

# Health and Wellbeing Board

8 March 2016



## No Health Without Mental Health Update including the Mental Health Crisis Care Concordat

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### Report of Nicola Bailey, Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Group

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#### Purpose of the Report

- 1 The purpose of this report is to update the Health and Wellbeing Board on the progress of the No Health without Mental Health Implementation Plan and the Mental Health Crisis Care Concordat.

#### No Health without Mental Health local Implementation Plan

- 2 The National Strategy “No Health without Mental Health” was introduced by the government in 2011. The County Durham Mental Health Implementation Plan aims to introduce these objectives locally to improve the mental wellbeing of people across County Durham.
- 3 A joint approach was taken to develop the priorities set within the plan which was approved by the Health and Wellbeing Board in November 2014. The Health and Wellbeing Board have received regular updates with the last update provided to the Board in September 2015.
- 4 The Implementation Plan has been updated by key stakeholders as part of the No Health without Mental Health Implementation Group, outlined in Appendix 2.
- 5 There are no red issues currently. The following are at Amber status

1.1	Undertake an assessment of the mental health needs of the population of County Durham	The initial deadline of December 2015 has slipped but the work will still be delivered within the financial year.
1.3	Develop an Integrated Primary Care model for access to talking therapies	Progress is being made in this very challenging and complex area. The Partnership Board receives regular updates from Provider Management and are happy with progress.

2.1	Work together to find ways that will support the armed services community who have poor mental or physical health	The MHPB received an update at their meeting in February 2016
2.4	Ensure that all services adopt a Recovery orientated approach and use validated recovery measure to evaluate outcomes. By using relevant recovery related Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) enables service providers and service users to evaluate progress.	This requires a cultural change for Providers and so quick progress should not be expected. Baselines are being included in new service contracts but it is taking longer to negotiate these into existing contractual arrangements.
2.5	Explore opportunities to embed co-production and peer support models within contracts	Ongoing work with most deadlines met. One issue with Health Education North East (HENE) funded training course being picked up; feedback due to February Partnership Board.
2.6	Ongoing monitoring and awareness of the financial challenges and how the welfare reforms impact on the ability to access services	Further discussion at recent Provider and Stakeholder forum will continue to feed into this issue further.
3.1	Develop a more integrated response for people with both mental and physical health conditions	Commissioning for Quality and Innovation (CQUIN) in place with Tees, Esk and Wear Valley NHS Foundation Trust (TEWV)
4.4	Work together to give people greater choice and control over the services they purchase and the care that they receive	Work ongoing. Partnership Board receives regular updates.
4.5c	Improve awareness of the range of service provision available to General Practices and improve the accessibility and uptake to these services	Specifically in relation to the Wellbeing for Life work. This is operating extremely well in many areas but this is not universal. Public Health Colleagues are working to get the same high quality service to all residents.
4.6	Develop and implementation the County Durham Dual Needs Strategy	Work is ongoing.
5.2	To develop a more extensive, accessible crisis team	This work is part of the Crisis Care Concordat and cuts across the work of the Urgent and Emergency Care Vanguard.

### **Mental Health Crisis Care Concordat**

- 6 The national mental health crisis care concordat was launched in 2014. One of the key aims of the concordat was to develop joined up service responses to people who are in mental health crisis. There was national sign up to the concordat by a number of key agencies and there was a specific emphasis on securing delivery of improved outcomes for people in mental health crisis at a local level. This was achieved firstly through local partners signing up to a declaration in October 2014 and secondly by those partners developing and agreeing a local action plan in March 2015.

- 7 The declaration and action plan were agreed by the Health and Wellbeing Board and published on the national website. The Health and Wellbeing Board have received regular updates with the last update provided to the Board in September 2015.
- 8 The local plan comprises of actions mirrored under objectives of the national crisis care concordat guidance focused on areas of priority to address a gap or improvement. The Mental Health Partnership Board has established a steering group to oversee the implementation of the local crisis care action plan. The sub group comprises key representatives from each statutory partner organisation who agreed to support the implementation of the action plan.
- 9 The key areas of priority identified in the local action plan are as follows:
  - Continued implementation of the policy arrangements for patients detained under section 136 of the Mental Health Act – this incorporates places of safety, integrated working, timely transport, training and processes between the key services such as police, mental health, accident and emergency and ambulance.
  - The review of protocols for people presenting with mental health problems and intoxication from alcohol or drugs. This includes designation of place of safety in appropriate settings. There is also an opportunity to look at models of care and support within the community and voluntary sector.
  - Reviewing 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.
- 10 The Crisis Care Concordat Steering Group meets monthly to progress actions within the plan. A workshop took place in January 2016 with key stakeholders to enable key areas identified with the action plan to be discussed further to identify solutions.
- 11 The Mental Health Crisis Care Concordat steering group met on 10<sup>th</sup> February 2016 to discuss and ratify the outcomes of the workshop and update the County Durham and Darlington Mental Health Crisis Care Concordat Local Action Plan, attached as Appendix 3.

