

South West Essex Mental Health Crisis Care Concordat Action Plan

1. Commissioning to allow earlier intervention and responsive crisis services

No.	Action	Timescale	Led By	Outcomes
1.1	Establish baseline data <ul style="list-style-type: none"> ▪ Street triage pilot • s136 admission • EDS/EDT service • CHRT • A&E Liaison /RAID • Public Health (JSNA) • Ambulance • 111 Flowchart • Telecare <ul style="list-style-type: none"> ▪ Review quality of existing data 	From April 2015	All concordat stakeholders	<ul style="list-style-type: none"> ▪ Improved demographic data on the people using crisis services to inform service development ▪ Improve services for people when in crisis – appropriate setting, readily available, smooth transition between services .Understand the effectiveness of the street triage of the s136 admissions.
1.2	Improve collection of qualitative data around experience of patients by categories defined under the Equalities Act 2010	May 2015	CCGs/LAs	<ul style="list-style-type: none"> ▪ Improved understanding of how patients from diverse communities experience crisis services using surveys. ▪ Understanding the barriers that prevent seeking of services when in crisis
1.3	Collate service users experience “when in crisis”, of all stakeholder services .This will provide qualitative data to inform future service delivery.	From July 2015	All concordat stakeholders	<ul style="list-style-type: none"> ▪ Understanding the barriers that prevent seeking of services when in crisis ▪ Improve outcomes for service users in crisis ▪ Improve mental health awareness for stakeholders
1.4	Collect data of people attending emergency department with drug and alcohol problems	From April 2015	BTUH CDAS	<ul style="list-style-type: none"> ▪ Understanding of gaps in service ▪ Appropriate provision of services
1.5	All partners to consider making ‘reasonable adjustments’ to enable people who may be marginalised to articulate what they want	From April 2015		<ul style="list-style-type: none"> ▪ All partner services are more sensitive to the particular needs of people experiencing mental health crisis (parity of esteem) therefore leading to reducing A+E admissions
1.6	Update on the Joint Strategic Needs Assessment (JSNA) to include more information	June 2015	Public Health ECC and	<ul style="list-style-type: none"> ▪ Improved useable data at a local level ▪ Identify areas at risk and gaps in provision and uptake of services

	on mental health and specifically data on mental health crisis		Thurrock	<ul style="list-style-type: none"> Improved mental health intelligence around which to plan, commission & provide mental health services & specifically crisis services Implementation of mental health metrics devised by NHS England
1.7	Extend the established GP Crisis Line to statutory and possible voluntary sector providers	From May 2015	All concordat stakeholders	<ul style="list-style-type: none"> Clarity over criteria/ thresholds and ways to overcome them Outcomes-led/ needs-led approach Age removed as a barrier to accessing appropriate support in crisis Prevention of some crisis through listening to young carer and recognition of warning signs
1.8	Review the current communications pathway between all stake holders and develop a communication plan to raise awareness of mental health crisis and services available.	May 2015	All Concordat stake holders	<ul style="list-style-type: none"> Standardised communication between organisations in South West Essex locality To prevent crisis admissions to hospital Raise awareness of mental health across all stakeholders Improved multiagency working and information sharing Clear and concise pathways of care which are easy to navigate for service users and professionals alike
1.9	Explore the opportunity of enabling the GP Access Numbers to be made available to all emergency services	From May 2015	South West Essex CCGs	<ul style="list-style-type: none"> Improve responsiveness to mental health crisis Prevention of crisis admissions Reduction in s136 admissions Improved multiagency working and information sharing Bringing mental health closer to parity of esteem
1.10	Develop an information leaflet for A&E and VSO	From July 2015	All Concordat stake holders	<ul style="list-style-type: none"> Prevention of crisis admissions
1.11	Review the current model of CRHT service and pathways. To deliver a model of Crisis Service in line with commissioning expectations and specifications	May 2015	South West Essex CCGs/SEPT	<ul style="list-style-type: none"> CRHT service specification and agreed performance indicators are identified and implemented. Single point of access Equitable crisis provision for all ages and mental health issues Clear and concise pathways of care Standard response times, referral processes and quality standards to mental health crises Satisfactory subjective outcomes for people using services via patient/carer surveys possible co-location with other emergency services (Street triage)
1.12	Completion of the Essex wide CAMHS procurement joint exercise between Essex	New service to commence October	CCGs CAMHS Commissioners	<ul style="list-style-type: none"> To improve value, access and responsiveness and ensure a safe, appropriate service

