

Mental Health Crisis Care Concordat – Action Plan for Wakefield 2016-2017

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Crisis Care Concordat. Since then five more bodies have signed the Concordat, making a total of 27 national signatories.

The Concordat focuses on four main areas, and the commissioning required to support these:

- Access to support before crisis point – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment.
- Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

The local partner agencies, via the Health & Wellbeing Board in Wakefield, signed the local Crisis Care Concordat Declaration to work together in November 2014.

The Mental Health Strategic Programme Group (SPG), managed by NHS Wakefield CCG and chaired by Dr Clive Harries, GP Mental Health Lead, developed the original action plan for 2015-16. The group has representation from all the key partners in the Crisis Care Concordat from across Wakefield. Monitoring of the action plan is carried out on a six monthly basis by the Health & Wellbeing Board, with a report being presented to summarise progress against each area. Good progress was made against the 2015-16 CCC Action Plan and many improvements were made to crisis care in Wakefield as a result.

In order to move the work forward the Mental Health SPG have reviewed the priorities for crisis care for 2016-17 and developed a new action plan to reflect these. The four main areas and the overarching commissioning area of the concordat are being led by task and finish groups with key partner leadership and representation, and being overseen by the Mental Health SPG. The task and finish group members are close to the actions in that area and will manage and monitor their achievement. Reports will continue to be made to the Health and Wellbeing Board on a six monthly basis.

Crisis Care Concordat Action Plan 2016-2017

1. Commissioning to allow earlier intervention and responsive crisis services

No.	Action	Timescale (Deadline)	Lead Partner	Individual Responsible	Outcome
Matching local need with a suitable range of services					
1.1	Develop and formalise a joint all age Mental Health Strategy including Action Plans for Wakefield	By Nov 2016	Wakefield Council / CCG / Public Health	Alix Jeavons	<ul style="list-style-type: none"> • Provides commissioners and provider organisations with a clear mandate for the future commissioning of Mental Health services, including crisis services. • Ensures all partners are signed up to the underpinning principle which is to increase the focus on the wider determinants of mental health and invest more in prevention and early intervention to promote positive mental health and wellbeing.
1.2	Undertake a review of all mental health pathways as part of the transformation programme including EIP and make appropriate recommendations against NICE standards.	By March 2017	Wakefield CCG	Alix Jeavons	<p>It is expected that the following outcomes will be achieved through the transformation of mental health pathways:</p> <ul style="list-style-type: none"> • Barriers to accessing services are reduced and no one falls through the gaps between services • Appropriate services respond based on a patients clinical need both in terms of timeliness and level of intervention required (routine versus urgent)

					<ul style="list-style-type: none"> • Waiting times are reduced • Capacity exists to meet demand • Self-referral into services is promoted wherever possible • Processes and protocols are simple and effective and everyone is aware of them • Roles and responsibilities are clear, everyone is aware of them and duplication is reduced • Care is patient centred and seamless • Care is equitable across all ages • Services meet NICE guidance and are CQC compliant • The role of the third sector is explored and embedded • Access to psychological interventions is improved
1.3	Procurement of a Social Wellbeing Service by Wakefield Local Authority	From Aug 2016 to March 2017	Public Health	Joanne Hinchcliffe	<ul style="list-style-type: none"> • People are aware of the things that affect health and that good health matters • People are knowledgeable about how to improve and maintain health • People have the confidence to apply the knowledge and skills • People act to improve health and wellbeing • People maintain behaviour change • The places where people access services live, work and have their leisure become healthier • People accessing commissioned services

					<p>have improved health and wellbeing</p> <ul style="list-style-type: none"> • People feel less isolated and have more opportunities for social interaction and participation • People stay independent for longer • People experience a consistent approach between agencies
1.4	Develop a Suicide prevention action plan and supporting materials based on the findings of the audit.	By Nov 2016	Public Health	Chris Wathen	<ul style="list-style-type: none"> • Reduction in suicide rates • Increased awareness of support / referral routes and better communication between partners ensuring appropriate early response to meet individual needs
1.5	<p>Ensure there are clear protocols and services in place to respond to children and young people in mental health crisis as part of the Future In Mind Programme, including services which can be supported by NICE guidance.</p> <p>Continue to develop information support for GPs and Primary Care teams to support better knowledge and understanding of the options available.</p>	From April 2016	Wakefield CCG	Ian Holdsworth	<ul style="list-style-type: none"> • Crisis responses meet the needs of children and young people • Ensure services are NICE compliant or identify areas for improvement.
Commissioning to improve mental health crisis services					
1.6	Pilot an offender health and probation pathway for adults with Attention Deficit Hyperactivity		SWYPFT	Marios	<ul style="list-style-type: none"> • Symptom reduction of ADHD • Increased awareness around ADHD and its

