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**LB Lewisham & Lewisham CCG**

**Crisis Care Concordat Action Plan**

[](http://www.sloughdaat.org.uk/drug-and-alcohol-services)







**Lewisham Mental Health Crisis Care Concordat Action Plan**

This Multi-Agency Action Plan was developed during 2014/15.

The Mental Health Crisis Care Concordat is a national Programme, which supports CCGs, local authorities and their commissioned organisations, to provide, assess and improve services in their local area for individuals in crisis.

As part of this national agenda Lewisham Council and Lewisham Clinical Commissioning Group (LCCG), developed a multi-agency strategic development group, to oversee this area of work, identify areas for development in the local system and to implement initiatives that will improve the experience of service users whilst they are accessing Adult Mental Health community & inpatient services, A&E, Criminal Justice and community health and social care services.

This action plan will be monitored and reviewed by the Crisis Concordat development group to ensure that services user’s needs are met.

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| 1. **Commissioning to allow earlier intervention and responsive crisis services** | | | | | |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** | **RAG** |
| **Matching local need with a suitable range of services** | | | | | |
| 1.1 | Establish Local Crisis Concordat strategic development group | December 2014 | Mental Health Joint Commissioning Team | Initiation of local service transformation process for crisis care services leading to improved service user experience and outcomes. | **G** |
| 1.2 | Establish Task and Finish forums to support the development individual Crisis Care projects | January 2015 | Mental Health Joint Commissioning Team | Ensure that Crisis care projects are co-produced by commissioners, providers and service users**.** | **G** |
| 1.3 | Undertake a service gap analysis to assess current provision against commissioning standards | March 2015 | Mental Health Joint Commissioning Team | Ensure fidelity with commissioning and operational standards for crisis care | **A** |
| **Improving mental health crisis services** | | | | | |
| 1.4 | Establish 24/7 crisis line for Secondary Mental Health services | January 2015 | SLaM | Improved access to crisis information and support for the public and local Health and Public sector professionals | **A** |
| 1.5 | Establish Peer Support Crisis Line | December 2014 | Certitude | Improved access to information and advice on crisis and community based assets to support the maintenance of recovery | **G** |
| 1.6 | Increase capacity within Psychiatric liaison service in UHL | December 2014 | SLaM | Reduction in breaches for A&E, improved experience of A&E | **G** |
| 1.7 | Increase the capacity of the Early Intervention Service | January 2015 | SLaM | Increased capacity to meet new EIP waiting times standards and earlier intervention for first episode psychosis | G |
| 1.8 | Implementation of the Preventing Crisis House beds | March 2015 | One Support/SLaM | Provision of an alternative to inpatient beds for clients that are at risk of Crisis, before they present at A&E  Creation of an alternative safe space for patients that are struggling to maintain their recovery in the community.  Test Lewisham Supported housing Crisis model against the Southwark and Lambeth Crisis Models | G |
| 1.9 | Implementation of Dual Diagnosis role in Psychiatric Liaison service | March 2015 | SLaM/CRI | Improved support, management and onward referral of co-morbid Mental Health and Substance misuse patients in Lewisham A & E | G |
| 1.10 | Early intervention in Psychosis – Assessment of Economic benefits study | October 2015 | LSL Commissioners/Office of London CCGs/Symmetrics Partnership | Improved understanding of the detailed (career) histories of individuals, who have been long-term consumers of health, social and other publicly funded services can potentially shed light on the missed opportunities to change or break the cycle of resource consumption over time | A |
| **Ensuring the right numbers of high quality staff** | | | | | |
| 1.11 | Review training programmes across all Mental Health commissioned providers to identify Crisis Care training and an expansion of training to all providers | June 2015 | Mental Health Commissioning Team | Increased capability within all commissioned services to support and manage patients before they reach a crisis or following a crisis. | A |
| 1.12 | Organise a skills and learning event for Crisis Care in conjunctions with co-commissioners and providers | July 2015 | Mental Health Commissioning Teams | Increase knowledge, capacity and awareness amongst specialist and non-specialist staff for Crisis Care | A |
| **Improved partnership working in X locality** | | | | | |
| 1.14 | Continue the Multi-agency approach to the delivery of Crisis Care Services | On-going | Crisis Concordat Strategic Development Group | Establish multi-agency partnership approach to the delivery of crisis care services thought the provision of integrated service offers such as the Crisis Line and The Preventing Crisis beds | G |
| 1.15 | Establish Service User Involvement process to the development and Oversight of Crisis Care services | June 2015 | Mental Health Commissioning Team | Integrate the consumer voice into the development, monitoring and evaluation of crisis care projects | A |

