

**South East Essex Mental Health Crisis Care Concordat Action Plan – 9 October 2015**

| <b>1. Commissioning to allow earlier intervention and responsive crisis services</b> |  |                   |                                |  |  |
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| <b>No.</b>   | <b>Action</b>  | <b>Timescale</b>  | <b>Led By</b>                  | <b>Outcomes</b>  | <b>Progress</b>  |
| <b>Matching local need with a suitable range of services</b>                         |  |                   |                                |  |  |
| <b>1.1</b>   | <p>Undertake comprehensive evaluation of RAID liaison psychiatry plot service in SUHFT and develop specification and proposals for ongoing service based on this, including how appropriate provision can be offered for young people presenting in crisis.</p> <p>Audit A&amp;E attendances and RAID team activity for first 6 months of project to identify patterns, themes and factors</p> | <b>April 2016</b> | <b>SEPT / SUHFT &amp; CCGs</b> | <ul style="list-style-type: none"> <li>• <b>Understanding of and information on impact of pilot service</b></li> <li>• <b>Service specification, funding and KPIs agreed (Aug 2015)</b></li> <li>• <b>Smooth continuation and development of existing service</b></li> <li>• <b>Data on patterns of attendance and service utilisation</b></li> <li>• <b>Clearer understanding of root causes leading to crisis presentations</b></li> <li>• <b>Identification of interventions that would prevent crises and lead to care closer to home</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Requirement to complete evaluation included in commissioning intentions</b></li> </ul> |

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|            | contributing to multiple attendances using RCA approach   |                      |   |   |  |
| <b>1.2</b> | Review existing crisis care arrangements for children and young people in the light of the RAID development and consider options for providing best response for young people presenting in crisis. This needs to include rapid access to assessment by appropriately trained staff, transition and management of young people aged 16-17, and how wider needs (eg social care, housing / accommodation) of young people presenting in crisis can be met. | <b>Nov 2015</b>      | <b>CP&amp; R CCG / Southend CCG / West Essex CCG / ECC / SBC / SEPT / SUHFT</b> | <ul style="list-style-type: none"> <li>• <b>Clarity across agencies on current crisis services for young people and proposals improving response and outcomes for young people going forward</b></li> <li>• <b>Planning for new provider to address out of hours peaks to be addressed with CAMHS commissioners &amp; new provider</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Additional investment to move to 7 day CAMHS crisis service operating from 9am to 9pm included in CAMHS transformation plan</b></li> </ul> |
| <b>1.3</b> | Work with Public Health to develop clearer picture on   | <b>December 2015</b> | <b>SBC / Southend CCG</b>   | <ul style="list-style-type: none"> <li>• <b>Summary and segmentation of local data</b></li> <li>• <b>Identification of any specific risk</b></li> </ul>   | <ul style="list-style-type: none"> <li>• <b>Work on Southend mental health needs assessment</b></li> </ul>   |

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|  | local suicide rates and areas where risks could be reduced / managed across agencies in line with "Commissioning for Prevention" approach. Ensure that analysis relating to crisis care is included in the JSNA. |               |  | <p>areas from data</p> <ul style="list-style-type: none"> <li>• Collaboration with British Transport Police and their data and work with people</li> <li>• Work with local media to comply with National Strategy to not put incidents on front page.</li> </ul>  | underway. Due for completion December 2015.   |
| 1.4  | Collate service user's experiences of mental health crises into a report to provide qualitative information to inform future service development.  | February 2016 | SEPT.<br>Trust Links,<br>SBC, MIND,<br>Rethink | <ul style="list-style-type: none"> <li>• Report available outlining people's experiences and identifying areas where things could be improved</li> <li>• Raid to carry out mini audit of patients story prior to attending A&amp;E</li> <li>• Ideas to the next group for methodology to gather people's stories to feed into service planning</li> </ul> | <ul style="list-style-type: none"> <li>• Crisis experience sub-group established and crisis survey material developed. Survey to take place November 2015.</li> </ul> |
| <b>Improving mental health crisis services</b> |  |               |  |   |   |
| 1.5  | Multi agency review to identify support needs of people who frequently seek support at A&E   | December 2015 | SEPT   | <ul style="list-style-type: none"> <li>• Optimal pathways and procedures for follow-up after A&amp;E attendance (CRHT, T4U etc.) identified.</li> <li>• RAID to analyse data on people who are discharged to GP but</li> </ul>  | <ul style="list-style-type: none"> <li>• Frequent attenders group established and needs of 20 most frequent attenders reviewed. Care co-</li> </ul>                   |