	County Council and CCGs	2015	ECC/TBC/SBC	
1.13	Review of CAMHS and adults transition protocols between child and adult mental health services, taking into account principles and good practice set out in the national CAMHS transition service specification	March 2015	South Essex CCGs and SEPT	<ul style="list-style-type: none"> Intention to move to all age commissioning for mental health Integration between health, social care and physical health care To agree transition protocol to insert into SEPT contract and possible new CAMHS providers from October 2015
1.14	Investigate and understand the issues and need for care and subsequent mental health assessment for people with drug and alcohol problems	From April 2015	SEPT/CDAS	<ul style="list-style-type: none"> Reduction in inappropriate use of S136 suites Vulnerable people are assessed in a safe place Review of resources used by partner agencies 'containing' intoxicated individuals Improved response to people lacking capacity with MH needs, but not needing the ED
1.15	Review the Psychiatric Liaison Service to consider all age approach and current gaps including hours required within the Mental Health Liaison team to best meet service users needs.	From March – May 2015	SEPT BTUH	<ul style="list-style-type: none"> Remove age as a barrier to accessing appropriate support Crises responded to within standardised timescales and quality standards and with approved outcomes Fewer admissions Secure ongoing RAID/Liaison funding
1.16	Review current pathway /outcomes following an A&E attendance. To ensure the appropriate pathways and procedures are in place	October 2015	BTUH/SEPT	<ul style="list-style-type: none"> Increase community support upon discharge to prevent crisis admissions. (IAPT)
1.17	Review current workforce training required across all Emergency Services	From May 2015	Essex Police /British Transport Police/SEPT	<ul style="list-style-type: none"> Police Officers provide an informed and sensitive approach to people in mental health crisis Sharing of mandatory training
1.18	Ambulance national specification – ensuring local specifications are define waiting times target for MH service users	From April 2015	East of England Ambulance Service	<ul style="list-style-type: none"> Ensuring ambulance service meets contract requirements 30 minute response time for s136 call coding 8 minute response where restraint is being used
1.19	Undertake a review of the needs and current provision of children and young people services (including those with behavioural problems) within South West Essex inpatient care and paediatric wards with Commissioners and providers.	By 1 st November 2015 – aligned with CAMHS re-procurement	CYMS /CAMHS Commissioners SEPT	<ul style="list-style-type: none"> Scoping exercise leading to recommendations Review of, and suggestion of improved provision for children and young people with 'behavioural issues in crisis' Improved inpatient provision for Children and Young People

1.20	Health and Social care commissioners to establish the crisis/emergency care pathway for CYP with LDD, including children with LDD and neuro developmental disorders who present with challenging behaviour.	From May 2015	All Concordat stake holders	<ul style="list-style-type: none"> Improve the understanding across health, education, social care, and police on the crisis/emergency pathway for CYP with LDD, and CYP with LLD and neuro developmental disorders who present with challenging behaviour.
1.21	Work with multi agency partners, building on existing joint work, to review and refresh multi-agency pathways and protocols for this client group, and identify areas for longer term service development, including potential for joint commissioning and/or service redesign.	From May 2015	CYMS /CAMHS Commissioners SEPT	<ul style="list-style-type: none"> Improve the information available to CYP parents/carers on 'what to do' when behaviours start to escalate To help prevent CYP their families and carers reaching a crisis situation To improve multi agency working across all services Reduce inappropriate presentations to acute hospital A+E departments Reduce inappropriate admissions to acute sector paediatric wards
1.22	To undertake a needs analysis of potential service models for alternative to hospital admissions through pathway review (Mapping)	From July 2015	CCGs Thurrock BC Essex CC	<ul style="list-style-type: none"> Reduction in hospital admissions Better experiences for people experiencing mental health crisis as evidenced through satisfaction surveys
1.23	Ensure service users with long –term conditions are screened for mental health problems and referred to appropriate mental health services (IAPT)	From April 2015	NELFT/SEPT	<ul style="list-style-type: none"> To improve the working between mental health and physical health services. Bringing mental health closer to parity of esteem
1.24	Further evaluate the number of people using 111 who are having a mental health crisis. Including the pilot of MH trained staff in 111	From June 2015	111/CPR CCG	<ul style="list-style-type: none"> Improved access to support for people experiencing mental health crisis Improved flow charts for 11 1 staff Sharing of 111 protocols Reduction in A&E admissions
1.25	Review current practise of Tele-care & Tele-health care. To establish opportunities to provide support to prevent crisis and give rapid response	September 2015	Thurrock BC / Essex CC/ CCGs/SEPT/ NELFT	<ul style="list-style-type: none"> Earlier identification of impending crisis Supporting service users to remain in the community
1.26	South West Essex Crisis concordat action plan to be published on the national concordat website	March 2015	South Essex concordat action plan group chair	<ul style="list-style-type: none"> National sharing of plans available for general public via national website To enable service users and carers to hold a stakeholder to account for implementation.
1.27	Confirm lead role of SRG mental health crisis sub group in oversight of development and implementation of action plan. Update TOR to	April 2015	All Concordat stake holders	<ul style="list-style-type: none"> Clear governance and accountability for implementation of action plan Terms of reference in place and agreed by all stakeholders.

