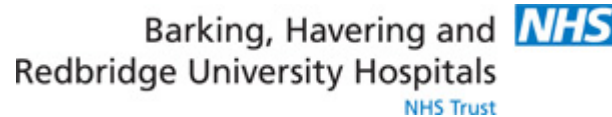


Mental Health Crisis Care Concordat Action Plan



Barking and Dagenham, Havering and Redbridge (BHR) CCGs are committed to working in partnership to continue to improve crisis care for adults, children and young people with mental health needs in Barking and Dagenham, Havering and Redbridge. The Mental Health Crisis Care Concordat is warmly welcomed by BHR CCGs and its partners, and builds on work that is already underway across BHR. An action plan has been developed in response to the Concordat by BHR CCGs, Local Authorities and Physical and Mental Health Care Providers. The action plan will also be supported by Metropolitan Police Service, London Ambulance Service NHS Trust and the Community and Voluntary Sector.

The following action plan is a Havering plan to drive and deliver local improvements to crisis care. The plan consists of overarching commissioning and partnership responsibilities as well as actions to improve prevention, access, treatment and recovery provision. The plan consists of shared actions across BHR CCGs, reflecting the commitment of partners and agencies across boroughs.

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				
1	BHR CCGs to consider development of a crisis care pathway for people in mental health crisis in terms of local services and need	September 2015	BHR CCGs	<ul style="list-style-type: none"> • Timely and appropriate interventions. • Integrated partnership working in crisis care. • Gaps identified and capacity issues addressed. • Community and voluntary sector (CVS) actively involved in pathway design • This should include CAMHS
Improving mental health crisis services				
2	Commissioners to consider opportunities to incorporate key elements of action plan in provider Service Development and Improvement Plans within contracts to require services to develop protocols and inter-agency working arrangements for adults and children in mental health crisis.	August 2015	BHR CCGs	<ul style="list-style-type: none"> • Agreed shared protocol across statutory, independent and voluntary organisations that support people with mental health problems. • Timely and appropriate services' response to support people in mental health crisis.
3	Agree protocol for ensuring a consistent approach to feedback to referrers following referral into NELFT crisis services.	September 2015	NELFT	<ul style="list-style-type: none"> • Feedback provided within 24 hours to all relevant agencies following assessment or following a decision being made not to assess.
4	Commissioners to review the range of Early Intervention in Psychosis/crisis 14/15 funded projects and evaluate effectiveness in context of overall mental health	September 2015	BHR CCGs	The impact of EIP/crisis pilots understood and decision making on future funding completed.

	investment plan for 15/16.			
5	Service pathways and resources identified to support meeting the standard waiting time for Early Intervention in Psychosis (EIP).	March 2016 with mid-year review in Q2/3.	North East London NHS Foundation Trust (NELFT)	Parity of esteem access standards for EIP achieved.
6	Evaluate performance of Enhanced Psychiatric Liaison Service and make decision around ongoing funding	July 2015	BHR CCGs	Effective service that supports accessible high quality care for service users with mental health needs attending Emergency Department (ED)
7	Identify routine reporting baselines (current waiting times), and resource gap to support meeting the national standards	September 2015	BHR CCGs	Routine reporting against national access standards is conducted to ensure parity of esteem for mental health service users
8	Develop ambulance pathway for adults, children and young people in crisis	September 2015	Havering CCG on behalf of BHR CCGs / LAS	Ensure people in a mental health crisis who contact the ambulance service avoid ED if possible.
9	Review CAMHS service to ensure care pathways match the principles of Crisis Care Concordat	August 2015	Havering CCG	CAMHS can only provide the services that they are commissioned to provide. Therefore CAMHS should be planned and commissioned as integrated, multi-agency services with care pathways (including crisis) that enable the delivery of effective, accessible, holistic evidence-based care
10	Review referral care pathway from NHS111 and update the Directory of Services	August 2015	BHR CCGs	NELFT services and third sector organisations are appropriately profiled within the NHS 111 Directory of Services and enabled to receive referrals from NHS 111 including electronic referrals where appropriate.
11	Proactively keep abreast of government guidance, reports and funding opportunities relating to priority cohorts, including children and young people with eating disorders and who self-harm, and	Ongoing	Havering CCG	Eating disorders and Self-harm are two of the national priorities for Child and Adolescent mental health.