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|   | Identify those who attended A&E and had no further action but there is unmet need.   |                   |                                     | <p>may have unmet need to identify where signposting to non-health / 3<sup>rd</sup> sector organisations may be appropriate</p> <ul style="list-style-type: none"> <li>• Implementation of plans to support individuals frequently seeking support from emergency services and A&amp;E</li> </ul>                      | <p>ordination proposal under development. Proposal on health anxiety included in both SEPT and SUHFT commissioning intentions.</p>   |
| <b>Ensuring the right numbers of high quality staff</b> |  |                   |                                     |  |  |
| <b>1.6</b>  | Review CRHT model and interfaces to ensure this meets needs and reflects best practice   | <b>April 2016</b> | <b>SEPT / CPR CCG /Southend CCG</b> | <ul style="list-style-type: none"> <li>• Flag need to develop model for 24/7 crisis care in commissioning intentions</li> <li>• Workforce reviewed to ensure it has sufficient capacity and appropriate skills to meet clinical needs of local case mix</li> <li>• Commence implementation of refined model</li> </ul> | <ul style="list-style-type: none"> <li>• Need to develop proposals for 24/7 crisis service included in commissioning intentions. Current CRHT service spec reviewed and re-drafted.</li> </ul> |
| <b>Improved partnership working in South East Essex</b> |  |                   |                                     |  |  |
| <b>1.7</b>  | Confirm lead role of SRG mental health crisis care sub-group in oversight of development and implementation of action plan. Update terms of reference to reflect this. | <b>March 2015</b> | <b>Southend CCG</b>                 | <ul style="list-style-type: none"> <li>• Appropriate terms of reference</li> <li>• Clear governance and accountability for implementation of action plan</li> <li>• Complete</li> </ul>  | <ul style="list-style-type: none"> <li>• Complete</li> </ul>   |
| <b>1.8</b>  | Develop an integrated approach   | <b>April 2106</b> | <b>SBC / Southend</b>               | <ul style="list-style-type: none"> <li>• New structures and integrated commissioning team in place</li> </ul>  | <ul style="list-style-type: none"> <li>• Recovery college proposals under</li> </ul>   |

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|             | to the development of local services that support early intervention, personalisation and self-management through projects such as a recovery college and personal health budgets. |                   | <b>CCG</b>   | <ul style="list-style-type: none"> <li>• <b>Recovery college commissioned</b></li> <li>• <b>Personal health budgets in use</b></li> </ul>  | <p><b>development by multi-agency group. Recovery college included in commissioning intentions. Personal health budgets in use for people with CHC needs.</b></p> |
| <b>1.9</b>  | Establish group to oversee implementation of CCC plan with appropriate representation from statutory, voluntary and 3rd sector partners  | <b>April 2015</b> | <b>CP&amp;R/ECC</b>  | <ul style="list-style-type: none"> <li>• <b>Stronger links to services that build resilience within the community</b></li> </ul>   | <ul style="list-style-type: none"> <li>• <b>Complete</b></li> </ul>   |
| <b>1.10</b> | Local implementation of the Association of Ambulance Chief Executive national S136 guideline for transportation of people under Section 136 detention to include                   |                   | CPR CCG / Southend CCG /SUFHT/ BUH/East of England Ambulance service | <ul style="list-style-type: none"> <li>• <b>People are conveyed to agreed places of safety in a safe and timely manner.</b></li> <li>• <b>Agreements clearly define expectations and responsibilities of each agency in facilitating transportation of people detained under S136</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Complete</b></li> </ul>   |

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|  | Ambulance Service role within pathway and that all Section 136 requests for ambulance transportation would be categorised as appropriate. |  |  |  |  |
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## 2. Access to support before crisis point

| No.   | Action   | Timescale         | Led By   | Outcomes  | Updates   |
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| <b>Improve access to support via primary care</b> |  |                   |  |   |   |
| <b>2.1</b>  | Establish GP mental health clinical forum to improve GP knowledge of mental health and facilitate improved access and relationships between GPs and Consultant Psychiatrists | <b>June 2015</b>  | <b>Southend CCG / SEPT</b>                           | <ul style="list-style-type: none"> <li>• <b>Bimonthly clinical forum established</b></li> <li>• <b>Published programme of sessions for year to include risk assessment and management</b></li> </ul>  | <ul style="list-style-type: none"> <li>• <b>Forum established and initial meeting held. Next meeting scheduled.</b></li> </ul>                              |
| <b>2.2</b>  | Identify demand for and optimal delivery of information for GPs and other professionals on services and support available for people   | <b>April 2016</b> | <b>CP&amp;R CCG / Southend CCG/ ECC / SBC / SEPT</b> | <ul style="list-style-type: none"> <li>• <b>Identify information that GPs and other need</b></li> <li>• <b>Scope approaches for single point for information / referral</b></li> <li>• <b>Feed-in outputs from crisis survey</b></li> <li>• <b>Include in business case for 24/7</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Need for source of advice support and onward referral identified by crisis pathway review group.</b></li> </ul> |

