

Derbyshire and Derby Crisis Care Concordat plan

Introduction

This crisis plan is for the County of Derbyshire and the City of Derby. The plan for 15-16 was drawn up by a multiagency task group following our public signing of the principles of the Declaration at a Mental Health Summit which was attended by a wide range of organisations in June 2014. This September 2017 plan removes some completed actions and is intended to run for two years. We have reported on the delivery of key actions in a summary on page 43 and we have introduced a simplified plan for 2017-19 which we will use to track progress in our concordat group. This shorter plan has incorporated actions from Health watch review and previous Service receiver feedback. In addition there is a Derbyshire Police Action Plan the latest version of which is attached.

There is a suicide prevention group led by Public Health and we have supported Derbyshire Health Care Foundation Trust (DHcFT) to run a suicide prevention plan for people who use their services. We are members of a regional suicide prevention network. There is a separate children's suicide prevention strategy. A training programme for primary care on suicide prevention is underway. The suicide prevention work is clearly relevant to the crisis concordat plan but the detail and planning is managed through this separate arrangement for both adults and children. In 2016 we held a suicide prevention conference; held a large scale awareness event in partnership with Derby County Football Club (being repeated and expanded to Chesterfield in 2017) and have refreshed the strategy.

This Concordat plan sits within this wider Strategic partnership context and is a high level plan focusing on areas of joint delivery or commissioning. In 2017 The Derbyshire joined up care Plan sometimes referred to as Sustainability And Transformation Plan (STP) provides the planning framework and resource for urgent care, prevention and resilience and improved community supports. The concordat actions will be increasingly linked to the STP arrangements and structures. Glossop is developing a Concordat plan to reflect its particular Geography , partnership and provider arrangements. There is representation between the two plans and they will be some linked actions developed in 2017/18

This plan will be updated on the national site but we intend to provide progress reports of the concordat plan through both Derbyshire and Derby City Health and Wellbeing Boards, through the Criminal Justice Board and our Accident and Emergency (A&E) board. The Strategic Urgent Care (STP) Board and Mental Health System Delivery Board (STP) will be key for most actions relating specifically to the NHS and Social Care. Partner organisations will also track progress on their own plans through their existing arrangements. We intend to continue with the Crisis Concordat planning group for a further two years to enable us to tackle some specific actions of a cross system nature.

To support on-going improvements in operational coordination we have a multiagency professional group that's specifically coordinates actions and intelligence concerning the use of section 136 of the Mental Health Act. This group has the ability to resolve problems or escalate to commissioners for resolution. Children's commissioners have developed plans for integrated service delivery. They have developed specific plans to address challenging behaviour, self-harm and crisis response all of which were identified as a serious concern at our Mental Health Summit. These are being taken forward in work called "Future In Mind". The plan can be accessed at

[http://www.northderbyshireccg.nhs.uk/assets/Future in Mind/2016 10 31 Derbyshire and Derby FIM refresh submitted to NHSE Final.pdf](http://www.northderbyshireccg.nhs.uk/assets/Future_in_Mind/2016_10_31_Derbyshire_and_Derby_FIM_refresh_submitted_to_NHSE_Final.pdf)

This plan is focused on those areas specific to the Concordat but the actions may also be part of wider plan delivery. We have followed the broad pattern of suggested headings from the national template but have rearranged some headings to be more consistent with our wider strategies.

Key achievements in 2016-17 have been in the work of urgent care review group where we have brought together the Police, MH crisis staff, NHS 111 service, East Midlands Ambulance Service (EMAS) Acute hospital ED staff and the local authority Approved Mental Health Practitioner (AMHP) services. We have continued a Mental Health Triage Hub based in the police control room. This has extended benefits brought through street triage in the south of the county to the whole of Derbyshire and resulted in a reduction in 136 assessments and no detentions in a police cell on a section 136. We are expanding the role now to provide support for Ambulance crews and out of hours GPs or other professionals seeing someone in crisis. Rethink Focus line staff have been working in our 111 service since October as we wished to see if this improves access to helpline support. This was unsuccessful but we are considering how crisis telephone support can be taken forward within the urgent care STP. SDCCG and Erewash have invested in a Crisis In Reach team for young people (RISE) which is having a significant impact at Royal Derby on young people admitted with mental health problems. A service in North Derbyshire has halved the number of children being sent to Out of area Hospital care. We successfully bid for capital funding for alternative safe place. We are evaluating how this can be most effectively delivered in 2017 and in particular are looking at alternative safe places for young people.

Since we started our plan the police have trained over 80% of frontline staff in MH; EMAS have started training staff and introduced a series of initiatives including links with Samaritans and mental health qualified staff in the control room. Derbyshire's AMHP service has been extended, liaison services have been commissioned to 24 core standards in both Acute hospitals. People with a MH difficulty are now seen within an hour of arrival in ED. Joint protocols have been agreed for information sharing and information collection by the two local authority AMHP services to enable standardised progress reporting. Public health has been supporting prevention programmes and some joint working with probation services is now underway. Derby Hospitals have been improving their collection and coding of MH incidents and this has enabled us to analyse the needs of people in crisis far more effectively. We are aware of people waiting too long in ED and sometimes in a police cell for a mental health bed and we have experienced a resurgence of the need for acute MH beds out of Derbyshire in 2016/17 particularly in the south of the county.

In 2016/17 Derbyshire Healthwatch undertook a review of peoples experiences of crisis and reported to the Concordat Group. This demonstrated the continuing need for coordinated action across all agencies. The first two recommendations in their summary for action are

- 1. Provide clear information for patients, friends, family and carers about where to go, and what to do in a developing crisis situation.**
- 2. Work to develop coordination of, and show real ownership of developing crisis situations.**

We will continue to utilise peoples experiences to shape our plans clearly from the experiences shared with Health watch there is a considerable amount we must still do to improve.

The report can be accessed at <http://www.healthwatchderbyshire.co.uk/2016/12/mental-health-crisis-report/>

The Chairs of the Concordat Group recommend the following key themes for the Concordat Group and in the work of the concordat signatories in 2017 -2018:

- Public Knowing how to get help in a crisis, Providing clearer information and advice for patients family and carers.(including review of helplines and 111MH offer)
- Professionals knowing how to get information advice and support when working with someone in a crisis
- Alternative safe places for young people and adults
- Reduced out of area bed use (acute and Psychiatric Intensive Care Unit (PICU))
- EMAS conveyancing
- Further development of the multi-agency Triage Hub
- Development of a Forensic Community Pathway
- Development of a Personality Disorder Pathway
- Support for High intensity users (people who frequently call the police , EMAS , attend ED etc)
- Primary Care access to support and Prevention-(STP)
- Address Homelessness Rough sleeping and mental health-including substance misuse (particularly Derby).
- Improved Primary care MH response -STP
- Responsive community services-(Including Crisis Team) STP
- MH support in ED, reducing the need to attend, arrangements for MH in urgent care centres ,and a good pathway of care when there.

We wish to hear comments and suggestions for improvements and areas of work we should concentrate on.

Please send your comments with **Crisis Concordat Plan engagement** in the strap line to the concordat team, care of Joanne.Padley@hardwickccg.nhs.uk

Thank You. David Gardner, Hardwick CCG, Hardyal Dhindsa, Police and Crime Commissioner Co Chairs, Crisis Concordat Group.

1. Commissioning- Prevention, community resilience, asset based support, community/self help approaches. Recovery and enablement - Our aspirations.

Neighbourhood delivery of services is a key concept in our wider transformational strategies. We have agreed to develop **asset based** approaches. As part of supporting people with long term conditions of which Mental Health will often be one, we know that we can do more to enable self-management, social inclusion, and community asset support. We are aware that people with Mental Health problems do not always know where to get help at an early stage and also that stigma surrounding mental illness and ignorance about it are real obstacles in people accessing support in their ordinary communities. Financial pressure, and benefit changes have a significant impact on health. Homelessness and poverty are at the root of many crisis situations; our actions to support these areas will be included in local authority Adult Care and Public Health and in our wider commissioning and Mental Health plans, therefore they do not appear in this crisis concordat plan.

