* review communication methods between police/Crisis Team,
* request/review ‘street triage’ pilot service in Tees localities,
* introduce key performance indicators (KPI) around Crisis plans included with care planning, discharge planning and CPA reviews. Also include a KPI around four hour waits for Crisis Services, **Problems with police waiting longer than 4 hours with Patient**
* further develop staff training on attitudes and awareness, **Trained as Place of Safety officers**
* further analysis of complaints/Patient Advice and Liaison Service and an understanding of action taken,
* Develop service user feedback following crisis intervention.
 | Apr 2015 | Mental Health ACT Operational Group**(Liaison Group**)**Mel Wilkinson****&****Lorraine Joyce - PNN** | **There is a triage telephone helpline (Dial 136) which is linked to County Durham, & Darlington Crisis Care Teams.****The system provides individuals with the opportunity to briefly discuss their case when necessary, and be referred to the most appropriate or relevant agency/s for care or support.** **Communication methods and reports are shared between the Police and Crisis Care teams. Key issues to be raised are discussion via the Mental Health Act Operational Group****There is an overarching Inter-agency information sharing protocol in place. A multi-agency Mental Health Act Operational Group meets on a regular basis to share good practice and discuss operational delivery to continually improve the response and support for people in mental health crisis.** | … |
| D | 3.63.7 | DCC and DBC to share recommendations following their **review of out of hours Approved Mental Health Professional (AMHP) provision**. | Feb 2015  | **DCC – Helen Fergusson****DBC – Mark Humble** | **AMHP sufficiency strategy developed to ensure that there is sufficient AMHP capacity out of hours to meet demand.** **A range of recruitment options identified were being tested**  **Out of Hours AMHPs are provided in Darlington through Tees wide Emergency Duty Service.** |  |
| E | 3.83.10 | Explore Care Quality Commission (CQC) Report **‘A Safer Place To Be’** and include recommendations in the action plan. | Mar 2015 |  | **CQC Report Mar 2015, Concordat members reviewed key actions and included recommendation from the CQC Report Mar 2015.** |  |
| F | 3.11 | Implement plan to address the implementation of NHS ambulance services in England national protocol (Apr 2014) for the transportation of s136 patients, which provides agreed response times and standard CCG specification. | Ongoing – please refer to separate NEAS plan | NEAS – Dan Haworth**(Link into Liaison Group**) | **NEAS implementation plan is embedded.** |  |
|  | **Objective 4. Quality of treatment and care when in crisis**Review police powers and use of places of safety under the Mental Health Act 1983 and CQC monitoring of operationService User/Patient safety and safeguardingPrimary care response |
| **Ref** | **CCC Ref** | **Actions & Milestones** | **By when** | **By whom** | **Progress** | **RAG** |
| A | 4.6 | Map out the **governance multi-agency information system links**, specific to people experiencing mental health crisis (utilise systems currently in place).Develop a range or performance indicators that evidence local experience, including the number of safeguarding alerts linked to mental health crisis. | Apr 2015 | **TEWV – Paul Newton****Police** | **The Police Constabulary and TEWV have developed a range of performance indicators to evidence local experience.** |  |
|  | **Objective 5. Recovery and staying well / preventing future crisis**Joint planning for prevention of crises |
| **Ref** | **CCC Ref** | **Actions & Milestones** | **By when** | **By whom** | **RAG** | **Progress** |
| A | 5.3  | Learn from the **‘Checkpoint’ programme** in use by the Police to forecast risks of repeat offending. Consider other mechanisms, i.e. personal health budgets and navigators.  | Apr 2015 | **Checkpoint Programme Board – Hazel Willoughby** | **Checkpoint was launched Apr 2015, and random controlled trial research evaluation of the programme in will be complete Apr 2016**. | . |