|   | experiencing a mental health crisis  |                   |  | crisis service   |  |
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| <b>Improve access to and experience of mental health services</b> |  |                   |  |  |  |
| <b>2.3</b>  | <p>Early intervention in psychosis services reduce the suicide risk of young people experiencing a first episode of psychosis from 15% to 1%.</p> <p>Ensure a maximum two week wait for referral to treatment for people with a first episode of psychosis and that treatment is delivered in line with NICE guidance.</p> | <b>April 2016</b> | <b>CPR CCG / Southend CCG / SEPT</b>           | <ul style="list-style-type: none"> <li>• <b>More than 50% of people experiencing a first episode of psychosis treated with a NICE approved care package within 2 weeks of referral</b></li> </ul>  | <ul style="list-style-type: none"> <li>• <b>Initial discussion with EIP service indicates this level of performance is already achieved.</b></li> </ul>  |
| <b>2.4</b>  | Explore opportunities to improve access to supported housing and other accommodation provision   | <b>April 2016</b> | <b>ECC with District Councils / SBC / CCGs</b> | <ul style="list-style-type: none"> <li>• <b>Develop Southend mental health accommodation strategy</b></li> <li>• <b>Include proposal for crisis housing in commissioning intentions</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Work on Southend mental health housing strategy underway. Discussions held with SBC and Richmond Fellowship. 6 crisis housing units identified. Business case to be</b></li> </ul> |

|   |   |                 |  |   | developed and need for CRHT gatekeeping flagged in commissioning intentions.                            |
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| <b>3. Urgent and emergency access to crisis care</b>          |   |                 |  |   |   |
| No.   | Action  | Timescale       | Led By   | Outcomes  | Updates   |
| <b>Improve NHS emergency response to mental health crisis</b> |   |                 |  |   |   |
| <b>3.1</b>  | Identify possible mechanisms and services for appropriate follow up for people referred to the street triage project, particularly those who need to be assessed with respect to possible substance misuse / alcohol problems | <b>Dec 2015</b> | <b>SEPT / CP &amp; R CCG / Southend CCG / Police</b> | <ul style="list-style-type: none"> <li><b>Incorporate analysis of onward referral to SEPT services in evaluation</b></li> </ul> | <ul style="list-style-type: none"> <li></li> </ul>  |
| <b>3.2</b>  | Establish stronger mechanisms for links between MH services and paramedics and appropriate training   | <b>Nov 2015</b> | <b>EEAST/SEPT</b>                                    | <ul style="list-style-type: none"> <li><b>Possible reductions in use of Section 135 and 136</b></li> <li></li> </ul>            | <ul style="list-style-type: none"> <li><b>Gaynor Abbott-Simpson to contact Lisa Faultley</b></li> </ul> |
| <b>3.3</b>  | Identify any specific needs carer needs   | <b>Feb 2016</b> | <b>SBC / CCGs</b>                                    | <ul style="list-style-type: none"> <li><b>Output from crisis experience work</b></li> </ul>                                     | <ul style="list-style-type: none"> <li><b>Crisis survey prepared, Survey</b></li> </ul>                 |



