

## Mental Health Crisis Care Concordat: County Durham and Darlington Local Action Plan

### Members of the Concordat:

North Durham Clinical Commissioning Group (CCG) Durham, Dales, Easington & Sedgefield (DDES) CCG	North East Ambulance Service NHS Foundation Trust (NEAS) Durham Police & Crime Commissioner Durham Constabulary British Transport Police
Darlington CCG	County Durham & Darlington Local Medical Committee
NHS England	County Durham & Darlington Fire & Rescue Service
Durham County Council (DCC) Local Authority (LA)	Countywide Forum
Darlington Borough Council (DCB)/Darlington Health & Wellbeing Board	Mental Health Matters
County Durham Health & Wellbeing Board/County Durham Mental Health Partnership Board Sub Groups:- <ul style="list-style-type: none"> <li>• County Durham Mental Health Provider &amp; Stakeholder Forum</li> <li>• No Health without Mental Health</li> <li>• Learning Disability/Mental Health Commissioning Group</li> <li>• Dual Diagnosis Strategy Implementation Group</li> <li>• Public Mental Health Strategy Group</li> <li>• Children and Young People's Mental Health &amp; Emotional Wellbeing</li> <li>• CCG Mental Health Care Delivery Working Group</li> </ul>	Investing in Children CIC
Healthwatch Darlington/Darlington Network/Healthwatch County Durham	Waddington Street Centre
County Durham & Darlington NHS Foundation Trust (CDDFT)	Mental Health North East
Tees Esk & Wear Valley NHS Foundation Trust (TEWV)	Chester-le-Street and Durham City Mind
North Tees & Hartlepool NHS Foundation Trust (NTHFT)	Stonham Home Group
City Hospital Sunderland NHS Foundation Trust (CHSFT)	Darlington Samaritans

## 1. Overview & Background

The national Mental Health Crisis Care Concordat (Crisis Care Concordat) was launched in February 2014. One of the key aims of the Crisis Care Concordat is to develop joined up service responses to people who are in mental health crisis (all age). There has been national sign up to the Crisis Care Concordat by a number of key agencies and there is a specific emphasis on securing delivery of improved outcomes for people in mental health crisis at a local level.

In **County Durham**, the Mental Health Implementation Plan is the overarching mental health strategy for children and adults in County Durham, and is the local implementation plan of the national “No Health without Mental Health”. This plan sets out how, over the next three years, we intend to develop and improve Mental Health services covering all ages across the county. It also outlines what our local priorities will be in order to achieve positive outcomes in line with the requirements and objectives of the national strategy.

The Mental Health Implementation Plan for County Durham is supported by a number of strategies and work relating to mental health, including:

- The Public Mental Health Strategy.
- Self-Harm and Suicide Prevention.
- County Durham Dual Diagnosis Strategy.
- County Durham and Darlington Dementia Strategy.
- The Mental Health Crisis Care Concordat.
- Children and Young People’s Mental Health, Emotional Wellbeing and Resilience Plan.
- Child and Adolescent Mental Health Services interim Strategy.

Local priorities include:

- Improving outcomes for people experiencing mental health crisis (Crisis Care Concordat).
- Supporting people who are socially isolated.
- Reducing the number of people developing mental health problems through promotion of mental health, prevention of mental ill-health and improving the quality of life for those with poor mental health through early identification and recovery (Public Mental Health Strategy).
- Developing a specific Mental Health and Emotional Wellbeing Strategy to take forward work relating to children and young people, incorporate Children and Adolescent Mental Health Services (CAMHS).
- Reducing the rate of people who self-harm or attempt suicide in County Durham .
- Supporting those in the armed forces community who have poor mental/physical health.

These priorities are aligned to those in the County Durham Joint Health and Wellbeing Strategy.

## Appendix 2

There has already been development of mental health crisis services across County Durham and a pilot project for children's crisis services has been initiated in 2014/15. Drawing together the local action plan for mental health crisis will take into account existing service developments and seek to improve services and outcomes for patients.

