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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** |
| 1.1**Priority****5** | Progress Sunderland 5 locality Integration model to include mental health (all ages) | 2015/16 | NTW and Partners | 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
 |
| **ACTION** | **Above set to priority 5** –  |  |  | **The 5 locality integrated teams is led by STFT Kerry Mc Quade, Vanguard PMO lead** **All mental health services will work into these teams where necessary with greater involvement through the older person’s mental health team.****Adult mental health and social work team teams are currently working to co-locate with 1 team in place and the other 2 co-locating once appropriate premises have been secured.** |
| 1.2**Priority 3** | Develop Multi Agency training to be delivered within a variety of forums  | 2015/16 | NTW, SCC, STFT, 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 and mental health crisis
 |
| **ACTION** | **Above set to priority 3** -  |  |  | **Training template in place. : Training event has taken place and will continue. All providers are welcome to attend where appropriate.** |
| 1.3**Priority****1** | Review current arrangements for provision of Approved Mental Health Practitioners, and support more people through approved mental health training programmes | 2015/16 | SCC 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
 |
| **ACTION** | **Above set to priority 1** – |  |  | **Ongoing training with AMHPS, cost to LA if NTW to take forward. Social care training available at a cost. NTW perspective up-date required from CA and TQ.** |
| 1.4**Priority****5** | Co-ordination of Northumbria/British Transport Police ensuring engagement around project or service developments that support the prevention of mental health crisis | 2015/16 | 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
 |
| **ACTION** | **Above set to priority 5** –  |  |  | **Police Resource Booklet has been produced to share still awaiting police agreement – deadline for sign off end of this year. Copy to be sent to SD Admin to distribute to the group.**  |
| 1.5**Priority****1** | 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 | SCC Public Health | 1. Increased awareness across a wide range of communities
 |
| **ACTION** | **Above set to priority 1** – |  | (Speak with Gillian Gibson) Public Health Director | **Ongoing links in place with all providers/ deferred.** |
| 1.6**Priority****5** | Development of an online mental health services guidance, on processes, algorithms and procedures for use by supporting agencies | 2015 | 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
 |
| **ACTION** | **Above set to priority 5** -  |  |  | **CA Leading on this – MH Directory of Guidance needs agreement from agencies before signing off.****ACTION: SD/Admin to send out email link again as Claire has rec’d no feedback re: Multi-Agency Guidance Document – urgent priority.** |
| 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** |
| 2.1**Priority****5** | Eliminate the use of police custody for S136 MHA arrests | 2015/16 | Northumbria Police & British Transport Police  | 1. Police Custody can only be used with the authority of the Duty Inspector, and only in exceptional circumstances.
 |
| **ACTION** | **Above set to priority 5 -** |  |  | **Steve Baker – MH Lead for Northumbria Police gave an update on the custody number of S136s for Sunderland (0) this year and street triage evaluation has been submitted to a medical journal and waiting publication.** |
| 2.1.2**Priority****5** | Sustained reduction of the number of people who are detained by the police under S136 of the MHA | 2015/16 | Northumbria 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.
 |
| **ACTION** | **Above set to priority 5** –  |  |  | **Update – Steve Baker gave an overview of the S136s numbers for 2014/15 – numbers listed within the notes taken at the meeting.** |
| 2.1.3**Priority****1** | 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 | 2015/16 | SCC/NTW | 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
 |
| **ACTION** | **Above set to priority 1 -** |  |  | **Ongoing – meetings being held to discuss the shortage around section 12 doctors. TQ gave an update as NTW using other resources - bank staff etc, recruitment drive to take place in January 2016 to appoint 3 band 6 posts.**  |
| 2.2**Priority****5** | Evaluation of Street Triage pilot programme | 2015/16 | 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 2016, to include patient feedback on the service
 |
| **ACTION** | **Above set to priority 5 -** |  |  | **Draft document available/final document should be ready by end of the month, positive vibe so far.****ACTION: Once rec’d by SM/Admin to be shared to the group via email.** |
| 2.3**Priority****1** | Review current transport arrangements for conveyancing to/from 136 suite and commissioning of dedicated transportation system | 2015/16 | SCCG/SCC  | 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
 |
| **ACTION** | **Above set to priority 1 -** |  |  | **Meeting taking place with Police & Ambulance Service around transport for S136s and staff training.****ACTION: MT to take forward and speak with Steve Cull regarding AMHPs.** |
| 2.5**Priority****5** | Evaluation of RAID Acute Liaison Service | 2014/15 | CCG/NTW/Newcastle UNI | 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
 |
| **ACTION** | **Above set to priority 5 -** |  |  | **RAID ongoing – issues to be resolved. TQ on board - evaluation extended and should be concluded by February/March 2016.** |
| 2.6**Priority****2** | Review and development of CAMHS Services to inform future commissioning intentions via Strategic Partnership working | 2015/16 | SCCG/SCC/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
 |
| **ACTION** | **Above set to priority 2 –**  |  |  | **Ongoing discussion – Bids have been submitted – Eating Disorder Bid and Liaison Bid. 2 training days have been organised for Dec 15/Feb 16 – 10 schools in the pilot scheme. Training to be delivered by the Anna Freud Centre. Await outcome from NHS England.** |
| 2.7**Priority****3** | Review current arrangements for the provision of Out of Hours (OOH) services across the South of Tyne | 2015/16 | 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
 |
| **ACTION** | **Above set to priority 3** –  |  |  | **Ongoing.** |
| 2.8**Priority****2** | Integrated working protocols across substance misuse/CAMHS/Criminal Justice, Liaison Teams and Learning Disabilities | 2015 | NTWPoliceCCGSCCYOS | 1. Enhanced communication and interagency working
2. Least restrictive, most local and effective response to crisis interventions
 |
| **ACTION** | **Above set to priority 2 –**  |  |  | **CA is leading on this – information sharing. TQ to Liaise with CA.**  |
| **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**Priority****3** | Increase awareness of, and access to interpreting services 24/7 | 2015/16 | NTW & SCC | 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
 |
| **ACTION** | **Above set to priority 3** – |  |  | **Ongoing – the need for interpreting service is increasing. The group agreed we need to monitor activity & costs as it has transpired that different costs have applied to services.****ACTION: JR to provide a list of costs to share with the group. Send to SD/Admin to distribute to the group via email.** |
| 3.2**Priority****5** | Strengthened bed management systems within NTW | 201516 | 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
 |
| **ACTION** | **Above set to priority 5** –  |  |  | **Ongoing – issues accessing crisis beds and older people’s beds, TQ to pick this up with SC. Thresholds need to be looked at.** |
| ~~3.3~~**~~Priority~~****~~5~~** | ~~136 Suite to be staffed (to receive service users when required) by appropriate mental health staff~~ | ~~2014/16~~ | ~~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~~
 |
| **ACTION** | **Above set to priority 5** –  |  |  | **Due to the positive impact the Street Triage has had on reducing 136 detentions the group’s decision is to take 3.3 out.** |
| 3.4**Priority****1** | 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
 |
| **ACTION** | **Above set to priority 1** –  |  |  | **Clinical Network is leading and partner organisations will feed into these developments.**  |
| 3.5**Priority****5** | Development of a ‘No Exclusion’ Policy around intoxication | 2015/16 | NTW, CHS, STFT & SCC | 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
 |
| **ACTION** | **Above set to priority 5** –  |  |  | **Ongoing work, JR mentioned training event/drug & Alcohol Services for Sunderland. Tender bid out for Sunderland, new provider hasn’t been announced yet.**  |