Within the Joined up Care Derbyshire plan we wish to organise more care in "place". That is care to populations of about 30,000-60,000 in **an integrated way**. The plans below are to be seen in that context. Our GP leads are developing plans for enhancing primary care capabilities and these will be developed via the STP planning arrangements. **Enablement and Recovery** (see the definition in the concordat) are key themes in our Mental Health strategic plans. Some of those elements that are needed to get people's lives back on track after a crisis are often people with lived experience tell us are the same as those things that can help

prevent a crisis or keep people well. We have therefore included Enablement and Recovery in the same section as Prevention and not produced a separate plan for recovery after a crisis.

1. Prevention, community resilience, asset based support and community /self help approaches.

No.	Action	Timescale	Led By	Outcomes	How and where can this be monitored
Matching local need with a suitable range of services					
1.1	<p>We will continue to develop local area coordination in Derby City and we will launch two pilot schemes alongside other approaches within the county.</p> <p>Progress Derby City Local Area Coordination is well established and there are plans to move in to County South areas. Bolsover LAC Project is established; further schemes in Amber Valley and Glossopdale are in their early stages. Local Area Coordinators find MH is a substantial element of their work.</p>	5 year plan	Derby City Council and SDCCG, Hardwick CCG, and Derbyshire County Council	<p>To work with people to find their own solutions on what good looks like for them. An evidence based, asset approach.</p> <p>Reduced demand for statutory services Severe crisis being avoided for some people as they obtain support within community. Improved connections and partnerships across a community.</p>	<p>Derby Joint Adult Care Board Joined up Care Board</p> <p>Hardwick LAC Planning group.</p> <p>Bolsover Joint Planning Group.</p> <p>Adult Care Board.</p>
1.2	Across the Derbyshire STP	2015-20		People supported within natural	Place based commissioning.

	<p>footprint will work to develop community resilience and community support to help people manage their MH and well being</p> <p>Derbyshire Health and Wellbeing Strategy has building social capital as a priority theme. Building social capital across Derbyshire will have a positive impact on supporting individuals with mental health needs.</p> <p>Progress Update The County Council have a Social Capital Strategy in place and have built this into the commissioning and procurement process for all service delivery</p>			<p>communities. People accessing and utilising self-support approaches The communities and peoples own assets being recognized and used as a source of strength (resilience) Crisis support, and recovery</p>	<p>DCC corporate strategy PH (STP) prevention strategy</p>
1.4	<p>We will develop mental health first aid schemes to train non MH specialist community organisations. This includes the work we are undertaking with BME communities.</p> <p>Progress Mental health awareness training commissioned jointly between CCGs and</p>	ONGOING	All 4 CCGS JCB's	Improved access to ordinary associations of support improved community responses to mental health problems.	Place based commissioning Public health Plan

	Public Health – 40 courses to run 2015-17. Courses will target public-facing staff in a variety of organisations and communities across Derbyshire to further develop infrastructure of support for people with MH issues. Mental Health First Aid train the trainer Mental Health First Aid (MHFA) is delivered as in-house provision across DCC Adult Social Care staff				
1.5	<p>We will develop an integrated model of voluntary sector neighbourhood delivery. We will support the development of Voluntary Sector single point of access for primary care and professionals to facilitate befriending support, community resilience and access to the full range of community supports for people.</p> <p>Progress Erewash Model in place evaluated and progressing well. MH Recovery and Peer</p>	<p>2014 launch Service user review of Problems to be resolved.</p> <p>2015 development of new model including VSPA development.</p>	<p>In Erewash CCG we will work on a first phase which will help us develop this elsewhere in the county with partners and service receivers Erewash CCG SDVSMHF MHAG</p>	<ul style="list-style-type: none"> • Single point of access to support within voluntary sector and Community for Primary Care. • Improved access to community support to help prevent crisis escalating • Obstacles and issues raised by Service receivers addressed 	<p>Social capital working group MHJCB</p> <p>Erewash Vanguard arrangements</p>

	<p>Support services have been re-tendered with a new service specification to support integration and geographical spread. The new service has been in development since April 2017.</p> <p>The service in Derby will be retendered in Autumn 2017</p>				
1.6	<p>We will support recovery colleges and other approaches to self-management. In our reviews of social inclusion services due in 2016 we will enable open access, community capacity building, peer support and recovery approaches.</p> <p>Update <i>We have commissioned a new county-wide open access Recovery and Peer Support Service which will incorporate recovery education delivered in partnership with the Provider, DHcFT and DCC. There is ring-fenced funding within the contract to grow and develop peer support groups across the County. The contract</i></p>	2015	<p>Local authority and CCG commissioners</p> <p>DHcFT and voluntary sector providers.</p>	<p>Improved personal resilience and help to other people who can gain from lived experience.</p> <p>Improved care and people enabled to "regain a life and make a contribution"</p>	<p>MH Plan JCB</p>

	<i>commenced on 1st April 2017. The service in Derby will be retendered in Autumn 2017.</i>				
1.7	<p>Carry out a county-wide gap analysis and review of day opportunities / support services to ensure equitable geographical access to recovery and support model.</p> <p><i>Update Following a strategic joint review, we have commissioned a new county-wide open access Recovery and Peer Support Service. There is ring-fenced funding within the contract to grow and develop peer support groups across the County. The contract commenced on 1st April 2017</i></p> <p>Derby specification to be continued to be developed and to go to procurement in 2017.</p>	<p>2015-17</p> <p>April 1 20017</p> <p>April 18 completion</p>	DCC Adult Care working with CCGs and Derby City Council	People are able to access a choice of meaningful opportunities in their local area both to promote recovery and respond to individual crisis	MH Plan

<p>1.8</p>	<p>Improve support and involvement for carers (including young carers) by working with them to better understand their needs The Joint Carers Strategy 2016 – 2019 approved at Cabinet in July 2016 sets out the case for investing in carer's services and the priorities that shape the framework for providing carers services over 2016 – 2019. <i>A new countywide Carers Support Service has been commissioned which includes a Personal Budget scheme as well as development of peer support.</i></p>		<p>DCC Adult Care & Derby City Carers leads</p>	<p>Mental health carers feel more involved and supported in their caring role</p>	
<p>1.9</p>	<p>Develop and implement trauma pathway Brought forward action from 2015 plan Update <i>Police and Crime Commissioner chaired joint review for HWBB. Report to HWBB on sexual violence in December 16 and January 2017. Adult and</i></p>	<p>Now ongoing SARC completion for 2018</p>		<p>People experiencing mental health crisis will receive safe, evidence based care when they need it in the most appropriate setting People who have been victims of sexual violence will have appropriate support Young people and adults who have been sexually abused as children will have access to psychological therapy</p>	<p>Transformation Board Contract arrangements Health and well being Board OPCC</p>

	<p><i>Childrens SARC commissioning process in 2017. Through STP to identify how psychological therapies can be made available.</i></p> <p><i>The DHCFT strategy for Trauma Informed Culture and Practice is expected to be launched in quarter 1 - 2017</i></p> <p><i>Work with SAIL and SV2 to enable most effective pathway following Big Lottery grants to forward their work.</i></p>				
1.10	<p>We will work with our employers and our own organisations promoting healthier workplaces and sign up to the Time to Change and mindful employer initiatives</p> <p>Derbyshire CC has a Time To Change Action Plan in place, has existing MH champions across area teams and is developing a countywide MH Champion network.</p> <p>We will continue to deliver and expand the Derbyshire Healthy Workplaces</p>		<p>JCBs Time to Change Alliance (made up of voluntary sector) Public Health, Derbyshire County Council</p> <p>SDCCG/Derby City</p>	<p>Improved response to people experiencing Mental Health Problems at work. Awareness of how to get help in the workplace and retention of employment.</p> <p>Settings based approach; Employees engaged to support management of health and wellbeing; Employees supported to prevent illness and injury</p> <p>Employment for people with a SMI.</p>	<p>MH Plan Public Health Plans</p>

