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| **Actions** | **Summary progress against actions** | | **Lead** | **To be completed by** | **Current RAG status** |
| Ensure that local and county governance arrangements are in place | Local governance for the local Mental Health Crisis Care Concordat is now in place, NHS England NHSE have recommend the Concordat report directly to the Kent Health and Wellbeing Board on an annual basis to monitor progress and for the board to provide the strategic partnership framework, This arrangement has been agreed in Medway through the Medway Health and Wellbeing board in April 2015 and agreed by the Kent Health and wellbeing board in July 2015 | | Concordat chair | Annually |  |
| Access to support before crisis | | | | | |
| 1.1 Development of a single point of access to a multi-disciplinary mental health team. | KMPT (adult mental health secondary care services) SPA contact centre went live in November 2014, actions continue as result of ongoing implementation. The second phase of the SPoA implementation will be launched early 2016 and will offer a clinical facing triage service for all urgent and emergency referrals to KMPT. The SPA has been shared across agencies for implementation within their own telephony communications systems. Commissioners working with trust on monitoring of outcomes going forward.  Phase 3 of the SPoA implementation will extend its service to all routine KMPT referrals towards mid-2016.  Concordat group taking forward actions to review options for SPA with CHYPs secondary mental health service.  The SPoA is developing training packages for Band 3 call handlers alongside KMPT’s learning and development team. It is proposed that this will potentially create an additional avenue of training for NHS 111 and SECAMB health staff. The training packages are in development and once ratified and rolled out for the Single Point of Access service could potentially be offered to NHS 111 and SECAMB. This again will be dependent on operating systems and costings.  The training packages being developed include the following areas:  •Tele-Triage Training linked to clinical risk training – eLearning  •Dementia awareness training - ½ day workshop using common scenarios  •KCC & CCCU Training - Learning and development services are in negotiations around what may be available.  •Mental Health Awareness Training  •Clinical Risk Awareness | | KMPT | In place November 2014 and ongoing implementation  Phase 2 to in place by March 2016. |  |
| 1.2 Evaluate the ability of NHS 111 in responding to mental health needs | Kent and Medway CCGs have developed a close relationship with 111 and are working with KMPT to review the Directory of Service and how this links to the KMPT SPA. 111 commissioning lead working with CHYPs secondary care service to determine a similar process.  111 are working together with commissioners to maintain mental health training implementation for call handlers. All new call handlers are provided with a mental health consolidation training programme rolled out to staff in first few weeks of live calls. Training is overseen by NHS 111 Programme Board.  All agencies encouraged to engage with 111 to work together on any gaps or concerns identified within their own services as a result of a 111 response. All agencies linked to the Concordat will be expected to update on progress regularly.  All NHS 111 calls are triaged so that patients with emergency care needs are treated in the right place, with the right facilities and expertise at the right time.  Progress to date:  •Training design meetings have taken place between KMPT, NHS 111 and SECAMB to identify needs and scope a provisional training plan in conjunction with KMPT learning and development team.  •Existing eLearning packages from KMPT’s portfolio have been identified and agreed to meet NHS 111 and SECamb staff training needs.  •Further work needs to be undertaken around the operating systems required to use the eLearning packages and to ensure all the IT systems are fully compatible.  •NHS 111 and KMPT meet on a monthly basis to ensure that service developments and integration between the two providers continue.  •NHS111 staff to have direct access to RIO (KMPT operating system) to ensure that Information is shared to plan the best pathway for those in Mental Health Crisis.  •DOS has now been reviewed and plans put in place to address the gaps identified.  The following eLearning courses have been identified as applicable and will be made available to NHS111 and SECAMB staff:  •MCA and DOLS  •Mental Health Act  •Clinical Risk Awareness – Non Qualified staff  •CPA  •Dementia an introduction  •Motivational Interviewing  •Raising Mental Health Awareness  •Learning Disabilities – An introduction | | CCGs / NHS England | Training programme for 111 staff in place. Ongoing implementation and review of impact. |  |
| 1.3 Explore opportunities for partnership working around the planning and involvement of the Community Fire Safety service in the development of the Concordat. | The Concordat enables all agencies to be sighted on services provided by all agencies. All agencies to be familiar with the role of Kent Fire and Rescue Service and services provided to support people.  KFRS will be attending the November Concordat Steering Group and are keen to offer support to partner agencies to help people in crisis, those who are recovering, and also to prevent people going into crisis. | | CCGs / KFRS | ongoing |  |