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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** |
| 4.1**Priority****5** | Agreement of governance arrangements for the delivery and monitoring of the Concordat Action Plan | 2015/16 | 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.
 |
| **ACTION** | **Above set to priority 5**  |  |  | **Governance in place. CA to leading on this.**  |
| 4.1.1**Priority****5** | Concordat delivery to be regularly reported via local Health and Wellbeing Board | Ongoing reports from 2015/16 | SCCG/SCC | 1. HWB receives regular reports on progress in achieving actions within the Concordat Plan
 |
| **ACTION** | **Above set to priority 5**  |  |  | **Ongoing.** |
| 4.1.2**Priority****5** | Continue to evaluate the data sets to capture information relating to Section 136 of the MHA and Street Triage | 2015/16 | 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).
 |
| **ACTION** | **Above set to priority 5** |  |  | **Move to Street Triage.** |
| 4.1.3**Priority****5** | Formalise the debrief/learning lessons process for issues of concern  | 2015/16 | 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.
 |
| **ACTION** | **Above set to priority 5**  |  |  | **CA is leading on this. Multi-Agencies are sharing information and feeding back.** |
| 4.1.4**Priority****3** | Understand and agreed escalation process in all organisations where more significant concerns arise | 2015/16 | 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
 |
| **ACTION** | **Above set to priority 3** |  |  | **Ongoing - reminder for people to email CA with names as none received as yet.** |
| 4.2**Priority****4** | Development of voluntary sector at local level to provide peer and carer support services and availability of Safe Havens within each locality | 2015/16 | SCCG/SCC | 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
 |
| **ACTION** | **Above set to priority 4** |  |  |  **Services in place and ongoing training for front line staff. Good outcomes to raise awareness.** |
| 4.3 **Priority****5** | Targeted awareness raising with known high risk groups for suicide | 2015/16 | A Life worth Living (ALWL) action group | 1. To reduce the number of suicides and attempted suicide across Sunderland.
2. Ensure this includes work with Police Forces – Northumbria Police/British Transport Police & Durham Police.
 |
| **ACTION** | **Above set to priority 5**  |  |  | **Updated report included. Partner providers from across the city attended as well as representatives from the police and Sunderland carers centred**.  |
| 4.4**Priority****5** | Standards set for the use of care plans and contingency planning |  | NTW/SCC/3rd Sector | 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
 |
| **ACTION** | **Above set to priority 5**  |  |  | **Ongoing.** |
| 4.5 **Priority****5** | Liaison and diversion services refer individuals with co-existing mental health and substance misuse issues to services that can address their needs |  | NTWCCG/SCC/STFT/CHS/3rd Sector | 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
 |
| **ACTION** | **Above set to priority 5**  |  |  | **Ongoing – we are receiving data.** |