	reflect this in commissioning decisions			
Ensuring the right numbers of high quality staff				
12	Learning Beyond Registration (LBR) and NELFT to continue to ensure staff are encouraged and trained as Approved mental health professional (AMHPS)	Ongoing	NELFT	Increased provision of AMHPs across London in order to ensure that Mental Health Act assessments (MHAA) are completed within the agreed timeframe.
13	Drafting of Recruitment and Retention Plan for AMHPs	September 2015	NELFT	All services are appropriately staffed.
Improved partnership working in Havering locality				
14	Commissioners to work with Community and Voluntary Sector and review the accessibility of services for young men in a Mental Health Crisis	August 2015	Havering CCG	Improved services for young men in a mental health crisis.
15	MH Partnership Board to oversee the implementation of Crisis Care Concordat Action Plan	From March 2015	Havering CCG	<ul style="list-style-type: none"> • CCC action plan has local directive and governance to ensure implementation. • Partnership Board to ensure effective membership of group
16	CCGs and NELFT continue to improve working with the police to ensure MHAAs take place promptly and reflect the needs of the individual concerned.	On - going	NELFT	Urgent assessments in the community are completed within a maximum of 4 hours from referral.
17	Mental health services should conduct a review of all cases where a patient is aged over 18 years and ensure a clear transition policy that begins all transition planning no later than at 17 years and 9 months is in place.	October 2015	Havering CCG and NELFT	Better partnership working with referrer's together with more streamlined processes for service users.

2. Access to support before crisis point				
No.	Action	Timescale	Led By	Outcomes
Improve access to support via primary care				
18	Continue PTI mental health themed sessions, education events and visits via link workers.	Ongoing	BHR CCGs	<ul style="list-style-type: none"> • GPs are aware of mental health crisis services within the locality. • OOH services are aware of referral routes for those in mental health crisis. • GPs and other community staff receive training regarding the potential precipitants for crises. • This to include CAMHS specific referral routes
19	BHR CCGs to consider improving the MH commissioning capacity and skills within the CCG	March 2016	BHR CCGs	Improved skills and competencies of CCG mental health leads in the commissioning of mental health crisis services.
20	Pilot for holding CPA meetings within GP practices	September 2015	Havering CCG	Increased awareness and involvement of mental health crisis services within Primary Care.
21	Development of primary care psychosis pathway	April 2015	BHR CCGs	Improved identification and management of psychosis in primary care
22	NELFT Serious Incident (SI) – systematic review about how GPs are involved in investigations	September 2015	NELFT & MH Partnership Group	Develop learning and sharing in health economy.
23	NELFT SI – systematic review of SI involving people who commit suicide not known to NEFLT	March 2016 with mid-year review in Q2/3.	Havering CCG	Ensure key lessons learnt are applied to drive service improvement.
24	Review CAMHS capacity of Tier 2 provision, to ensure timely 'early	September 2015	Havering CCG	Tier 2 provision needs to be sufficiently funded so as to reduce the escalation of mental health problems and need for

	intervention'			specialist Tier 3/4 services and/ or crisis interventions
Improve access to and experience of mental health services				
Family Intervention – EIP/Crisis pilot				
25	Increase the dedicated clinical time to deliver family interventions	September 2015	NELFT	<ul style="list-style-type: none"> Increased access to evidence based interventions More families and carers supported Increased number of staff offering support to carers and families
26	Enhance awareness of family interventions amongst all clinical staff in both EIP and Home Treatment Teams (HTT)	September 2015	NELFT	<ul style="list-style-type: none"> Increased number of staff trained in FI More families and carers supported and included in care plans
27	Develop an information pack for carers and families of people with psychosis	September 2015	NELFT	Family and Carers support and information package for EIP and HHT carers.
28	Ensure continuation of the Mental Worker within the Multi – Agency Safeguarding Hub (MASH)	March 2016 with mid-year review in Q2/3.	Havering CCG	Timely and accessible support to mental health support services for families and carers.
Mental Health Crisis Line – EIP/Crisis pilot				
29	Increase the out of hours clinical input to MH Direct 24/7 crisis line	September 2015	NELFT	<p>Crisis line is 24/7 service but doesn't have clinical input outside of core house. This needs to be reviewed. Outcomes of this could include:</p> <ul style="list-style-type: none"> Reduction in number of referrals to emergency services Reduction in number of referrals to Home Treatment Teams (HTT) Greater degree of satisfaction from MHD service users
30	Implement winter pilot of extended service of Mental Health Direct.	September 2015	NELFT	Strengthened MH Direct out of hours (OOH) service to include more robust clinical response out of hours.
31	Review and update the algorithm currently used to process calls by	August 2015	BHR CCGs	<ul style="list-style-type: none"> Reduction in referrals to Emergency Duty Teams (EDT), HHT and ED.