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|  | with respect to mental health crisis.   |                  |  | <ul style="list-style-type: none"> <li>Improved support to carers my prevent crisis</li> </ul>  | to take place in November.  |
| <b>Social services' contribution to mental health crisis services</b>  |   |                  |  |   |   |
| <b>3.4</b>   | Provide training on housing for A&E staff   | <b>June 2015</b> | <b>SBC / SUHFT</b>                                 | <ul style="list-style-type: none"> <li>Training completed. Staff can provide appropriate advice.</li> </ul>   | <ul style="list-style-type: none"> <li>Initial discussions held. Check progress with James Currell</li> </ul> |
| <b>Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983</b> |   |                  |  |   |   |
| <b>3.5</b>   | Undertake evaluation of street triage pilot. Develop service specification based on this and confirm arrangements for continuation of service.                              | <b>June 2015</b> | <b>CP&amp; R CCG / SEPT /Police / Southend CCG</b> | <ul style="list-style-type: none"> <li>Evaluation of outcomes of pilot project across agencies</li> <li>Service spec and KPIs agreed</li> <li>Confirmation of arrangements for continuation of the service</li> </ul> | <ul style="list-style-type: none"> <li></li> </ul>  |
| <b>3.6</b>   | Review information on use and avoidance of S.135 and S.136. Identify themes and any training and / or changes to existing provision that would improve quality of response. | <b>Dec 2015</b>  | <b>SEPT / Police / CP&amp;R CCG / Southend CCG</b> | <ul style="list-style-type: none"> <li>Await evaluation of street triage project to identify themes etc.</li> <li>Liaise with police with respect to mental health training needs.</li> </ul>                         | <ul style="list-style-type: none"> <li></li> </ul>  |
| <b>3.7</b>   | Identify level of use of S.136 suite by young people and  | <b>Nov 2015</b>  | <b>Police / CCGs / SBC / ECC</b>                   | <ul style="list-style-type: none"> <li>Include in discussion on CAMHS transition arrangements.</li> </ul>   | <ul style="list-style-type: none"> <li></li> </ul>  |

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|   | review policy and procedures to ensure that when this is necessary length of stay is reduced to an absolute minimum   |                   |  |  |   |
| <b>3.8</b>  | Identify mechanisms for acquiring feedback from service users and carers on their experiences following crisis episodes, including appropriateness of existing arrangements for patient engagement in this context. | <b>Feb 2016</b>   | <b>SEPT / Police / CP&amp;R CCG / Southend CCG / ECC / SBC</b> | <ul style="list-style-type: none"> <li>• <b>Plan for gaining feedback form patients and carers agreed.</b></li> <li>• <b>Crisis survey undertaken</b></li> <li>• <b>Incorporate in police evaluation of street triage</b></li> <li>• <b>Consider scope to include in NHS and social care annual surveys</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Crisis experience task and finish group established. Survey material designed. Survey to take place November.</b></li> </ul>  |
| <b>Improved information and advice available to front line staff to enable better response to individuals</b> |   |                   |  |  |   |
| <b>3.9</b>  | Explore options for development of helpline and advice facilities and make recommendations for service provision.   | <b>April 2016</b> | <b>CCGs / SEPT</b>   | <ul style="list-style-type: none"> <li>• <b>Better access to appropriate help/advice 24/7</b></li> <li>• <b>Routine reports on number and nature of calls to helpline</b></li> </ul>   | <ul style="list-style-type: none"> <li>• <b>Need for better access to advise and support identified by crisis pathway review group. Need to include this in revised crisis service identified in</b></li> </ul> |

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|   |  |                       |  |   | commissioning intentions.  |
| <b>3.10</b>   | Scope issues and develop proposals for information sharing protocol and options for delivery, particularly with respect to work with people who frequently attend A&E. | <b>October 2015</b>   | <b>Police/<br/>SEPT/ SUHFT<br/>/ SBC / ECC /<br/>EEAST</b> | <ul style="list-style-type: none"> <li>• <b>Summary of issues across agencies with respect to information sharing</b></li> <li>• <b>Option appraisal and recommendation on information sharing</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Information sharing protocol developed for parity of esteem in crisis (frequent attenders) work stream</b></li> <li>• <b>Complete</b></li> </ul> |
| <b>3.11</b>   | Identify training needs and develop proposals for training staff in A&E and paediatric wards on young people's mental health   | <b>July 2015</b>      | <b>SUHFT /<br/>SEPT</b>                                    | <ul style="list-style-type: none"> <li>• <b>Training needs identified</b></li> <li>• <b>Training developed</b></li> </ul>   | <ul style="list-style-type: none"> <li>•</li> </ul>  |
| <b>Improved services for those with co-existing mental health and substance misuse issues</b> |  |                       |  |   |  |
| <b>3.12</b>   | Ensure appropriate identification and treatment and follow-up of people with alcohol problems who attend hospital  | <b>September 2015</b> | <b>SUHFT /<br/>SBC/ ECC</b>                                | <ul style="list-style-type: none"> <li>• <b>Routine reports on the numbers of people attending A&amp;E / admitted, numbers followed up and outcomes.</b></li> </ul>   | <ul style="list-style-type: none"> <li>• <b>Service provided by Synergy</b></li> <li>• <b>Complete</b></li> </ul>  |