NEAS are committed to working with partners to develop an effective approach to the Mental Health Crisis Care Concordat (MHCCC). The NEAS-related actions identified in this action plan are likely to be very similar across all localities.  NEAS have recently contributed to a process mapping exercise of S136 transport and mental health call handling at a session held by North Tyneside CCG.  This mapping exercise will hopefully have identified additional issues and actions which may be common across the patch.

 This MHCCC action plan has been developed by NEAS and will provide:

* Suggested actions which NEAS can own which can be incorporated into your locality action plans.
* Suggestions for actions for possible inclusion in your MHCCC action plans which are not primarily owned by NEAS.

**Areas of Concern**

* The concordat recommends that each patient detained under section 136 has a clinical assessment prior to being transported. This would potentially restrict the type of transport that could be used.
* The concordat recommends that NHS staff including ambulance staff should take responsibility for the person as soon as possible thereby allowing the police officer to leave as long as it agreed to be safe. The present delays in handover at safe units would mean significant impact and risk to NEAS by having an emergency ambulance tied up for a number of hours.

RAG RATING: RED Major issues which require decisions/re-planning

 AMBER Proceeding to plan, with significant issues to be addressed and/or risks to be monitored

 GREEN Proceeding to plan within stated tolerances

 **BLACK** Priority rating 1 – 5 (1 highest – 5 lowest)

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| 1. **Commissioning to allow earlier intervention and responsive crisis services**
 |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **RAG** |
| **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** |  |
|  |  |  |  |  |  |
|  **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 |  |
| **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** |  |
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| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **RAG** |

 |  |
| 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 |  |
| **4. Quality of treatment and care when in crisis** |
|  **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 |  |

**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**