	Disorder (ADHD) for the Prolific and Priority Offenders (PPO) in Wakefield. Collaborative Bid to Police innovation Fund December 2014 (decision waiting)			Adamou	<p>association with crime through training of officers who have PPOs on their caseload.</p> <ul style="list-style-type: none"> • Modelling the offender pathway for Adults with ADHD within the probation system. • Earlier identification and resolution of operational challenges of the pathway.
Improved partnership working in Wakefield					
1.7	Work with partners on the West Yorkshire Urgent and Emergency Care Vanguard to develop a regional shared Care Record	Timescales to be agreed	CCG	Richard Main	<ul style="list-style-type: none"> • Service users receive a response appropriate to their needs and in line with any previously expressed wishes or plans • Front line staff are able to access appropriate information to deal with a crisis when it occurs.
1.8	Develop primary and secondary care interface forum via the Mental Health Clinical College	June 2017	Clinical College	Jayne Heley	<ul style="list-style-type: none"> • Improved communication between partners, including health and social care

2. Access to Support before Crisis

No.	Action	Timescale (Deadline)	Lead Partner	Individual Responsible	Outcome
2.1	Implement and evaluate a new community based IAPT model with the role of “Talking Shop” services and community integrated care hubs and how they could support access to information, advice and guidance for low level mental health problems, in relation to adults and young people.	March 2017	Turning Point	Clare Wdowczyk (Clinical Lead IAPT Services)	<ul style="list-style-type: none"> • To increase access, increase community presence and to reduce stigma. Shops will be centrally located and provide a location for step 2 and 3 therapy, workshops, a computer and internet portal, navigation and signposting, instant access assessments, peer support and provide resources and interventions for step 1 care. • Pop up talking shops will also be located across the district. The shops will run 7 days a week, and outside of office hours to increase accessibility. <p>Ongoing evaluation to:</p> <ul style="list-style-type: none"> • Determine if Talking Shop and Connecting Care Hub MH services are reducing inappropriate referrals to crisis care elsewhere. • Monitor suitability criteria for signposting to talking shops/hubs (coordinating IAPT, Navigators, SPA) • Review of Overall activity in Talking shops (check not open door single point of access) • Align working hours where possible with other services
2.2	Increase the offer of online therapies	March 2017	Turning Point	Clare Wdowczyk	<ul style="list-style-type: none"> • Turning Point IAPT is providing online therapy options for a range of step 1 to step

				(Clinical Lead IAPT Services)	<p>3 interventions. The online therapy option can be accessed 24 hours a day, and can be utilised as part of blended care and is linked to therapist who bespoke treatment options and offer feedback. Users have access to the portal for 12 months following discharge to prevent relapse.</p> <ul style="list-style-type: none"> • The portal in the future will allow online referral and self-assessment. • Continue to evaluate Kooth for young people, links between Kooth and IAPT services
2.3	Develop and deliver the local public mental health workplace planning and initiatives	March 2017	Public Health and Spectrum	Duncan Cooper	<ul style="list-style-type: none"> • Workforce wellness champions to be recruited through H and Wellbeing Board sponsored wellness check initiative and to explore roll out of mental health first aid modules through collective offer • Different strands needs bringing together after Workplace health conference in July. • Wellness checks initiative roll out across spearhead sites • Wellness champions network • Coordinate sharing exemplar practice in stress management • Evidence of the potential benefits of providing targeted prevention and early intervention activities within workplaces. • Turning point IAPT increase offer of work place stress workshops for staff of local employers, teachers in schools across the region, specialist nurses, and GP staff as notable examples. The Workplace Stress workshop is also offered routinely as public

