**REFRESHED – REFRESHED- REFRESHED**

**County Durham& Darlington Mental Health Crisis Care Concordat Local Action Plan**

**Members of the Concordat:**

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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 Commissioner  Durham Constabulary  British 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 Board  Sub 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 Darlington  Darlington Mental Health Network  Healthwatch 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 was launched in 2014. One of the key aims of the concordat is to develop joined up service responses to people who are in mental health crisis. There was national sign up to the concordat by a number of key agencies and there was a specific emphasis on securing delivery of improved outcomes for people in mental health crisis at a local level. This was achieved firstly through local partners signing up to a declaration in October 2014 and secondly by those partners developing and agreeing a local action plan in March 2015 The declaration and action plan were signed off and published by the Health and Wellbeing Board.  In summer 2015 the Rt Hon Alistair Burt MP, Minister of State for Community and Social Care circulated a letter giving recognition to national and local achievements in implementing the Crisis Care Concordat. The letter highlighted several key actions to maintain momentum, in particularly that;   * Local action plans should be reviewed and refreshed to incorporate actions to address the recommendations from the recently published Care Quality Commission report*, ‘Right Here Right Now’.*   This is County Durham and Darlington’s refreshed Mental Health Crisis Care Concordat local action plan. That has been influenced by the previous local action plan’s activities milestones and achievements, key local, strategic plans and priorities, all as key drivers towards influencing and directing change in the delivery of future services/ support for people in need of Mental Health Crisis Care.  In **County Durham**, the Mental Health Implementation Plan continues to be 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” (see Previous action Plan). 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.  Durham County Council and its partner’s model of working with children, young people and their families facing multiple and complex challenges **acknowledges the need for** improving outcomes for children and families. The *No Health without Mental Health*  report published in 2011, emphasise greater importance of early intervention in emerging emotional and mental health problems for children and young people. Effective commissioning will need to take a whole pathway approach, including prevention, health promotion and early intervention.  **The Department of Healthreport *‘Future in Mind’ – Promoting, protecting and improving our children and young people’s mental health and wellbeing’***, responds to the national concerns around provision and supply of system wide services and support for children and young people. It largely draws together the direction of travel from preceding reports, engages directly with children, young people and families to inform direction and the evidence base around what works. County Durham recently developed its Children and Young People, Mental Health and Wellbeing Transformation Plan 2015, which provides a framework to improve the emotional wellbeing and mental health of all children and young people across County Durham. The aim of the plan is to make it easier for children, young people, parents and carers to access help and support when needed and to improve mental health services for children and young people. Successful implementation of the plan will result in: an improvement in the emotional wellbeing and mental health of all children and young people.  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”. This plan sets out how, over the next three years, we 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) will look to 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 are three new national targets for 2015/16 to reinforce the emphasis on mental health:   * 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.   In August 15 the Mental Health Partnership Board, approved the establishment of the Crisis Care Concordat sub steering group, to take oversee the Crisis Care Concordat agenda, including refreshing this Local Action Plan. This plan sets out a range of activities with milestones with the intentions of developing support and services for delivery to and for people in needs of people in need Mental Health Crisis Care across all County Durham. This local action plan incorporates the Care Quality Commission recommendations outline in the report *Right Here Right Now*.  The North East Ambulance Service Regional Mental Health Crisis Concordat Action Plan is attached for reference. |