The Health and Wellbeing Board through the Mental Health Partnership Board has established a multi-agency task and finish group to take forward the local declaration and development of a prioritised action plan to ensure outcomes for patients in a mental health crisis continue to be improved. The top priority areas of focus are as follows:

- Continued implementation of the policy arrangements for patients detained under section 136 of the Mental Health Act – this is essentially the integrated working and processes between the police, mental health, A&E and ambulance services. This includes places of safety arrangements recently put in place in County Durham and Darlington through System Resilience Funding
- Developing proposals and review of protocols for people presenting with mental health problems and intoxication from alcohol or drugs. This include designation place of safety in appropriate setting. There is also an opportunity to look at models of care and support within the community and voluntary sector
- Review data sharing proposals between health and the police to enable effective strategic planning and operational delivery
- Review the evidence from the national “Street Triage pilots”. Consider and review demand within County Durham in terms of police time spent in street situations and in people's homes or public places responding and dealing with people in mental health crisis. In addition review the ongoing effectiveness of the ‘tele triage’ scheme that is in place in County Durham

A Wellbeing for Life Service has been developed by County Durham public health which will provide an integrated and holistic wellbeing service to improve health and wellbeing and tackle health inequalities in County Durham.

The service will use ‘community assets’ rather than create dependency on public services. Examples include strengthening the resilience of children, young people and families, raising awareness of the signs and symptoms of common cancers and helping people to better care for themselves.

The social determinants of health, for example, poverty, unemployment, housing, environment, transport, early years, education and skills impact on health inequalities across the County. The service will ensure a joined up approach across the wider health and social care system, to enable communities and individuals to optimise their health and life opportunities.

The service also includes stronger partnership working and has the potential for joint commissioning with health care, focusing on preventive and early intervention services to support people with long term health conditions, including mental health conditions and vulnerable groups.

## Appendix 2

Durham County Council and its partners have begun a new way of working with children, young people and their families facing multiple and complex challenges. The County Durham 'Think Family' approach means ensuring that both parents and children are able to get the support they need, at the right time, to help their children achieve good outcomes. It is recognised that children's problems do not sit in isolation from their parents, and that parents' problems impact on their children. Only by looking at the whole family and responding to their needs in a coherent way will the best outcomes be achieved. We are doing this by ensuring all agencies working with these families work effectively together using a 'think family' multi-agency approach to meet the needs of whole families, rather than focusing only on the child's or adult's needs in isolation. This means making sure that families receive integrated, co-ordinated, multi-agency, solution focused support. By identifying problems early, all services can work closely together to help prevent a family's needs escalating and requiring more intensive intervention. This approach also has a national directive through the Troubled Families Programme known in Durham as the Stronger Families Programme.

In **Darlington**, the Mental Health Implementation Plan is the overarching mental health strategy for children and adults and is the local implementation plan of the national mental health strategy "No Health without Mental Health". This plan sets out how, over the next three years, we intend to develop and improve how people with a mental health problem are supported. The implementation plan has been co-produced with key stakeholders and its' outcomes will be monitored through the Darlington Mental Health Network.

The implementation plan is built around the 6 key outcomes identified in the National Strategy:

- More people will have good health.
- More people with mental health problems will recover.
- More people with mental health problems will have good physical health.
- More people will have a positive experience of care and support.
- Fewer people will suffer avoidable harm.
- Fewer people will experience stigma and discrimination.

Local priorities include:

- Supporting the parity of mental health through the delivery of an effective action plan to deliver the Crisis Care Concordat.
- The co- production of effective preventative services that address mental health needs earlier.
- A continued focus on improving access and choice to psychological therapies.
- Implementing a recovery approach which includes the intention to develop a recovery college.
- Building on the important role Primary Care plays in preventive mental health approaches.
- Development of a person centred care programme approach (CPA).

## Appendix 2

Alongside these priorities the Clinical Commissioning Group (CCG) will look to ensure that mental health spend rises in real terms and grows in line at least with the CCG's overall growth in its allocation. There are three new national targets for 2015/16 to reinforce the emphasis on mental health:

- By April 2016 50% of people experiencing a first episode of psychosis will receive treatment within two weeks.
- At least 75% of adults should have their first IAPT treatment session within six weeks of referral, with a minimum of 95% treated within 18 weeks.
- Commissioners and providers to agree Service Development Improvement plans setting out how adequate and effective levels of liaison psychiatry will be provided in acute settings.

The North East Ambulance Service Regional Mental Health Crisis Concordat Action Plan is attached for reference.

