

Mental Health Crisis Care Concordat - Calderdale Action Plan

Introduction

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Crisis Care Concordat. It focuses on four main areas:

- **Access to support before crisis point** – making sure people with mental health issues can get help 24 hours a day and that when they ask for help, they are taken seriously.
- **Urgent and emergency access to crisis care** – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- **Quality of treatment and care when in crisis** – making sure that people are treated with dignity and respect, in a therapeutic environment.
- **Recovery and staying well** – preventing future crises by making sure people are referred to appropriate services.

Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on commissioning for prevention and early intervention.

The partner agencies signed the local Crisis Care Concordat Declaration to work together in December 2014.

The following action plan has been developed with the partner agencies, and will be managed through the Calderdale Mental Health Innovation Hub. The group has representation from all the key partners in the Crisis Care Concordat from across Calderdale.

All partners are committed to working together to achieve the outcomes detailed in the action plan.

No.	Action	Timescale	Led By	Outcomes
Management of Crisis Care Concordat				
1.	Set up CCC multi agency working group, working across the provider footprint (Calderdale, Kirklees, Wakefield)	September 2014 COMPLETED	CCG (KH)	Work to deliver the Concordat is joined up across all relevant agencies
2.	Develop and sign up to West Yorkshire CCC Declaration	December 2014 COMPLETED	CCG (DG)	Local commitment demonstrated to principles set out in the declaration
3.	Ensure that progress against the Concordat action plan is reported on and monitored	Ongoing	Calderdale Mental Health Innovation Hub	Work to develop and improve crisis services and support is effective and timely
Commissioning/Strategy				
4.	Develop a commissioning strategy for all mental health services, including prevention, in Calderdale, which identifies the priorities	30 June 2015	Calderdale Mental Health Innovation Hub	High quality, consistent, evidence-based care and support that delivers value for money is commissioned for people with mental health issues in Calderdale.
5.	Develop a summary of what we already know about the experience of users of services and their families/carers	To be confirmed	CCG (DP)	The experience of users of services and their families/carers is used to develop and improve effective, high quality care and support.
6.	Ensure that Equality Act principles are applied to all services.	Ongoing	CCGs (DG)/Councils	Equality Impact Assessments are undertaken for all services being commissioned/recommissioned.

WORK IN PROGRESS (31st March 2015)

No	Action	Timescale	Led By	Outcomes
Commissioning / Strategy (continued)				
7.	Develop a healthy living strategy for Calderdale	Ongoing	Public Health working with partners including CCG and Adults Health and Social Care	High quality, consistent, evidence-based support is in place for people to live healthy lifestyles.
8.	Develop a supported self-care strategy for Calderdale	Ongoing	Public Health working with partners including CCG and Adults Health and Social Care	High quality, consistent, evidence-based support is in place for people to manage their own health and wellbeing as much as possible.
Crisis prevention				
9.	Evaluate Intensive Home Based Treatment pilots and make recommendations on future commissioning.	30 th April 2015	CCG (KH)/SWYPFT/Police	High quality, evidence-based consistent services prevent (as far as possible) the admission or detention of people with mental health issues in crisis
10.	Review step up and step down arrangements from acute inpatient, PICU and rehabilitation services.	31 st March 2016	SWYPFT/CCG (KH)	High quality, evidence-based consistent services ensure that people with mental health issues at risk of crisis are supported in the right place, at the right time by the right people
11.	Develop pathways for people with Attention Deficit Hyperactivity Disorder (ADHD) / Autistic Spectrum Disorder (ASD)	To be confirmed	AHSC (ASD work being undertaken across Calderdale, Kirklees and Wakefield)	Ensure people with ADHD or ASD have the same access to crisis prevention services, with appropriate additional support in place for them.

WORK IN PROGRESS (31st March 2015)

