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| 1. **Access to Support Before Crisis Point**

**“I will know who to contact at any time, 24 hours per day, seven days per week”** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Progress Report**  |
| 1.1 | Continue to develop effective joint working between NTW, Northumbria Trust and Northumberland County Council Mental Health Teams | Ongoing | NTW and NHFT/NCC leads | Supports the national integration agendaSupports the development of a single point of access into servicesService users benefit from more fully coordinated support plans across health and social careEnhanced sharing of information between agenciesAligned management structureShared documentation and access to computer recordsShared access to training programmes | The national integration agenda is an integral part of the Northumberland Vanguard and work is progressing to maximise effective joint working between NTW, Northumbria FT Trust and Social Care.Plans for a single point of access are currently under review and the current way of working requires embedding with the NTWs community transformations before any decisions can be made. It is anticipated that this will be revisited in March 2016.Management structures across the organisations are aligned and there are regular operational and strategic meetings held to support communication and information sharing.Shared access to training is available and electronic records can be linked to allow critical data exchange overnight. |
| 1.2 | Enable access to relevant training by respective organisations and develop/agree appropriate prioritisation for service teams  | March 2016 | NTW, NHFT, NCC, NEAS and Police Forces leads. | Increased awareness of mental health issues across a wide range of organisationsEnhanced partnerships and relationships across services that provide mental health support to those at risk of crisisImprove understanding of each other’s roles and remits in relation to working in mental health | All new police recruits have mental health awareness training and spend a day with the crisis team. NTW and Northumbria police are developing a training package to raise awareness of stigma and mental health wellbeing to encourage officers to be more mindful of their own mental health.NTW has developed a clinical police liaison role which has been critical in enhancing partnerships and relations across services. A draft reference document is being established which offers a guide to each service’s role and remit in relation to supporting those at risk of a crisis. |
| 1.3 | Further development of the Initial Response Service/Universal Crisis Team | June 2015 | NCCG/NTW | Initial Response Team in NTW to receive all urgent requests for mental health services, and has improved access to signposting to appropriate agencies including the Crisis TeamReduction in response times for service users – service design to aim for a target of two hours from receipt of referral to person being in contact with a service that is able to offer appropriate support for their needsDelivered from multiple locations for ease of accessEnhanced links with existing 111/999 emergency response services | The Initial Response Team in NTW is now in place, taking all urgent requests for mental health assessments in Northumberland. The team is providing improved telephone access, signposting and a Rapid Response function to service users. The aim is to deploy a Rapid Response team within 2 hours of referral to complete a face to face contact. The team is providing a service to older adults and is working towards supporting those individuals with a learning disability. |
| 1.4 | Complete annual review of arrangements for and sufficiency of provision of Approved Mental Health Practitioners and in context of this, and support suitable levels of AMHP training subsequently  | July 2016 | Local Authority | Routine review of number and availability of AMHPs against regional/national standardsRoutine review of number of people with specialist awareness of mental health crisis within non mental health community teamsSuitable management of length of for those in crisis wait for an assessment under the Mental Health Act | A dedicated AMHP team is now in place and has 7 full time staff working 9am – 10pm 7 days a week. The team provide a countywide service and is supported when needed by community AMHPs based in the social care mental health teams. The creation of this team has significantly improved the length of time people wait for an assessment under the Mental Health Act. The team also offers non mental health teams an opportunity to receive expert advice and support with complex care management |
| 1.5 | Co-ordination of police forces (Northumbria/British Transport) ensuring engagement around project or service developments that support the prevention of mental health crisis | March 2015 | NTW – Clinical Police Liaison Lead  | Greater understanding and awareness of roles across police forcesEnhanced opportunities for forces to work collaborativelyCreates opportunities for cross agency trainingImprovement in responsiveness to service users when presenting with mental health crisisEnhanced use of resources across the organisations | The clinical police liaison lead (NTW) has been successful in forging a greater understanding of roles across the police force and mental health services. Cross agency training is being developed and is supported by Health Education England. |
| 1.6 | Development of targeted awareness-raising among identified groups (people with Learning Disabilities or dementia; children and young people; and minority communities for example) through established strategic fora of the Concordat and action plan  | September 2016 | Health/social care commissioners | Increased awareness across a wide range of communitiesImproved engagement of service users and carersImproved engagement with independent sector providers | This work is ongoing and is integrated into the transforming care for people with learning disabilities plan and the emotional health and wellbeing strategy for children. |
| 1.7 | Share across agencies respective service outlines and structures  | March 2016 | All statutory partners | Enhanced awareness across a wide range of organisations supporting mental health of each agencies roles, processes and responsibilitiesStaff can quickly identify the most appropriate support services and sign post services usersEnhances cross agency working relationships | A series of awareness raising events has been organised and is ongoing. Substantial effort has been taken to enhance cross agency relationships and understanding of roles and responsibilities. Key personnel from each service are responsible for helping to signpost colleagues and smooth processes to enable service users to revive the right support at the right time from the right agency. An evaluation of this goal is due in January 2016. |

