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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** |
| 1.1 | Progress Integration of the NTW and South Tyneside Council Mental Health Teams**Update Action August 2015**Planning to have an Approved Mental Health Practitioner (AMHP) based at the NHS Trust mental health hospital site | March/April 2015 – Achieved December 2015 | NTW and STC leadsNTW and STC Leads | 1. Supports the National Integration agenda
2. Supports the development of a single point of access into services
3. Service users will benefit from more fully coordinated support plans across health and social care
4. Enhanced sharing of information between agencies
5. Single management structure
6. Shared documentation and access to computer records
7. Shared training programmes

 1. Supports the National Integration agenda | Plans are now in place to collocate NHS Trust and Council mental health teams in a central location.  |
| 1.2 | Develop Multi Agency training to be delivered within a variety of forums**Update Action August 2015**Training is to be extended to GP practices via the GP education forum. Review the effectiveness of the training to further develop future options  | Ongoingongoing | NTW, STC, Northumbria Police/British Transport Police leads.NTW, STC, Northumbria Police/British Transport Police leads. | 1. Increased awareness of mental health issues across a wide range of organisations, to include statutory and non-statutory, voluntary and charitable organisations
2. Enhanced partnerships and relationships across services that provide mental health support to those at risk of crisis
3. Improve understanding of each other’s roles and remits in relation to working in mental health

 1. Review will enable us to tailor training to specific groups based on feedback from course attendees. | Multi Agency training has now been delivered within a variety of forums. Mental health training has been delivered to the police and was well received. |
| 1.3 | Further development of the Initial Response ServiceCRHT Universal Crisis TeamDementia Hub | 2015 | South Tyneside CCG/NTW | 1. Initial Response Team in the South of Tyne receives all urgent requests for mental health services, and has improved access to signposting to appropriate agencies including the Crisis Team
2. Significant investment in urgent care services
3. Reduction in response times for service users – target of two hours
4. Delivered from multiple locations for ease of access
5. Enhanced links with existing 111/999 emergency response services
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| 1.4 | Review current arrangements for provision of Approved Mental Health Practitioners, and support more people through approved mental health training programmes**Update Action August 2015**Support the regional review of current arrangements for provision of Approved Mental Health Practitioners, and support more people through approved mental health training programmes | September 2015Jan 2016 | South Tyneside Council and Northumbria UniversitySouth Tyneside Council and Northumbria University | 1. Increased number and availability of AMHPs
2. Increased number of people with specialist awareness of mental health crisis within non mental health community teams
3. Reduction in the length of time those in crisis wait for an assessment under the Mental Health Act
4. Increased number and availability of AMHPs
5. Increased number of people with specialist awareness of mental health crisis within non mental health community teams
6. Reduction in the length of time those in crisis wait for an assessment under the Mental Health Act
 | This is a regional issues and it has been agreed that this will be explored through a regional approach. At present practitioners in post accessing the mental health training programme.  |
| 1.5 | Co-ordination of Northumbria/British Transport Police ensuring engagement around project or service developments that support the prevention of mental health crisis | Ongoing | NTW – Clinical Police Liaison LeadNorthumbria Police | 1. Greater understanding and awareness of roles across police forces
2. Enhanced opportunities for forces to work collaboratively
3. Creates opportunities for cross agency training
4. Improvement in responsiveness to service users when presenting with mental health crisis
5. Enhanced use of resources across the organisations
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| 1.6 | Development of targeted work into BME/Learning Disabilities/Dementia/Children and Young People’s Services to raise awareness of the Concordat within the strategic groups that represent these communities | Ongoing | STC Public Health | 1. Increased awareness across a wide range of communities
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| 1.7 | Development of an online mental health services directory to include sections on guidance, processes, algorithms and procedures for use by supporting agencies**Updated October 2015** Develop a roll out programme around the implementation of the online mental health Service Directory. | 2015Jan 2016 | All partner agencies | 1. Enhanced awareness across a wide range of organisations supporting mental health of each agencies roles, processes and responsibilities
2. Staff can quickly identify the most appropriate support services and sign post services users
3. Enhances cross agency working relationships
4. Identified lead within each partner agency to update directory

 1.Enhanced awareness across a wide range of organisations supporting mental health of each agencies roles, processes and responsibilities 2.Staff can quickly identify the most appropriate support services and sign post services users 3.Enhances cross agency working relationships 4.Identified lead within each partner agency to update directory | A draft version of an online mental health services directory has been completed. It includes sections on practical guidance, processes, algorithms and procedures for use by supporting agencies |
| 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** |
| 2.1 | Pilot Street Triage Programme across the South of Tyne for six monthsRoll out the Street Triage Programme | September 2014 – March 2015 | NTW & Northumbria Police North East Ambulance Service | 1. Timely response to those who have been identified as experiencing a mental health condition within their home or within the community