1.12	Develop our approach to creating an accessible front door within Adult Social Care (in Derby) via Talking Points – neighbourhood 'hubs' that enable people to have conversations about their support needs. Talking Points are to be expanded across the whole city by spring 2017 and include specialist mental health social care staff.	2016-17	Derby City Council	<ul style="list-style-type: none"> • Increase access to social care within communities • Increased access to self help opportunities and community support 	People Board; Health and Wellbeing Board
2. Improved partnership working in Derbyshire and Derby					
No.	Action	Timescale	Led By	Outcomes	How can this be monitored
2.1	We will establish a Crisis concordat group to ensure we produce a joint plan and to ensure delivery, co-sponsored by Hardwick CCG for the NHS and The office of the Police and Crime Commissioner (PCC). Completed concordat group meeting quarterly for next 12 months of 2017.	July 2014	EMAS, CCGs, DHCFT, PCC, probation, DCHS, Derbyshire County Council Derby City Council	Bringing together information and data sources Agreeing priorities Producing a joint plan Supporting joint delivery of solutions.	Health and well being board.
2.2	The police will produce and monitor a detailed action plan covering areas where joint operational arrangements need	November 2014	Derbyshire Constabulary	Enabling operational issues to be progressed. Where required jointly worked on within the 136 working group and inter-professional groups or the crisis concordat group	Crisis plan reporting.

	improving. Done A place plan is now separately produced and reported. Attached to this plan.				
2.3	Review the terms of reference 136 and the multi-professional group done Joint data set available from January 2016 Groups' structures revised further. Group looking at our use of warrants within Derbyshire in 2017	Ongoing functioning of group	County Council AMHPs, Derbyshire Constabulary, EMAS and DHcFT	Ensure operational day to day problems in communication, procedure, and other barriers to joint working are removed. Provide a Joint data set so we can see if our plans are having an impact on the use of S136	
2.4	The AMHP services will ensure attendance at quarterly regional AMHP Lead meetings <i>The EM cross border WA document was ratified in Jan 2017</i>	On going	DCC Adult Care	Share ideas of improving working practices agreed cross border working arrangements for undertaking MHAAs to avoid people in crisis being passed around / between LAs	
2.5	We will update the Joint Strategic Needs Assessment to include information to help plan and monitor the concordat actions. Update: mental health	2015	Public Health	Bringing information held separately together to enable a clearer picture of need. Provision of efficient, cost-effective services based on needs of population	JCB Adult Care Boards STP

	<p>profiles to be published in 2017, based on DHcFT Neighbourhoods to support future service planning.</p> <p>Derby JSNA in progress</p>				
2.6	<p>We have reviewed children's commissioning arrangements and the future in Mind arrangements include ensuring improvements to paediatric liaison and improved Community access to CAMHS and other services. We have identified resources to support schools in localities where there have been a number of suicides.</p> <p>Firm commitment from DCC Children's services to have CAYA staff involved in OOH Crisis response.</p>		<p>CCG and Local authorities- Children's and Adults</p> <p>Future in Mind steering Group</p> <p>Public Health plan</p>	<p>Identified in data, by children and families and in the Concordat summit as a pressing need for change.</p>	<p>CAMHS Commissioning Group JCB Adult Care Board</p>
2.7	<p>We will commission for specific conditions such as autism through a pathway approach so that people's needs are more likely to be met before they reach a crisis in adult hood.</p> <p>We have established a joint</p>	2015-17		<p>People with autism are often found in offender health and criminal justice systems.</p> <p>We know that about 50% of people in adult services will have had the same needs as children. We can reduce demand for adult crisis services by supporting younger people.</p>	<p>Autism JCB Better Care Board Transforming Care partnership Board.</p>

	<p>Commissioning Board. <i>Update</i> <i>We have recruited to a joint project manager post to support the improvements in service provision and access to mainstream services for adults living with ASD.</i></p> <p><i>We are working with stakeholders to develop a neurodevelopmental pathway for children which enables easier access to assessment and support.</i></p> <p><i>In 2017/18 we will focus on preparing for adulthood and provision of co-ordinated low level preventative support</i> <i>We will implement new national specifications for community services for LD and or Autism.</i> <i>The Transforming Care Partnership is taking forward LD and or Autism strategies and this specifically identifies improvements to Care pathways for people with Autistic spectrum disorder (who we know are</i></p>				
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	<i>disproportionately presented in Crisis situations with poor experiences of response)</i>				
2.8	<p>NHS providers will work with the police to ensure we have protocols</p> <ul style="list-style-type: none"> to use police time more effectively To work together safely when the police are called to an incident on NHS premises <p>Update Dec 2016 DCHS – we have circulated the guidance for use by Police, Ambulance and Social Care & NHS staff working in partnership to support people with mental health needs in crisis to our internal communication function for wider dissemination.</p>	<p>By March 2015 we will have established a sub group to look at these issues</p> <p>By December 2015 we will have some protocols agreed</p> <p>By March 2016 training plans will be in place to support their implementation.</p>	DCHS, DHcFT DRH,CRH	<p>There have been some very serious incidents reported nationally and recently at Sherwood Forest Hospital resulting in coroners letters to the provider. By having some clear arrangements we can reduce the risk when joint action with the police is required.</p> <p>Having clearer policies in health will ensure we use police time more wisely. Patient care will be improved.</p>	Crisis concordat sub group
2.9	<p>Missing Persons Policies. Ensure that county wide absent without leave (AWOL) policies reflect wording in the CCC.</p> <p>Consistent application of a</p>	<p>By June 2015 a county wide AWOL policy signed up to by police, trust and private providers</p>	Derbyshire Constabulary and DHcFT DCHS, Cygnets Health Care, Cambian Health Care,	<p>Ensure that county wide AWOL policies reflect wording in the CCC</p> <ul style="list-style-type: none"> Police services should establish a consistent approach to the reporting of missing/absent by health partners based upon an 	Crisis concordat sub group

	<p>shared definition of high, medium and low risk embedded throughout the police and MH trust and independent hospitals in Derbyshire.</p> <p>UPDATE Policy has gone to providers and been disseminated significant police time released. Dec 2016 DCHS – We have undertaken review and revision of this policy and others against a formal action plan and in line with the revised MHA CoP 2015.</p>	Complete	Lighthouse Health Care Huntercombe Health Care	<p>appropriate review of all available information</p> <ul style="list-style-type: none"> The AWOL policy needs to reflect police practices in relation to missing persons to avoid confusion over different levels of risk 	
2.10	<p>Restraint Review all cases where police are used for restraint purposes. The number of times the police are called to perform this function is currently not understood. Further work is required to collate and review this information.</p> <p>Work is being taken forward jointly with DHcFT</p>	Update Report to concordat Feb 2016	DHcFT DCHS Derbyshire Constabulary	Ensure that protocols clearly state that use of police to restrain patients is only used on an exceptional basis and where there is a clear and pressing 'policing purpose'.	Crisis concordat sub group
2.11	Review and disseminate learning from incidents to improve services.	ongoing	Quality team Hardwick CCG and adult Safeguarding	Identification of service gaps to feedback into crisis concordat and provider plans Improved partnership working	Multi-professional group 136 group Crisis concordat group Hardwick Quality team.

			members 136 and professional group.	Process of continual improvement. Links to adult safeguarding arrangements.	
2.12	Provide support to people who call out emergency services frequently. Map initiatives already happening across Derbyshire DHCFT and Derbyshire Constabulary are taking forward evidenced based joint working approach and have joined the High intensity Network	September 17 August 17- onwards		People who make frequent calls to agencies often have unmet needs, may have mental health problems and it will more cost effective and provides better outcomes to offer joined up approach.	Urgent care pathway responsive community Pathway STP Concordat Group
2.13	We will undertake a pathway review of offender access to MH services update 2017 Dec 2016 DCHFT working with partnership colleagues to develop the offender pathway in LD services Investment made by NHSE in offender MH services. Specification sign-off for 2017/18 contract	LD on going New team in 2017	Criminal Justice Health Sub group DCHS Probation service DHcFT		Offender health care plan Criminal Justice board
2.14	We will continue to support a multiagency suicide prevention strategy for both Children and Adult services Update	Suicide prevention conference October 2014 Revised strategy for 2015	Public Health as lead Multi agency group.	Continued coherent and coordinated response to reduction of suicide.	Suicide prevention group. STP Prevention workstream

	<p>Suicide Prevention Strategic Framework 2015-17 finalised. Multi-agency Suicide Prevention Partnership Forum to provide strategic leadership for implementation of Framework.</p> <p>DHCFT's strategy launched 2016 – clinical dashboard has been developed to support implementation of top 10 priorities</p> <p>Various groups are working on delivery of core objectives, reportable via Suicide Prevention Group</p> <p>Primary Care Practice Training commenced in July 2017 – funded via PH and HEE</p>	<p>Now ongoing with new strategy and arrangements in place</p>			
<p>2.15</p>	<p>We will develop a substance misuse plan in co-operation with Public health and the MH JCB.</p> <p><i>Substance Misuse plan now in place and multi-agency Substance Misuse Strategic Group will oversee implementation.</i></p> <p><i>Update. Health watch</i></p>	<p>Crisis concordat and MH direction of travel taken to Substance misuse strategic meeting November 2015</p>	<p>Public health Derbyshire County Council Adult Care Commissioning, CCGs</p>		<p>Substance Misuse Strategic Commissioning Group</p>

