Croydon Mental Health Crisis Concordat Action Plan 2015-2016

Updated October 2015

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| 1. **Commissioning to allow earlier intervention and responsive crisis services** | | | | |  |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** | **RAG/Comments** |
| **Matching local need with a suitable range of services** | | | | |  |
| **Governance** | | | | |  |
| 1 | Development & Implementation of a Crisis Care Concordat Steering Group | March 2015 | Susan Grose | Crisis Care Concordat action plan’s goals and aspirations have appeared on agenda items on Mental Health sub groups. These include the Partnership Board, Strategy Steering Group and A&E/Urgent Care meetings. Feedback from these groups continue to inform progress against the plan. | Complete and ongoing |
| 1:a | Group convened and stakeholders secured | March 2015 | Susan Grose & Sian Kirk ICU | Met and engaged with identified stakeholders in order to develop the action plan. Ongoing governance is overseen by the Partnership Board, Strategy Steering Group and A&E/Urgent Care meetings. Membership of these meetings include social care, primary care, secondary care, voluntary sector, crisis services, Public Health, carers and service user representatives, BME Forum and is chaired by a GP. Follow up meetings with the wider range of stakeholders involved is being planned for December 2015 to update on progress achieved to date. | Complete and ongoing |
| 1:b | ToR’s and membership confirmed, including clinical leadership for oversight | 26th May 2015 | Susan Grose ICU | ToR’s in place for the partnership board and MH Strategy Steering Group. A further steering group has been identified as required with A&E and urgent care departments, which has now been established and meets monthly, with ToR’s agreed, from August 2015 onward. | Complete |
| 1:c | GP Leadership as Chair secured | March 2015 | Susan Grose ICU | Dr Dev Malhotra continues to chair the MH Strategy Steering group and Dr Bobby Abbott continues to chair to partnership board meetings. Both are GP’s with special interest in Mental Health. | Complete |
| 1:d | Establish sound local governance arrangements in relation to the concordat. | May 2015 | Susan Grose ICU | Ongoing governance is overseen by the MH Partnership Board (meets quarterly), the MH Strategy Steering Group (meets monthly) and is informed further through the A&E/Urgent Care Meeting (meets monthly) Minutes from all meetings are made available to the MH Partnership Board. | Complete |
| 1:e | Need to ensure that CAMHS beds and pathway is included in approach and consideration understood as to impact | March 2016 | Clare Brutton – ICU CAMHS Commissioning Lead | CAMHs Commissioner is now part of the A&E/Urgent Care monthly meeting to ensure that children’s crisis care and the transformation plan are coordinated with adult mental health services. An action plan for children’s services has been developed and will continue to be progressed against throughout 2015/16 | Started but further scoping required |
| 1.f | Revisit MH Strategies Modelling Paper to benchmark current provision, current requirement for crisis services | March 2016 | Susan Grose ICU | Information will be shared taken from the PLN team, Urgent Care and A&E services to understand the crisis care pathways and major presenting issues. Commissioners and operational staff are developing a better shared understanding. This will continue with a 4 borough partnership focus with Southwark, Lewisham and Lambeth to maximise the best use of resources across the 4 boroughs. | Started but requires further development |
| **Improving mental health crisis services** | | | | |  |
| **Core Contract / Quality QRS** | | | | |  |
| 2:a | Ensure the establishment (and continuity of success identified in the Street Triage Pilot) of the 24/7 hr Telephone Crisis Line. | 28th February 2016 | Derek Nicholl (SLaM) | The 4 borough CCG’s (Croydon, Lewisham, Southwark and Lambeth) lead MH Commissioners have secured recurrent and enduring funding to continue the successful Street Triage Pilot in each borough. This has enabled the Street Triage service to continue past the pilot stage and continue to be available to front line police officers.  Further service redesign has been undertaken and an implementation plan is in place for the expansion of the Street Triage service into the 24/7hr Crisis Line. The Crisis Line will deliver the full Street Triage service but in addition be available to a wider range of health professionals, carers and patients/service users themselves. This requires a strong infrastructure with existing emergency services to ensure that access to the new service is universally available. This development work continues and it is intended to launch the new service early 2016. | Ongoing - Funding secured and work continues to transform service into 24/7 Crisis Line |
| 2:b | Monitor the impact of the peer support model provided in other boroughs to inform future commissioning | March 2016 | Neil Turney  ICU | This action will commence once the full Crisis Line is operational and any lessons learnt, case studies and service outcomes can be fully evaluated. | Cannot start until Crisis Line in place |
| 2:c | To agree KPI’s and CQUIN’s that relate to quality | April 2015/May 2015 | Susan Grose ICU | An enhanced physical health CQUIN has been put in place to improve the physical health of patients / service users accessing secondary mental health services, to ensure this area remains a priority in Croydon. | Complete |
