

Appendix 2 – Mental Health Crisis Care Concordat Action Plan

1. Commissioning to allow earlier intervention and responsive crisis services				
No.	Action	Timescale	Led By	Outcomes
Matching local need with a suitable range of services				
Governance of Crisis Concordat Group	We have established two groups: <ul style="list-style-type: none"> • Crisis Concordat Roundtable which is chaired by the Police and Crime Commissioner and the Chair of our Clinical Commissioning Group holds to account the Delivery Group described below. • Delivery Group is co-chaired by Cambridgeshire Constabulary and Mind. • The Delivery Group will review their Terms of Reference on a six-monthly cycle. 			
1.	New emergency initiatives such as addressing Section 136 capacity, street triage and crisis houses. <ul style="list-style-type: none"> • Street Triage is part of a bid to CCG and Cambridgeshire Constabulary • PCC in negotiation with RSL to explore crisis house provision 	1 Year project April 2015 – 2016 to be led by the Project Manager.	Sarah Hughes, John Ellis, Kevin Vanterpool & CPFT	<ul style="list-style-type: none"> • Reduction in the use of police cells as s136 as Places of Safety • Reduction in the number of repeat s136 detentions • Development of a co-ordinated menu of alternatives to hospital admission • Provision of crisis house places across the county • The development of an improved system of care and support so people of any age in crisis, because of a mental health condition, are kept safe and helped to find

				<p>the support they need – whatever the circumstances in which they first need help – and from whichever service they turn to first.</p> <ul style="list-style-type: none"> • Reduction in s136 sections which do not translate into access/admission to mental health services. • Post s.136 discharge support and follow up.
Improving mental health crisis services				
2.	<p>Ensuring that the concordat is embedded into these strategies and action plans.</p> <ul style="list-style-type: none"> • Adult and Older Peoples Social Care Mental Health Strategy (inc the Transforming Lives Model). • Public Mental Health Strategy – Cambridgeshire County Council 	March 2015 – June 2015	Crisis Concordat Delivery Group	<ul style="list-style-type: none"> • Managing crisis features in all local strategy and policy. • Organisational agreements about service expectations and response.

	<ul style="list-style-type: none"> • Local Healthcare redesign specifically the Mental Health pathway – Cambridge and Peterborough CCG • Adult Mental Health Social Care Strategy – Cambridgeshire County Council • Childrens and Young People Emotional Wellbeing Strategy • Adult Mental Health Social Care Transformation – Peterborough County Council • Suicide Prevention Strategy – Cambridgeshire County Council & Peterborough 			
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	<p>County Council</p> <ul style="list-style-type: none"> Implementation of the Care Act 2014 and Children and Families Act 2014 Section 75 Agreements 			
3.	<p>Setting operational priorities</p> <p>The following themes were proposed as needing priority attention:</p> <ul style="list-style-type: none"> Children and young people's access to support. Establish formal links to the CYP Emotional Well-being and Mental Health Strategy Group to look at shared actions. 	<p>1 Year project April 2015 – 2016 to be led by the Project Manager</p>	<p>Juliet Snell – Centre 33</p>	<p>Collectively the themes will:</p> <ul style="list-style-type: none"> Make sure services for people of all ages in mental health crisis are safe and effective, with clear policies and procedures in place, and that organisations can access appropriate services and refer people to them in the same way as they would for physical health and social care services. Improved support for people of any age in crisis because of a mental health condition. Cambridgeshire and Peterborough will have effectively commissioned services to support children and young people (CYP) and their families around mental health. Mapping and access report undertaken by C33. Link made to CCG Transformation Programme – Children's programme stream.

4.	People with multiple and complex needs access to services	1 Year project April 2015 – 2016 to be led by the Project Manager.	Vickie Crompton	<ul style="list-style-type: none"> • Equality of access to services by all. • Shared professional understanding of service thresholds. • Links to be made to Cambridgeshire’s Making Every Adult Matter (Tom Tallon).
5.	Enhancement of current work such as liaison psychiatric services and suicide prevention.	1 Year project April 2015 – 2016 to be led by the Project Manager.	Acute Trust to lead Dr Adrian Boyle	<ul style="list-style-type: none"> • Implementation of psychiatric liaison with full evaluation • Continuation of Cambridgeshire and Peterborough Stop Suicide Campaign.
Ensuring the right numbers of high quality staff				
6.	<p>Hold a workshop to map all support pathways across the mental health system.</p> <p>This will dovetail with the work already being carried out by the CCG to review urgent care services (both 111 and out of hours).</p>	March – May 2015	Juliet Snell Terry Prior Kim Dodd Sarah Hughes CPFT	<ul style="list-style-type: none"> • Clearer understanding by all agencies of the services available across the whole county to support people at the right time. • Development of ways of sharing information, where appropriate, to enable front line staff to provide co-ordinated support to people in mental health crisis. • Through everyone agreeing a shared care pathway to safely support, assess and manage anyone who asks any of our services for help in a mental health crisis. This will result in people with suspected serious mental illness, and their carers, being provided with advice and support

