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Mental Health Concordat

Partnership working to prevent a crisis and reduce inappropriate acute interventions including admissions to S136 suites

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Achievements to date

Improved partnership working with Kent Police:

- Access to Crisis Resolution Home Teams through dedicated single number (836)
- Agreed escalation and adverse incident reporting process
- Agreed S136 policy with improved S136 dataset to achieve standards within 'A safer place to be'
- Improved communication through locality interface meetings
- Training for the Police provided by KMPT
- MH Liaison officer at Inspector level developed within Kent Police
- Agreed place of safety for children
- Street Triage pilot now being evaluated and reviewed
- Extended Custody Liaison Services

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Achievements to date

Improved partnership working between health and social care partners:

- Agreed Ambulance MH Pathway and conveyancing S136
- Use of Ambulance Service IT System (IBIS) for shared care planning
- Training provided by KMPT for paramedics
- Paramedic student placements in mental health services
- 24/7 Psychiatric Liaison Service at Medway Foundation Trust (MFT)
- Alcohol Liaison Service at MFT
- Roll out of SMaRT Tool (Safeguarding management and Risk Tool) in all Acute Hospitals to support effective mental health risk management
- Dedicated AMHP service
- Improved information – recovery and crisis cards
- Clinical Leadership – Out of Hours
- Review of current S136 position, revised governance arrangements and Task and Finish groups and projects

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Revised Governance and Projects

Mental Health Concordat Steering Group

Task and Finish Group

Prevention of Crisis (focus on S136 reduced A&E)

- To identify frequent attenders and users of services in crisis and develop shared database that encompasses acute trust, primary care, Police, Liaison Psychiatry, SECAMB data. To be managed under Safeguarding principle. Baseline to be agreed and to then feed discussion into Response T&F group.
- To develop shared care plans and MDT working utilising the above
- IT solution to database to be agreed
- Public Health initiatives on Strategy
- Communications and Engagement
- Integrated mental health training programmes across all disciplines being available across agencies
- Implementing Therapy PD Service Model

Interdependency Project

Database development (subset group with key leads) Project Manager

IT solution required potentially IBIS, needs to be web based) To factor in what initiatives are in place that may affect trend reduction e.g. A&E, S136, Use of Police time, Ambulance transfers, MHDU

Task and Finish Group

Response to clients in Crisis (focus on S136)

- To be chaired by the Police
- To utilise/ rebrand the quarterly S136 countywide group
- Liaison Psychiatry Interface meetings with acute trusts and primary care/ community services
- Public Health initiatives
- CCG GP Practice visits focus on targeted care plans for frequent attenders (QOF SMI registers)
- S136 Operating Policy to be revised
- Review Single Point of Access usage (to map the different access points e.g. Police, KMPT, 836 number, SPT, 111, 101, 999)
- Review of 'Street Triage Pilot' to inform system changes
- Review Medway 24/7 AHMP Service and operating hours

Outcomes to be reduction of S136, inappropriate detention in custody to be a never event, reduction in suicide, reduction in A&E attendances, increase in mental health contacts, evidence of added value of partnership working

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Current projects and Timelines

Task and Finish - Prevention

- Agree Programme Brief , Membership and Terms of Reference of T&F Group. Currently in draft to be finalised by end of July 2015
- To identify frequent attenders and users of services in crisis and develop shared database that encompasses acute trust, primary care, Police, Liaison Psychiatry, SECAMB data. To be managed under Safeguarding principle. Baseline to be agreed and to then feed discussion into Response T&F group. – Work Started June 2015. Initial report to EPB and MH Concordat in August 2015. Completed December 2015
- To develop shared care plans and MDT working utilising the above information. By December 2015
- IT solution to database to be agreed – By August 2015. Use of by December 2015
- Public Health initiatives on Strategy - programme on-going
- Communications and Engagement (Public messages/ Education) – Commence June 2015. Communication Plan of activities by August 2015
- Integrated mental health training programmes across all disciplines being available across agencies - By July / August 2015
- Implementing Therapy PD Service Model – By August 2015

Task and Finish -Response

- To utilise/ rebrand the quarterly S136 countywide group into T&F Group with Terms of reference – by end of July
- Revised service specification for Acute Liaison Psychiatry Service – by September 2015
- Interface meetings with acute trusts and primary care/ community services – Started and on-going
- Review S12 Doctor capacity – by August 2015 with recommendations to Steering group as part of wider model of response – October 2015
- CCG GP Practice visits focus on targeted care plans for frequent attenders (QOF SMI registers) – visits started in June 2015. Programme on-going by CCG GP Clinical Lead, CCG Project Lead and Practice Development Managers
- S136 Operating Policy to be revised - by October 2015 to reflect revised system model
- Review Single Point of Access usage (to map the different access points e.g. Police, KMPT, 836 number, SPT, 111, 101, 999) – By October as part of revised system model and responses
- Review of 'Street Triage Pilot' to inform system changes –By August 2015
- Review Medway AHMP Service and operating hours – By September 2015

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Questions ?