## 2. Programme Objectives – Actions, Milestones & Progress

<b>Objective 1. Commissioning to allow earlier intervention and responsive crisis services</b> Matching local need with a suitable range of services Improving mental health crisis services Ensuring the right numbers of high quality staff Improved partnership working at a local level						
Ref	CCC Ref	Actions & Milestones	By when	By whom	RAG	Progress
A		Appoint and convene <b>Multi-Agency Partnership Task and Finish Group</b> , including Clinical Commissioning Groups (CCGs), Local Authorities (LAs), Constabulary, National Health Service (NHS) providers, Ambulance service.	Jan 2014	Michael Houghton		
B		<b>Local Mental Health Crisis Declaration</b> drafted, agreed and published.	Nov 2014	Michael Houghton, Karen Turner		Comprehensive County Durham and Darlington organisational and agency engagement. Declaration/press release statement signed off and published on local websites. Declaration uploaded onto national Concordat portal.
C	1.1	<b>Joint Strategic Needs Assessments (JSNA)</b> are developed to include a clear understanding of need, its patterns across geography and communities, and feed into commissioning plans that respond to gaps identified – Constabulary and TEVV to contribute to JSNA (DCC) and Single Needs Assessment (DBC).	2015/2016	DCC – Angela Harrington DBC – Janet Walke		
D	1.2 3.15	Implement <b>Multi-Agency Information Sharing Protocol</b> at an operational level, and clarify staff's understanding of when it is appropriate to share information (government developing information technology interface solutions).	Dec 2015	Multi-Agencies		Multi-Agency Information Sharing Protocol covers County Durham and Darlington, Tees Valley and North Yorkshire, including TEVV and the Police (confirmed by Durham LA).

Appendix 2

<b>Objective 1. Commissioning to allow earlier intervention and responsive crisis services</b> Matching local need with a suitable range of services Improving mental health crisis services Ensuring the right numbers of high quality staff Improved partnership working at a local level						
Ref	CCC Ref	Actions & Milestones	By when	By whom	RAG	Progress
E	1.4 1.5	Develop <b>County Durham Mental Health Needs Assessment Plans</b> , to inform the commissioning intentions for a 'good evidence-based mental health early intervention/crisis care pathway': <ul style="list-style-type: none"> <li>to assess the level of local need,</li> <li>develop baseline assessment of current provision/gap analysis.</li> </ul>	Dec 2015	DCC – Catherine Richardson		Catherine Parker reviewed action plan Jan 2015 to ensure it met the needs of Darlington population – further specialist input to be requested via Ken Ross.
F	1.8 3.14	Review/update <b>local mental health early intervention/crisis care protocols</b> related to mental health crisis presenting with intoxication from substance misuse, when national guidance available.  Agree/implement the dual diagnosis strategy – mental health/learning disabilities, in addition to substance misuse.  Consider a <b>range of solutions</b> : the use of wet rooms/sober up safe places; SOS Buses (Colchester Essex Model) and Street Angels.	Dec 2015	TEWV Constabulary NEAS DCC DBC CCGs		Dawn Temple-Scott to update re. Royal College of Psychiatrists (RCP) guidelines by end February 2015.

<b>Objective 1. Commissioning to allow earlier intervention and responsive crisis services</b> Matching local need with a suitable range of services Improving mental health crisis services Ensuring the right numbers of high quality staff Improved partnership working at a local level						
Ref	CCC Ref	Actions & Milestones	By when	By whom	RAG	Progress
G	1.9 3.18 4.5	Develop a Concordat partners' workforce <b>Training and Development Plan</b> , in response to required awareness, skills and competencies (core skills, suicide prevention training, training to reduce the use of physical restraint in mental health services).	Dec 2015	DCC – David Shipman, Catherine Richardson DBC – Mark Humble Constabulary – Lorraine Joyce & Kevin Weir		<p>DCC (Catherine Richardson) completed local suicide prevention e-learning training package for GPs within County Durham and shared with Micaela Robinson (Darlington CCG).</p> <p>DCC (Catherine Richardson) - Public Health Brief Intervention training piloted and roll out to commence April 2015.</p> <p>TEWV/Constabulary to continue the multi-agency mental health training programme in place, i.e. Awareness Events to Supervision Specific Training, to Interviewing and Investigating, Aide Memoires for all officers dealing with mental health incidents.</p> <p>Constabulary - tele-triage in situ, whereby officers on scene can speak directly with Crisis Team staff to help decision making for example most appropriate use of s136 detention or Community services etc. Still awaiting decisions in relation to the staffing in 136 Places Of Safety units.</p>