- 12 The Steering Group have agreed three task and finish groups which will progress the following areas of work identified within the action plan:
- Information sharing between partners agencies.
  - Scope Crisis Care intervention pathways to identify gaps.
  - Identify the highest users of crisis care services across partner agencies.
- 13 It should be noted that a bid has been submitted as part of the regional Urgent and Emergency Care Vanguard to address areas of work within the Crisis Care Concordat action plan which includes conveyancing (including street triage), a crisis assessment suite and a programme of simulation training to support workforce skills. Funding for the work has yet to be confirmed through the Vanguard and confirmation is expected in March 2016.
- 14 Discussions have also taken place with the Systems Resilience Group to discuss alternative proposals to conveyancing if the Urgent and Emergency Care Vanguard bid is unsuccessful.

### **Five Year Forward View for Mental Health**

- 15 In February 2016, NHS England's Mental Health Taskforce published a Five Year Forward View for Mental Health. This contains a number of recommendations for partner agencies to address. Work is currently underway to map the recommendations to work currently underway through the No Health without Mental Health implementation plan to identify any gaps.

### **LGA Peer Review Follow Up**

- 16 The Local Government Association (LGA) peer review report identified improving communication and early referral into the mental health system as an area for further development which has been progressed by the Mental Health Partnership Board
- 17 As part of the follow up work for the Peer Review, a further consultation and engagement session was held at the Waddington Street Centre, Durham, on the 14<sup>th</sup> October 2015.
- 18 Key issues highlighted by the participants including the following:
- A need to improve information / communication i.e. Mental Health Services.
  - Poor discharge planning.
  - Insufficient support services in local communities.
  - Closer working between integrated Mental Health teams and support providers required.
  - Difficult transition between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health.
  - Inconsistent / patchy service coverage across County Durham.

- Crisis response inadequate.
  - Clear 'pathways' for service users at all level of need.
- 19 During the meeting service users and carers requested that any future service developments should also feature a greater emphasis on co-production, support the role of peer support / peer monitoring and establish better links between GPs and local support options.
- 20 All of the issues from the LGA Peer Review work have now been fed back to the Mental Health Partnership Board and will be incorporated into the wider work outlined in this report to improve Mental Health services in County Durham for the future.

### **Recommendations**

- 21 The Health and Wellbeing Board is recommended to:
- Note the contents of the report.
  - Note the progress made in relation to the County Durham Mental Health Implementation Plan.
  - Note the progress made in relation to the County Durham and Darlington Mental health Crisis Care Concordat local action plan.

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**Contact: Alison Ayres, Joint Commissioning Manager, Mental Health**  
**Tel: 0191 3744237**

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## **Appendix 1: Implications**

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### **Finance**

The No Health Without Mental Health Implementation Plan sets out a number of priorities, some of which require funding. The Plan will help identify potential mental health commissioning intentions for discussion at the Joint Commissioning Group.

The Crisis Care Concordat workshop identified some areas where pilots could be funded. These will be considered alongside other CCG priorities and the Urgent and Emergency Care Vanguard.

### **Staffing**

No implications.

### **Risk**

No implications.

### **Equality and Diversity / Public Sector Equality Duty**

When the National Strategy was being developed an impact on equality was undertaken.

### **Accommodation**

No implications.

### **Crime and Disorder**

No implications.

### **Human Rights**

No implications.

### **Consultation**

A communication and engagement plan was developed and the NECS team have been actively involved throughout the process. The development of the plan has taken a collaborative approach, involving service users, carers and other stakeholders.

Service Users will be asked for input in relation to any pilots commissioned as part of the Crisis Care Concordat.

### **Procurement**

No implications.

### **Disability Issues**

No implications.

### **Legal Implications**

No implications.

## County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
<b>1. More people will have good mental health</b>					
<b>1.1</b> Undertake an assessment of the mental health needs of the population of County Durham	<b>a.</b> Scheduled meetings in place to develop the needs assessment	Public Mental Health Strategy Implementation Group	Dec 15	March 2016 new deadline.	
<b>1.2</b> Develop and implement programmes to increase resilience and wellbeing through practical support on healthy lifestyles		Public Mental Health Strategy Implementation Group	Ongoing	Resilience programmes are commissioned by Public Health. Academic Resilience in schools programmes to commence after Easter 2015. Mindfulness community and schools programme currently delivered Ending in June 2016	
<b>1.3</b> Develop an Integrated Primary Care model for access to talking therapies	<b>a.</b> Model currently being developed	Mental Health Care Delivery Working Group	TBC	The proposed model wasn't supported by all CCG's. Further work is being undertaken to reform counselling and meet new national standards around waiting times for talking therapies.	

## County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
<b>1. More people will have good mental health</b>					
<b>1.4</b> The development and implementation of the Children & Young Peoples Mental Health & Emotional Wellbeing Plan		Children & Young Peoples Mental Health & Emotional Wellbeing Group	Dec 15	Children and Young Peoples Mental Health, Emotional Wellbeing and Resilience Plan been agreed through HWB. Dr Lynn Wilson to chair implementation group.	
<b>1.5</b> Implement the multi-agency Public Mental Health and Suicide Prevention Strategy for County Durham	<b>a.</b> Improve mental health and wellbeing of individuals through engagement, information, activities, access to services and education	Public Mental Health Strategy Implementation Group	Ongoing	Social prescribing service in place includes access to arts, learning, volunteering, time banks and books on prescription.	
	<b>b.</b> Prevention of mental illness and dementia through targeted interventions for groups at high risk		Ongoing	Targeted work on high risk groups include mindfulness based stress reduction programme with carers, young carers, people recovering from substance misuse in addition to general Mindfulness-based stress reduction (MBSR) programme within community	