					<p>access workshop numerous times and at numerous locations every month.</p> <ul style="list-style-type: none"> • Support the development of a partnership approach incorporating the Workforce Pioneer Programme in Wakefield to build workforce resilience • Connecting Care Workforce deliverable plan including shared induction programme, Taster module on psychological contract, MDT working, understanding the system of care and management of frailty. HR reference group meets quarterly and September meeting to explore collective OD programme • Mental health first aid modules to be explored for system wide roll out following mapping of their current footprint across the system of care
2.4	Implement Primary Care mental health workers into Connecting care hubs	March 2017	SWYPFT	James Waplington	<ul style="list-style-type: none"> • Recruit an embed mental health navigators in connecting care hubs • Improve access into services for hard to reach groups • Improve service user experience of mental health services
2.5	Complete implementation of Mental Health Navigators offer	From June 2016 to May 2017	WDH	Darren Portman	<ul style="list-style-type: none"> • 3 permanent Mental Health Navigators to be secured in roles, supporting WDH residents mental health needs and promoting effective referrals into appropriate mental health services.
2.6	IAPT community team leader to dedicate time to improving access to hard to reach,	March 2017	Turning Point	Clare Wdowczyk –	<ul style="list-style-type: none"> • Increased referral rates for hard to reach groups such as BME, Veterans and perinatal

	seldom heard of groups and explore and create alternative routes of access to MH services			Turning Point IAPT	mental health
2.7	Pilot an early intervention assessment tool in priority areas of the district as part of WYFRS Home Fire Safety Check delivery	March 2017	WYFRS, CCG	Mussarat Suleman	<ul style="list-style-type: none"> • Early identification and prevention of mental health issues reaching crisis whilst ensuring no one falls through the net • Appropriate support provision and referrals to relevant services reducing waiting times and improving service user experience

3. Urgent and Emergency Access to Crisis Care

No.	Action	Timescale (Deadline)	Lead Partner	Individual Responsible	Outcome
3.1	<p>Increased Liaison between IHBTT and other crisis services to enable better clarity on the work which NHS 111 Mental Health Nurses are carrying out and also beneficial for NHS 111 to have clarity on the role of IHBTT.</p> <p>Data is being collected but still needs to be analysed to see how the out of hours function can support the response requirements</p>	From April 2016 to March 2018	WDC	Yvonne from IHBTT/Stephen as chair of Liaison?	<ul style="list-style-type: none"> To help inter agency working and ensure people are directed to the correct service. As above
3.2	As above with Mental Health and substance misuse nurses in 999 service	From April 2016 to March 2018	WDC	Yvonne from IHBTT/Stephen as chair of Liaison?	<ul style="list-style-type: none"> To help inter agency working and ensure people are directed to the correct service.
3.3	To reconsider a pilot for street triage in order to improve the crisis response across the district	From April 2016 to March 2018	CCG	Alix Jevons	<ul style="list-style-type: none"> Reduce numbers of people taken to S136 Suite and then released by assessing them in situ. This to potentially save on professionals' time and expense of organising full MHA. Reduce numbers of people attending A+E when the police have concerns about them when called to the person's home. Enable assessment in person's own home when they are

					unwilling to go to a place of safety as S136 cannot be used in own home.
3.4	Continue meetings of Mental Health Liaison Group. This brings lead practitioners from those services likely to be involved in MHA assessments or in dealing with people in Mental Health crisis together. This is part of organisational change to enable better working between services.	From April 2016 to March 2018	Hosted by Wakefield Council	Stephen Thomas	<ul style="list-style-type: none"> To enable better close or joint working and foster better working relationships between services. To enable different services and/or organisations to better understand their respective roles and responsibilities and therefore clarify the interface between each one. To discuss challenges and issues arising between services or in practice with a view to resolving problems.
3.5	Multi agency care planning as part of Urgent and Emergency Care Vanguard	A 12 month pilot to start in Wakefield from Nov 16 – Nov 2017	CCG and SWYPFT	Jayne Heley and Amanda Miller	<ul style="list-style-type: none"> Reduction in the number of crisis presentations to secondary care MH crisis service. Reduction in the number of attendances at A&E. Reduction in the number of calls to YAS/WYP. Reduction in the numbers of Mental Health Act assessments including Section 136. Appropriate conveyance to definitive place of care. Improved patient experience.
3.6	Spectrum to work with YAS to develop multiagency training relating to emergency response in prisons	March 2017	Spectrum	Debbie Ward	<ul style="list-style-type: none"> Consistent emergency response across prisons in West Yorkshire