	reflect this.			
1.28	Work towards delivery of NICE approved care packages as part of the PbR implementation and delivery of the SEPT mental health “Super CQUIN”	April 2017	SEPT/CCG’s	<ul style="list-style-type: none"> Care packages defined and agreed Service users in secondary care mental health services receive care packages in line with NICE guidance
1.29	Review the skill mix within the current RAID service to ensure it meets best practise	June 2015	SEPT/BTUH	<ul style="list-style-type: none"> Improve clinical outcomes of service users Increase awareness of mental health across the Acute Hospital
1.30	Commitment from all to participate in any future rolling programme of multi-agency, multi-professional mental health crisis pathway training	From July 2015	All Concordat stake holders	<ul style="list-style-type: none"> Increased awareness of mental health issues for police officers leading to a more personalised and sensitive responses Improved understanding between operational staff in partner agencies leading to more joined up responses and less ‘hand off’s Direction and consistency of all aspects of policing and mental health via appropriate group Sharing of mandatory training
1.31	Ensure SEPT workforce has the correct skill mix for delivering services in line with new PbR care packages	October 2015	SEPT/CPR CCG	<ul style="list-style-type: none"> Workforce reviewed to ensure it has sufficient capacity and appropriate skill mix to meet the clinical needs of local case mix.
1.32	Review the current CRHT skill mix to ensure this meets the needs and reflects best practice.	October 2015	SEPT/CPR CCG	<ul style="list-style-type: none"> Workforce reviewed to ensure it has sufficient capacity and appropriate skill mix to meet the clinical needs of local case mix.
1.33	Review outcome of Pilot Shared Care Protocol	From April 2015	SEPT	<ul style="list-style-type: none"> Improved information sharing across the partner organisations Fewer A&E attendances Fewer emergency admissions Improved medication management Appropriate and prompt re-entry to services as required
1.34	Review/analysis of partner agencies mental health crisis related policies, procedures and protocols	July 2015	All Concordat stake holders	<ul style="list-style-type: none"> Reflects best practice as evidences by analysis of national documentation including NICE guidance Evidence of a personalised approach Involvement of carers/friends and ‘protected characteristic groups’ Consistent with service specifications
2. ACCESS TO SUPPORT BEFORE CRISIS POINT				
2.1	Review information provision and pathway for patients who attend or access A&E following self-harm, who are not admitted	From April 2015	SEPT/BTUH	<ul style="list-style-type: none"> Ensuring that patients are identified, and managed to prevent crisis and attendance at Emergency Department