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| 1. **Urgent and Emergency Access to Crisis Support**

**“ I will be treated with as much urgency and respect as if it were a physical health emergency, travel safely in suitable transport to where the right help is available”** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Progress Report**  |
| 2.1 | Pilot Street Triage Programme with review after 6 months and full evaluation at 12 months (refer 2.2 below) | From June 2015 | NTW, NCCG and Northumbria Police  | Improved response for those who have been identified as experiencing a mental health condition within their home or within the communityEnhanced cross agency working (health/social care and police) and improved use of resourcesReduce the need for people being transported within police vehicles Opportunities to refer onto other support services for those identified as not being in MH crisis – public health programmes for exampleReduce the number of Section 136 detentions where alternative appropriate pathways are available.  | This pilot has been successful and is now well integrated into the crisis response service. Internal evaluation has taken place and external evaluation in underway by Newcastle University. A deeper look at the qualitative data and the service user’s experience of the street triage programme will help refine the service further. |
| 2.1.1 | Eliminate the use of police custody for S136 MHA arrests. | March 2016 | Northumbria Police & BTP  | Police custody should only be used in exceptional circumstances for correct reasons in relation to risk management To monitor the use of police custody and support further reduction as appropriate  | Since the development of the action plan no assessments under section 136 of the MHA have taken place in custody. |
| 2.1.2 | Reduce by 33% the number of people who are detained by the police under S136 of the MHA | March 2016 | Northumbria Police  | Street Triage Pilot and education and awareness of alternative pathways should enable a reduction in detentions Street Triage team to collate information and provide monthly reports on activity relating to Section 136 detentions.  | Since the introduction of street triage in Northumberland there has been a sustained reduction in S136 detentions. Overall there has been a 40% reduction since October 2014 with further improvement expected. |
| 2.1.3 | Approved Mental Health Professionals and section 12 (2) Approved Doctor should, in accordance with best practice, work to commence the assessment within three hours in all cases where there are no clinical grounds to delay assessment. Exceptions to this standard will be reported through local governance arrangements. | March 2016 | Local AuthorityNTW | Information is collated by Local Authority and Crisis TeamInformation to be fed back to agreed governance arrangements on timescales and reasons for any delays  | There has been only one exception to this standard by AMHP service with patient waiting four hours (this was out of hours and at weekend due to emergency duty staff being already engaged in child protection work)  |
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| 2.3 | Review current transport arrangements for conveyancing - including to/from 136 suite - and options of transportation systems | February 2016. | NCCG/NEAS | Improvement of experience of conveyance – that it is always timely, dignified and safeReduction in waiting times for individuals who require conveyance - including to and from 136 SuiteReduction in the length of time individuals will spend within 136 suiteReduction in risk in individuals waiting to be conveyed to hospitalBest use/prioritisation of resources in NEAS, police and AMHPs | CCG quality intelligence group is overseeing mental health sub group. Work includes;* Analysing impact on delays
* Staff and patient perspective Health, social care, police and ambulance involvement. NEAS contract transformation programme with the potential to review prioritisation of patients with mental health needs and resource within core services