**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 |

**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 services  Improving mental health crisis services  Ensuring the right numbers of high quality staff  Improved partnership working at a local level.  ***Ensure that pathways for crisis care are focused on providing accessible***  ***and available help, care and support for all those who require it at the time they need it.*** | | | | |
| **Ref** | **CCC Ref** | **Actions & Milestones** | **By when** | **By whom** | **Outcomes** | **RAG** |
| A | 1.1 | **Joint Strategic Needs Assessments (JSNA)** are developed to include a clear understanding ofneed, its patterns across geography and communities, and feed into commissioning plans thatrespond to gaps identified - Constabulary and TEWV to contribute to JSNA (DCC) and Single Needs Assessment (DBC). | 2015/2016 | **DCC – JSNA**  **DBC – JSNA** | ***Reduction in out of area placements – Improve local area support or service.*** |  |
| B | 1.2  3.15 | Implement **Multi-Agency Information Sharing Protocol** at an operational level, and clarify staff’s understanding of when it is appropriate to share information(government developing information technology interface solutions). | Dec 2015 | Multi-Agencies  **(Police)**  **TEWV**  **NEAS**  **LAs**  **NHS FTs**  **CCGs** | ***Develop information sharing protocol, with evidence base data information that influence local commissioning and Improve management experience, by the person in crisis.***  The Protocol is has being implemented by Mental Health Operations Group, which is a channel for sharing evidence based information across agencies. |  |
| C | 3.15  CGG | Review data sharing proposals between health and the police to enable effective strategic planning and operational delivery. | Dec 15 | **As above** | Workshop Proposed |  |
| D |  | Develop proposals and review of protocols for people presenting with mental health problems and intoxication from alcohol or drugs. This include designation place of safety in appropriate setting. There is also an opportunity to look at models of care and support within the community and voluntary sector. | Nove 2015 | **Crisis ConcordatSteering Group**  Catherine Richardson | ***Develop clear guidelines and protocols.***  Workshop Proposed for Nov 15 |  |
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| **Ref** | **CCC Ref** | **Actions & Milestones** | **By when** | **By whom** | **Progress** | **RAG** |
| E |  | Continue the implementation of the policy arrangements for patients detained under section 136 of the Mental Health Act – (Integrated work & processes between the police, mental health, A&E and ambulance services).  This includes POS arrangements - in County Durham and Darlington through System Resilience Funding | Nov 15 | **Steering Group**  **Public Health Catherine Richardson**  **DBC**  **DCC** | ***Expect to see a reduction of Police Cells used as Place of Safety. Consistent responses to S136 conveyance experienced by service users.***  **Workshop Proposed and agreed** |  |
| F | 1.4  1.5 | Develop **County Durham** **Mental Health Needs Assessment Plans**, to inform the commissioning intentions & ‘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 –**  **DBC**  CCG | The County Durham Mental Health Needs Assessment is being rolled out for consultation in between September to November 2015**.** |  |
| G | 1.8 3.14 | Review/update **local mental health early intervention/crisis care protocols** related to mental health crisis presenting with intoxication from substance misuse.  Agree/implement dual diagnosis implementation plan for – mental  health/learning disabilities, and 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 / Jan 2016 | **TEWV Police Con. NEAS DCC**  **DBC**  **CCGs**  **NHWMH Liaison & Dual Needs Strategy Group)** | The Dual Needs Strategy has now been agreed, and an Implementation plan will be available Dec 2015. |  |
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| **Ref** | **CCC Ref** | **Actions & Milestones** | **By when** | **By whom** | **Progress** | **RAG** |
| H | 1.9  3.18  4.5 | 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 –,  DBC –  Police Con. – Lorraine Joyce & Kevin Weir  **(Public Mental Health – staged approach)** | ***Staff are equipped to treat mental and physical conditions with equal priority.*** |  |
| I | CGC | **NHS providers of specialist mental health services** to make sure that:   * Crisis resolution home treatment (CRHT) teams fulfil the core functions described in the policy implementation guidance. * Crisis telephone helplines -whether provided in-house or through external providers - are accessible when they are most needed and it meets expected service standards. |  | TEWV |  |  |