## County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
<b>1. More people will have good mental health</b>					
	c. Reduce the suicide and self-harm rate for Co Durham		Ongoing	Suicide prevention framework in place to include model for County Durham safer suicide communities and zero suicide model for health services. Suicide and attempted suicide early alert system in place. Launch Papyrus YP suicide prevention champions programme Sep 2015 Suicide prevention conference (9 <sup>th</sup> Sept 2015) delivered which identifies priorities	
	d. Promote mental health and prevent mental ill-health through targeted intervention for individuals with mild symptoms		Ongoing	Mindfulness Based Stress Reduction programme available to those with poor mental health	

## County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
<b>1. More people will have good mental health</b>					
	<b>e.</b> Improve early detection and intervention for mental ill-health across lifespan		Ongoing	Dual Needs Strategy now agreed. Implementation plan will be available Dec 2015	
	<b>f.</b> Increase early recognition of mental ill-health through improved detection screening and training the workforce		Ongoing	Programme to improve the screening for dementia through GP's.	
	<b>g.</b> Prevent violence and abuse through interventions which promote mental health and target interventions for those in high risk groups		Ongoing	Strong links to domestic abuse strategy being developed working with victims and families to develop support network and awareness raising of impact of Domestic Abuse on mental health	

## County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
<b>2. More people with mental health problems will recover</b>					
<b>2.1</b> Work together to find ways that will support the armed services community who have poor mental or physical health		Armed Forces Forum	April 15	Group to agree responsibility for action	
<b>2.2</b> Ensure that people using mental health services who are in employment have a care plan that reflects the additional support needed to help them retain this employment		Mental Health Care Delivery Working Group	Ongoing	All clinicians with a lead role in an individual's care will identify their recovery goals with them, including if there are any additional issues specifically relating to their mental health which may pose a risk to their employment.	
<b>2.3</b> Implement the Recovery College to offer training opportunities for people with mental health difficulties to gain a better understanding of their difficulties and how to manage them as well as providing opportunities to learn from others with similar experiences	<b>a.</b> Establish a recovery college steering group and a project plan	New Recovery Working Group	Jun 14	Complete – Recovery college established.	
	<b>b.</b> Launch recovery college		Sept 14	College launched in Sept 2014	
	<b>c.</b> Monitor and evaluate		March 15 – revised date Sep 2015 agreed by funders	Provider evaluation complete. Independent evaluation underway. Independent evaluation complete. Implementation of recommendations underway	

## County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
<b>2. More people with mental health problems will recover</b>					
2.4 Ensure that all services adopt a Recovery orientated approach and use validated recovery measure to evaluate outcomes. By using relevant recovery related Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) enables service providers and service users to evaluate progress.	a. Local Authority to link with pilot providers	New Recovery Working Group	Ongoing	Recovery Group established. TEWV/ARCH using QPR & INSPIRE Recovery Experience measures. LA working with VCS mental health providers who are using recovery outcome monitoring to review/develop options for commissioning for outcomes. Stonham are delivering recovery awareness workshops.	Yellow
	b. Improve recovery through early provision of a range of interventions including supported employment, housing support and debt advice		Ongoing	Mental Health and employment trailblazer  Development of Mental Health Recovery Accommodation Framework & Pathway. Work started to review specialist MH care homes & commission new recovery options.	Green

## County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
<b>2. More people with mental health problems will recover</b>					
				New recovery accommodation opened at Langholm, Bishop Auckland	Green
<b>2.5</b> Explore opportunities to embed co-production and peer support models within contracts	<b>a.</b> Use best practice examples such as the recovery college in other commissioned services	All groups to update	Ongoing  September 15	Roll out of school programme – peer education emotional and mental health programme in secondary schools. Suicide safer communities young people champions model TEWV secured HENE funding to deliver pilot peer support training course. Contract won by Stonham Has been delivered. Then put out contract to deliver peer support but had to be accredited which was an issue for Stonham. To be picked up with Recovery College.	Yellow

## County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
<b>2. More people with mental health problems will recover</b>					
2.6 Ongoing monitoring and awareness of the financial challenges and how the welfare reforms impact on the ability to access services	a. Service providers to report on people unable to access services if they have to self-fund	Public Mental Health Strategy Implementation Group	Ongoing	Welfare and Mental Health group established focussed on the impact of changes in welfare system.	Green
	b. Ensure we use stakeholder groups to raise awareness and to communicate issues to the Mental Health Partnership Board & Joint Commissioning Group		Ongoing	Issues raised/discussed by members of MH Provider & Stakeholder Forum which meets every 2 months & raised by rep to MHPB.	Yellow
2.7 Ensure service users and their carers have access to NICE recommended guidance and evidence based interventions	a. Ensure specifications include NICE guidance and best practice is promoted through service user and carer forums	All groups to update	July 15	Public Health Intelligence Northern England (PHNE) forum developed to share NICE guidance this will be uploaded to suicide safer communities website when available TEWV do have an annual audit cycle which covers NICE compliance, their directorate of quality and governance takes responsibility for NICE appraisals and then sets the audits New mental health PHE fingertips tool available	Green