2.2	Establish a South West Essex link with the British Transport Police to involve them in prevention projects to tackle mental health and suicidal behaviour challenges	From May 2015	SEPT/British Transport Police	<ul style="list-style-type: none"> Prevention of people seeking to harm themselves on the railway
2.3	CAMHS self-harm reduction strategy to be developed	October 2015	CAMHS providers/ CCGs / ECC	<ul style="list-style-type: none"> Reducing self-harm episodes in children and young people
2.4	Develop interface with Crisis Resolution Home Treatment Team and Independent Mental Health Advocacy	From May 2015	SEPT/CCGs	<ul style="list-style-type: none"> Clarity of relevance of statutory advocacy to users of Crisis Resolution Home Treatment Team Service users empowered through access to appropriate advocacy in crisis
2.5	Analysis of service user experience	From July 2015	Healthwatch/ CCGs	<ul style="list-style-type: none"> involvement of service users in assessment of current pathways and redesign of new ones
2.6	Promote use of personal health budgets to provide individualised care	From April 2015	CCGs/SEPT/ VSOs	<ul style="list-style-type: none"> Improved use of services according to need Improve mental well-being and preventative measures
3. URGENT AND EMERGENCY CARE ACCESS TO CARE				
3.1	Local implementation of the Association of Ambulance Chief Executive national S136 guideline for transportation of people under Section 136 detention	From April 2015	East of England Ambulance service	<ul style="list-style-type: none"> All Section 136 requests for ambulance transportation would be categorised as appropriate
3.2	Discuss and review of multi-agency 'Standards/pathway to be utilised for mental health assessment' around crisis focusing: <ul style="list-style-type: none"> Training Communications Pathway 	From April 2015	All Concordat stake holders	<ul style="list-style-type: none"> A set of multi-agency standards around MH assessment to be defined by the CCC group Shared understanding between key stakeholders Users/carers know what they can expect from key agencies in a MH assessment A timely and efficient assessment process
3.3	Development of an improved approach between CCGs and NHS England commissioners in relation to the availability and access to CAMHS beds and the step up and step downs services required	From April 2015	NHS England, South West Essex CCGs	<ul style="list-style-type: none"> Improved multiagency communications
3.4	Essex wide GP CAMHS crisis line to be	February 2015	South West	<ul style="list-style-type: none"> Improve communication between GPs and CAMHS providers

	developed for advice support and signposting.		Essex CCGs	<ul style="list-style-type: none"> ▪ To ensure the most appropriate response is delivered to the service user ▪ Regular audit of the use and effectiveness of the line
3.5	Review and evaluate street triage model delivery to ascertain possible service gaps in current provision.	May 2015	Essex Police	<ul style="list-style-type: none"> ▪ Improve out comes for service users in crisis ▪ Reduction in s136 detentions ▪ Reduction in usage of s12 doctors ▪ Improved mental health awareness in Police
3.6	Explore options for developing an advise and helpline for service users and carers	From July 2015	SEPT/ECC/TBC CCGs	<ul style="list-style-type: none"> ▪ Reduce crisis episodes ▪ Support carers
3.7	Develop the MH Crisis Specific Information Exchange Agreement (SIEA) or equivalent addressing safeguarding concerns	From July 2015	All Concordat stake holders	<ul style="list-style-type: none"> ▪ Information is appropriately shared in mental health crisis safeguarding situations ▪ Avoid duplication ▪ Ensure service users safety
3.8	Audit current safeguarding referrals where there is an underlying mental health problem (including carers)	From July 2015	South West Essex CCG's	<ul style="list-style-type: none"> ▪ Improved understanding of mental health safeguarding situations
3.9	Review interface between daytime Approved Mental Health Professional and EDT (to include planned OOH Mental Health Act assessments)	July 2015	ECC	<ul style="list-style-type: none"> ▪ Ensure that Mental Health Act assessments are undertake in a timely fashion in accordance with the legislation/Code of Practice ▪ To ensure workforce levels are at the required standards to meet level demand in services
3.10	Review housing and accommodation needs as part of crisis pathways for people with mental health long terms conditions	From May 2015	District Councils /VSOs	<ul style="list-style-type: none"> ▪ Improved access to housing support for people with mental health problems
3.11	Data collection and Audit of experience of subjects of s135 and s136	From April 2015	Essex Police/SEPT	<ul style="list-style-type: none"> ▪ Detainee experience of 136 Suite Opportunity to improve experience of S136 detainees
3.12	Independent Mental Health Advocacy service information material to front line staff	From May 2015	Basildon Mind	<ul style="list-style-type: none"> ▪ Improved awareness and understanding of the IMHA role. ▪ Increase in referrals for clients to the IMHA service ensuring service user involvement in decisions affecting their lives.
3.13	To develop a campaign to raise awareness of services available to people in mental health crisis. To coincide with World Mental Health Day "Dignity in Mental Health"	10 th October 2015	All Concordat stake holders	<ul style="list-style-type: none"> ▪ Raise awareness of mental health issues ▪ Improve patient experience and quality outcomes ▪ Reduce stigma ▪ Improve diagnosis, timely access and early intervention ▪ Reduce crisis episodes