	non-clinical staff responding to MH Direct calls, and evaluate impact.			<ul style="list-style-type: none"> Increase in service user satisfaction
32	Continued publicity of 24/7 crisis helpline number	September 2015	NELFT	Crisis helplines are well publicised among people with mental health problems, carers, health and social care professionals, emergency services and the wider public.
Havering Access Team – EIP/Crisis pilot				
33	Extend the opening hours of the Access Teams	September 2015	NELFT	<p>Adult access and assessment teams are currently open 9am-8pm Monday to Friday. The opening hours of this service to be extended.</p> <ul style="list-style-type: none"> Improved access to MH services/clinical support OOH Reduced attendance at ED out of hours
Information, Advice and Guidance				
34	Review accuracy NELFT website and flyers to ensure that they provide key information to referrers, self-referrers, their families and carers	August 2015	NELFT	Information on mental health crisis services detailing opening hours, referral procedures and eligibility criteria is provided in various formats, available in different languages and easy to obtain via provider trust websites. Information needs to be coherent and consistent.
35	Develop a communications plan for crisis concordat work with input from MH sub group , carers and service users to ensure most effective messages around the accessing of crisis services	October 2015	NELFT	Ensure effective messages around crisis line and expectations. As part of this ensure that BME, schools and faith groups involved and engaged in this plan.
CAMHS				
36	A review out of hour's services for children's mental health services should be conducted, to ensure services are accessible to the young people who need them.	August 2015	Havering CCG and NELFT	Services should develop Joint management of transition cases between YP & adult mental health services, to deliver a tighter transition process. Those who would benefit would be from age 16 upwards dependant on individual need.

--	--	--	--	--

3. Urgent and emergency access to crisis care				
No.	Action	Timescale	Led By	Outcomes
Improve NHS emergency response to mental health crisis				
37	Commissioners to consider with NELFT actions to improve score against Crisis Resolution Fidelity Scale possibly as part of SDIP 15/16	September 2015	BHR CCGs	Mental health crisis teams use the CORE Crisis Resolution Team Fidelity Scale criteria for benchmarking best practice. Improve rating from 'fair' to 'good' on Fidelity Scale
38	Commissioners to work with NELFT and other providers to ensure that patients with mental health crisis who access services through the urgent care system (ED, UCC, WIC) are able to be seen in appropriate settings. This will involve reviewing access through UCC and WIC, making best use of Enhanced Psychiatric Liaison and the s136 suite at Goodmayes, provision at Sunflowers and working effectively with the police and LAS so that adults, children and young people get quick access to the services they need. Particular focus will be given to people with dual diagnosis (MH and Substance Misuse) and frequent attenders as well as	September 2015	BHR CCGs	Systematic approach to ensuring adults and children in mental health crisis receive the care they need delivered in the most appropriate environment no matter where they access services.

	patients with physical as well as mental health needs.			
Emergency Department				
39	Identify further areas for mental health assessments outside the police station or ED	September 2015	Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)	Dedicated areas designed, beyond the police station and ED to facilitate a calm environment while also meeting the standards for the safe delivery of care. Resources will also be in place to ensure that people experiencing a mental health crisis can be continuously observed in ED when appropriate. This should also consider the opportunity for separate areas for children and young people.
40	Commissioners to consider with BHRUT approach to monitoring intramuscular tranquilisation administered in ED in accordance with accepted guidance	September 2015	BHRUT	BHRUT to demonstrate compliance with guidance
41	Commissioners to consider arrangements to monitor the requirement that 95% of MHA have commenced within four hours of Attendance at BHRUT	July 2015	BHR CCGs	Ensuring that service users are seen in a timely fashion
42	Review, analyse and escalate all 4 hour breaches through contract monitoring process	Ongoing	BHR CCGs	Ensure significant care pathway issues are identified and addressed.
43	Commissioners to consider with NELFT monitoring arrangements regarding 4 hours in emergency and 24 hours if urgent of assessment following referral to HTT.	September 2016	BHR CCGs	Appropriate monitoring arrangements to ensure assessments are completed within the required timescale.
44	Review pathway for service users	March 2016	Havering CCG	Timely and appropriate services for people in mental health crisis

	in mental health crisis not under section 136 or with a physical health need.	with mid-year review in Q2/3.		not under section 136 or with a physical health need.
Enhanced Psychiatric Liaison Service				
45	Development of Enhanced Psychiatric Liaison service	Ongoing with mid-year review in Q2/3.	NELFT	<ol style="list-style-type: none"> 1 Liaison psychiatry services see service users within 1 hour of emergency department referral to ensure a timely assessment and minimise risk. 2 Clinicians in the emergency department have rapid access to advice from a mental health clinical specialist following emergency department crisis assessments. 3 Crisis plans are accessible to emergency department staff. 4 Emergency departments have immediate access to psychotropic medications routinely used in the management of mental crises including intramuscular preparations. 5 Operational Policy to be reviewed every 6 months