2. Enhanced cross agency working (Health/Social Care and Police) and improved use of resources
3. Reduce the need for people being transported within police vehicles, unless in exceptional high risk circumstances.
4. Opportunities to refer onto other support services for those identified as not being in MH Crisis – e.g. public health programmes.
5. Eliminate the number of Section 136 detentions where alternative appropriate pathways are available.
 | Street Triage Programme covering the South of Tyne area has been very successful. It has achieved a 90% reduction in 136 detentions across the Force. Police officers have now been appointed to substantive posts to support the service moving forward |
| 2.1.1 | Secure resources to commission Street Triage Service post pilot phase and successful evaluation | April 2015 | NTW & Northumbria Police South Tyneside CCG | 1. As above (2.1)
2. Maintains consistency with other local CCG areas where the service has been fully commissioned
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| 2.1.2 | Eliminate the use of police custody for S136 MHA arrests | March 2015 | Northumbria Police & British Transport Police  | 1. Police Custody can only be used with the authority of the Duty Inspector, and only in exceptional circumstances.
 |  |
| 2.1.3 | Reduce by 33% the number of people who are detained by the police under S136 of the MHA | March 2015 | Northumbria Police, & Durham Police  | 1. Street Triage Pilot in South and education and awareness of alternative pathways should ensure this target is reached.
2. Street Triage team to collate information and provide monthly reports on the South of Tyne activity relating to Section 136 detentions.
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| 2.1.4 | Approved Mental Health Professionals and section 12 (2) Approved Doctor should commence the assessment within three hours in all cases where there are no clinical grounds to delay assessment | March 2015 | Local AuthorityNTW | 1. This information will be collated by Local Authority AMHT/OOH and NTW Crisis Team
2. Information to be fed back into Police & partners Liaison Groups on the timescale and any delays and reason for this.
3. Information can be reviewed within each locality
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| 2.2 | Evaluation of Street Triage pilot programme | March 2015 | Northumbria Police/NTWNorthumbria University | 1. An independent evaluation by Northumbria University will provide useful data to aid in decision making regarding continuation of the service post March 2015, to include patient feedback on the service
 | There has now been an evaluation of the street triage pilot programme and the report is awaiting. |
| 2.3 | Review current transport arrangements for conveyancing to/from 136 suite and commissioning of dedicated transportation system | December 2014/January 2015 | South Tyneside CCG/LA commissioning | 1. Reduction in waiting times for individuals who require conveyance to and from 136 Suite
2. Reduction in the length of time individuals will spend within 136 suite
3. Removes reliance of use of mainstream ambulance services
4. Reduces current resource pressures on police and AMHPs
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| 2.4 | Opening of Hopewood Park Hospital | November 2014 | NTW | 1. New modern facility including base for Street Triage Service, 136 Suite and inpatient facilities ensures that those in crisis have access to purpose built, clean modern facilities
 | Hopewood park hospital is now opened including the street triage service |
| 2.5 | Pilot Acute Liaison Service | 2014/15 | CCG/NTW/STFT | 1. Mental Health Specialist staff are available within acute hospital setting to provide link between physical and mental health needs
2. Acute hospital staff better informed regarding impact of mental health conditions on physical health needs
3. Specialist mental health staff on site to provide timely information and guidance to acute staff where there are concerns around a mental health condition
4. Enhanced levels of service to individuals
5. Greater coordination between services
6. Opportunities for the development of joint training
7. Establish parity across physical and mental health
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| 2.6 | Review and development of CAMHS Services to inform future commissioning intentions via Strategic Partnership working | 2014/2015 | South Tyneside CCG/LA/NTW | 1. Enhanced partnership working between agencies that support children and adolescents with mental health needs
2. Provides focus on access, assessment, treatment and discharge and workforce development
3. Enhanced level of services to support children/adolescents
4. Enhanced transitions between child and adult services