	<i>report showed issues for this group of people in accessing services. IAPT eligibility changed to reflect this.</i>				
		November 17			
2.16	<p>Review the care pathways for people with concurrent mental health and substance misuse problems, including clients of substance misuse services when their mental health is deteriorating</p> <p>Update: Dual diagnosis Health Needs Assessment commissioned during 2017. Report will be available Autumn 2017 to improve care pathways for individuals with co-existing mental illness and substance misuse</p> <p><i>Update</i> <i>A review is underway</i></p>	In progress	Public Health lead CCGs, DHCFT and stakeholders		Substance Misuse Strategic Commissioning Group MHSTPDG
2.17	Review training needs of mental health staff in respect of substance misuse and substance misuse staff in respect of	In progress	CCGs, Public Health, DHCFT		

	mental health				
3.Primary care Response					
<p>In our five year plans we have stated that we will develop over time Primary MH service capacity. Primary Care mental health services are being developed in the context of our Integrated locality commissioning plans. We have MH Lead GPs in each CCG working on how the response people can receive when they go to their practice can be improved. We also have a Derbyshire wide clinical reference group and there are Primary care MH Forums in North Derbyshire CCG and Southern Derbyshire CCG. The work being undertaken on transforming the services provided by DHcFT is directly linked to this. Actions included in our first section on prevention and supports are relevant for example the development of a single phone number for primary care staff to call to access the voluntary sector. Work is being undertaken in each CCG and we have some pilot approaches in development. This element of the plan will therefore develop further as part of our overall Mental Health Strategy and 5 year plans.</p>					
No.	Action	Timescale	Led By	Outcomes	How Can this Be Monitored
3.1	Hardwick CCG will appoint a GP to work within the commissioning team for MH to support primary care development done	August 2014	Hardwick CCG	Lead clinical coordination of developments for parity of esteem and primary care development.	Implemented Clinical Reference Group
3.2	We will develop over time primary care based MH services A MH work stream of the STP is Primary care MH	2017-2020	MHSTP Work stream	People still go their GP at a time of crisis and this should enable more timely and effective local care.	MH System delivery board MHSTP Primary care workstream STP Place and primary care developments.
3.3	We will develop a locality integrated system of care with less hand of points between services – this will link to 'Place'.	2017		Locality services with less hand of points should enable delivery of support at the right time at the right level of intervention. It will facilitate more agencies staff being able to respond to MH issues and enable more effective co-ordination of responses when required.	MH System delivery board MHSTP Primary care workstream STP Place and primary care developments. Responsive community workstream
3.4	We will continue to provide MH training to primary care staff. Update in addition to practice training Suicide	on going	MHLead GPs DHcFT lead role for primary care programme	Primary Care Staff will be able to sign post more effectively to resources that are already available to help people. Staff will feel better able to offer support themselves. Staff will know when more	MHCT CCG Forums CRG

	prevention training to GP and primary care is now underway (links to 2.14 above)			specialised help is required.	
3.5	<p>We will enable primary care to have faster access to community support services through development of voluntary sector single point of access scheme (vspa) and similar approaches</p> <p>We will enable out of hours working GPs (DHU) improved access to care plans and professional advice via the MH Triage hub.</p> <p>Update – DCC have rolled out their Mental Health Enablement Service which can provide rapid access to 1:1 and group support to help people overcome issues impacting on their mental health.</p>	2015-16		<p>Through development of a single number to call services will be empowered to support patients to get help when they need it. People needing help will be more likely to get help they need.</p> <p>Single points of access for voluntary sector have been established.</p> <p>MH Triage started taking DHU out of hours GP calls in July 2017</p>	
3.6	We will pilot a primary care based mental health support worker in Buxton (In progress)	In place due evaluation in 2018	North Derbyshire CCG Buxton Practices	Practice based support, sign posting and practical help. Improving access to support, responding faster to emerging crisis. Practice providing more coordination of care	Resilience data High Peak project.
3.7	Erewash CCG will develop	ongoing	Erewash CCG and	By investing in additional capacity we	Erewash CCG Lead GP

	improved links to primary care integrated teams including training, coordination and crisis support. (Underway)		DHcFT	wish to identify how MH can be undertaken in a more integrated way with primary care coordinators and primary care services.	
4. Urgent and emergency access to crisis care					
4. Improve NHS emergency response to mental health crisis					
<p>Our aspiration is to join services up so we can provide a better service. This includes where the public and professionals can get the right advice and support out of office hours. We have participated in a street triage scheme with the police in D division covering Derby and Long Eaton areas. This collaboration with DHcFT has been running in 2014-15-16. We have invested in MH liaison services in the acute hospitals: this enables 24 hour, 7 day week support in casualty departments.</p> <p>For our 2015 plan we said "We would like to join the council AMHP services and call centres, 111 call service, the Liaison Crisis Service and Police and EMAS response services up in such a way that they can work together to respond in a timely and effective way. We believe there is more that can be commissioned by way of peer support and help that can support these ideas. It is a core strategic aim of the concordat signatories to agree a way forward for this coordinated response to crisis and MH emergency calls."</p> <p>We also highlighted concerns at the use of out of area MH acute beds.</p> <p>In 2015 we ran a Urgent care review and this has resulted in us bringing together MH crisis staff placed in the 111 service in North of the county at weekends along with the street triage staff from the South of the county and AMHP . We have placed them in the police control room and created a MH Triage Hub. This operates out of hours at peak demand times enabling urgent care services to be joined up. We have enabled out of hours GPs to have access; Ambulance crews can call the Hub and gain advice directly. 111 service will be enabled in 2017 to access the hub for Calls that otherwise may require an ED or ambulance calls. In 2017 we intend to take options for further enhancements to the Strategic urgent care delivery Board (STP) demonstrating how ambulance conveyance can be reduced and this service may for part of a wider urgent care pathway providing advice and information through to clinical assessment. We also intend through this route to enable an alternative to the Focus line –mental health helpline (which is being decommissioned in 2017) to be in place through a core 111 offer.</p> <p>EMAS have a regional MH planning group taking forward concordat actions and we have been supporting their initiatives including contract support for MH developments. In particular we note the appointment of MH clinical lead to support EMAS training.</p> <p>We invested in step down beds and crisis beds in 2015 and we have seen a steady decrease in use of beds out of the county. In December 2016 We have had no</p>					

out of county placements for 10 weeks and a maximum of 4 compared to as many as twelve placements at any one time in 2014 the time of the concordat signing. Unfortunately in spring 2017 the number of OOA placements in PICU and in Acute beds rose steeply. This is a high priority area to reduce back down in 2017 and as part of this we will focus on reviewing Crisis Team and home treatment roles and function and making our acute wards as efficient and purposeful as possible reducing Length of stays which are high in Derbyshire.

Transforming NHS MH services.

Derbyshire Healthcare Foundation Trust working with commissioners has ambitious plans for changing its services. This will include extended hours of working for the community teams, less hand of points between teams, and changing how the crisis support is offered. These changes will be monitored through a Mental Health System Development board STP

We are concerned to **support people with a learning disability** so that they do not need inappropriate hospital or care or police custody. There are different service models of care in the North Unit of Planning compared to the South through the Transforming care partnership we intend to introduce across both North and south Derbyshire teams providing care consistent with the new national specifications. This included forensic and crisis support. **Children’s services**

We noted at the MH summit the increase in numbers of young people who are self-harming. Through future in mind planning and national investments we intend increased access to support in the community and in reach in the Hospitals. (paediatric liaisons). We have consulted with community stakeholders and there are ongoing plans to improve Children and young people’s care. We have seen a reduction in the need for children to be placed in OOA hospitals in North Derbyshire and work is underway to make the same gains in the south. Specifically in 2017 work is underway to find a safe alternative place of safety for young people.