				and will ensure that services work together safely and effectively.
Improved partnership working				
7.	Identify and appoint a senior Project Manager to develop, implement and co-ordinate the work between agencies to progress the action plan. It is proposed that this post would be jointly funded by the Concordat signatories and will work on behalf of, and be accountable to, the Roundtable Group. This 12-month post (secondment or fixed term contract), would need to be of sufficient seniority to drive forward transformational change.	February – March 2015	Sarah Hughes MIND	<ul style="list-style-type: none"> • We will work together to prevent mental health crises happening whenever possible through prevention and early intervention. • Partners are supported to ensure they are adhering to the commitments they made within the MHCCD through delivery of their areas of the Action Plan ; • Monitoring of mental health partnership issues which impact on the delivery of the MHCCD. • This will create a champion for the delivery of the MHCCD ensuring its strategic principles influence future commissioning and partnership working.
8.	Information sharing and systems We will agree how all agencies can share information around	June - October	Dr Chess Denham CPFT Third Sector Representatives Amanda Smith to supply Chess with	<ul style="list-style-type: none"> • Build and improve current information sharing protocols and communication between partner agencies to come into contact with people in mental health crisis

	<p>individuals through Information Sharing Agreements which enable those in crisis to receive the best outcomes.</p> <p>This will include looking at whether ECINS is the best conduit for this.</p>		MOUs	
9.	<p>Increased involvement of the third sector and service users at both the delivery group and roundtable.</p>	April – July 2015	Project Manager	<ul style="list-style-type: none"> • Development of a multi-agency and service user led approach to prevention and early intervention. • Develop a system for service user and carer feedback on experience of using mental health crisis services, for evaluation of mental health crisis response and to inform commissioning and progress in achievement of concordat declaration.
10.	<p>1 year review event.</p>	March – July 2015	Sarah Hughes & Nicky Phillipson	<ul style="list-style-type: none"> • 1st July event to review progress to date and to celebrate achievements of the Crisis Concordat partners.

2. Access to support before crisis point

No.	Action	Timescale	Led By	Outcomes
Improve access to support via primary care				
11.	Increased geographical equity of IAPT and Counselling Services.	June – Dec 2015	Mind & CCG & other providers	<ul style="list-style-type: none"> • Increase in the counselling capacity in north of county.
12.	Building Community Resilience and Knowledge	2015 - 2018	Mind & Cambridgeshire County Council	<ul style="list-style-type: none"> • Community engagement programmes looking at emotional resilience and self care. • Increased knowledge about how to access the right help at the right time.
13.	Stop Suicide Campaign	Ongoing	Mind, CCC, CCG and mental health partners	<ul style="list-style-type: none"> • Reduction in numbers of people dying in Cambridgeshire and Peterborough as a result of suicide.
Improve access to and experience of mental health services				
14.	Improve service user feedback and engagement. Sharing of good practice from client/patient perspective.	March 2015 – December 2015	SUN Jenny Swain	<ul style="list-style-type: none"> • Clear identifiable systems for service user engagement across all mental health providers and Cambridgeshire Constabulary, Accident and Emergency providers and commissioning teams.
15.	Crisis Concordat Delivery Group	November 2014 – March 2016	Mark Hopkins, Kevin Vanterpool, Sarah Hughes, Emily Gray (Chairs)	<ul style="list-style-type: none"> • Continued review and direction of Crisis Concordat Action Plan.
3. Urgent and emergency access to crisis care				
No.	Action	Timescale	Led By	Outcomes
Improve NHS emergency response to mental health crisis				
16.	CCG to bolster crisis care	March 2015 –	CCG Dr Emma	<ul style="list-style-type: none"> • Increased capacity within the crisis teams to provide

	teams using resilience care funding.	June 2015	Tiffin	<p>support to those people who are in crisis especially in the North of the area.</p> <ul style="list-style-type: none"> • People in crisis to be supported to access GPs to secure ongoing help (people to get right support, at right time by the right people)
17.	STOP suicide campaign		MIND – Sarah Hughes Emily Gray Lifecraft	<ul style="list-style-type: none"> • All organisations working together and accepting their responsibilities to reduce the incidence of suicide. • Reduction in the number of suicides in the county. • Better information for members of the public about how to help someone who is having suicidal thoughts. • Clear pathway for individuals to get help – development of the Suicide Prevention pathway from community to secondary care.
18.	Increased use and publication of the Crisis Card App	March 2015 – October 2015	Sun Network	<ul style="list-style-type: none"> • Increased take up in individuals using the Crisis Card app which will improve access to help.
Social services' contribution to mental health crisis services				
19.	Development of the Adult Mental Health Social Care Strategy	March 2015 – June 2015	Kim Dodd	<ul style="list-style-type: none"> • Clarity about the role of social services for those in a mental health crisis. • Refer to section 2.
20.	Transforming Lives Strategy.	2015	Cambridgeshire County Council	<ul style="list-style-type: none"> • Increased knowledge within all Tier 1 services about mental health needs. • Prevention of mental health crisis. • Refer to section 2.
Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983				