A transport group has been convened to look in more detail at the current transport issues and delays in conveyancing. Further information is being collated and analysed to support the best use/ prioritisation of resources across NEAS, the police force and the AMHP service.136 suite issues |
| 2.4 | Audit and review across agencies acute MH bed (including for children and young people, older people and other identified groups) and S 136 suite usage and capacity  | April 2016 | NTW | Appropriate levels of facilities able to meet identified needs and demand | This audit and review is still ongoing and has been expanded to look at best practise alongside S136 suite usage and capacity. A series of recommendations will shape and improve current services in line with best practise identified.  |
| 2.5 | Review existing liaison services and evaluate model for effectiveness  | April 2016 | NCCG | Mental health specialist staff available to acute hospital setting to provide link between physical and mental health needsAcute hospital staff better informed regarding impact of mental health conditions on physical health needsSpecialist mental health staff available to provide timely information and guidance to acute staff where there are concerns around a mental health conditionGreater coordination between servicesOpportunities for shared development and training Establish parity and consistency across physical and mental health | Northumberland and North Tyneside CCGs working jointly with NTW to consolidate psychiatric liaison service resourceOptions appraisal being undertaken to ensure most efficient model is implemented, with maximum coverage to ensure highest times of demand are coveredJoint working with the acute trust at NSECH to maximise joint working to manage mental and physical health needsNational system resilience funding received – potential to enhance local model when options appraisal complete |
| 2.6 | Review and development of CYPS services to include strategic input from partners/stakeholders | March 2016 | NCCG/LA/NTW | Enhanced partnership working between agencies that support children and adolescents with mental health needs including ensuring timely and appropriate response and support when there’s a mental health crisisProvides focus on access, assessment, treatment and discharge and workforce developmentImproved level of services to support children/adolescentsImproved transitions between child and adult services | The concordant has been referenced and integrated into the newly developed Emotional Health and Wellbeing Strategy for children and young people.Particular focus is placed upon improved access to service getting early help and robust early interventions and crisis prevention.There is a multi-agency strategic transitions group and work is ongoing to better understand the population of children with additional needs including emotional and psychological wellbeing. |
| 2.7 | Action reviewed and removed |  |  |  |  |
| 2.8 | Develop integrated working protocols across substance misuse/CYPS/Criminal Justice Teams and Learning Disabilities | September 2016 | NTW Clinical Police Liaison Lead | Enhanced communication and interagency workingLeast restrictive, most local and effective response to crisis interventions | Integrated working polices are being developed and tested within key teams. Crisis services have received support to increase the understanding of services users in a crisis with a learning disability. |
| **3. The Right Quality of Treatment and Care when in Crisis****“ I am treated with respect and care and receive treatment and support, without unnecessary assessments, from people who have the right skills in a setting that suits my needs”** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Progress Report**  |
| 3.1 | Increase awareness of and access arrangements to interpreting services including support for hearing and sight impaired community | May 2015 | NTW and Local Authority | Reduction in waiting times to access interpreting services for those from communities where English is not a first language or for those who have other communication requirementsPeople with sensory impairment will be enabled to participate fully in the assessment and design of their mental health care plans | AMHP staff have been given access to bespoke training relating to assessing a patient with hearing and communication deficits. Interpreting services are accessed as required and details of how to access shared across the AMHP staff group through local forums. |
| 3.2 | Strengthened bed management systems within NTW | Ongoing | NTW | Reduces unnecessary delays for those requiring a hospital admissionReduces the need to place individuals out of areaIncreases the availability of crisis beds | A bed management system has been operationalised and has been successful in reducing unnecessary delays and increasing the availability of beds in a crisis.Placements out of Northumberland have reduced and the process has supported demand.The bed managers are also able to support clinicians to consider alternatives to hospital admission where possible reducing the potential of avoidable admissions  |
| 3.3 | Appropriately skilled mental health professionals are available within the Mental Health Place of Safety, 24/7 as per best practice guidance. | February 2015 | NTW/NCCG | Appropriate and timely support to individuals in crisis who require detention within a place of safetyImproved use of police resourcesImproved coordination of the S 136 pathwayImplementation of the CQC Safer Place To Be standards and recommendations  | Crisis team staff now coordinate the S136 pathway and are present throughout the assessment |
| 3.4 | Development of information sharing protocols across agencies | April 2016 | NTW/Northumbria police | Improved understanding of when it is appropriate to share information on individuals across support agencies to prevent mental health crisisEnsures that Concordat actions can be achieved by collaborative working within legal frameworksReduces need for individuals to be subject to multiple assessmentsMental health professionals have access to timely and relevant information to aid in support planningEnhanced outcomes for service users and prevent crisis where possible by information sharing.  | This work is ongoing and links into the strategic network. Improvements have been made to reduce the need for multiple assessments through a more coordinated approach and better partnership working.Enhanced communication and information sharing between services continues to be a priority and is being evaluated in January 2016. |
| 3.5 | Development of a ‘No Exclusion’ protocol around intoxication.  | April 2016 | NTW, Northumbria Trust and Local Authority, Northumbria Police | Individuals are not excluded from clinically appropriate and timely assessment due to intoxication through drugs or alcohol with use of screening assessment of the intoxicated personProtocol should cover legal and suitable use of breathalysersAssessments for services completed on an individual, case by case basis with all presenting factors considered | This has been developed and is in place for all front line crisis services. The protocol ensures that clinical judgement and face to face assessment takes place in all circumstances. |