Appendix 2

<b>Objective 1. Commissioning to allow earlier intervention and responsive crisis services</b> Matching local need with a suitable range of services Improving mental health crisis services Ensuring the right numbers of high quality staff Improved partnership working at a local level						
Ref	CCC Ref	Actions & Milestones	By when	By whom	RAG	Progress
H	1.8	Develop a <b>Partnership Working Joint Commissioning Plan</b> , via No Health Without Mental Health Implementation Group (user/carer involvement, key metrics/monitoring frameworks, mechanism to share best practice, i.e. web portal).	Apr 2015	Concordat Members		Michael Houghton/Concordat Members to discuss/agree how/by whom the Mental Health Crisis Care Concordat Action Plan will be implemented and thereafter feed into the 'No Health Without Mental Health Implementation Group' (County Durham) and Mental Health Network (Darlington).
I	1.12	Develop and support <b>'suicide safer communities' model</b> and develop associated website and support/advice lines.	Jul 2015	Catherine Richardson & County Durham Suicide Prevention Strategy Group		Pilot 'suicide early alerts system' and attempted suicide early alert launched September 2014; to be evaluated June 2015 and will inform national programme. This alert system allows for family referral to support services within 48 hours or notification on suspected suicide. Notification of suspected suicide received within 48 hours of death.  Suicide safer communities' model agreed Feb 2015.

Appendix 2

<b>Objective 2. Access to support before crisis point</b> Improve access to support via primary care Improve access to and experience of mental health services						
Ref	CCC Ref	Actions & Milestones	By when	By whom	RAG	Progress
A	2.1 3.9 3.12 3.16 3.17 5.2 5.4	Develop a <b>'good evidence-based multi-agency (health, local authority and police)/user/carer mental health early intervention/crisis care pathway'</b> to support people (adults, young people & children)/families: <ul style="list-style-type: none"> <li>• undertake <b>process mapping</b> to determine 'what good service provision/experience looks like',</li> <li>• identify gaps/scope needs,</li> <li>• seek user/carer input,</li> <li>• collaborate with voluntary sector organisations,</li> <li>• consider various models ('street triage' pilots, tele-triage etc.),</li> <li>• address the gaps in service provision for black/ethnic minority groups, lesbian/gay/bisexual people, 'seldom heard' groups,</li> <li>• considerations: police custody (liaison/diversion), crisis related services listed on the NHS 111 Directory of Services, care and support plans,</li> <li>• monitor the effectiveness of responses to people who experience mental health crisis.</li> </ul>	Jan-Jun 2015	TEWV (Paul Wait) to lead with multi-agency partners		Dawn Temple-Scott shared North Tyneside process mapping example with Concordat members.  Tenders under review: - s136 proposal (system resilience funding available for 1 year, need to consider recurrent funding). - Crisis Service Telephone Support and Triage (progressing).  To explore the Teesside Information Sharing Agreement between health, local authority and the police (identification of 'people who know each other' – crime mapping) – please see Objective 1.D.  Lean review for suicide and self harm to feed into this (Catherine Richardson and Lynn Wilson).
		<b>Map the distribution of third sector mental health organisations/services.</b>	Jan-June 2015	Healthwatch (Durham) – Joanne Scott  Healthwatch (Darlington) – Andrea Goldie		Darlington - 'Mental Health Directory' stored on TEWV website. Dawn Temple-Scott facilitating a meeting on 28 Jan 2015 with third sector mental health organisations (potential outcome – provider driven directory of mental health services). Links into the wellbeing for life asset mapping.

Appendix 2

<p align="center"><b>Objective 3. Urgent and emergency access to crisis care</b>                      Improve NHS emergency response to mental health crisis                      Social services' contribution to mental health crisis services                      Improved quality of response when people are detained under section 135 and 136 of the Mental Health Act 1983                      Improved information and advice available to front line staff to enable better response to individuals                      Improved training and advice for police officers                      Improved services for those with co-existing mental health and substance misuse issues</p>						
Ref	CCC Ref	Actions & Milestones	By when	By whom	RAG	Progress
A	3.1 3.13 4.1	Resources in place to accept people in crisis, so as not to detain in police cells (zero s136 detention in the short-term).	Outcome Awaited	136 Co-Ordinator County Durham & 136 Co-Ordinator Darlington		s136 tender (system resilience funding available for 1 year, need to consider recurrent funding). The implementation of the new Liaison and diversion service from April 2015 has a structure regarding those remanded into custody following court.
B	3.2	<p>Review report from the <b>TEWV crisis service review</b>, which identified a number of areas to take forward and have been tasked to the Mental Health Operational Group to address:</p> <ul style="list-style-type: none"> <li>• triage system/telephone helpline,</li> <li>• process outlining how to access services,</li> <li>• review communication methods between police/Crisis Team,</li> <li>• request/review 'street triage' pilot service in Tees localities,</li> <li>• introduce key performance indicators (KPI) around Crisis plans included with care planning, discharge planning and CPA reviews. Also include a KPI around four hour waits for Crisis Services,</li> <li>• further develop staff training on attitudes and awareness,</li> <li>• further analysis of complaints/Patient Advice and Liaison Service and an understanding of action taken,</li> <li>• develop service user feedback following crisis intervention.</li> </ul>	Apr 2015	Mental Health Operational Group		