Substance misuse

There is separate substance misuse planning arrangements. There are standards for response times and access to services. We have not included the substance misuse services in our concordat plans to date (the liaison teams investment being an exception) but have made arrangements to jointly review our MH and substance misuse strategies in regard to dual diagnosis in 2017.

No.	Action	Timescale	Led By	Outcomes	How can this be monitored
4.1	We will support the 5 Year Transformation Plans of Derbyshire Healthcare Foundation Trust services	2014-20	CCGS DHcFT	Enabling 7 day week delivery Extended hours of operation Crisis responses improved More support in the community Less reliance on hospital care Neighborhood approach with improved connectivity with primary care services Clearer pathways of care	STP Mental health system delivery Board
4.2				Integrated service approach	

	<p>We have established a MH triage hub as a successor to street triaged and to join up access for urgent care services</p> <p>This has reduced to 0 the number of people taken to a police cell inappropriately under S-136.</p> <p>Its role is being expanded and development plans will be taken to Strategic Urgent care board</p>	<p>DHU access July 17 EMAS crew access august 17 111 access (subject to IT issues) September 17 Emas control integration –to be decided.</p> <p>Report to board November 17</p>	<p>Multi agency Sub group established to take this forward</p>	<p>Reduced inappropriate 136 use Reduced use of Casualty and Police station and appropriate use of DHcFT place of safety. Increased use of community alternatives such as voluntary sector at the point of crisis. Improved access to a qualified MH professional in a timely fashion.</p>	<p>Strategic Urgent care STP Board</p>
4.3	<p>We will enable the provision of crisis and step down resources across the whole county Done</p> <p>We have supported step down and crisis beds and will continue to monitor their use and consider how we may establish alternative places of safety. This will also link to the 'MH Responsive Communities' programme within the STP</p>	<p>In place Ongoing Now managed By DHCFT</p>	<p>4 CCGS MHCT Third sector and DHcFT partnerships</p>	<p>Beds released for use by those who most need them. Admission avoided loss reduced Independence supported. Best use of specialist MH residential facilities and voids.</p>	<p>MHCT – JCB</p>
4.4	<p>We will continue to</p>		<p>Hardwick CCG</p>	<p>Acute MH care provided within</p>	<p>Contract management</p>

	proactively manage acute MH beds to ensure people do not need to be placed out of Derbyshire for an acute bed. OOA bed use declined and has risen again in early 17 Trust implementing a Red to Green improvement approach This is also key to success within the STP	Bring back down by December 17	DHcFT	Derbyshire providing <ul style="list-style-type: none"> • A better experience of care to patients. • Efficiencies in EMAS and Police and AMHP time • system savings for investment and sustainability 	Arrangements MH System Delivery Board
4.5	We will support the development of a crisis response service for learning disabilities in the north unit of planning Update Dec 2016 DCHS are active members of the Transforming Care Partnership Board and have embedded and implemented the CTR process including 'blue lights'. This action now superseded by introducing new service specification across whole county via TCP Board.	2015-19	TCP BOARD	People supported to stay in their own homes and not admitted to hospital or by the police.	Transforming Care Board,
4.6	We will continue to invest in Liaison services for Chesterfield Royal and Royal Derby Hospitals.	RDH in place 2014 CRH full 24 hour live date January 2015	SDCCG NDCCG Public Health	Assessment and access to appropriate treatment services to anyone who presents with MH substance misuse or learning disability in a crisis at accident and emergency 24 hour assessment of people who	Contract monitoring. Resilience groups

	Update Both liaison teams now core 24 compliant . Chesterfield Royal Liaison team increased through STP national transformation funding	2017		present after self-harm Reduction in Suicide risk Improved care of older people and in particular delirium.	
4.7	We will ensure MH crisis services are supported in resilience funding and other opportunities – ensuring MH is not forgotten as a key part of the urgent care pathway reform. MH Triage Hub is basis for new approach. Now incorporated into work of Strategic urgent care board	Ongoing Urgent care pathway Group formed and reported September 15 Report to board November 17	CCGs Resilience planning	Reduction in use of non elective treatments Improvement to capacity of urgent care pathway Parity of Esteem	Resilience planning arrangements. MHCT JCB
4.8	Analysis of Crisis and Home Treatment Team (CRHT) Update Comprehensive review of the CRHT service city/countywide has been undertaken	report to CCG's from DHcFT June 17	DHcFT Commissioners	A properly functioning Crisis team reduces admissions , supports pull through (lower LOS) and enables support in community rather than admission.	Contract monitoring MH System Delivery Board
4.9	Consistently meet 4 hour response time in MH Crisis Service Being reviewed see 4.8 above	September 17 review meeting.	DHcFT	Timely response in line with quality standard 14 of NICE guidance (statement 6)	Contract Monitoring (KPI not reported) MH System Delivery Board

<p>4.10</p>	<p>Review S136 protocols with regard to needs of substance mis-users, especially with regard to inappropriate use of detention in police cells for people in mental health crisis who are intoxicated</p>	<p>June 2016 Home office project</p>	<p>136 group and Concordat Group</p>	<p>Legal highs causing severe behavioural disturbance and problems for 136 suites. Alcohol intoxication not best treated in a police cell or 136 suites but neither is casualty the best option. Alternative approaches required</p>	<p>Concordat sub group. Substance Misuse Strategic Commissioning Group</p>
<p>4.11</p>	<p>We have established that there is a problem in obtaining section 12 Doctors for MH act assessments. The trust medical director will lead a project to look at alternatives. AMHPs suggested a further S12 pilot takes place to review the need for a daytime S12 rota</p>	<p>Ongoing</p>	<p>DHcFT AMHP reps Hardwick</p>		<p>Concordat group 136 group MHCPRG</p>

5. Social services' contribution to mental health crisis services

Social workers are employed by the councils. The Mental Health Social workers have been separated out from NHS mental health services. This was done in part to enable social workers to spend more time on helping people overcome social crisis and problems. The MH Strategies call for social workers to be actively supporting enablement and recovery. The commissioning strategies of the councils and the CCGs are aligned and the section on prevention and recovery describes actions that are for both the NHS and Local Authorities. The adult care departments have their own crisis concordat plans covering what they intend to do. A key aspiration is the desire to reduce the reliance on the use of compulsory powers and to work with the police to reduce the need to use police cells or to reduce the time people spend waiting to be seen. The Approved Mental Health Practitioners (AMHP) are mostly social workers. The role of the AMHPs in an integrated approach to crisis care is a particular issue for the councils. There are issues relating to an ageing and declining number of staff in the workforce and how best to provide these services out of office hours. The use of MH compulsory powers has grown steadily nationally at about 5% a year. We aim to stop that growth and bring the use of powers down. We will use 2014 as a baseline year and aim to bring use of compulsory powers down by 2020.

Personalisation and approaches to enabling people to manage their own budgets –to be their own commissioner is key theme in the Strategy. With the onset of personal health budgets this also applies to the CCGs. As this approach becomes more established we will work to ensure that crisis and contingency planning is

included giving people control and thus avoiding or reducing the impact of a crisis for people with LTC.

No.	Action	Timescale	Led By	Outcomes	How can this be monitored
5.1	<p>The respective Council social work services will develop specialist MH social work crisis intervention offer. This will cover the links to the street triage or EMAS based crisis response, as well as MH crisis team arrangements in transformed structures and neighbourhood working model.</p> <p>Two additional OOH AMHP's had been recruited to be co-located with Police and DHcFT staff to support Triage and OOH crisis response connected to 111 service, Police and EMAS</p> <p>Update Due to AMHP recruitment issues - Social Workers have been appointed rather than AMHPs. We are considering AMHP training however and also interface with OoH AMHPs. Leadership of the MHTH</p>	<p>By June 2015</p> <p>Ongoing review arrangements</p>		<ul style="list-style-type: none"> • Appropriate geographical crisis response in addition to MHA assessments to offer specialist social work intervention to prevent acute hospital admission where appropriate • Timely shared information and partnership working between social work, health and emergency services Partnership working with street triage operations to provide specialist mental health social work intervention 	<p>MHJCB</p>

	has been agreed and the new approach will be implemented in 2017				
5.2	<p>Continue to develop Adult Care mental health offer fieldwork and direct care – enablement model and crisis response <i>Enablement Model agreed. New service now implemented and working well. Public launch of service 1 April 2017.</i></p>	<p>2014-16</p> <p>Complete</p>	<p>Derbyshire County Council Adult Care Adult Care</p>	<ul style="list-style-type: none"> • Early intervention when client presents with a self-perceived crisis with easy route back in to service • Professional time-limited support from specialist mental health social work and community support workers 	<p>Derbyshire County Council Cabinet JCB County</p>
5.3	<p>The Council and CCG commissioners will review the range of telephone advice services to ensure that there is appropriate advice available to the public on a 24/7 basis.</p> <p><i>Update</i> <i>The newly commissioned Recovery and Peer Support Service (from 1 April 2017) incorporates a telephone support offer</i> <i>Focus line reviewed, trial of embedding focus line in 111 undertaken in 2017. Consultation ended in August 17. Awaiting Cabinet and CCG decisions</i></p>	<p>2015-16</p> <p>111 reviewed</p> <p>start Vol sector helpline review in 2016</p>	<p>Derbyshire County Council Adult Care Derby City Council Adult Care CCGs MHCT</p>	<ul style="list-style-type: none"> • Ensure people have access to advice and support. • Care Act responsibilities review. • Best use of resources. • Avoiding duplication. 	<p>JCBs</p>