4. QUALITY OF TREATMENT AND CARE WHEN IN CRISIS				
4.1	Review existing patient pathways in place for frequent attenders with mental health problems at the	October 2015	BTUH/SEPT	<ul style="list-style-type: none"> Work with partners to review frequent attenders Develop pathway plans for better management to prevent attendance Increase community support upon discharge to prevent crisis admissions. (IAPT)
4.2	Ensure all organisations are aware of the work of the British Transport Police surrounding suicide prevention at Railways	From June 2015	British Transport Police	<ul style="list-style-type: none"> Dissemination of the BTP crisis number Earlier intervention of potential railway suicides Reduction in railway suicides
4.3	Collaboration between Police, primary care, mental health providers and social care to produce a local mental health information sharing system in order to identify people at risk of serious mental illness	From July 2015	All Concordat stake holders	<ul style="list-style-type: none"> Improved quality of assessments Prompt identification of people with mental health problems leading to more appropriate care
5. RECOVERY AND STAYING WELL/PREVENTING FUTURE CRISES				
5.1	Information for the Independent Mental Health Advocacy service and engagement with Service User Group	From May 2015	Basildon Mind	<ul style="list-style-type: none"> Opportunities to engage with other service users and play an active role in the forum, contributing in consultations etc., raising their awareness of existing or alternative services increasing their choices and improving their knowledge Improved awareness and understanding of the IMHA role. Increase in referrals for clients to the IMHA service ensuring service user involvement in decisions affecting their lives
5.2	Provide coping with crisis and developing plans (Recovery Colleges)	From October 2015	South West Essex CCGs	<ul style="list-style-type: none"> All Wellbeing Plus clients will be able to attend workshops to develop their own personal plans (or review existing ones) and share strategies and techniques with other clients
5.3	Undertake audit of A&E attendances for people with mental health problems, to support identification of any gaps in current service provision and pathways.	From April 015	BTUH	<ul style="list-style-type: none"> Reduction in crisis admissions
5.4	Implementation of social prescribing scheme across BBCCG	From April 2015	ECC	<ul style="list-style-type: none"> Improving support in primary care Improving community resilience
5.5	Promote and extend the use of Advance Care Plans, Crisis Plans Decisions and Advance Decisions for mental health patients including	From April 2015	SEPT	<ul style="list-style-type: none"> All known service users will have a future crisis plan that lessens the likelihood of a repeat crisis and ensures the wishes of the service user are taken into consideration

	Children and Young People and people with dementia			<ul style="list-style-type: none"> Evidence that these plans are routinely part of the CPA process
5.6	Audit current use of Crisis Care Plans in line with NICE quality standard 14 – Crisis planning	January 2015	SEPT/CPR CCG	<ul style="list-style-type: none"> Establish current practice and standards related to crisis plans Establish what learning is required and promote a standardised approach to crisis plans Ensuring adherence to national standards
5.7	IAPT services continued development to support people with mild to moderate mental health problems	From April 2015	IAPT providers /South West Essex CCGs	<ul style="list-style-type: none"> Improving recovery in service users with mild to moderate anxiety and depression, reducing risk of future crisis
5.8	Explore use of Personal budgets and Personal health budgets to support people frequently in crisis	From April 2015	LAs/SW CCGs	<ul style="list-style-type: none"> Improving the individualised care of people frequently presenting in crisis to promote recovery, independence and better quality of life

KPI Reporting data set to be compiled by the end of April 2015 to assist with evaluating the success of implementation plan

To include:

- Reduction in section 136 detentions
- Reduction in A&E crisis admissions and readmissions
- Elimination of the use of police cells as a place of safety under section 136
- No child or young person under the age of 18 to be detained in a police cell under section 136
- Reduction in Section 12 doctors assessment required
- A&E breaches eliminated
- 4 hour response target within MH service - response time and percentage within target
- National Ambulance response targets for MH
- Increase in the number of appropriate calls from stakeholders to the MH crisis line.
- Reduction in police restraint

Soft KPIs

- Service user feedback on experience when in crisis from all key stakeholders services
- Improved experience for service users detained under the MH act
- Carer feedback on crisis services
- Training programmes in place across all stakeholders