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| **2. Access to support before crisis point** | | | | | | |
| **No.** | | **Action** | **Timescale** | **Led By** | **Outcomes** | **RAG** |
| **Improve access to support via primary care** | | | | | | |
| 2.1 | Scope the development of Primary care mental health service | | June 2015 | Mental Executive Group | Improve awareness of Crisis care services within the borough and provision of seamless transition to Crisis care services from primary care where applicable | **A** |
| 2.2 | Facilitate a development discussion on support models for Personality Disorder with Lambeth, Southwark and Croydon | | June 2015 | 4 Borough Crisis Meeting/Mental Health Commissioning | Improved support for PD clients to reduce A & E presentation and/or use of Acute beds where possible | A |
| 2.3 | Implement Lewisham ‘Preventing Crisis’ Bed model | | March 2015 | Crisis House Project Group | Reduction in a presentations to A & E for at risk patients identified within community teams | G |
| **Improve access to and experience of mental health services** | | | | | | |
| 2.4 | Consider development of Peer Support interventions that focus on Crisis Care | | On-going | Mental Health Commissioning Team | Increase development of recovery communities to support mutual aid and self-help amongst frequent users of Crisis care services. | A |
| 2.5 | Support Voluntary and community organisations to provide in-reach to ‘communities’ that disproportionately engage support through Crisis Service | | On-going | Mental Health Commissioning Team/Crisis Concordat development Group | Increase community resilience and early identification of crisis to facilitate early interventions | A |
| 2.6 | Develop social marketing campaigns to increase awareness crisis care within targeted groups such as ‘Young Black Men’, etc | | September 2015 | Mental Health Commissioning Team/Lewisham Public Health Team | Increase community awareness of crisis and crisis care based on ‘insights’ from specific groups. | A |

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| **3. Urgent and emergency access to crisis care** | | | | | |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** | **RAG** |
| **Improve NHS emergency response to mental health crisis** | | | | | |
| 3.1 | Consider improved transportation options for patients in crisis attending health and/or social care support | March 2015 | Mental Health Commissioning Team | Engage LAS in Crisis Care strategic development process | R |
| 3.2 | Review implementation of the Ambulance Service national section 136 protocol | June 2015 | LAS | To ensure that the LAS is compliant with the national section 136 protocol | A |
| **Social services’ contribution to mental health crisis services** | | | | | |
| 3.3 | Review AMP and EDT out of hours provision and potential for stronger integration with Crisis Care Services | May 2015 | Adult Mental Health Social Care | A responsive 24 hour equitable and efficient service | A |