| 1.4 Ensure the development of a comprehensive rolling multi agency mental health and training programme | A county wide training programme has been consolidated to capture all mental health training provided across all agencies. The training programme will remain a live document to update by the Concordat at any time.  Concordat to monitor and determine how this can be developed to ensure the action plan is reflected in local training programmes. | | SECSU | To agree with providers - quarterly reports to CCGs from 01.04.2016 |  |
| 1.5 Contribution of the Service User in the development of local solutions to supporting people. | The group discussed the requirement for all agencies to continue with strategies and policies that require service users to support in contributing to changes related to operational delivery and/or design of services. This action is expected to be business as usual across all agencies. Healthwatch have now formally joined the Concordat Steering Group and the concordat is being updated at the county MHAG | | All agencies | 01.04.2016 and ongoing |  |
| 1.6 Ensure that on an operational level services are targeting hard to reach communities and services are established to cater to meet the needs of all patients. | KMPT and SPFT offer Home Treatment service available to the service users can be supported to recover from a mental health crisis whilst still able to access family and cultural support networks.  Providers identified policies that support hard to reach communities in accessing appropriate mental health services. Suggested KPI includes capturing ratio of ethnicity in assessment and treatment performance, across providers.  Person centred care plans project has delivered training to all staff in the acute service line on how to assess and conduct collaborative care plan formulation with special reference to the needs of service users from all protected groups. Monthly audit in place.  There is a national care plan template for GPs, this can be personalised to consider diverse needs.  Voluntary sector organisation working with forum to identify a framework that could be piloted in a school re engaging in early years. | | KMPT/ SPT/ KDAAT/ Vol sector providers/ primary care | 01.04.16 and ongoing monitoring |  |
| 2 Urgent and emergency access to crisis care | | | | | |
| 2.1 Provide a ‘System Wide’ integrated response to people at risk of or in Crisis through an Urgent Response ‘Task and Finish Group. | * Task and Finish Group established and meeting monthly * Programme Brief approved by Steering Group * Terms of Reference agreed * Project Plan in place with actions for delivery, lead names and timely deadlines. This is monitored each month by the members of the T&F Group * Establish ‘ Mental Health Triage Service’ KMPT staff within Police Control Rooms out of hours to provide access to information to assist first responders (Police and Ambulance) * Funding approved from NHSE and CCGs to support OOH access to support and information. Two Band 6 and two Band 4 posts to be located in Police and Ambulance HQs * Pilot Ebsfleet Custody Suite 8 – 8 from End of November with Criminal Justice and Liaison * To ensure that all health and social care projects related to Urgent Care and System Resilience are linked together to identify interdependencies of actions and impact on: A&E, Unplanned admissions, reduced ambulance conveyancing and admissions to S136 * To identify and share information across all partners of those frequently using both physical and mental health services. * To develop a database for sharing information across all partners electronically (Build on IBIS within the Ambulance trust) through Virtual Private Network at appropriate information governance levels of access. To assist with Care Plans and Assessment and access to data in time of Crisis known to all partners * To establish an ‘Interface Group’ of professionals who can jointly provide a multi-agency assessment of their needs within a ‘Safeguarding’ framework. * To implement a ‘Single Point of Access’ | | KMPT  All Commissioning Leads  All Concordat Members or Representatives  MCCG leading for North Kent  Extending across County  KMPT | Nov 2015  Completed through SRG Plans and submissions  First stage complete – collation of data on-going  March 2016  Oct 2105  Nov 2015  Established and meeting monthly  Dec 2015 |  |
| 2.2 Develop a system-wide ‘Operational Policy’ and set of procedures that can be adopted by all partners with on-going joint training and refresher workshops (Desktop exercises) for current and new staff | * To work across all partners to agree a Standard Operating Procedure across Kent (SOP) * To establish a small operational group, map a draft pathway that includes IT solutions (Information Sharing and Governance and use of IT Systems e.g. IBIS) | | MCCG leading for North Kent | First draft shared at T&F Group 9 October 2015. Final version to be ready for adoption in contracts April 2016 |  |
| 2.3 Put individual care plans and preventative measures will be put I place following a crisis to prevent further occurrences and shared information and action taken to de-escalate | * Identify those individuals most at risk of crisis across physical and mental health (link to 2.1 above and System Resilience Plans) * Establish professional links across the system of co-ordinators employed within separate organisations to provide co-ordination and involvement of the patients GP and other professionals (Wrapped around the needs of the individual) * Appoint a dedicated co-ordinator (Clinical) to ensure that care plans are in place, patients are followed up and appropriately signposted or referred to existing health and social care services, develop bespoke packages of care as appropriate and help identify gaps in service provision as investment priorities | | MCCG leading for North Kent | Developing in North Kent extending across County  Post approved for Medway CCG by SRG / Executive Board. JD in development. |  |