| 2.d | Mapping and Gap analysis - in regards to how people may present to any of the key agencies when in crisis and what action(s) each agency may / may not take. | March 2016 | Neil Turney - ICU | Information will be shared taken from the PLN, Urgent Care and A&E services to understand the crisis care pathways and major presenting issues. Commissioners and operational staff are developing a better shared understanding through closer working together. This will continue with 4 borough partnership focus with Southwark, Lewisham and Lambeth to maximise the best use of resources across the 4 boroughs. | Ongoing and being further developed |
| **Ensuring the right numbers of high quality staff** | | | | |  |
| **Provider Consistency and staffing issues** | | | | |  |
| 3:a | Work force planning - reviewed as standing agenda item in core quality meeting with Provider SLaM | Ongoing | Susan Grose ICU | Workforce planning remains an ongoing agenda item and challenge in Croydon, particularly due to the adverse impact Croydon offering outer London waiting in relation to neighbouring boroughs who offer inner London weighting. SLaM are continuing to explore how best to attract strong candidates including their work with SLaM partners and a leadership and management development programme. | Ongoing – remains an issue |
| 3:b | Reviewed at MH Planning and Partnership Board Meetings. | Ongoing.  Planning group meets monthly Partnership meets quarterly. | Susan Grose ICU | Monthly recruitment updates are being provided as part of the Adult Mental Health Model investment which is helping commissioners and provider jointly understand impacts of workforce planning | Progressing on target |
| **Improved partnership working in Croydon locality** | | | | |  |
| **Joint Protocol’s & Required Memorandums of Understanding** | | | | |  |
| 4.a | Identify the correct membership of the A&E/Urgent Care steering group and benchmark current performance, areas for improvement and the targets to work towards. | April 2015 | Susan Grose & Anna Rose Roberts | First Meeting took place on the 12th May 2015.  Membership comprises of Urgent Care, A&E & PLN Teams, and also MH, CAMHs & Urgent Care Commissioners | Progressing on target |
| 4.b | To work together towards develop local protocols, standards, roles and responsibilities, response times and contact arrangements for better working together | January 2016 | Susan Grose & Neil Turney, Clare Brutton ICU | Work to date has identified the key area for improvement is a better understanding of escalation procedures when a bed is required particularly at night. Of particular challenge to Croydon are admissions for children and when these occur how they affect Urgent Care services.  It is recognised there is a national shortage of beds and work continues locally to improve the pathway responsibilities and procedures for crisis care. Key to this will be a revised service offer for CAMHS and work is underway to redesign this service. | Ongoing – requires further development |

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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 | | | | | | | | |  | |
| 4.c | | Increased capacity of the Early Intervention Service | | March 2016 | | Susan Grose CCG | The CCG and SLaM have worked together to develop a business case which will meet the new national standards and access targets. This will include approximately 10 additional clinical staff, which will see caseloads reduced to 15 and will ensure the service sees people within 2 weeks, and accepts referrals from 18-65yrs. This has been agreed and the provider is developing a recruitment plan to ensure the service is fully staffed as soon as is possible and no later than March 2016 | | Progressing on target | |
| 4.d | | Development of an early detection service | | April 2015 | | Neil Turney ICU & Fran Bristow SLaM | Croydon CCG have commissioned a new service to support early detection (OASIS). This service will support people at risk of developing serious mental illness and was recognised as a recommendation from both the joint strategic needs assessment and MH Strategy 2014-2019.  The service has been in place approximately 6 months and has a growing caseload. Further work with the provider will be undertaken as the service reaches capacity to understand and ensure the service capacity is the appropriate size. This has been promoted to GP’s at network meetings and service users at the Hear Us drop in hub. Complete service operational from April 2015 | | Complete | |
| 4.e | | Maximisation of Digital Wellbeing Provider – further details pending  Establish link between Digital Wellbeing and Crisis line | | TBC | | Nerissa Santimano Public Health | Public Health continue to lead on Croydon’s contribution to the PAN London approach. Croydon CCG/Croydon Council are both fully signed up to participate | | Progressing on target | |
| 4.f | | Development of Assessment and Liaison Teams | | October 2015 | | Neil Turney ICU & Fran Bristow SLaM | Croydon CCG has invested in enhanced Assessment & Liaison service with 10 additional posts created, which are now in place. In addition, the service has been redesigned with four Assessment & Liaison teams replacing the current two, and will be configured and located to support the six GP network areas in Croydon. These teams will undertake all Mental Health assessments, (18-65yrs) and signpost to appropriate teams, which will now include the Voluntary Sector and Reablement services to stabilise and support in crisis. The service will enhance G.P links. With an easy in, easy out approach, to increase discharge and readmission by removing unnecessary barriers. | | Progressing on target | |