## County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
<b>3. More people with mental health problems will have good physical health</b>					
3.1 Develop a more integrated response for people with both mental and physical health conditions		Mental Health Care Delivery Working Group	Ongoing	Richard Lilly to contact CDDFT Leads and arrange to meet and discuss CQUIN in place with TEWV	
		Public Mental Health Strategy Implementation Group			
3.2 Provide a wide range of physical activity opportunities across County Durham to support more active lifestyles		Public Mental Health Strategy Implementation Group		Programme underway through Co Durham Sport to work with service users and carers in developing a programme to improve physical activity for this group	

## County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
3.3 Ensure that people with mental health conditions have their physical health needs actively addressed	a. Health MOT CQUIN	Mental Health Care Delivery Working Group	July 2015	Physical health is being addressed as a specific priority within TEWV. There are a range of projects in place to ensure that physical health checks, where it is appropriate for TEWV to do these, are completed in a timely and robust way and improvements in the way we record these are being progressed. Various improvement activities have supported this. There are especially robust and regular monitoring processes in place for people taking specific types of medication, eg clozapine, lithium. All patients receive general lifestyle advice as part of the TEWV assessment and treatment process; this includes support to access community activities and provision of specific activities to promote physical wellbeing for inpatients.	



## County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
<b>3. More people with mental health problems will have good physical health</b>					
	<b>b.</b> Links to wider lifestyle activities within community and ensuring new wellbeing services are available to those with mental health conditions			People with mental health conditions will be offered a service through new wellbeing for life service.	
<b>4. More people will have a positive experience of care and support</b>					
<b>4.1</b> Continue to improve access to psychological therapies and other interventions		Mental Health Care Delivery Working Group	Ongoing	This links to priority 1.3	
<b>4.2</b> Improve experience of hospital discharge processes		Mental Health Care Delivery Working Group	Ongoing	There are 3 existing providers currently running a pilot at Lanchester Road Hospital offering support for those who are homeless or have housing issues. Regular patient experience surveys to be monitored and actions taken accordingly – to be reviewed by TEWV directorate governance group	

## County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
<b>4. More people will have a positive experience of care and support</b>					
<b>4.3</b> Through co-production involve individuals & carers more closely in decisions about the shape of future service provision		All groups to update	Ongoing	TEWV – experts by experience involved in course development & range of groups Links to recovery college and peer support tender Drama production on stigma & discrimination for MH co-designed & produced National work (time for change) has stopped but locally want this to continue. Options for funding being sourced. TEWV have the triangle of care in place.	

## County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
<b>4. More people will have a positive experience of care and support</b>					
4.4 Work together to give people greater choice and control over the services they purchase and the care that they receive		All groups to update	Ongoing	Number of individuals successfully moved from residential care to Langholm recovery accommodation giving great choice & independence	
4.5 Improve awareness of the range of service provision available to General Practices and improve the accessibility and uptake to these services	a. Promote the Durham County Council e-Marketplace and Durham Information Guide	Mental Health Care Delivery Working Group	April – June 2015	The new Locate website will be live from 27 April and continues to be developed. <a href="http://www.durhamlocate.org.uk/">http://www.durhamlocate.org.uk/</a> Link has been uploaded on to the GP Team Net	
	b. Develop robust and sustainable directory across all sectors which can be easily accessed by frontline staff		July 15	Wellbeing for Life asset mapping, Suicide safer communities' website. Development of Durham Locate continuing Can now do self-assessments on LOCATE. Also includes children and young peoples' services	

## County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
<b>4. More people will have a positive experience of care and support</b>					
	c. To develop a mental health navigation model and ensure these are accessible for each general practice within Co Durham		March 16	Proposed model going to the MHPB 19 <sup>th</sup> Feb 15 New Public Health Wellbeing for Life Service being rolled out. Some issues with the service but these are being addressed by commissioners	
	d. Ensure cross agency working with respect to access to the health navigation model		March 16	Proposed model going to the MHPB 19 <sup>th</sup> Feb 15	
4.6 Develop and implementation the Co Durham Dual Diagnosis Strategy		Dual Needs Strategy Implementation Group		Dual Needs Strategy now agreed – implementation plan to be available December 2015 March 2016 revised deadline. Update on progress to MHPB. Feb 2016	

## County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
<b>5. Fewer people will suffer avoidable harm</b>					
<b>5.1</b> To co-ordinate a local response of the Crisis Care Concordat		Mental Health Crisis Care Concordat Task Group	End Mar 15	Action plan refreshed, agreed and published. Implementation underway	
	<b>a.</b> Workshop to map existing pathway and develop outlines for task and finish groups to improve specific areas of work	Mental Health Crisis Care Concordat Task Group	12 January 2016	Completed 12 January 2016	
	<b>b.</b> Task and finish groups identified; <b>c.</b> Information sharing <b>d.</b> Clarity around the current crisis team <b>e.</b> Highest users of current services		Groups should all have completed by December 2016 (to be approved by Concordat steering group)	To be ratified by Concordat Steering group on 10 February 2016	
<b>5.2</b> To develop a more extensive, accessible crisis team		Mental Health Care Delivery Working Group	Mar 15	Crisis review recommendations Are being finalised. Changes to crisis services will be defined by the implementation of the recommendations of the concordat	