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| 2.7 | Review current arrangements for the provision of Out of Hours (OOH) services across the South of Tyne | March 2015 | South of Tyne Local Authorities | 1. Improved use of limited staff and financial resources
2. Increased access to AMHPs out of hours
3. Enhanced joint working arrangement across local authority areas
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| 2.8 | Integrated working protocols across substance misuse/CAMHS/Criminal Justice Teams and Learning Disabilities | 2015 | NTWPoliceCCGSTC | 1. Enhanced communication and interagency working
2. Least restrictive, most local and effective response to crisis interventions
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| **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** |  |
| 3.1 | Increase awareness of, and access to interpreting services 24/7 | 2015 | NTW & Local Authority | 1. 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 requirements
 |  |
| 3.2 | Strengthened bed management systems within NTW | September 2015 | NTW | 1. Reduces unnecessary delays for those requiring a hospital admission
2. Reduces the need to place individuals out of area
3. Increases the availability of crisis beds
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| 3.3 | 136 Suite to be staffed (to receive service users when required) by appropriate mental health staff | November2014 | NTW | 1. Appropriate and timely support to individuals in crisis who require detention within a place of safety
2. Improved use of police resources
3. Improved coordination of the 136 pathway
4. Implementation of the CQC safer place to be standards and recommendations
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| 3.4 | Development of information sharing protocols across agencies | Ongoing | All Concordat Signatories | 1. Improved understanding of when it is appropriate to share information on individuals across support agencies to prevent mental health crisis
2. Ensures that Concordat actions can be achieved by collaborative working within legal frameworks
3. Reduces need for individuals to be subject to multiple assessments
4. Mental health professionals have access to timely and relevant information to aid in support planning
5. Enhanced outcomes for service users and prevent crisis where possible by information sharing.
6. Shared Care Plans/Relapse Plans/Recovery Plans/Harm reduction Plans instead of agencies working in silo’s to manage risk.
7. Collaborative working to keep people well and the early identification of relapse and intervention.
8. Single point of contact into support services for individuals who require additional support to prevent crisis/relapse
9. Timely response for individuals by services that have the necessary information
10. Data and intelligence sharing across agencies to inform future planning
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| 3.5 | Development of a ‘No Exclusion’ Policy around intoxication | March 2015 | NTW, Acute Trust & Local Authority | 1. Individuals are not excluded from assessment due to intoxication through either drugs or alcohol, screening assessment should take place of the intoxicated person. This will enable a decision to be made if full assessment appropriate at this current time.
2. Elimination of routine use of breathalysers should never be used where there is no legal right, and never used to exclude assessment
3. Assessments for services completed on an individual, case by case basis with all presenting factors considered
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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 to date** |
| 4.1 | Agreement of governance arrangements for the delivery and monitoring of the Concordat Action Plan | March 2015 | CCG in partnership with concordat signatories | 1. Ensures robust governance arrangements to deliver the Concordat Acton Plan with accountability and regular progress reporting at senior level within respective organisations
2. Streamlining of current Mental Health partnership arrangements
3. Enhanced understanding of mental health issues across a wide range of organisations
4. Mapping exercise to take place to look at meetings structures and governance in locality and region.
 | There is now a quarterly meeting with all partners to monitor the Action plan which is feedback to the Joint Commissioning Meeting. |
| 4.1.1 | Concordat delivery to be regularly reported via local Health and Wellbeing Board | Ongoing reports from March 2015 | South Tyneside Council and South Tyneside CCG | 1. HWB receives regular reports on progress in achieving actions within the Concordat Plan
 |  |
| 4.1.2 | Agree the data sets to capture information relating to Section 136 of the MHA and Street Triage | March 2015 | Northumbria Police/British Transport Police & NTW | 1. Data Sets should set locally and achieve at least the national minimum standards data set for Street Triage.