21.	See Action point 1 – priority to improve S135/6			
Improved information and advice available to front line staff to enable better response to individuals				
22.	<p>Continued mental health awareness training for front line professionals who are not mental health experts.</p> <p>All officers to continue to receive mental health awareness training via NCLAT package. Public Health are considering this training, alongside the multi-agency Mental Health First Aid training, to ensure that these programmes do not duplicate and meet training needs’.</p>	Ongoing	<p>Emma DeZoete</p> <p>Beth Goldsbrough, Public Health</p> <p>Steve Underwood Cambridgeshire Constabulary</p>	<ul style="list-style-type: none"> • Training approximately 300 people a year across multiple professions and agencies to equip them to recognise and help people with mental health problems. • Training select groups of front-line workers from professional and third sector organisations in recognising the signs and symptoms of mental health problems and suicidal behaviour in people encountered as a result of the work they do. • To equip people who are most likely to encounter people with mental health issues or suicidal thoughts with the skills and confidence to support them and to enable them to seek professional help • To increase mental health awareness in the population • To improve mental health outcomes and reduce the risk of suicide in the population • To help the development and planning of services, encourage multi-agency working and information-sharing between agencies • Officers become more aware of mental health issues

				and are better able to identify, and provide immediate support to people suffering from a mental health crisis.
23.	Stop Suicide Training Programme	Ongoing	Stop Suicide Team	<ul style="list-style-type: none"> ASIST training for mental health professionals and those who come into contact with someone having suicidal thoughts. Community training package to enable members of the public to increase knowledge and skills.
Improved training and guidance for police officers				
24.	Blue light project to run programmes on emotional resilience and wellbeing for Blue Light personnel. This will be provided by MIND on the back of a successful consultation exercise supported by Cambridgeshire Constabulary	June 2015 – October 2015	MIND – Sarah Hughes & Emily Gray	<ul style="list-style-type: none"> Improved resilience interventions for Police, Fire, Search and Rescue personnel. Improved response to trauma Six Resilience programmes across Cambridgeshire and Peterborough
25.	Mental health pathfinders (supporting victims and offenders) will continue to support colleagues to develop greater awareness of mental health issues.	January 2015 – March 2016	CPFT commissioned by OPCC to deliver this service	<ul style="list-style-type: none"> Colleagues from partner agencies working alongside the Mental Health Pathfinder Case Workers will increase their knowledge about how they can identify mental health issues. This will enable a general awareness raising of the wider mental health issue.

No.	Action	Timescale	Led By	Outcomes
Improved services for those with co-existing mental health and substance misuse issues				
26.	Service User engagement.	2015/2016	SUN – Jenny Swain	<ul style="list-style-type: none"> • Link with DAAT commissioned service engagement project. • Developing a shared understanding of the obstacles faced by service users.
4. Quality of treatment and care when in crisis				
Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring				
27.	Rapid Response Team to be created to provide support post crisis. MIND and CPFT working up a model. Pre and post section 136.	February 2015 – April 2015	Sarah Hughes and Dr Chess Denham	<ul style="list-style-type: none"> • Relevant public services, voluntary and private sector partners will support people with a mental health problem to move towards recovery. • Improved response for those discharged in order to avoid 'revolving doors' or 'frequent attenders'.
28.	Workshop to identify experiences of those in crisis. Walk through individual's experience.	June – July 2015	Crisis Concordat Project Manager	<ul style="list-style-type: none"> • Solution focused event to identify further actions for partners about how to improve patient/service user experience • Co-produced crisis planning.
29.	CCG Led Mental Health Redesign – Systems Transformation Programme	2015 - 2016	Emma Tiffin and John Ellis - CCG	<ul style="list-style-type: none"> • Improved service geographical equity. • Increased capacity of the third sector to support with individuals in crisis.
Service User/Patient safety and safeguarding				
30.	See action point 19-20 Training			
31.	See action point 11 & 23			

	Service User Engagement			
Staff safety				
32.	See action point 24, Blue Light Resilience Programme	June 2015 – October 2015	Sarah Hughes & Emily Grey	
Primary care response				
33.	Improved pathways and increased capacity in North of county.	2015 - 2016	Adele Mc Cormack CCG	<ul style="list-style-type: none"> • Geographical equity for both primary and secondary services.
34.	Mental Health Redesign	April 2015 – March 2016	CCG	<ul style="list-style-type: none"> • Improved CRHT teams. • Identification of crisis access points and gaps. The evaluation of urgent crisis team appointments (to improve access/support to specialist MH) • Development of enhanced primary care service models (we have just heard that we have been successful in a bid to the SCN for funding to support this work which is great news) • Increased mental health post discharge support from our voluntary organisations

5. Recovery and staying well / preventing future crisis				
No.	Action	Timescale	Led By	Outcomes
Joint planning for prevention of crises				
35.	Service user feedback, develop good practice tools.	May – October 2015	Crisis Concordat Project Manager & Sun Jenny Swain	<ul style="list-style-type: none"> • Best practice narratives for providers. • Co –produced crisis plans to be used across organisations. • Increased take up of the Crisis Card phone App.
36.	See action 21 & 17.			