## County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
<b>5. Fewer people will suffer avoidable harm</b>					
<b>5.3</b> To ensure close working with all County Durham partnership groups that have an impact on mental health issues		Public Mental Health Strategy Implementation Group		PMH strategy group in place – matrix working into CDP structures Development session on 18/01. Due to be complete May 2016. Will include social isolation.	
<b>6. Fewer people will experience stigma and discrimination</b>					
<b>6.1</b> Work with the voluntary and community sector to develop opportunities for early identification of those people at risk of social isolation		Public Mental Health Strategy Implementation Group		Director of Public Health report focussing on social isolation now published.	
<b>6.2</b> Undertake local campaigns to raise awareness as well as taking an active part in any regional or national campaigns	<b>a.</b> Reduce stigma and discrimination towards people who experience mental health problems by raising awareness amongst the general public, within the workplace and other settings	Public Mental Health Strategy Implementation Group		Workplace health programme in promoting workplaces to sign up to Mindful Employer standards	

## County Durham and Darlington Mental Health Crisis Care Concordat 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 Needs Strategy Implementation Group</li> <li>• Public Mental Health Strategy Group</li> <li>• Children and Young People's Mental Health Emotional Wellbeing &amp; Resilience Implementation Group</li> <li>• CCG Mental Health Care Delivery Working Group</li> </ul>	Investing in Children CIC
Healthwatch Darlington Darlington Mental Health 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 Wellbeing Centre
North Tees & Hartlepool NHS Foundation Trust (NTHFT)	Stonham Home Group
City Hospital Sunderland NHS Foundation Trust (CHSFT)	Darlington Samaritans
Drug & Alcohol Services (Lifeline – County Durham, Darlington)	

## 1. Overview & Background

The national mental health crisis care concordat was launched in 2014. One of the key aims of the concordat is to develop joined up service responses to people who are in mental health crisis. There was national sign up to the concordat by a number of key agencies and there was a specific emphasis on securing delivery of improved outcomes for people in mental health crisis at a local level. This was achieved firstly through local partners signing up to a declaration in October 2014 and secondly by those partners developing and agreeing a local action plan in March 2015. The declaration and action plan were signed off and published by the Health and Wellbeing Board.

In summer 2015 the Rt Hon Alistair Burt MP, Minister of State for Community and Social Care circulated a letter giving recognition to national and local achievements in implementing the Crisis Care Concordat. The letter highlighted several key actions to maintain momentum, in particular that;

- Local action plans should be reviewed and refreshed to incorporate actions to address the recommendations from the recently published Care Quality Commission report, *'Right Here Right Now'*.

This is County Durham and Darlington's refreshed Mental Health Crisis Care Concordat local action plan. That has been influenced by the previous local action plan's activities milestones and achievements, key local, strategic plans and priorities, all as key drivers towards influencing and directing change in the delivery of future services/ support for people in need of Mental Health Crisis Care.

In **County Durham**, the Mental Health Implementation Plan continues to be 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" (see Previous action Plan). 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.
- Managing Self-Harm and Suicide Prevention Framework
- County Durham Dual Needs Strategy.
- County Durham and Darlington Dementia Strategy.
- The Mental Health Crisis Care Concordat.
- Children and Young People's Mental Health, Emotional Wellbeing and Resilience Transformation Plan.

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 self-harm and 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.

This action plan also includes key priorities that were agreed by the Health and Wellbeing Board (2015) Which are;

The top priorities that were initially agreed by the Health and Wellbeing Board, will still remain key focus of this action plan, and will be taken forward as prioritised actions with milestones to ensure outcomes for patients in a mental health crisis continue to be improved. These key priorities are:

- 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.

Durham County Council and its partners model of working with children, young people and their families facing multiple and complex challenges **acknowledges the need for** improving outcomes for children and families. The *No Health without Mental Health* report published in 2011 emphasises greater importance of early intervention in emerging emotional and mental health problems for children and young people. Effective commissioning will need to take a whole pathway approach, including prevention, health promotion and early intervention.

The Department of Health report ***‘Future in Mind’ – Promoting, protecting and improving our children and young people’s mental health and wellbeing***, responds to the national concerns around provision and supply of system wide services and support for children and young people. It largely draws together the direction of travel from preceding reports, engages directly with children, young people and families to inform direction and the evidence base around what works. County Durham recently developed its Children and Young People, Mental Health Emotional and Resilience Transformation Plan 2015, which provides a framework to improve the emotional wellbeing and mental health of all children and young people across County Durham.

The aim of the plan is to make it easier for children, young people, parents and carers to access help and support when needed and to improve mental health services for children and young people. Successful implementation of the plan will result in an improvement in the emotional wellbeing and mental health of all children and young people.

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).

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.

**APPENDIX 3**

In August 2015 County Durham Mental Health Partnership Board, approved the establishment of the Crisis Care Concordat group, to oversee and drive forward the Crisis Care Concordat agenda, including refreshing this Local Action Plan in October 2015. This plan sets out a range of activities with milestones with the intentions of developing support and services for delivery to and for people in Mental Health Crisis across County Durham. This local action plan incorporates the Care Quality Commission recommendations outline in the report *Right Here Right Now*.