2. All agencies data collection must improve as per the CQC Safer Place to be standards as around Section 136, needs to be collated by Crisis Teams (NTW).
 |  |
| 4.1.3 | Formalise the debrief/learning lessons process for issues of concern  |  | NTW, Local Authority & Police Forces.  | 1. Agree a multi-agency involvement and what the formalise de-brief or review process will be, following incidents.
2. This includes in and out of hours processes.
3. To ensure all agencies understand each other’s organisational structures for raising concerns.
 |  |
| 4.1.4 | Understand and agreed escalation process in all organisations where more significant concerns arise |  | NTW, Local Authority & Police Forces. | 1. Reports where required to be fed into the Police and partner Liaison Groups
2. Agree a multi-agency structure and contacts to provide a process of escalation of concerns/incidents from one agency to another
 |  |
| 4.2 | Development of voluntary sector at local level to provide peer and carer support services and availability of Safe Havens within each locality | 2015 |  | 1. Enhanced community support will improve service user and carer experience
2. Reduction in the use of in-patient facilities in both mental health and acute hospitals
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| 4.3 | Targeted awareness raising with known high risk groups for suicide | 2015 | LA Public Health Suicide Prevention Strategy Group | 1. To reduce the number of suicides and attempted suicide across South Tyneside.
2. Ensure this includes work with Police Forces – Northumbria Police/British Transport Police & Durham Police.
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| 4.4 | Standards set for the use of care plans and contingency planning |  |  | 1. Service users jointly produce contingency plans in case of relapse or crisis
2. Advanced Directives
3. 100% of individuals under the care of NTW Crisis Teams will have a Crisis or Relapse Prevention Contingency Plan
 |  |
| 4.5 | Liaison and diversion services refer individuals with co-existing mental health and substance misuse issues to services that can address their needs |  | NTWCCG/STC/STFT | 1. Initial point of contact with mental health support services ensures that a holistic plan is put into place with referral to appropriate non mental health agencies, for example housing, drugs and alcohol
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| 1. **Commissioning to allow earlier intervention and responsive crisis services**
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| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Progress** |
| **Matching local need with a suitable range of services** |  |
| 1.1 | NEAS to be involved in a multi-agency approach to commissioning for mental health and support the Joint Strategic Needs Assessment (JSNA) via the Health and wellbeing boards. | **On-going** | CCG’s | This will support effective commissioning in respect of all relevant organisation having the services and resources in place to effectively respond to patients in mental health crisis  |  |
| 1.1 | To work alongside commissioners to enable the provision of 24/7 advice from mental health professionals either to or within the clinical support infrastructure within the Ambulance service contact centre to assist the initial assessment of mental health patients and help ensure a timely and appropriate response. This service is not in place and should be explored with commissioners.Work with health care partners and commissioners to identify the requirements of providing that 24/7 support. Explore the option with commissioners for support for a 1.0 WTE mental health lead for NEAS who can lead on the above work as well as supporting all other action points. | **July 2015** | CCG’s | Will provide real time advice and support for ambulance crews dealing with patients in mental health crisis in order to identify the most appropriate place of care and managementWill allow the development of robust pathways of care for patients in crisis who interact with the ambulance service. |  |
| **Improving mental health crisis services** |  |
| 1.41.51.6 | Enhanced access to advice and support, particularly out of hours, is required to support ambulance services when treating patients with mental health problems.Enhancing access to mental health services for ambulance crews to refer patients who are in first time crisis.Ambulance services having access to alcohol and substance misuse services for urgent referrals and knowledge of how to engage these appropriately.Work with partners across; primary care, out of hours, Mental Health Trusts, Police and 3rd Sector to support people in crisis. | **September 2015** | Mental Health Trusts and Crisis teamsAlcohol and substance misuse servicesLAT’s, CCG’s and LMC’s | A reduction in patients being transported to an emergency department. A reduction of time that ambulance crews time on scene and the need to call on police support when no appropriate pathways of care are in place for mental health patientsA reduction in ED attendances for patients with chronic drug and alcohol problemsEnhanced out of hour’s provision for mental health patient is required to support ambulance services. |  |