No	Action	Timescale	Led By	Outcomes
Crisis prevention (continued)				
12.	Work with Voluntary Action Calderdale (VAC) and North Bank Forum (NBF) to develop/commission 3 rd sector support for crisis prevention – Noahs Ark, Healthy Minds, Women's Centre, Dementia Friendly borough – linking with Creative Minds, Recovery College and IMROC	1 st April 2015	CCG (DG)	A range of support is in place for people at risk of a mental health crisis
13.	Development/improvement of preventative support for adults and children including social prescribing, bereavement support, etc	Ongoing	Calderdale Mental Health Innovation Hub	As above.
14.	Dissemination of memory pathway	31 st May 2015	CCG (CT)/SWYPFT	High quality evidence based consistent services and support are in place for people with dementia experiencing a crisis
15.	Increasing access to IAPT services	30 th April 2015	CCG (KH)	Access to IAPT is improved, especially for older people and people from ethnic minority groups.
16.	Scope the extension of IAPT to children and young people and children with learning disabilities	To be confirmed	CCG (RR)	Children and young people and children with learning disabilities have access to appropriate support.
17.	Targeted training and awareness around suicide risk, including Mental Health First Aid, Time to Talk	Ongoing	AHSC	Provide training to enable providers and others to identify people at risk of mental health issues.
18.	Review community peri-natal pathway	31 March 2016	CCG (DG)/SWYPFT	Ensure community provision is effective.

WORK IN PROGRESS (31st March 2015)

No	Action	Timescale	Led By	Outcomes
Crisis prevention (continued)				
19.	Support for victims of domestic violence	Ongoing	CCG (GPY)	Ensure that the needs of people who are or have been victims of domestic violence are met both in primary and secondary care by providing training and support to providers including GP practices.
Crisis response				
20.	Evaluate the protocols and services in place to respond to children, young people and adults in mental health crisis (including those in transition from children/young people's services to adult services)	To be confirmed	CCG (RR/DG)/SWYPFT CHFT/Police (through Mental Health Innovation Hub)	Clear arrangements for response to crises that ensure safety, privacy and dignity.
21.	Develop case for 24/7 crisis response	To be confirmed	CCG (DG)	To ensure that appropriate and effective crisis response is available 24/7.
22.	Review current Section 136 service ¹ including accommodation, and develop outcome based specification (across Calderdale, Kirklees and Wakefield footprint, but reflecting local requirements) including provision for people who are violent and/or dependent drinkers.	31 st May 2015	CCG (KH) with input from partners	Section 136 service is evidence-based, informed by the experience of those receiving and delivering it, and ensures safety, privacy and dignity

¹ Section 136 of the Mental Health Act covers police taking a person to a place of safety from a public place if they think the person has a mental health issue and is in need of care.

WORK IN PROGRESS (31st March 2015)

No	Action	Timescale	Led By	Outcomes
Crisis response (continued)				
23.	Review Section 12 provision ²	31 st May 2015	CCG (KH) with input from partners	Section 12 provision complies with mental health law and best practice
24.	Evaluate the mental health Liaison Service to ensure it meets NICE guidance and the national specification	20 th April 2015	SWYPFT/ CCG (DG)	Service is delivered according to NICE guidance and the national specification
25.	Ensure that the commissioning of mental health services and substance misuse services is joined up	Ongoing	CCG (DG) Public Health	Specifications are linked where appropriate.
26.	Deliver emergency ambulance plan	Ongoing	YAS	 Ambulance Mental Health Crisis Care Co
27.	Ensure that the review of West Yorkshire Patient Transport includes the conveyance of patients with mental health issues who do not require an emergency ambulance	May 2015	CCGs	Transport for people with mental health issues is effective, timely and that transport staff have had relevant training.

² Section 12(2) of the Mental Health Act 1983 requires that, 'in those cases where two medical recommendations for the compulsory admission of a mentally disordered person to hospital, or for reception into guardianship, are required, one of the two must be made by a practitioner approved for the purposes of that section by the Secretary of State as having special experience in the diagnosis or treatment of mental disorder. Approval is also required for practitioners providing reports or giving evidence under Part III of the Act. Approval is valid throughout England and Wales'.

WORK IN PROGRESS (31st March 2015)

No	Action	Timescale	Led By	Outcomes
Crisis response (continued)				
28.	Develop protocols between mental health services, police and ambulance service for the effective and timely conveyance both to and from places of safety and between wards and hospitals in line with the Code of Practice	To be confirmed	Multiagency CCC Group	People with mental health issues receive a high quality appropriate service that ensures safety, privacy and dignity. The best use is made of available resources.
29.	Develop model for Children and Adolescents crisis 24/7 service	31 st May 2015	SWYPFT	Improved care for children and young people in crisis so that they are treated in the right place at the right time and as close to home as possible.
30.	Review step up and step down arrangements from acute inpatient, PICU and rehabilitation services.	31 st March 2016	SWYPFT/CCG (KH)	High quality, evidence-based consistent services ensure that people with mental health issues at risk of crisis are supported in the right place, at the right time by the right people
31.	Consider options for local provision of health based and alternative places of safety for under 18s to prevent use of custody	To be confirmed	CCG (RR)	Ensuring no young person under the age of 18 is being detailed in a police cell as a place of safety (as per 'Future in Mind' document)
32.	Link to adult and child safeguarding boards, ensuring the findings of national reviews are taken into account.	Ongoing	All services	Adults and children who are at risk are identified and appropriate action taken.