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

**Rag Legend**

<b>RED</b>	No progress made – significant risk to timely delivery – remedial action required Action/milestone, may slip or need to be re-profiled.	<b>AMBER</b>	Progress made, on action/milestone, Or on track to deliver at standard required for delivery.	<b>GREEN</b>	Action on track for delivery /completion / or Action complete, on time and to standard required for delivery of plan
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**Priority areas for CQC and HWB are highlighted throughout the plan as follows:**

<b>Care for Quality Commission</b>		<b>Health and Wellbeing Board</b>	
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## 2. Programme Objectives – Actions, Milestones &amp; 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		Actions & Milestones	By when	By whom	Outcomes	RAG
A	1.1	Joint Strategic Needs Assessments (JSNA) is developed to include a clear understanding of need, its patterns across geographical and local population and cluster communities. To feed into commissioning plans that respond to gaps identified – Durham Constabulary and TEWV to contribute to the new Integrated Needs Assessment (DCC) and Single Needs Assessment (DBC).	March 2017	<b>DCC – INA Angela Harrington</b>  <b>DBC – JSNA Mark Humble</b>	<ul style="list-style-type: none"> <li>Robust evidence is being developed to influence and improve local area support or service</li> </ul>	
B	1.2	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 2016	<b>Multi-Agency Task and Finish group</b>  - <b>Alison Ayres</b> , Joint Com Man – Mental Health - NECS. Police, TEWV NEAS, LAs	<ul style="list-style-type: none"> <li>A workshop took place on 12 January 2016, with key stakeholders. It identified that there are issues pertaining access too and information sharing across agencies.</li> <li>The Crisis Care Concordat steering group, met on 10<sup>th</sup> February, discussed the workshops outcomes, and agreed that further work on this area should be carried out through an <i>Information Sharing - Task and Finish Group</i>.</li> </ul> <p style="text-align: center;"><b>See Objective 1 - Section B.1.2</b></p>	

<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		Actions & Milestones	By when	By whom	Outcomes	RAG
C	1.3 H&W B	Develop 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.	<b>Sept 2016</b>	<b>Multi-agency - Task and Finish Group.</b>  <b>Jo Dawson</b> TEWV, NDCCG, DCC Police.	<ul style="list-style-type: none"> <li>TEWV reported that protocols, between Lifeline, the Drug and Alcohol provider for Mental Health liaison services and the Emergency Departments are already in place and operational.</li> <li>The workshop in January and the Crisis Care Concordat steering group meeting 10<sup>th</sup> February, identified the need for clarity of Crisis Care Pathways, therefore agreed that; a Task and Finish Group be established to do a 'Scoping exercise - Crisis Care intervention pathway to identify and redress any gaps. Furthermore all provision and processes will be revisited once PHE launch their new guidance on co-morbid drug and alcohol issues.</li> </ul>	
D	1.4 H&W B	Continue the implementation of the policy arrangements for patients detained under section 136 of the Mental Health Act – (Integrated work & processes between the police, mental health, A&E and ambulance services). This includes POS arrangements - in County Durham and Darlington through System Resilience Funding	<b>April 2016 Ongoing</b>	<b>Steering Group</b> TEWV Police DBC DCC	<ul style="list-style-type: none"> <li>Non recurrent funding received from the S Resilience Group, has allowed the recruitment of a number of dedicated S136 Co-ordinators. This has in recent months significantly reduced the average wait time for police. However, this funding is non recurrent – ceases end of March 16; therefore ongoing ways to manage this is being considered by the CCGs.</li> <li>A Street Triage bid (including a mental health advisor role for the police control room) was submitted to CCG as future commissioning intentions (16/17. This has also been prioritised through the UEC Vanguard programme. Funding decisions are expected in March 2016.</li> </ul>	

<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		Actions & Milestones	By when	By whom	Outcomes	RAG
E	1.5	Develop <b>County Durham Mental Health Needs Assessment Plans</b> , to inform the commissioning intentions & '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>	<b>March 2016</b>	<b>Mental Health Need Assessment Group</b> <b>Catherine Richardson</b> DCC – DBC CCG	<ul style="list-style-type: none"> <li>The County Durham Mental Health Needs Assessment document should be will be published by the end of March 2016</li> </ul>	
F	1.6	Review/update <b>local mental health early intervention/crisis care protocols</b> related to mental health crisis presenting with intoxication from substance misuse.  Agree/implement dual needs implementation plan for – mental health/learning disabilities, and substance misuse, and consider a <b>range of solutions</b> : the use of wet rooms/sober up safe places; SOS Buses (Colchester Essex Model) and Street Angels.	<b>Dec 2016</b>	<b>NHWMH Liaison &amp; Dual Needs Strategy Group.</b> Catherine Richardson  Task and Finish Group TEWV – Jo Dowson	<ul style="list-style-type: none"> <li>The Dual Needs Strategy has been agreed, and an Implementation plan is currently being drafted.</li> <li>Reviewing and updating local mental health early intervention and crisis care protocols, be addressed in the relative Task and finish Group.</li> </ul> <p><b>See also section C 1.3 above</b></p>	