4. Quality of Treatment and Care in Crisis

No.	Action	Timescale (Deadline)	Lead Partner	Individual Responsible	Outcome
4.1 C1, C2	Map and describe the pathways available to people who are experiencing mental health crisis. Provide service level information on responses to crisis by different organisations and professional groups to enable people in crisis to be offered appropriate help.	30/09/16	Stuart Davis SWYPFT	Andy Brammer Nominated people from : SWYPFT YAS A&E PLT Right steps Spectrum WIFI	<ul style="list-style-type: none"> A map and description of the pathways available to people who are experiencing mental health crisis is agreed. The production of service level information on responses to crisis by different organisations and professional groups.
4.3 C2	Evaluate the quality of care provided by IHBT through the use of service user and carer feedback, and staff feedback.	30/09/16	SWYPFT	Yvonne Robinson	<ul style="list-style-type: none"> Evaluation framework identified and delivered. Quality of care audited through the application of the framework.
4.4 C2	Identify and evaluate alternative measures of IHBT efficacy	31/12/16	Yvonne Robinson SWYPFT	Roland Miller Parveen Thyarappa Lisa Conner Stuart Davis	<ul style="list-style-type: none"> A range or metrics that show meaningful and efficacious outcomes from IHBT are identified and agreed. Reporting procedures are identified and tested.

					<ul style="list-style-type: none"> • Reporting schedule agreed. • Analysis schedule agreed and implemented.
4.5 C2	To undertake a review of the S140 policy		SWYPFT	Chris Lennox	<ul style="list-style-type: none"> • A review of the S140 policy is completed and its recommendations actioned.
4.6 C1	Review the training needs of frontline ambulance staff and develop and deliver appropriate professional development	Ongoing	YAS	Angela Harris	<ul style="list-style-type: none"> • The training needs of front line staff in YAS are identified using the Pioneer Programme. • Appropriate professional training is developed • Training is delivered.
4.7 C1	Review the training needs of primary care staff and develop and deliver appropriate professional development	Ongoing	CCG	Alix Jeavons	<ul style="list-style-type: none"> • The training needs of front line staff in Primary Care are identified using the Pioneer Programme. • Appropriate professional training is developed • Training is delivered.

5. Recovery and Staying Well

No.	Action	Timescale (Deadline)	Lead Partner	Individual Responsible	Outcome
5.1	Implementation of Personal Health budgets offer.	From April 2016 to March 2017	Wakefield CCG and Wakefield Council	Linda Chibuzar	<ul style="list-style-type: none"> Improved patient access to the right care in the right place. Increased levels of maintaining good mental health for patients.
5.2	Core/ enhanced pathway development.	From May 2016 to Sept 2016	SWYPFT, Wakefield Council	Chris Lennox	<ul style="list-style-type: none"> Implementation plan to be finalised & circulated, including East and West hubs teams & service distribution.
5.3	Review implementation of effective shared care handover arrangements between prison and primary/secondary care.	From Sept 2016 to March 2017	CRC and SWYPFT	Helen Ward and Sean McDaid	<ul style="list-style-type: none"> Consultation with new Health care providers in Wakefield prisons to develop effective care pathways. Shared care protocols and transitions are reviewed and revised. Updated protocol is published.
5.5	Continue delivering a programme of activity to combat the stigma of mental health and promote inclusion. Continuation of public awareness campaign to increase understanding of mental health and reduce stigma.	From April 2016 to March 2018	Public Health	Jez Mitchell	<ul style="list-style-type: none"> People have improved awareness of mental health conditions People have improved awareness of mental health provision in Wakefield and how to access it
5.7	Review Recovery College offer.	From June 2016 to Sept 2016	SWYPFT	Lindsay Taylor-Crossley	<ul style="list-style-type: none"> Courses running in partnership with local partners, taking place at different venues across the community & central Wakefield. New course prospectus due out 25th July.