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				
46	Enhanced Psychiatric Liaison Service to provide training for all relevant clinical staff – in particular looking at innovative ways of providing training input to ensure best fit with busy ED	August 2015	NELFT	All ED staff are trained in the assessment and management of mental health crisis.
47	Commissioners to review data collected for crisis services to ensure data is accurate and useful.	September 2015	Havering CCG	Commissioners should make better use of performance monitoring / systems information data to deliver a whole systems approach to Children and Young People (CYP) mental health services. Quantitative recording of data regarding clinical activity currently presents as inadequate which can sometime mean the lack of outcome data does not trigger effective action.
Improved training and guidance for police officers				
48	Street Triage pilot (EIP crisis pilot funded for 14/15) – in place in Waltham Forest and Redbridge – CCG to consider implementation more broadly across BHR based on evidence from pilot	July 2015	BHR CCGs / Local Authority / Police	A service specification for a local Street Triage service

4. Quality of treatment and care when in crisis				
No.	Action	Timescale	Led By	Outcomes
Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring				
49	Local police to share data on the use of police custody suites as places of safety under section 136.	March 2016 with mid-year review in Q2/3.	BHR CCGs / Police	Reduce inappropriate use of police custody suites as places of safety.
Primary Care				
50	Agree approach for ensuring consistent feedback between NELFT and Primary Care	March 2016 with mid-year review in Q2/3.	Havering CCG	Feedback loop between NELFT and Primary Care to ensure appropriate support to service users in a crisis. This should include children and young people when admitted.

5. Recovery and staying well / preventing future crisis				
No.	Action	Timescale	Led By	Outcomes
Joint planning for prevention of crises				
51	Deliver improvement plan regarding crisis planning for those on the Care Programme Approach (CPA).	August 2015	NELFT	Arrangements put in place to ensure that crisis plans are accessible to GPOOHs and NHS 111 teams.
52	Commissioners to consider with NELFT appropriate actions to test co-production with service users of crisis care plans and their content with training as appropriate if issues are identified	September 2015	BHR CCGs and NELFT	Crisis Care Plans are accurate, utilised and service users can rely on their use by clinicians.
53	Ensure that CPA issues for under 18s are clear and understandable for both service user and parent or carer.	September 2015	Havering CCG and NELFT	All children and young people who need more specialised support, and their parents and carers should have clear information about what to do if things don't go according to plan.
54	Crisis care planning for those who regularly present at ED. This should include children and young people as well as adults.	March 2016 with mid-year review in Q2/3.	Havering CCG, NELFT and London Ambulance Service	Frequent attender reports and multi-agency plans reviewed and updated, and made accessible electronically to ED and all other relevant staff.
55	Ensure regular review of crisis plans is a requirement within the KPIs of the NELFT MH contract.	March 2016 with mid-year review in Q2/3	BHR CCGs	Systems in place to ensure that people who regularly present to emergency departments in crisis are identified and their care plans appropriately reviewed.
56	Commissioners to consider with NELFT Advanced Directives Review as part of SDIP and encourage greater use of advanced directives amongst care co-ordinators (subject to	September 2015	NELFT	<ul style="list-style-type: none"> Systems in place to ensure that people who regularly present to emergency departments in crisis are identified and their care plans appropriately reviewed. Assessments will consider the individual's crisis plan when available including any advanced directives.

	agreement with NELFT)			
57	Increase the awareness and use of personal health budgets for those with long term mental health needs	March 2016 with mid-year review in Q2/3.	NELFT and Local Authority	Increased awareness of the use of personal health budgets amongst people with long term mental health needs and providing them with greater choice and control over the support they access to manage their mental health. Carers and parents will be able to access personal budgets for their loved ones where appropriate.
58	Encourage routine discharge planning meetings in community recovery services	March 2016 with mid-year review in Q2/3.	NELFT	Discharge plans are regularly reviewed to ensure plans are effective and facilitates the recovery and wellbeing of service users and carers.
59	Ensure service users are fully engaged in meaningful activity.	March 2016 with mid-year review in Q2/3.	Richmond Fellowship	Service users are fully supported in the community.
60	Review of step – down housing provision	March 2016 with mid-year review in Q2/3.	Havering CCG and London Borough of Havering	Appropriate supporting housing for people following a crisis.
61	Review provision of recovery services (incl. recovery college)	March 2016 with mid-year review in Q2/3.	MH Partnership Board	Timely and appropriate recovery services.