<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		Actions & Milestones	By when	By whom	Outcomes	RAG
G	1.7	Develop a Concordat partners' workforce <b>Training and Development Plan</b> , in response to required awareness, skills and competencies (core skills, suicide prevention training, and training to reduce the use of physical restraint in mental health services).	<b>Dec 2016</b>  <b>Ongoing</b>	TEWV DCC –, DBC – Police Public Health	<ul style="list-style-type: none"> <li>A programme of simulation training has been submitted as part of the 16/17 Value Proposition for the UEC Vanguard which, if funded, will support this objective.</li> </ul>	
H	1.8  CQC	NHS providers of specialist mental health services to make sure that:  Crisis resolution home treatment teams (CRHT) fulfil the core functions described in the policy implementation guidance.  Crisistelephone helplines-whether provided in-house or external providers— are accessible when they are most needed and it meets expected service standards.	<b>Sept 2016</b>	NECS Provider Management and other specialities.	<ul style="list-style-type: none"> <li>The current crisis teams are Policy implementation guidance compliant. Work is being done to develop and have robust and appropriate telephone support in place.</li> <li>Also further work is being carried for the development of additional helpline for people experiencing Mental Health Crisis. Plans have been prioritised in CCG Commissioning Intentions in 16/17 to extend crisis services to meet identified need.</li> <li>The Crisis services in Durham and Darlington are currently achieving the Monitor Target for assessment response times.</li> </ul>	

		<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. Ensure that pathways for crisis care are focused on providing accessible and available help, care and support for all those who require it at the time they need it.				
Ref		Actions & Milestones	By when	By whom	Progress	RAG
A	2.1	Develop a 'good evidence-based multi-agency (health, local authority and police /user/carer mental health early intervention/crisis care pathway' to support people (adults, young people & children)/families: <ul style="list-style-type: none"> <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> </ul>	<b>Dec 2016</b>  <b>Ongoing</b>	<b>TEWV to lead with multi-agency partners</b>	<b>See Objective 1 - Sections B, 1.2; D -1.4; F1.6 and H-1.8 Earlier</b>	
B	2.2 CQC	Review and ensure that pathways for crisis care are focused on providing accessible and available help, care and support for all those who require it at the time they need it.	<b>Dec 2016</b>	<b>TEWV DCC DBC Ongoing</b>	<ul style="list-style-type: none"> <li>• The Crisis Care Concordat steering group meeting 10<sup>th</sup> February, agreed that; a Task and Finish Group be established to do a' Scoping exercise - Crisis Care intervention pathway to identify and redress any gaps.</li> </ul>	
					<b>See Objective 1 - Section C 1.3</b>	




<p style="text-align: center;"><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.                      Ensure that pathways for crisis care are focused on providing accessible and available help, care and support for all those who require it at the time they need it.</p>						
Ref		Actions & Milestones	By when	By whom	Progress	RAG
C	2.3  CQC	People are supported to develop their crisis care plan, in line with expectations set out in the Crisis Care Concordat. <u>This must involve people in decisions about their care, appropriate local support options and agreed actions on what to do in the event of a crisis.</u>	July 2016	TEWV with multi-agency partners	<ul style="list-style-type: none"> <li>Relapse prevention plans/crisis management plans are already used within TEWV. Work is ongoing to ensure this is rolled out to all service users and that where appropriate these are developed on a multi-agency basis, following successful pilot work in Darlington</li> </ul> <p><b>See Objective 1 - Section C 1.3</b></p>	

		<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				
Ref		Actions & Milestones	By when	By whom	Progress	RAG
A	3.1 H&W B	Review the evidence from the national "Street Triage pilots". Consider and review demand within County Durham & Darlington 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.	<b>Dec 2016</b>	136 Co-Ordinator County Durham & Darlington 136 Co-Ordinator <b>Darlington (Liaison Group)</b>  Police Constabulary	<ul style="list-style-type: none"> <li>A Street Triage bid (which includes funding for a mental health advisor role for the police control room) was submitted to CCG as future commissioning intentions 16/17. This has also been prioritised through the UEC Vanguard programme.</li> <li>Funding outcome decision is expected in March 2016.</li> </ul> <b>See Objective 1 - Section D 1.4</b>	
B	3.2 CQC	Ensure that pathways for crisis care are focused on providing accessible and available <u>help, care and support for all those who require it at the time they need it.</u>	<b>Dec 2016</b>	TEWV, DCC DBC Providers	<b>See Objective 1 - Section C 1.3</b>	
C	3.3	Revisit the key findings from 'A safer Place to be' to ensure plans are in place for sufficient provision to meet the needs of the local population.	<b>July 2016</b>	Police TEWV Kevin Weir	<b>See Objective 1 - Section D 1.4</b>	

<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		Actions & Milestones	By when	By whom	Progress	RAG
D	3.4 H&W B	<b>Section 136 multi-agency groups</b> to bring together local data from ambulance, police, local authority and mental health trust partners to build an end-to-end view of the operation of the section 136 pathway in order to identify service improvements.	<b>Dec 16</b>	<b>Police constabulary TEWV DCC DBC</b>	<ul style="list-style-type: none"> <li>A workshop took place on 12 January 2016, with key stakeholders. It identified gaps pertaining Multi-agency Information Sharing.</li> <li>The Crisis Care Concordat steering group, met on 10<sup>th</sup> February, discussed the workshops outcomes, and agreed that further work on this area should be carried out through an <i>Information Sharing - Task and Finish Group</i>.</li> </ul>	
E	3.5	Review report from the TEWV crisis service review, which identified a number of areas to take forward and have been tasked to the Mental Health Operational Group to address: -Problems with police waiting longer than 4 hours with Patient, develop staff training on attitudes and awareness, Trained as Place of Safety officers -Further analysis of complaints/Patient Advice and Liaison Service and an understanding of action taken; develop service user feedback following crisis intervention.	<b>Ongoing</b>	<b>Mental Health ACT Operational Group (Liaison Group)</b>  <b>Mel Wilkinson</b>	<p><b>See Objective 1 Section B.1.2</b></p> <p><b>See Objective 1 –Section D 1. 4 Earlier</b></p> <p><b>See Objective 3 - Section D 3.4 Above</b></p>	