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| **4. Improved quality of response when people are detained under Section 135 and 136**  **of the Mental Health Act 1983** | | | | | |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** | **RAG** |
| 4.1 | Ensure that there is minimal use of police custody as a result of section 136 processes | On-going | SLaM/MPS | Minimal use of custody suites as a place of safety | G |
| 4.2 | Ensure that access to section 136 suites is seamless where possible minimise waits at the point of entry (Barriers, Reception, etc) | On-going | SLaM | Improved transition management from police custody to SLaM provision | A |
| **Improved information and advice available to front line staff to enable better response to individuals** | | | | | |
| 4.3 | Formulation of a Crisis care Information pack (Electronic) | On-going | Crisis Care Strategic Development Group | Improved awareness of Mental Health Crisis and Crisis Care | A |
| **Improved training and guidance for police officers** | | | | | |
| 4.4 | Identification of appropriate training for Local MPS based on Crisis and Crisis Care | On-going | Crisis Care Strategic Development Group | Improved awareness of Mental Health Crisis and Crisis Care | A |
| 4.5 | Continuation of the ‘Street Triage’ service | April 2015 | SLaM | To maintain direct professional telephone support for police officers attending street and residential incidents related to mental health. | G |
| **Improved services for those with co-existing mental health and substance misuse issues** | | | | | |
| 4.6 | Implementation of Dual Diagnosis Practitioners in A & E and Assessment & Liaison | On-going | SLaM/CRI | Improved support, management and onward referral of co-morbid Mental Health and Substance misuse patients in Lewisham A & E | G |

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| **5. Quality of treatment and care when in crisis** | | | | | | |
| **No.** | **Action** | **Timescale** | | **Led By** | **Outcomes** | **RAG** |
| **Review police use of places of safety under the Mental Health Act 1983and results of local monitoring** | | | | | | |
| 5.1 | Review current and proposed use Police custody for section 136’s | | On-going | Crisis Concordat Strategic development group | Improved governance and multi-disciplinary responses to any proposed use of custody suites for section 136 | A |
| **Service User/Patient safety and safeguarding** | | | | | | |
| 5.2 | To incorporate learning and development from SI’s that relate to patients/residents engaged in Crisis Care | | On-going | SLaM/CCG Quality lead | Increased intelligence from serious incidents integrated into the strategic planning and development for crisis care services. | A |
| 5.3 | Invite Patient & Public Involvement Clinical Academic Group leads to consider the further integrations patient safety and safeguarding issues related to crisis care into formal feedback processes | | October 2015 | Mental Health Commissioning Team | Ensure that service user, carer and public feedback considers patient safety and safeguarding issues | A |
| 5.4 | Review complaints information and identify specific references to patient safety or safeguarding issues | | March 2016 | SLaM | Increased intelligence from complaints information integrated into the strategic planning and development for crisis care services. | A |
| **Staff safety** | | | | | | |
| 5.5 | Review incident reports for Crisis Services with reference to staff safety | | June 2015 | SLaM | Increased intelligence from incident reports integrated into the strategic planning and development for crisis care services. | A |
| 5.6 | Ensure safer staffing levels in inpatient units treating patients in Crisis | | On-going | SLaM | An improved ability to manage incidents and reduce staff risk | G |
| **Primary care response** | | | | | | |
| 5.7 | Development of agreed shared care protocols for patients transferred to primary care experiencing Crisis | | June 2015 | SLaM/CCG | Improved management and transition of patients in primary care that are experiencing crisis that require treatment from secondary care | A |
| 5.8 | Development of primary care mental services to include Crisis Care arrangements | | On-going | Mental Health Commissioning/SLaM/3rd Sector and Primary care | Development of a whole systems approach to the management and support of ‘Mental Health Crisis’. | A |
| 5.9 | Development of training for Primary Care clinicians and associated staff on Crisis Care | | On-going | CCG | Improved capability amongst primary staff to support patients that have presenting Crisis care needs | A |

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| **6. Recovery and staying well / preventing future crisis** | | | | | | |
| **No.** | **Action** | **Timescale** | | **Led By** | **Outcomes** | **RAG** |
| **Joint planning for prevention of crises** | | | | | | |
| 6.1 | Use Crisis planning as an integral component of recovery and support planning | | On-going | Mental Health Service providers | Improved awareness of Crisis intervention contingency planning to support an integrated service response to individuals that experience a ‘Mental Health Crisis’ | A |
| 6.2 | Review the Solidarity in Crisis peer support offer | | December 2015 | Mental Health Commissioning Team | Provision of peer led support following a crisis episode to encourage engagement in recovery support and/or activities | A |

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