WORK IN PROGRESS (31st March 2015)

No	Action	Timescale	Led By	Outcomes
Suicide and self-harm				
33.	Set up Calderdale Suicide Prevention Group	To be confirmed	Public Health	Reduction in suicide
34.	Carry out an audit of suicide cases across Calderdale in order to identify local issues and develop recommendations	December 2015	Public Health	An understanding of any preventative action that could be taken to avoid or reduce suicides, and the development of any services/support required.
35.	Ensure that there are clear protocols and services in place to respond to children young people and adults who deliberately self-harm	To be confirmed	CCG SWYPFT CHFT	People who deliberately self harm are provided promptly with relevant, effective, person-centred care and support
Psychosis				
36.	Monitor through audit care plans for people with first episode psychosis to ensure that they meet the five required outcomes.	Quarterly until 31 st March 2016	CCG (EB) (through CQUIN)	Care plans meet the following required outcomes - co-production, person-centredness, needs and views of carers taken into account, risks and how they will be managed and addressed identified, comprehensive staying well plan in the form of crisis and contingency planning
37.	Development of improved models of early intervention in psychosis care.	31 st March 2016	CCG (DG)/SWYPFT	People who develop psychosis receive high quality responsive services and support
Rehabilitation and recovery				
38.	Review rehabilitation and recovery services to ensure more community based provision	March 2016	AHSC/CCG (SA)	People with mental health issues recovering from a crisis receive care and support in the most appropriate setting.

WORK IN PROGRESS (31st March 2015)

No	Action	Timescale	Led By	Outcomes
Partnership working				
39.	Support the role of 3 rd sector in recovery and support of people with mental health issues.	April 2016	CCG (DG) AHSC Calderdale Mental Health Innovation Hub	A range of high-quality support is in place in the community to support people with mental health issues in crisis to recover.
40.	Setting up of Calderdale Mental Health Innovation Hub involving CCG Commissioning, Continuing Care, GPs, Social Care, Public Health, mental health providers, 3 rd sector organisations and providers, acute care providers.	February 2015 COMPLETED	CCG (DG)	Joint working, focused on improvement
41.	Strengthen representation on Calderdale Mental Health Innovation Hub to include the wider determinants that impact on mental health and wellbeing, e.g. employment, housing, benefits advice.	May 2015	CCG (DG)	See above
42.	Manage implementation of plans developed by the Hub	Ongoing	Calderdale Mental Health Innovation Hub	See above
43.	Ensure engagement from user-led organisations into Hub	Ongoing	Calderdale Mental Health Innovation Hub	Developments and innovations are shaped by the experience of service users and their families
44.	Strengthen links to primary care	Ongoing	CCG (DG)	Joined up working across all sectors
45.	Work with Voluntary Action Calderdale (VAC) and North Bank Forum (NBF) to strengthen engagement and support development of the 3 rd sector	Ongoing	CCG (DG)	Joined up working across all sectors Improved ability of 3 rd sector organisations to respond to commissioning intentions

WORK IN PROGRESS (31st March 2015)

No	Action	Timescale	Led By	Outcomes
Partnership working (continued)				
46.	Ensuring that mental health is a key part of the “care closer to home” model	March 2015 (Phase 1) March 2016 (Phase 2)	CCG (RR)	Mental health has parity of esteem with physical health in the Calderdale ‘care closer to home model’, and this is demonstrated through the specifications. Mental health support is more visible and easily accessible for children and young people e.g. one stop shop services providing mental health support and advice to children and young people in the community in an accessible and welcoming environment. Improving communications, referrals, access, etc.
47.	Joint working on CAMHS Tier 2 and Tier 3 services	Ongoing	CCG (RR) Council - C&YP	Joint commissioning, contract management and monitoring of Tier 2 and Tier 3 services across Calderdale.
48.	Continue to develop and deliver joint training on the Code of Practice and mental health law to police and mental health services staff	Ongoing to March 2016	West Yorkshire Police/SWYPFT	Police and mental health staff understand the Code of Practice and mental health law, and the responsibilities of each service in relation to people with mental health issues presenting in crisis