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| **4. Recovery and staying well / preventing future crisis****“I am given information, and referrals about services that will support my recovery. I am supported to reflect on the crisis and develop a plan for how I wish to be treated if I experience a crisis in the future. I am offered an opportunity to feedback to services my views on my crisis experience”** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Progress Report** |
| 4.1 | Development of multi-agency information sharing protocols across agencies, including agreed timeframes for information sharing in line with national best practice and review of protocols to include service user feed back | October 2016 | NTW, Local Authority (adults and children’s services) Northumbria HCFT | Shared care plans/Relapse Plans/Recovery Plans/Harm reduction Plans to reduce any silo working in managing risk Collaborative working to keep people well and the early identification of relapse and intervention. Aligned points of contact into support services for individuals who require additional support to prevent crisis/relapseStreamlined communication will result in for individuals being supported by services that have all of the necessary informationData and intelligence sharing across agencies to inform future planning | This work is ongoing and will form part of the community modelling within the Vanguard. Data exchanges take place between NTW and Social care and the AMHPS have full access to NTWs electronic records.The CCG has recently signed a contract with Healthcare Gateway to provide a Medical Interoperability Gateway (MIG) which will allow a live rendered view of Primary Care records across the healthcare system. The MIG will be operable by the end of November 2016 and anticipate 50% of practices to be sharing their data by mid-December 2015.  |
| 4.2 | Review of current governance arrangements – including involvement of service users, carers and independent sector - for delivery of the Concordat action plan | February 2016 | NCCG, Local Authority and NTW | Confirm governance arrangements – with reference to existing strategic fora and inclusion of service user feed-back - to oversee/deliver the Concordat Action Plan with accountability and routine progress reporting at senior level within respective organisationsStreamlining of current strategic partnership arrangementsEnhanced understanding of mental health issues across a wide range of organisationsMapping exercise to take place to look at meetings structures and governance in locality and region.  | Governance arrangements have been recently reviewed. Overall responsibility and accountability sits with the CCG with key partners having responsibility for contributing to and delivering the Concordant Action Plan.Further service user engagement and feedback events are planned for 2016. |
| 4.2.1 | Agree the data sets to capture information to enable monitoring/governance of Concordat Action Plan  | February 2016 | Police Forces and NTW | Data Sets should include the national data set for Street Triage nationally Data collection – by each agency - should reference the CQC Safer Place To Be standards | Data sets have been agreed and include the national data set for Street Triage.All data collection references the CQC Safer Place To Be standards  |
| 4.2.2 | Agree protocol/procedure for debrief/learning lessons process for issues of concern and agreed escalation process in respective organisations when more significant concerns arise | April 2016 | NTW, Local Authority and Police Forces.  | Agree a multi-agency process of escalation of concerns/incidents from one agency to another including out of hours processes.To ensure all agencies understand each other’s organisational structures for raising concerns. Agree de-brief or review process following incidents.  | Issues of concern are escalated to the AMHP lead, and fed into the local Police Liaison Group meetings. Incidents are also reported through the IR1 system eg an assault against staff for follow up through organisational procedures. |
| 4.4 | Targeted awareness raising with known high risk groups for suicide | May 2016 | LA Public Health Suicide Prevention Strategy Group | To review and reduce as possible the number of suicides and attempted suicide Ensure this includes work with police forces  | This important work is ongoing and an additional review is taking place to look at unexpected deaths where substance misuse is involved. |
| 4.5 | Agree standards for the use of care plans and contingency planning | September 2016 | NTW and Local Authority | Service users and carers to co-produce contingency plans in case of relapse or crisis | Service users and their cares are given opportunity to co-produce contingency plans as part of crisis / relapse management. This needs to be embedded further and a more detailed analysis of this is planned for February 2016. |