| 2.4 Agree a suite of revised KPIs to monitor outcomes and impact | * KPIs agreed at MH Concordat – August 2015 * KPIs linked into performance dashboards alongside System Resilience and NHSE reporting requirements | | MH Concordat Steering Group |  |  |
| 2.5 To review the responsibilities of CCGs and NHSE across the Personality Disorder Pathway. | * Review and undertake a multi-agency assessment all known PD patients to identify level 3 or 4 ( Through the Interface Group as detailed in 2.1) * Refer assessments of all level 4 clients for the funding of care packages to NHSE * Ensure Level 3 and below individuals are included within the CCG and system wide multi-agency database with shared information and reviews of their needs in partnership with their GP or Co-worker * Agree budget with NHSE for future NHSE to CCG devolved responsibilities | | KMPT /CCGs | Review progressing in Medway as part of patients away from a bed based unit into a Therapeutic model of care in the Community |  |
| 2.6 Multi agency staff to be aware of local mental health and substance misuse services for children and adults and know how to engage these services locally. | * PCLDS work closely with local substance misuse services. * KMPT have a dual diagnosis steering group, strategy needs to be communicated internally. The Concordat chair attends the KDAAT group * CAMHS substance misuse pathways clarified | | KMPT/ SPFT | 01.04.16 |  |
| 2.7 Revaluate protocols around dual diagnosis to ensure streamlined access into substance misuse service occurs. | * CAMHS. Current arrangements to be reviewed. ID to follow this up. * KMPT. | | ID/SPFT  KMPT | 01.04.16 |  |
| 2.8 Review training arrangements on a county basis and agree priority areas for joint training modules between NHS, social care and the criminal justice organisations. | * Develop multi agency training programmes to underpin the Standard Operating Procedures and Operational Policy * NHS Security staff-gap in their training regarding identification/approach to people with mental health conditions. * KMPT/Police have worked in partnership to produce a series of videos around regarding identification/approach to people with mental health conditions. * Training is provided to student officers, PCSOs and custody staff. * CAMHS provide training to A&E staff. | | All subgroup partners to monitor | March 2016  On going |  |
| 2.9 Review suitability and availability of Places of Safety. | * Short term Place of Safety for children opened in Dartford, longer term situation may involve increasing capacity within current 136 suites. Child 136 detentions monitored by regular multi-agency meetings. | | CCGs / KP |  |  |
| 2.10 Police Officers should not have to consider using police custody as a place of safety for children. And if a police station is used police cells will only be utilised if there are exceptional circumstances. | * It is an aspiration of the group that this is a never event. * There is an identified gap that if 1 child is already being assessed in the identified place of safety there wouldn’t be another option. Stephanie Clarke (KMPT) meets with Bob Lomas (CAMHS-Sussex Partnership) at an operational level and to develop solutions if the child place of safety is already occupied. * Identify those at risk as part of 2.1 * Work with Local Authorities to manage transition and Individual Education and Health Plans against the Local Offer and Children and Families Act. * There has been no placements in custody for children | | KMPT/SPFT  CCGs / LAs |  |  |
| 2.11 People with mental health problems who are intoxicated should not be excluded from places of safety. | * KMPT Sec 136 Policy is that people are not excluded from assessment due to intoxication. This is monitored at the regional 136 meeting and any noncompliance raised as an SI | | KP | Completed |  |
| 2.12 Investigate the need for a ‘safe place’ for care / containment and subsequent mental health assessment for people who are too intoxicated to be assessed / interviewed. | * If a patient is so intoxicated then A&E is the only viable option where their care can be provided for. Clinical physician from acute services to be invited to join group to develop protocols for intoxicated patients. * To ensure solutions are included within emerging ‘Urgent Care’ Models being commissioned by CCGs * Identify those at risk as part of 2.1 * Safe Recovery areas have been piloted in West Kent CCG this will lead onto further commissioning initiatives | | Acute Services/KMPT | Urgent Care Models currently on hold due to instruction from NHSE |  |
| 2.13 Work towards custody as a place of safety as being a ‘never event’. Only in exceptional circumstances, should a police custody suite be used to manage seriously disturbed and aggressive behaviour. | * This is an aspiration of the group however; it remains that if custody can do something that KMPT can’t it would still be the most appropriate place for the patient. This will continued to be monitored via the regional 136 monitoring group meeting. * Identify those at risk as part of 2.1 and put plans in place to provide support through prevention, multi-agency assessment and care planning | | KMPT/KP | On going |  |
| 2.14 Fast-track process that either provides an assessment or arranges transfer to a health based place of safety for individuals whenever a police cell is used. | * Escalation processes exist to ensure that dwell time in custody is limited. Adult patients (in cells) are prioritised for assessment. * CAMHS have a fast track process for child patients. Julie Kirby to provide more detail. | | KP/KMPT/SPFT | On going |  |