	<i>in September 2017. Future options for integrated help line to come to Strategic urgent care STP Board</i>				
5.4	<p>THE AMHP service will collate information on the use of the Mental Health Act and work with the MHA administration of DHCFT to ensure a baseline on use of the MH act is maintained and can be monitored and reported on. The AMHPS will start collating information on what could have prevented the crisis/deterioration and this will be fed back to commissioners.</p> <p><i>Update County and city AMHP services produce joint stats now, both S136 but also an overview of other MHA work (for MHA Cttee). Other information we gather is alternative care plans, complications, and circumstances leading to referral.</i></p>	<p>Report in February 2015</p> <p>136 Group to review data in ongoing way</p> <p>Joint work with Derby City AMHP and County AMHP service. City and county joint MH act data available in new format for Feb 16 Concordat meeting.</p>	Derbyshire County and Derby City AMHPS Leads DHCFT	<ul style="list-style-type: none"> We will establish a baseline on the use of MH Act and seek to stop the growth of compulsory treatment and over a five year period reduce it. By understanding what could have prevented the use of compulsory powers we may be able to make significant improvement decisions. 	Crisis concordat Mental Health act committee
5.6	Strengthen integration between health, housing	Strategic	DCC Adult	<ul style="list-style-type: none"> More joined up approach to ensuring wider determinants are 	Derbyshire County Council AMT/Cabinet

	<p>and social care needs</p> <p>New objectives to be defined in MHSTP .</p> <p>Housing element of Forensic and Rehabilitation workstream-people being supported to live in own accommodation.</p> <p>Support to those with accommodation needs on acute wards . To be reviewed.</p> <p>County The in-house Enablement service will proactively address housing, welfare and social needs. Continued support for has been incorporated into the newly commissioned Recovery and Peer Support Service</p> <p>Strategic review of Housing Strategy underway led by Adult Care and Public Health with partners. A specific MH sub-group is being established.</p> <p>Derby City HRS support is currently under review; Council cabinet to agree future funding</p>	<p>meetings in place MH commissioners and leads to attend in 2017</p>	<p>Care/Hardwick CCG District Councils</p>	<p>addressed to encourage stability and crisis prevention</p> <ul style="list-style-type: none"> • Opportunities for people with long term enduring mental ill health have the opportunity to live as independently as possible with support in the community • Reduction in number of delayed discharges and admissions to residential and nursing long term accommodation 	<p>MH System Delivery Board</p>
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	arrangements in Feb 17.				
5.7	<p>Promote the Carers Emergency Card to carers of people with mental ill health</p> <p><i>A review took place during 16/17 and a relaunch of the scheme has been completed.</i></p>	on going	DCC Adult Care DHcFT Carer information, advice, assessment and support service	Carers are reassured that social care will hold important information and emergency contacts that will assist the support planning for the cared for adult in the event of an crisis or emergency which prevents the carer from providing care	Adult Care Board
5.8	<p>Implementation of the Joint Carer's Strategy 2016 – 2019 which delivers on the requirements of the Care Act 2014, including a whole-family approach.</p> <p>Workforce training and practice guidance responds to the unique experience of mental health carers. . There continues to be ongoing work with children's services to improve transition planning for young carers supporting adults with mental ill health.</p>	2014-2016	Derbyshire County Council Carer information, advice, assessment and support service Derby City Council		

6. Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983

In our first plan we said -Our aspiration is that we should be reducing the use of section 136. We should aim to reduce to zero the number of people taken to a police cell on a 136 who haven't committed an arrestable offence. From March 2015 use of the police cells will be reviewed regularly in the 136 group and we will expect there to be exception reporting between the police and local authority AMHP leads. We agree we need to break the reliance on compulsory powers to manage MH crisis and MH treatment. The use of police cells as a place of safety only must cease and we will monitor the use of the section 136 places of safety as a key performance indicator for all the parties in the concordat. We have made a start by reforming our information gathering on section 136 use, improving hospital place of safety suites and in the street triage pilot. We will monitor use of 136 place of safety at hospital as there should be lower numbers attending with higher conversion rates for admission. We will work very closely with the British Transport Police as many 136 calls start at the railway station. The use of the cells

for children will be regarded as a never event -with director level engagement in such circumstances.

2017 update

The Concordat members are pleased to report that throughout 2016 and 17 there have been no 136 taken to a police Cell in Derbyshire We have instigated the never event process for children and whilst we need to look for and develop alternative places for children –we have moved children to the adult 136 suite (and closed it to adults) rather than letting children go to the police cells. In 2017 there have been no such incidents in custody, involving 136 powers and Interagency protocols for responding to children emergencies have improved. Commissioners are investigating alternative places of safety for children that the adult 136 suites.

No.	Action	Timescale	Led by	Outcomes	How can this be monitored
6.1	We are piloting a street triage project. We are participating in the national evaluation. National funding ceases in March 2015. We continued to fund street triage and now agreed a successor to cover the whole county – the MH triage hub Police 136 use reduced and 1136 in cells no longer occurs.	2013-14 Nov 15-june 16 MH Triage pilot and evaluation June 16 Action complete	Multi agency Sub group	Reduced use of police cells Reduction in use of 136 Higher conversion rate of those taken to hospital place of safety to an admission. Support in community for those that need it Timely health care for those that need it Timely social support for those that need it.	Urgent care review group MHJCB Resilience groups
6.2	We will upgrade the hospital place of safety suites We will establish how to provide 24 hour dedicated staffing for the Place of safety and how they can link to the MH Triage Hub staffing.	Completed 2014 Feb 2016	DHcFT	To create safe environment in line with Policy guidelines, in line with HMC/CQC inspection.	136 group CMDG

	<p>This has not proved a viable option. Finding revenue has proved difficult. Staffing of 136 suites remains an objective.</p> <p>Childrens commissioners are investigating alternative place of safety in Childrens facilities.</p>	Sept17			
6.3	<p>The AMHP services, DHcFT and police will work together to produce a single unified data source on use of 136 across Derbyshire in order that we can establish benchmarks and monitor performance</p>	<p>December 2014</p> <p>first cut ready for Feb 16 concordat meeting</p> <p>Complete</p>	AMHP leads	<p>Establishing a benchmark for performance monitoring and improved commissioning information.</p>	<p>Crisis concordat group January 2015</p> <p>KPI from Jan 2016 on</p>
6.4	<p>Conveyance</p> <p>Ensure that county wide conveyance policies reflect wording in the CCC</p> <p>The Conveyance policy was adopted early 2014; this is not fully CCC compliant and has therefore been subject to multiagency review in 2015. This should be</p>	<ul style="list-style-type: none"> • By Mar 2015 all conveyance policies will be fit for purpose. Reflect the CCC and other documents (Peer review). • By Mar 2015 all conveyance policies will be agreed by 	<p>Multi Professional Forum</p> <p>Derbyshire Constabulary lead with EMAS and AMHP and DHcFT support.</p>	<p>To enable delivery of the Concordat conveyancing principles</p> <ul style="list-style-type: none"> • <i>Caged vehicles should not be used</i> • <i>Police vehicles should not be used to convey between hospitals</i> 	<p>Crisis concordat group</p> <p>Multi professional forum</p> <p>EMAS contract</p> <p>EMAS MH group.</p>