|  **Ensuring the right numbers of high quality staff** |  |
| 1.9 | Work with partners to ensure ambulance clinicians are trained in mental health to meet service needs. | **To be completed by March 2016** |  | Deliver appropriate mental health training to all NEAS ambulance clinicians (approx.1000) to improve understanding of patient undergoing mental health crisis. Link with local mental health partners to support delivery |  |
|  **Improved partnership working in X locality** |  |
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|  **2. Access to support before crisis point** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **RAG** |
|  **Improve access to support via primary care** |  |
| 2.1 | Work with partners to establish a timely and consistent response by primary care and out of hours GP | **On-going** | Operations directorate NEASOOH ProvidersCCG’s | Agreed response time from primary care and out of hours GP provision for patients in crisis |  |
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|  **Improve access to and experience of mental health services** |  |
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| **3. Urgent and emergency access to crisis care** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **RAG** |
| **Improve NHS emergency response to mental health crisis** |  |
| 3.13.23.4 | As 111 and 999 provider NEAS would benefit from being part of this review | **On-going** | NHS EnglandAACENASMED | As 111 and 999 provider NEAS would benefit from being part of this review |  |
| **Social services’ contribution to mental health crisis services** |  |
| 3.6  | NEAS to support the development of the JSNA to support the enhancement of AHMP services in the out of hours setting | **On-going** | ADASS (with LGA and college of social work | NEAS to have access to more efficient our of hours AHMP service |  |
| **Improved quality of response when people are detained under Section 135 and 136****of the Mental Health Act 1983** |  |
| 3.11a | The NHS ambulanceservices in England will introduce a single national protocol for the transportation of S136 patients, which provides agreed target response times and a standard specificationfor use by clinicalCommissioning groups. | **In progress** | NEAS Mental Health leadAACE (national) | There is an agreed national response time target of 30 minutes for section 136.NEAS have been involved in the development of the 135/136 protocol with NTW and TEWV. |  |
| 3.11b | NEAS to work with partners and commissioners to monitor and improve the response to patients in crisis. | **July 2015** |  | NEAS have implemented the 30 minutes response for patients detained under section 136. However meeting that response will be dependent on the demand for the service at that time and the need to respond to higher priority emergency calls.Discussion is on-going regarding a dedicated vehicle to transport 135/136 patient out of winter pressures funding. However this is a service that needs to be specifically commissioned separate from the core A&E contract if timescales are to be realised |  |
|  **Improved information and advice available to front line staff to enable better response to individuals** |  |
| 3.15 | Development of a web based portal which is region wide and has interoperability in order to share information across agencies such as mental health, police and social care. | **April 2016** | HSCICMH strategic network | This will enable to sharing of information and care plans to enhance management and experience of mental health patients |  |
| **Improved training and guidance for police officers** |  |
| 3.16 | This could be extended to Ambulance staff | **Completed by April 2016** | Acute Mental Health Trusts | Improved assessment and experience of patients who are responded to by the 999 or 111 service |   |
| **Improved services for those with co-existing mental health and substance misuse issues** |  |
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| **4. Quality of treatment and care when in crisis** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **RAG** |
| **Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring** |  |
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|  **Service User/Patient safety and safeguarding** |  |
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|  **Staff safety**  |  |
|  | NEAS staff to undergo annual conflict resolution training | **To be completed by April 2016** |  | Staff will be provided with the skills to resolve conflict therefore enhancing their safety when dealing with mental health patients |  |
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|  **Primary care response** |  |
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| **5. Recovery and staying well / preventing future crisis** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **RAG** |
|  **Joint planning for prevention of crises** |  |
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