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|             | following an episode of self-harm in line with NICE guidance.   |                 |  |  |   |
| <b>3.13</b> | Scope the need for a safe place for the containment and assessment of people who are too intoxicated to be interviewed. | <b>Nov 2015</b> | <b>SEPT / Police / SUHFT / CP&amp;R CCG / Southend CCG</b> | <ul style="list-style-type: none"> <li>• <b>Reduction in appropriate use of A&amp;E and S.136 suite</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Proposal for sobering centre pilot to run from Nov 2015 over the Christmas period.</b></li> </ul> |

| <b>4. Quality of treatment and care when in crisis</b>  |   |                      |                      |   |  |
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| <b>No.</b>  | <b>Action</b>   | <b>Timescale</b>     | <b>Led By</b>        | <b>Outcomes</b>   | <b>Updates</b>   |
| <b>Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring</b> |   |                      |                      |   |  |
| <b>4.1</b>  | Identify any local instances where young people have been held in police cells and the changes to mobilisation required to avoid this | <b>July 2015</b>     | <b>Police / SEPT</b> | <ul style="list-style-type: none"> <li>• <b>Identification of key issues and proposals to ensure holding in cells avoided.</b></li> </ul>           | <ul style="list-style-type: none"> <li>•</li> </ul>  |
| <b>Service User/Patient safety and safeguarding</b>   |   |                      |                      |   |  |
| <b>4.2</b>  | Meet with British Transport Police and other agencies as relevant to identify any areas where suicide risks could be                  | <b>December 2015</b> | <b>SEPT</b>          | <ul style="list-style-type: none"> <li>• <b>Reduce risks to people who may harm themselves and increased staff knowledge / awareness</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Work on suicide and risk factors to be included in Southend public health mental health needs</b></li> </ul> |

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|                              | reduced  |                      |                                    |  | assessment.   |
| <b>Primary care response</b> |  |                      |                                    |  |   |
| <b>4.3</b>                   | Hold dedicated training session on risk assessment suicide awareness and skills for GPs                                  | <b>December 2015</b> | <b>Southend CCG</b>                | <ul style="list-style-type: none"> <li>• Training session held</li> <li>• Feedback favourable</li> <li>• Improve GPs knowledge of mental health risk assessment and suicide</li> </ul> | <ul style="list-style-type: none"> <li>• Session on risk assessment with Dr Karale scheduled</li> </ul>                         |
| <b>4.4</b>                   | Identify GPs training needs with respect to the management of young people in crisis and knowledge of services available | <b>December 2015</b> | <b>CP&amp;R CCG / Southend CCG</b> | <ul style="list-style-type: none"> <li>• Training needs identified.</li> <li>• Training proposal developed</li> </ul>  | <ul style="list-style-type: none"> <li>• NELFT arranging awareness sessions tied to launch of new CYPEWS in November</li> </ul> |

| No.  | Action  | Timescale           | Led By   | Outcomes   | Updates  |
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| <b>Joint planning for prevention of crises</b> |   |                     |  |  |  |
| <b>5.1</b>                                     | Ensure ongoing appropriate third sector provider involvement in development and delivery of the action plan | <b>Oct 2015</b>     | <b>CP&amp;R CCG / ECC / Southend CCG / SBC</b> | <ul style="list-style-type: none"> <li>• Third sector organisations fully aware and involved</li> </ul>  | <ul style="list-style-type: none"> <li>• Third sector organisations attend crisis care action plan review group.</li> </ul>  |
| <b>5.4</b>                                     | Audit current use of and response to crisis plans.  | <b>January 2015</b> | <b>SEPT</b>                                    | <ul style="list-style-type: none"> <li>• Audit completed and information available on numbers and quality of crisis plans, and the extent to which they have been followed.</li> </ul> | <ul style="list-style-type: none"> <li>• Audit and action plan to come to Mental health and crisis care sub-group</li> </ul> |

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| 5.5 | Make any refinements to policy and procedures on crisis plans and promote the use of crisis plans for all patient groups (including young people) | Dec 2015 | SEPT | <ul style="list-style-type: none"> <li>• Patients have crisis plans that are routinely updated and are followed when crises occur</li> <li>• Use of crisis plans understood by staff across all patient groups</li> <li>• System for monitoring use of crisis plans in place</li> </ul> | <ul style="list-style-type: none"> <li>• Audit and action plan to come to Mental health and crisis care sub-group</li> </ul> |
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