**Glossary of terms used in this Action Plan**

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| **Action Plan** | A document agreed between the organisations who have signed the Concordat which details responsibilities and timescales for tasks that need to be undertaken. |
| **AMHP****Approved mental Health Professional** | An approved mental health professional (AMHP) is a social worker, mental health nurse, occupational therapist or psychologist who has received special training to help decide whether people need to be admitted to hospital. They are ‘approved’ by a local social services authority for five years at a time. Most AMHPs are social workers. |
| **Concordat** | A document published by the Government. The Concordat is a shared, agreed statement, signed by senior representatives from all the organisations involved. It covers what needs to happen when people in mental-health crisis need help.It contains a set of agreements made between national organisations, each of which has a formal responsibility of some kind towards people who need help. It also contains an action plan agreed between the organisations who have signed the Concordat. |
| **Conveyance** | Transportation of a patient from one place to another |
| **Mental health crisis** | When people – of all ages – with mental health problems urgently need help because of their suicidal behaviour, panic attacks or extreme anxiety, psychotic episodes, or behaviour that seems out of control or irrational and likely to put the person (or other people) in danger. |
| **Section 12 Approved doctor** | A doctor who is 'approved' under section 12 of the Mental Health Act is approved on behalf of the Secretary of State (or the Welsh Ministers) because they have special expertise in the diagnosis and treatment of 'mental disorders'. Doctors who are approved clinicians are automatically also approved under section 12. Section 12 approved doctors have a role in deciding whether someone should be detained in hospital under section 2 and section 3 of the Mental Health Act. |
| **Street Triage** | Where mental health services work alongside local police forces to make sure that people who need mental health treatment receive it as quickly as possible, and in as many cases as possible, remain in their communities using crisis services that can meet their needs. |

**Acronyms used in this Action Plan**

**CQC – Care Quality Commission**

**CYPS – Children and Young People Service (specialist mental health service)**

**LA – Local Authority (Northumberland County Council)**

**NCCG – Northumberland Clinical Commissioning Group**

**NEAS – North East Ambulance Service NHS Foundation Trust**

**NHCFT – Northumbria Healthcare NHS Foundation Trust**

**NTW – Northumberland Tyne and Wear NHS Mental Health Trust**

**S136 – Section 136 Mental Health Act (1983) as amended 2007**