| 4.g | | Review of Voluntary Sector Provision that can provide peer and carer support services across the borough. | | December 2015 | | Stephen Waters ICU - Mental Health Partnership Board | Initial review of the voluntary sector has taken place. Croydon CCG now working with Croydon Council to ensure the approach is fully integrated. This will inform commissioning intentions for 2016/17. | | Progressing on target | |
| 4.h | | Establish a monthly forum based at CUH with CCG and SLaM attendance which reviews Mental Health Attendance at A&E | | June 2015 | | Anna Rose Roberts Croydon CCG | Achieved through monthly A&E meetings | | Completed | |
| **Improve access to and experience of mental health services** | | | | | | | | |  | |
| 4.i | | Pathways of key services mapped | | Key Adult Mental Health pathways mapped by January 2016 | | Neil Turney ICU & Fran Bristow SLaM | SLaM are leading on a pathways mapping exercise and this is ongoing. | | Ongoing – requires further work to complete | |
| 4.j | | Improved support to MH users who are a victim of crime | | March 2016 | | Neil Turney ICU | Identified as an area of further investigation by the MH Strategy Steering Group. Further detailed actions to be developed over the coming months. | | Not started yet | |
| **3. Urgent and emergency access to crisis care** | | | | | | | | | | |
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| **No.** | | **Action** | | **Timescale** | | **Led By** | **Outcomes** | | **RAG** | |
| **Improve NHS emergency response to mental health crisis** | | | | | | | | |  | |
| 5.a | | Development of a ‘4’ borough 24/7 Crisis Line Helpline | | April 2015 | | Derek Nicholl SlaM | The 4 borough CCG’s (Croydon, Lewisham, Southwark and Lambeth) lead MH Commissioners have secured recurrent and enduring funding to continue the successful Street Triage Pilot at a local level. This has enabled the Street Triage service to continue past the pilot stage and continue to be available to front line police officers.  Further service redesign has been undertaken and implantation plan is in place for the expansion of the Street Triage service into the 24/7 Crisis Line. The Crisis Line will deliver the full Street Triage service but in addition be available to a wider range of health professionals, carers and patients/service users themselves. This requires a strong infrastructure with existing emergency services to ensure that access to the new service is universally available. This development work continues and we inspire to launch the new service early 2016. | | Progressing on target | |
| 5.b | | Enhanced Home Treatment Team Support | | July 2015 | | Neil Turney ICU & Fran Bristow SLaM | Extra capacity has been commissioned in the Home Treatment Team with 13 additional posts. This enhanced service will have more capacity and a wider range of therapeutic interventions to prevent crisis including the use of dialectical behaviours therapy (DBT).  This is now in place from October 2015 | | Complete | |
| 5.c | | Integrated Working Protocols with HTT, Substance Misuse, and CAMH’s. Criminal Justice System & Learning Disability | | January 2016 | | Simon Wadsworth ICU | Further detailed actions to be developed over the coming months. | | Ongoing – requires further development | |
| 5.d | | Ensure that there is adequate Psychiatry Liaison Services in CUH A&E. | | September 2015 | | Susan Grose ICU & Derek Nicholl SLaM | Extra capacity commissioned in Psychiatric Liaison Nurses service at A&E throughout 2015/16 – Next Steps - monthly meetings established and ongoing with A&E & Urgent Care at Croydon University Hospital to plan and align ongoing Mental Health Commissioning for PLN services.  . | | Complete for 15/16  Planning for 16/17 onwards continues | |
| 5.e | | Explore issues with local crisis services and develop further agreed actions to work towards. | | December 2015 | | Neil Turney &Sian Kirk CCG | Follow up meetings with the wider range of stakeholders involved is being planned for December 2015 to update on progress achieved to date. | | Ongoing | |
| **Social services’ contribution to mental health crisis services** | | | | | | | | |  | |
| 6.a | | Ensure that development of local services have fully integrated with mental/physical health/social care services | | From Mental Health Strategy Steering Group 1st August 2015 | | Neil Turney CCG & Paul Richards Croydon Council | This is being achieved in Croydon through the Local Authority and CCG working together as the Integrated Commissioning Unit (ICU). In practical terms the Head of Social Care is a member of the MH Strategy Steering Group and Partnership Board meetings, and Public Health are integral to all boards sub groups and steering groups. | | Ongoing | |

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| **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** |
| 7.a | | | Review restraint, & police attendance at MH wards etc. | March 2016 | Susan Grose, CCG | This remains an area of crisis care that requires further development and will form part of the work of the A&E working group. More detailed actions to be developed. | Yet to start |