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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.  ***Ensure that pathways for crisis care are focused on providing accessible***  ***and available help, care and support for all those who require it at the time they need it.*** | | | | | | | | |
| **Ref** | | **CCC Ref** | | **Actions & Milestones** | **By when** | | | **By whom** | **Progress** | | | **RAG** |
| A | | 2.1 3.9 3.12 3.16 3.17 5.2  5.4 | | 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:   * 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. | Jan-Jun 2015  **Ongoing** | | | **TEWV (Paul Wait) to lead with multi-agency partners** | ***Prevent avoidable crises.***  Crisis Triage Telephone Helpline (136) is up and running. TEWV reported that the process mapping will be completed in August/Sept 15 | | |  |
| B | | CQC 1 | | Review and ensure that pathways for crisis care are focused on providing accessible and available help, care and support for all those who require it at the time they need it. | Feb 16 | | | **TEWV**  **DCC**  **DBC** | ***Reduction in delays experienced by service users.***  **.** | | |  |
| C | | CGC | | People are supported to develop their crisis care plan, in line with expectations set out in the Crisis Care Concordat. This must involve people in decisions about their care, appropriate local support options and agreed actions on what to do in the event of a crisis. | Jan 16 | | |  |  | | |  |
|  | | | | **Objective 3. Urgent and emergency access to crisis care**  Improve NHS emergency response to mental health crisis  Social services’ contribution to mental health crisis services  Improved quality of response when people are detailed under section 135 and 136 of the Mental Health Act 1983  Improved information and advice available to front line staff to enable better response to individuals  Improved training and advice for police officers  Improved services for those with co-existing mental health and substance misuse issues | | | | | | | | |
| **Ref** | **CCC & CQC** | | **Actions & Milestones** | | | **By when** | **By whom** | | | **Progress** | **RAG** | |
| A |  | | Review the evidence from the national “Street Triage pilots”. Consider and review demand within County Durham & Darlington 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. | | | **DEC 15** | 136 Co-Ordinator County Durham &  136 Co-Ordinator **Darlingto**n  **(Liaison Group)**  **Police Constabulary** | | | During the period of July & August 2015 8, *136* Co-Ordinators were recruited across County Durham and Darlington. |  | |
| B | CQC | | Ensure that pathways for crisis care are focused on providing accessible and available help, care and support for all those who require it at the time they need it. | | | Jan 16 | **TEWV,**  **DCC**  **DBC**  **Providers** | | | ***Service users experience timeliness and quality in service*** |  | |
| C | CQC | | Revisit the key findings from **'A safer place to be**' to ensure plans in place for sufficient provision to meet the needs of the local population.  *At any time, accessible to all*. | | | Feb 16 | **Police**  **TEWV** | | |  |  | |
| D | CQC | | **Section 136 multi-agency groups** to bring together local data from ambulance, police, local authority and mental health trust partners to build an end-to-end view of the operation of the section 136 pathway in order to identify service improvements. | | | Quarterly  Feb16 | **Police constabulary**  **TEWV**  **DCC**  **DBC** | | |  |  | |
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| **Ref** | **CCC & CQC** | | **Actions & Milestones** | | | **By when** | **By whom** | | | **Progress** | **RAG** | |
| E | 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:   * **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 | … | |
| F |  | | Review data sharing proposals between health and the police to enable effective strategic planning and operational delivery. | | |  | Crisis Care concordat Steering Group Workshop | | | ***Workshop/Task group session Planned*** |  | |
| G | 3.3  3.4  3.5 | | Concordat members await **‘Emergency Department Access to Specialist Mental Health Services Audit’** (audit) findings from Royal College of Psychiatrists (RCP):  - act on recommendations,  - audit of mental health assessment rooms in Emergency Departments, once audit available.  - Interface with social care and AMHPs. | | |  | NEAS  TEWV  DCC – Social Care | | | **Service users experience appropriate services are the right place at the right time.**  Emergency Department Access to Specialist Mental Health services audit. |  | |
|  | | | | **Objective 3. Urgent and emergency access to crisis care**  Improve NHS emergency response to mental health crisis  Social services’ contribution to mental health crisis services  Improved quality of response when people are detailed under section 135 and 136 of the Mental Health Act 1983  Improved information and advice available to front line staff to enable better response to individuals  Improved training and advice for police officers  Improved services for those with co-existing mental health and substance misuse issues | | | | | | | | |
| **Ref** | **CCC & CQC** | | **Actions & Milestones** | | | **By when** | **By whom** | | | **Progress** | **RAG** | |
| H | 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.  Conveyancing across agencies to be review- type of transport uses by individuals subject to the Mental Health Act by the CCG. Including – toward improving response times to under an hour. | | | Ongoing – please refer to NEAS action plan | NEAS – Dan Haworth  **(Link into Liaison Group**) | | | In July 15, Durham and Darlington were contacted by an average of 15 people in need of Crisis Care for the month July 15  ***NEAS’s action plan- embedded here for reference.*** |  | |
| I | 3.11 | | Conveyancing across agencies to be reviewed.  Workshop proposed. | | | Dec 15 | **NEAS –**  **Police, TEWV,** | | | **Workshop planned** |  | |
| J | CGC | | Prioritise & assess the level of, and reasons behind, frequent attendances of people with Mental Health Crisis care that at A&E departments.  Develop a system-wide approach commission/provide alternative options for people identified as being at high-risk of attending frequently. | | |  | **NEAS**  **TEWV**  **DCC**  **DBC** | | |  |  | |

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|  | | | **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 operation  Service User/Patient safety and safeguarding  Primary 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.  Review accessibility and response times of section 12 doctors here and response times | | Apr 2015 | **TEWV** | 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. | . |
| B |  | Develop and strengthen admission and discharge policies across partner agencies | | Marche 2016 | **NEAS**  **TEWV**  **DCC**  **DBC** |  |  |