



### Appendix 3

North East Ambulance Service   
NHS Foundation Trust

## Mental Health Crisis Care Concordat Action Plan

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

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

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

### Areas of Concern

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

NEAS will commit to giving consideration and signing up to each of the locality Mental health declarations and the Trust Medical Director will be the strategic lead who will sign up to the declarations on behalf of NEAS ([kyee.han@neas.nhs.uk](mailto:kyee.han@neas.nhs.uk)). It is understood that most areas are using the template declaration available on [www.crisiscareconcordat.org.uk](http://www.crisiscareconcordat.org.uk). NEAS have asked that if you have made local amendments to this template, to please highlight these for NEAS' consideration when asking for sign up from NEAS.

ORGANISATION: NEAS

NAME SUBMITTED BY: Jeannie Henderson

DATE: 06/10/2014

RAG RATING:

**RED** Major issues which require decisions/re-planning

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

**GREEN** Proceeding to plan within stated tolerances

**1. Commissioning to allow earlier intervention and responsive crisis services**

No.	Action	Timescale	Led By	Outcomes	RAG
<b>Matching local need with a suitable range of services</b>					
1.1	NEAS to be involved in a multi-agency approach to commissioning for mental health to support the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS)	<b>On-going</b>	CCG's	This will support effective commissioning in respect of all relevant organisation having the services and resources in place to effectively respond to patients in mental health crisis	
1.1	To work alongside commissioners to enable the provision of 24/7 advice from mental health professionals either to or within the clinical support infrastructure within the Ambulance service contact centre to assist	<b>July 2015</b>	CCG's	Will provide real time advice and support for ambulance crews dealing with patients in mental health crisis in order to identify the most appropriate place of care and management  Will allow the development of robust pathways of care for patients in crisis who interact with the ambulance service.	

	<p>the initial assessment of mental health patients and help ensure a timely and appropriate response. This service is not in place and should be explored with commissioners.</p> <p>Work with health care partners and commissioners to identify the requirements of providing that 24/7 support.</p> <p>Explore the option with commissioners for support for a 1.0 WTE mental health lead for NEAS who can lead on the above work as well as supporting all other action points.</p>				
<b>Improving mental health crisis services</b>					
1.4 1.5 1.6	Enhanced access to advice and support, particularly out of hours, is required to support ambulance services when	<b>September 2015</b>	Mental Health Trusts and Crisis teams	A reduction in patients being transported to an emergency department. A reduction of time that ambulance crews time on scene and the need to call on police support when no appropriate pathways of care are in place for mental health patients	

	<p>treating patients with mental health problems.</p> <p>Enhancing access to mental health services for ambulance crews to refer patients who are in first time crisis.</p> <p>Ambulance services having access to alcohol and substance misuse services for urgent referrals and knowledge of how to engage these appropriately.</p> <p>Work with partners across; primary care, out of hours, Mental Health Trusts, Police and 3<sup>rd</sup> Sector to support people in crisis.</p>		<p>Alcohol and substance misuse services</p> <p>LAT's, CCG's and LMC's</p>	<p>A reduction in ED attendances for patients with chronic drug and alcohol problems</p> <p>Enhanced out of hour's provision for mental health patient is required to support ambulance services.</p>	
<b>Ensuring the right numbers of high quality staff</b>					
1.9	<p>Work with partners to ensure ambulance clinicians are trained in mental health to meet service needs.</p>	<p><b>To be completed by March 2016</b></p>		<p>Deliver appropriate mental health training to all NEAS ambulance clinicians (approx.1000) to improve understanding of patient undergoing mental health crisis. Link with local mental health partners to support delivery</p>	

2. Access to support before crisis point					
No.	Action	Timescale	Led By	Outcomes	RAG
<b>Improve access to support via primary care</b>					
2.1	Work with partners to establish a timely and consistent response by primary care and out of hours GP	<b>On-going</b>	Operations directorate NEAS OOH Providers CCG's	Agreed response time from primary care and out of hours GP provision for patients in crisis	
3. Urgent and emergency access to crisis care					
No.	Action	Timescale	Led By	Outcomes	RAG
<b>Improve NHS emergency response to mental health crisis</b>					
3.1	As 111 and 999 provider	<b>On-going</b>	NHS England AACE NASMED	As 111 and 999 provider NEAS would benefit from being part of this review	
3.2	NEAS would benefit from				
3.4	being part of this review				
<b>Social services' contribution to mental health crisis services</b>					
3.6	NEAS to support the development of the JSNA to support the enhancement of AHMP services in the out of hours setting	<b>On-going</b>	ADASS (with LGA and college of social work)	NEAS to have access to more efficient our of hours AHMP service	

Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983				
3.11 a	The NHS ambulance services in England will introduce a single national protocol for the transportation of S136 patients, which provides agreed target response times and a standard specification for use by clinical Commissioning groups.	<b>In progress</b>	NEAS Mental Health lead AACE (national)	There is an agreed national response time target of 30 minutes for section 136.  NEAS have been involved in the development of the 135/136 protocol with NTW and TEWV.

3.11 b	NEAS to work with partners and commissioners to monitor and improve the response to patients in crisis.	<b>July 2015</b>		<p>NEAS have implemented the 30 minutes response for patients detained under section 136. However meeting that response will be dependent on the demand for the service at that time and the need to respond to higher priority emergency calls.</p> <p>Discussion is on-going regarding a dedicated vehicle to transport 135/136 patient out of winter pressures funding. However this is a service that needs to be specifically commissioned separate from the core A&amp;E contract if timescales are to be realised</p>	
<b>Improved information and advice available to front line staff to enable better response to individuals</b>					
3.15	Development of a web based portal which is region wide and has interoperability in order to share information across agencies such as mental health, police and social care.	<b>April 2016</b>	HSCIC MH strategic network	This will enable to sharing of information and care plans to enhance management and experience of mental health patients	
<b>Improved training and guidance for police officers</b>					
3.16	This could be extended to Ambulance staff	<b>Completed by April 2016</b>	Acute Mental Health Trusts	Improved assessment and experience of patients who are responded to by the 999 or 111 service	

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

No.	Action	Timescale	Led By	Outcomes	RAG
<b>Staff safety</b>					
	NEAS staff to undergo annual conflict resolution training	<b>To be completed by April 2016</b>		Staff will be provided with the skills to resolve conflict therefore enhancing their safety when dealing with mental health patients	



**Reference:**

Department of Health and Concordat signatories. (2014). *Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis*. Available:

[https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0CCYQFjAB&url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fuploads%2Fsystem%2Fuploads%2Fattachment\\_data%2Ffile%2F281242%2F](https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0CCYQFjAB&url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fuploads%2Fsystem%2Fuploads%2Fattachment_data%2Ffile%2F281242%2F)

Last accessed 19th Jan 2015.

Royal College of Psychiatrists. (2013). *Guidance for commissioners: service provision for Section 136 of the Mental Health Act 1983*.

Available: [http://www.rcpsych.ac.uk/pdf/PS02\\_2013.pdf](http://www.rcpsych.ac.uk/pdf/PS02_2013.pdf).

Last accessed 19th Jan 2014