| 7.b | | | Develop a local pathway with British Transport Police to have access to Crisis Line as currently restricted to MPS | 28th February 2016 | Derek Nicholl SLaM | Inclusion of the British Transport Police as a group to have direct access to crisis line support has been agreed and included in the 24/7 Crisis Line service specification. The provider is currently working to ensure all health professionals that require access can do so within their existing structures. It is expected that when the service is fully operational (February 2016) that the British Transport Police will have direct access independently. Currently the service is only available to the Metropolitan Police Service. | Progressing on target |
| 7.c | | | Explore access to advocacy | March 2016 | ICU Commissioning Managers comprising from both CCG and LA | Advocacy services have been reviewed and a report developed, with recommendations being taken forward by an integrated project team comprising of both LA and CCG Commissioners. The advocacy services being reviewed will include learning disabilities, older people, long term conditions and mental health.  This work is scheduled to begin November 2015. | Progressing on target |
| **Improved information and advice available to front line staff to enable better response to individuals** | | | | | |  |
| 8.a | | | Review restraint procedures for all agencies that practice restraint including SLaM to ensure they are in line with national guidance | March 2016 | MH Strategy Steering Group | Reducing restraint has been identified as an area to review in the Mental Health Strategy 2014-19. This will be taken further forward at the MH Strategy Steering Group which will be responsible for the implementation of the MH Strategy which is expected to be a 5 year transformation plan | Yet to start |
| **Improved training and guidance for police officers** | | | | | |  |
| 9.a | | | Croydon to continue to work with MPS Borough Mental Health Liaison Officer | Actions Agreed by Crisis Care Concordat Meeting on 12th May 2015 | Neil Turney CCG, Borough Mental Health Liaison Officer | Through the Crisis Care Concordat work MH Commissioners have strengthened relationships with other service areas. This has included attending AMPH forums and presenting on progress at the safer neighbourhood board. Work will continue to build on the progress and further influence and align the work of all services supporting people at times of MH crisis. | Ongoing |
| **Improved services for those with co-existing mental health and substance misuse issues** | | | | | |  |
| 10.a | | | Review liaison and diversion services in relation to people with Mental Health and Substance Misuse issues | January 2016 | Bernadette Alves Public Health & Shirley Johnston ICU | Liaison and diversion services have been identified as an area for the Mental Health Strategy Group. Further action to be developed. | Yet to start |

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| **4. 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 1983 and results of local monitoring** | | | | | | |  |
| 11.a | | Improved use of care plans and contingency planning | March 2016 | | Derek Nicoll, SLaM | | Mental Health Service Users to have increased awareness of need for a crisis plan and to be central to the development and ownership of their plan | Ongoing – requires further work |
| **Service User/Patient safety and safeguarding** | | | | | | | |  |
| 12.a | | Use monthly borough specific Croydon CQRG & additionally bi-monthly 4 borough CQRG. These meetings review incidents, accidents and complaints. | From 31st January 2016 | | Susan Grose CCG | | To monitor and ensure progress towards a reduction of;  The overall number of incidents, SUI’s and reportable events with SLaM.  Development of Physical Health CQUIN to ensure better physical health care with secondary care settings has now been completed.  Monthly CQRG meetings have taken place and continue to address this issue. | Progressing on target |
| **Staff safety** | | | | | | |  |
| 13.a | | Use monthly borough specific Croydon CQRG & additionally bi-monthly 4 borough CQRG. These meetings review incidents, accidents and complaints. | From 31st January 2016 | | Susan Grose CCG | | To monitor and ensure progress towards a reduction of;  The overall number of incidents, SUI’s and reportable events with SLaM.  The above improvement in quality will reduce vulnerability of staff through more effective interventions  Monthly CQRG meetings have taken place and continue to address this issue | Progressing on target |

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| 5. Recovery and staying well / preventing future crisis | | | | | |
| **No.** | | **Action** | **Timescale** | **Led By** | **Outcomes** | **RAG** |
| **Joint planning for prevention of crisis** | | | | |  |
| 14.a | | Enhanced Promoting Recovery Community Mental Health Teams | August 15 | Neil Turney CCG& Fran Bristow SLaM | Extra capacity has been commissioned in the Prompting Recovery Teams with 3 additional posts. In addition the service has been reconfigured into 4 teams which are aligned with the geographical GP networks of Croydon, and the 4 redesigned Assessment & Liaison teams between October and January caseloads are being reconfigured to match these localities which will allow for greater continuity between secondary care teams and GP’s to increase the coordination of treatment received. The long term objectives of these changes is a much better and clearer working relationship between community teams and GP’s with services best able to understand and respond to an individual’s health needs. | Complete |