	<p>ready for sign of by April 16. EMAS Reviewing in order that this may be incorporated in to contract for 2016 for all East Midlands</p> <p>Update Inter-facility transport stopped by police in Feb 2017 Conveyance police is in contract. Work underway with EMAS commissioners and Social care leads to establish next steps to enable policy to be enacted (resource restraints) Multi-agency Conveyance Policy is reviewed at every MHA Multi-professional Forum. pending slight amendments following changes in EMAS protocols and introduction of regional EMAS conveyance protocol</p>	<p>stakeholders (public and private).</p>			
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6.6	<p>Mandatory training and other approaches are being introduced to ensure:</p> <ul style="list-style-type: none"> • all officers in appropriate positions are fully trained to respond to and deal with mental health incidents • Police officers to be trained to recognise risk and vulnerability; and identify the need for healthcare • Ensure that custody staff are sufficiently aware of the range of learning disabilities people may have and the requirements of the codes of practice so that detainees with learning disabilities are treated as vulnerable adults. <p>These actions have been completed but now form an ongoing training requirement.</p>	<ul style="list-style-type: none"> • By Summer 2015 all officers, PCSOs, custody staff and CCMC staff will have received Nealt and classroom training Done • New more focused plan for MH triage impact required 	Derbyshire Police	Police staff trained in mental health and able to support people appropriately.	Supported by EMCRIS
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<p>6.8</p>	<p>Consider alternative places of safety for particular client groups, i.e. older people with dementia, children and younger adults. Proposals within BCF Parity of Esteem work stream to provide social care based alternative places of safety We have agreed to be part of a MoJ initiative looking at alternative places of safety.</p>	<p>Milestones to be agreed Informed MOJ of interest in December 15 Childrens alternative plan sept 17</p>	<p>136 Group to take forward plus sub group of Concordat re MoJ project proposals</p>	<p>People with different difficulties and support needs will be better cared for in a crisis e.g. in a designated care home / community hospital with staff experienced in dementia care as opposed to A&E</p>	<p>Crisis Concordat Group 136 Group Substance Misuse Strategic Group</p>
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7. Offender Health Care Coordination and MH Support

National Probation Service – Derbyshire PCC Mental Health Crisis Concordat Statement of Intent

NPS Derbyshire is committed to securing services where possible to meet the needs of our service users and will refer on to the appropriate resources. NPS Derbyshire recognises the importance of effective multi-agency working for addressing mental ill health, personality disorders or learning disabilities. The National Probation Service is part of a national personality disorder community-pathway targeting high risk, sexual and violent offenders, particularly where there may be children at risk. The focus of this pathway is to assist the offender and offender manager to better manage personality traits and reduce risk of re-offending. The project nevertheless requires that offenders have access to specialist treatment within the community through mainstream services. NPS Derbyshire's actions and service delivery are thus dependent on clear and effective pathways into mental health services.

NPS Derbyshire is committed to participate in future health projects related to improving offender related pathways into mental health services.

No.	Action	Timescale	Led By	Outcomes	How can this be Monitored
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7.1	Criminal Justice Team in place that covers Police custody and Magistrates courts Pilot is to extend to include the Crown Court.	October 2014 Team in place 2017 Action complete	DHcFT NHS England	Assessment and timely access and coordination through the court system. Support appropriate MH care Support Judicial process Avoid inappropriate prison disposal.	Offender Health Group
7.2	Improve access to mental health assessment for people with a learning disability and developmental disorders across the criminal justice pathway. Learning Disability nurse to employed into the team Dec 2016, DCHS provide forensic support for people on the offender pathway...Business Case proposals developed to enhance this service	November 2014 Complete in south	DHcFT NHS England	Improve access to Mental Health Assessment across the Criminal Justice pathway for people with a learning disability and developmental disorders.	
7.3	Develop prison in-reach adult care offer under Care Act responsibilities Update We have a dedicated social work presence linked to both Derbyshire prisons and these arrangements are working well Prisons social work input has been increased by	ongoing	Derbyshire CC Adult Care	Individual support plans for inmates to ensure both physical and mental health needs are appropriately met	Care Act Implementation Group (Derbyshire County Council)

	one additional social worker (temp 12 mths). Senior Prac has now been made permanent.				
7.4	Offender community care pathway. two pronged approach agreed by concordat Work with PH re offender access to health and wellbeing schemes now underway. New work stream on offender health access to MH started	PH workstream now on going MH access stream Meeting February 16	PCC, Probation Hardwick DHcFT Derbyshire CC Adult Care	Review how probation, prison release and similar arrangements are working in Derbyshire. Are people getting access to the support that is available? Access to public health wellbeing schemes –smoking cessation etc. Access to mainstream MH IAPT etc.	MH Offender health care plan- separate group being established by OPCC
8. Improved information and advice available to front line staff to enable better response to individuals in crisis.					
No.	Action	Timescale	Led By	Outcomes	How can this be monitored
8.1	EMAS will produce a training plan and utilize the MH information resource used by SW ambulance trust as part of a EMAS MH strategy Update Training booklet completed , training in place . MH strategy in place , links with Samaritans formalised. Crews can access triage hub .	ongoing	EMAS Hardwick	Staff able to provide more support at time of meeting the patient. Some people supported by other resources –not taken to casualty.	EMAS MH planning group

8.2	EMAS pilot of a crisis worker in the control room to provide "live" advice to staff. This proved unworkable due to staffing shortages we have now moved to a MH Triage hub and the intention is to enable control room staff access. EMAS crews now have direct phone access.	December 2015 for the plan Now part of MH triage development	EMAS	Real time advice available to ambulance crews. Possibly alternative options other than casualty conveyance possible Improved care at the time of the call Less stress for staff and patient.	EMAS MH planning group Crisis concordat group Contract monitoring Strategic Urgent care STP Board
9. Information Sharing Agreements					
No.	Action	Timescale	Led By	Outcomes	How can this be Monitored
9.1	Revise and reissue guidance to staff to encourage appropriate sharing of information to aid a person in a crisis. Complete by April 16 Crisis and Home treatment team to revise consent/information processes to provide more clarity in the event of crisis	complete by April 16 complete In process	136 group and multi-professional group DHcFT	Workers are clear about what information can be shared in a crisis on a need to know basis Workers are clear about safe working protocols	Report to crisis concordat Group June 2015 Feb 16 update to crisis concordat Group
9.2	There is a process on-going to review, and where necessary revise,	Derbyshire Constabulary and		Ensure a balance is struck between confidentiality and sharing information to benefit the patient; which allows the	To confirm completion in Feb 16 Concordat meeting

	<p>the ISAs in place between the mental health trusts within the County and Derbyshire Constabulary. This work will also look to reduce the number in existence to ensure</p> <ul style="list-style-type: none"> • The trust are in the process of writing an operational procedure to implement the 'SBARD' communication tool. It is intended this will assist all parties to understand their requirements when requesting information <p>COMPLETED</p>	<p>DHcFT</p>		<p>service/professional dealing with a crisis to know what is needed to manage that crisis</p>	
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10 Service receiver and expert by experience views on the plan and recommendations for further development.