<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		Actions & Milestones	By when	By whom	Progress	RAG
F	3.6 H&W B	Review data sharing proposals between health and the police to enable effective strategic planning and operational delivery.	<b>Dec 2016</b>	<b>Alison Ayres</b>  GP, Police Information Governance Specialist - NECS	Although there are a range of existing information sharing protocols already in place, the Mental Health Crisis Care concordat Steering group <b>(10/02/16)</b> , agreed, that a Task and Finish Group relating to is to be led by NECS.  <b>See Objective 1 - Section B 1.2 &amp; D 1.4</b>	
G	3.7	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. - Interface with social care and AMHPs.		NEAS TEWV DCC – Social Care	<ul style="list-style-type: none"> <li>24 hour mental health liaison services are in place none recurrently in both ED departments. Recurrent funding is available for an 8am – 10pm service.</li> <li>Recent national guidance re “Core 24” is currently being worked through locally with commissioning colleagues to ensure Durham and Darlington is compliant with recommendations for all ages.</li> </ul>	

		<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				
Ref	CCC & CQC	Actions & Milestones	By when	By whom	Progress	RAG
H	3.8	Implement 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.  Conveyancing across agencies to be review- type of transport uses by individuals subject to the Mental Health Act by the CCG. Including – toward improving response times to under an hour.	Ongoing	NEAS – CCG	<b>NEAS's Action plan- embedded here for reference.</b>  NEAS Action Plan  <ul style="list-style-type: none"> <li>NEAS is involved with the regional Vanguard funding application bid 16/17. which has been mention throughout this action plan. Funding decision expected in March 2016.</li> </ul>	
I	3.9 H&W B	Conveyancing across agencies to be reviewed.	July 16	NEAS – GGCs Police, TEWV	<ul style="list-style-type: none"> <li>Conveyance has been has also been prioritised through the UEC Vanguard programme. Funding decisions are expected in March 2016</li> </ul>	

APPENDIX 3

<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		Actions & Milestones	By when	By whom	Progress	RAG
J	3.10 CGC	<p>Priorities and assess the level of, and reason behind, frequent attendances of people with Mental Health Crisis that are at A&amp;E departments.</p> <p>Develop a system-wide approach commission/provide alternative options for people identified as being at high-risk of attending frequently.</p>	Sept 16	<p>NEAS</p> <p>TEWV DCC DBC</p>	<ul style="list-style-type: none"> <li>The workshop on 12 January 2016, identified that there may be issues pertaining to frequent and repeated service users of Crisis Care Services. The matter was further discussed at the Crisis Care Concordat steering group, on 10<sup>th</sup> February. There it was agreed that a <i>Task and Finish Group</i> be established to <i>identify the highest users of crisis care services across partner agencies</i>.</li> <li>Furthermore we learn from related work that has been done in neighbouring areas.</li> </ul>	

Objective 4. Quality of treatment and care when in crisis						
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	Progress	RAG
A	4.1	<p>Map out the <b>governance multi-agency information system links</b>, specific to people experiencing mental health crisis (utilise systems currently in place).</p> <p>Develop a range of performance indicators that <b>evidence local experience</b>, including the number of safeguarding alerts linked to mental health crisis.</p> <p>Review accessibility and response times of section 12 doctors here and response times</p>	Dec 2016	TEWV	<ul style="list-style-type: none"> <li>The Police Constabulary and TEWV have developed a range of performance indicators to evidence local experience.</li> <li>Future performance indicators will need to be discussed and agreed via established contract monitoring groups.</li> <li>Mental Health Act Operational Group to continue to review any issues related to section 12 doctors.</li> <li>TEWV staff provides daily input into the MASH to ensure that notifications of concern from the police are checked and triaged into existing services promptly as appropriate.</li> </ul>	
<b>See Objective 1 - Section B.1.2</b>						
Objective 5. Recovery and staying well / preventing future crisis						
Joint planning for prevention of crises						
Ref		Actions & Milestones	By when	By whom	RAG	Progress
A	5.1	<p>Learn from the '<b>Checkpoint programme</b>' in use by the Police to forecast risks of repeat offending.</p> <p>Consider other mechanisms, i.e. personal health budgets and navigators.</p>	Apr 2016	<p><b>Checkpoint Programme Board –</b></p> <p><b>Kevin Weir</b></p>	<ul style="list-style-type: none"> <li>Checkpoint was launched Apr 2015, and random controlled trial research evaluation of the programme in will be complete Apr 2016.</li> </ul>	
B	5.2	Develop and strengthen admission and discharge policies across partner agencies	March 2016	<p>NEAS</p> <p>TEWV</p> <p>DCC</p> <p>DBC</p>		