Appendix 2

<p align="center"><b>Objective 3. Urgent and emergency access to crisis care</b>                      Improve NHS emergency response to mental health crisis                      Social services' contribution to mental health crisis services                      Improved quality of response when people are detained under section 135 and 136 of the Mental Health Act 1983                      Improved information and advice available to front line staff to enable better response to individuals                      Improved training and advice for police officers                      Improved services for those with co-existing mental health and substance misuse issues</p>						
Ref	CCC Ref	Actions & Milestones	By when	By whom	RAG	Progress
C	3.3 3.4 3.5	Concordat members await ' <b>Emergency Department Access to Specialist Mental Health Services Audit</b> ' (audit) findings from Royal College of Psychiatrists (RCP): - act on recommendations, - audit of mental health assessment rooms in Emergency Departments, once audit available - ? analysis done (doctor delays), - consider alternative/appropriate levels of service user/carer transport options/responsiveness.	Due Sep 2014 – still awaited	Royal College of Psychiatrists		
D	3.6 3.7	DCC and DBC to share recommendations following their <b>review of out of hours Approved Mental Health Professional (AMHP) provision.</b>	Feb 2015	DCC – Helen Fergusson DBC – Mark Humble		Helen Fergusson – AMHP sufficiency strategy developed to ensure that there is sufficient AMHP capacity out of hours to meet demand. A range of recruitment options identified which are currently being tested. Mark Humble – Out of Hours AMHPs are provided in Darlington through Tees wide Emergency Duty Service.
E	3.8 3.10	Explore Care Quality Commission (CQC) Report ' <b>A Safer Place To Be</b> ' and include recommendations in the action plan.	Mar 2015	Dawn Temple-Scott		Dawn Temple-Scott to provide regional summary of CQC Report Mar 2015, thereafter Concordat members to identify key actions to include in action plan.
F	3.11	Develop an implementation plan to address the implementation of NHS ambulance services in England national protocol (Apr 2014) for the transportation of s136 patients, which provides agreed response times and standard CCG specification.	Feb 2015	NEAS – Dan Haworth		Dan Haworth to circulate updated NEAS implementation plan to Concordat members in Feb 2015.

Appendix 2

<b>Objective 4. Quality of treatment and care when in crisis</b> Review police powers and use of places of safety under the Mental Health Act 1983 and CQC monitoring of operation Service User/Patient safety and safeguarding Primary care response						
Ref	CCC Ref	Actions & Milestones	By when	By whom	RAG	Progress
A	4.6	Map out the <b>governance multi-agency information system links</b> , specific to people experiencing mental health crisis (utilise systems currently in place).  Develop a range or performance indicators that evidence local experience, including the number of safeguarding alerts linked to mental health crisis.	Mar 2015	TEWV – Paul Newton		
<b>Objective 5. Recovery and staying well / preventing future crisis</b> Joint planning for prevention of crises						
Ref	CCC Ref	Actions & Milestones	By when	By whom	RAG	Progress
A	5.3	Learn from the <b>'Checkpoint' programme</b> in use by the Police to forecast risks of repeat offending.  Consider other mechanisms, i.e. personal health budgets and navigators.	Apr 2015	Checkpoint Programme Board		Checkpoint will be launched Apr 2015 and random controlled trial research evaluation of the programme will be complete Apr 2016.  Navigators currently not in place, planned recruitment will result in interventions across a range of key pathways.

**Rag Legend**

<b>RED</b>	No progress made – significant risk to timely delivery – remedial action required	<b>AMBER</b>	Limited progress made, action/milestone may slip or need to be re-profiled	<b>GREEN</b>	Action/milestone on track to deliver at standard required for delivery	<b>BLUE</b>	Action complete, on time and to standard required for delivery of plan
------------	---	--------------	--	--------------	--	-------------	--