The original plan was taken to a Service Receiver Groups for comment. Service Receiver views on this published plan will be collated by Hardwick CCG and further amendments will be made to the live document owned by the Crisis Concordat Group and the Joint Commissioning Boards. Two focus groups occurred in 2015 and a MH urgent care stakeholder event in 2016. Healthwatch have undertaken a Review of peoples experiences in crisis Against the concordat principles. This has been reported to the Concordat Group, Governing Bodies and is incorporated into our planning for 2017-18

11 Key Performance Indicators. How We Will Measure The Delivery Of The Plan. Rag rating based on august 17 Italics provides the trend /commentary	
KPI 1	Reduction in the use of Section 136 powers -Down 40-50%across whole county .
KPI 2	Reduction in the use of police cells as a place of safety under S136 –ambition to reduce to 0 <i>achieved across whole of Derbyshire only two But appropriately exceptional use of cells in 20months</i>
KPI 3	NO child detained in police cell under 136. <i>2 events in 2015 no identified in 2017</i>
KPI 4	Increase in conversion rates of people taken to hospital place of safety under S136 who are subsequently admitted <i>yes in south</i>
KPI 5	Reduction in the number of people admitted by CCG's to out of area acute admission beds. Aim to reduce to 0 <i>achieved significant reduction overall and met target for last 9 weeks as of 14 December16 But 2017 seen significant rise rise . Aim for no acute bed OOA by September 2017</i>
KPI 6	Use of crisis and step down beds by CCG's Demonstrate increased use of alternatives options for people in crisis and discharge from hospital in support of KPI 5 <i>yes achieved 11 people in step down beds per week on average</i>
KPI 7	Monitor and establish a baseline for the number of people seen by EMAS with MH as primary reason for call. To support alternative commissioning arrangements and EMAS MH Plan. <i>(EMAS baseline 2000 calls per year for Derbyshire 3 year average now known to be an inaccurate figure and a clear data set not yet established)</i>
KPI 8	Number of people seen and enabled to be treated /supported by means other than conveyance to DRI/CRH. Expressed as a percentage of KPI 7 <i>not yet able to report on this</i>
KPI 9	Increase in the number of EMAS staff Trained in MH <i>training is underway</i>
KPI 10	EMAS response time target performance long delays still reported
KPI 10	Percentage of police officers and key support staff who have undertaken mandatory MH training- both face to face and via e-learning. 80%
KPI 11	Use of 111 mental health support – (a bundle of indicators being developed by DHU and DHcFT) <i>being replaced in 2017 with MH Triage and new algorithm being developed</i>
KPI 12	An increase in the number of self helps groups per locality (note: this should be increasing with wider geographical availability).. <i>New service commissioned data for 2018 late 2017</i>
KPI 13	Use of MH act powers, by section of the MHA. (Aim for maintaining 2014 baseline/slowing rate of growth –ambition-reduce against baseline.) <i>report demonstrates stability over last three years with reduction in city and slow rise in county .136 use down across county and city .</i>
KPI 14	A process of enabling peoples experiences of being detained under MHact to be recorded will be established as a key performance measure <i>Health watch report assisted , ask new engagement service to consider. Green in county. Being considered in city.</i>

KP 15	A reduction in the use of police use of restraint (note that a recording mechanism would first need to be established) <i>In progress awaiting data</i>	
KPI 16	Monitor the use of conveyancing across agencies to ensure the appropriate method of conveyancing is used. <i>in progress awaiting data. Police conveyance has reduced.</i>	
KPI17	Response time and percentage within target for MH Crisis Team being confirmed	
	In addition to KPI Specific Policies and actions that will be monitored for progress and completion in 2015-16.	
	2015 concordat monitored action	Rag rating
	Liaison service 24 hours in CRH. (Already in DRH)	Commissioned GREEN completed
	Delivery of guidance for staff in sharing information	Should be completed by Feb 2016 GREEN
	AWOL plan agreed,	Should be complete by Feb 2016 GREEN
	Protocol between NHS providers and police for hospital incidents	Should be completed by Feb 2016 GREEN
	Revised conveyance protocol	Should be completed by Feb 2016 GREEN
	exception reporting for 136 use and policy on exceptional use	Green
	Availability of VSPA (or similar) for Primary Care, EMAS MH plan in place,	Erewash vanguard project in operation. VSPA commissioning confirmed for CCGS Green
	availability of extended hours NHS services,	Trust transformation –plans for neighbourhoods with extended hours being developed. MHTH has extended advice OOA liaison teams 24 hours , hence amber Amber
	Review completed of phone support services	111 reviewed action for 2016 for Vol sector Green
	Arrangements for AMHP service out of hours	agreed Green complete
	County Adult care field work arrangements agreed.	Agreed Green
	Review of offender pathway started.	new service commissioned by NHSE Green
	Crisis support in EMAS control room project	replaced with new MH triage Hub. However Green

	delivery	EMAS now recruited staff to control room	
	We will review attendance at the 136 and multidisciplinary forums to ensure we continue to have the right mix or organisations represented address the issues	Done and well represented	Green
	System Agreement on the approach to successor to Street Triage Scheme.	Agreed on MH triage hub	Green
	A reduction in the number of repeat calls to service from those with MH across services.	To be taken forward in 2017 by High intensity user project	Amber

2017-2019 High level plan for Derby and Derbyshire Concordat

Item	Issue to be resolved(HR refers to Healthwatch review related actions)	Actions	Update (as of November 17)	Lead	RAG
1	Public Knowing how to get help in a crisis. Providing clearer information and advice for patients family and carers (including review of helplines and 111MH offer)	Helpline arrangements 111 and CAAT Clinical advice and assessment team see 4 below	Proof of concept ended, report to Derbyshire committee and CCH Governing Bodies Sept Helpline to be looked at via 111 and Urgent care plans	DCC/Hardwick STP Strategic Urgent Care Board.	Red
2	Professionals knowing how to get information advice and support when working with someone in a crisis HR (ownership of the situation)	Mental Health triage hub development	Leadership issue now resolved. EMAS crews now accessing, GP out of hours service accessing. 111 once IT issue resolved.	DCC/DHCFT/NDCCG	Amber

3.1	EMAS conveyancing policy, implementing time standards for response.	To be taken forward between EMAS and Hardwick as EMAS commissioners.	Regional issue. Changes in EMAS commissioning have reduced times but still significant issue.	Hardwick EMAS	
3.2	Reducing conveyance to ED	Analysis of options in working group Potential expansion in Triage Hub or other options	Working group in progress Report to Strategic Urgent care board (SUCB) November/December?	NDCCG/Hardwick/DHCFT/EMAS /DCC	
4	Development of the multi-agency Hub STP (not just MH)	DHU taking forward report to SUCB CAAT approach		DHU	
5	Alternative safe places for young people and adults Safe place to wait within the urgent care centre project at RDH	650 capital funding available	Paper approved at Urgent care STP Board. RDH now taking forward with DHcFT	DRHT NHS Trust DHcFT	
5.1	Staffed 136 suite in accordance with CQC recommendations	No revenue costs available	No funding identified. 136 incidents have reduced by 40%		
5.2	Young people	Concept being worked up	Meeting with Childrens commissioners Friday 26 August. Bid to NHSE submitted 7/9/17, Unsuccessful, further options being explored	Childrens Commissioning Directors	
6	Reduced out of area bed use (Acute and Psychiatric Intensive Care Unit (PICU))	Report to STP delivery board. PICU procurement	Numbers high. Trust addressing capacity plan Trust trajectory to reduce OOA beds by September 2018 to Zero. Market testing event held .	STP PICU-Hardwick	

			Options for Derbyshire Beds being appraised. Current access improved through block contract arrangement with Cygnet and Leicester. Numbers beginning to stabilise and trajectory for reduction in 2018		
7	Development of a Forensic Community Service	STP Plan	TCP spec written. MH elements to be resourced through rehabilitation and forensic transformation plan. STP confirmed plan in principle .Detailed business case for 18 January	STP	
8	High intensity users (people who frequently call the police, EMAS , attend ED etc) HR	High intensity network joined. Joint working police and DHcFT.	Meeting in August next network meeting September.	DHCFT/Police	
9	Primary Care access to support and Prevention-(STP) HR	STP plan Tracy lee Lead		STP	
10	Responsive community services-(Including Crisis Team) STP HR	STP plan Kate Majid Lead		STP	
11	MH support in ED, reducing the need to	Strategic urgent care board	12 hour breaches reduced and	A&E board	

	attend, arrangements for MH in urgent care centres, and a good pathway of care when there. HR	established 30M for capital including MH arrangements in urgent care centre arrangements	liaison teams in place –hence amber.	Urgent care strategic group STP	
12	Homelessness rough sleeping and mental health-including substance misuse (particularly Derby).	Police and crime commissioner initiative.	PCC working with chesterfield Borough council on issues for Chesterfield Some response commissioned in Derby DCC starting review of MH and accommodation strategy		
13	Sexual violence (trauma pathway) From initial Derbyshire voice consultation and feedback)	Adult and Childrens SARC Joint commissioning of pathway.	Progressing through PCC commissioning		
13.1		Counselling support for adults who have experienced abuse in past.	SAIL successful in lottery funding .Sv2 successful in lottery bid .working to understand new pathway . But amber or red as underlying issues not yet resolved. Commissioners to explore IAPT response and make adjustments if required to enable right treatment from IAPT.		
14	Dual Diagnosis MH and substance misuse	Review in progress.	Await review and recommendations. Due April 18		