| 2.15 Agree local timescales for response from health and social care where police cells are used as a place of safety. | * KMPT target to conclude assessment within 3 hours, as above there is in place an escalation process. * KMPT are currently reviewing their Crisis Home Resolution Treatment Teams to separate home treatment /prevention from crisis intervention. Local response times will be included within this review with KPIs assigned to measure delivery | | KMPT |  |  |
| 2.16 Local partnerships to review these time scales and review each individual case where a police cell has been used, to make sure the use was appropriate and whether there are lessons to be learnt for the future. | * A multi-agency group exists to ensure reviews take place. | | KP/KMPT/Medway | On going |  |
| 2.17 Develop a multi-agency repeat presenter protocol. | * All agencies legal departments need to be engaged with by the main Concordat Steering Group to put in place the legal framework/protocols for this to occur. * Action being progressed as part of the Urgent Response Task and Finish Group detailed within 2.1 | | CCGS/KMPT | 1.4.16 |  |
| 2.18 Evaluate effectiveness of multi-agency information sharing protocols and ensure it operates at all levels of all organisations. | * All agencies legal departments need to be engaged with by the main Concordat Steering Group to put in place the legal framework/protocols for this to occur. * West Kent CCG is currently looking to develop an IT Shared Care System * 111 is working with SECSU to develop ways of ensuring GPs update Special Patient Notes on patient’s medical records * KMPT have crisis plans and advance statements in place with crisis cards developed. Also looking to roll out the Single Health Resilience Early Warning Database (SHREWD) across West Kent * Police information sharing protocols are in place but anecdotally there is confusion or reluctance to share at an operational level. To be addressed with the revised SOP * Work progressing within the T&F Group Urgent Response as explained in 2.1. | | CCG Commissioning leads with all Partners  Linked to SRG Plans and System Resilience Projects | On-going |  |
| 2.19 Develop the Psychiatric Liaison service to consider all age approach and current gaps including hours required within existing service provision to best meet patient need | * Funding approved and services in place A&E Psychiatric MH Service 24/7 * CAMHS 24/7 provision is in place (HTT) * We are now developing all age acute liaison as part of NHSE requirement | | CCGs/KMPT/SPFT | Completed and being monitored |  |
| 2.20 Review interface between daytime AMHP and Emergency Duty Team (EDT) to include Out of Ordinary Hours (OOH) assessments | * KMPT There is no separation between daytime and an OOH service in Kent, there is an area of development with regards to Medway AMHP services.  The existing arrangement with Kent providing OOH service to Medway is likely to be extended to June 2015. Further discussions will be taking place  w/c 16/03/2015 * Update: The contract between the Kent AMHPs and Medway out of hours is under review. The latest proposal is that Kent continue to provide out of hours cover and Medway provide the 2 AMHPS into the Kent service to provide this provision. Whilst this suggestion is reviewed we continue to provide out of ours to Medway and an hourly rate. | | Medway AMHP/ KMPT | 1.4.16 |  |
| 2.21 Work towards a 3 hour wait for MHA assessments. | * This is an aspiration of the group and needs to be monitored within the AMHP service (KMPT) and shared with partners. * CAMHS are not at this time in a position to achieve this target CAMHs looking to develop or implement actions to achieve the target | | Medway AMHP/ SPFT |  |  |
| 2.22 Review multi-agency conveyance guidance for persons detained under Mental Health Act 1983 | * Kent police have policy in place, however ,  now working with Surrey, Sussex Police to develop a single conveyance with SECAMB | | KP/SECAMB | 01.04.15 / Quarterly |  |
| 2.23 Review the use of an appropriate alternative vehicle in the event of conveyance being required in a mental health emergency and only in exceptional circumstances should a police vehicle be used to transport a patient to a place of safety. Local implementation of the Association of Ambulance Chief Executives national S136 guidelines for transportation for people under Section 136 to include review use of SECAmb mental health pathway. | * As above, however ambulance response times are an area for development with SECAMB. | | KP/SECAMB | 01.04.16 |  |
| 2.24 There should be a clear local protocol about the circumstances when, very exceptionally, police may be called to manage patient behaviour within a health or care setting. | * This is a policy area that needs to be developed. | | KP/KMPT/SPFT | 01.07.15 |  |
| 2.26 Review links with British Transport Police to involve them in preventative measures to tackle the challenges of mental health and other suicidal behaviour | * BTP representative attends Concordat meeting and also the County Suicide Prevention Group. | | KP | 01.01.15 |  |
| 2.27 Monitor usage of Section 136 incidence and develop alternative pathways for officers dealing with those in mental health crisis that reduce the amount of time the powers under the act are used by police. | * Currently there is regular reporting on the use of Section 136 fed into the Police liaison group. * Winter resilience monies have led to the set-up of crisis cafes in the North of the County. * A Street Triage service is currently available 7 nights a week.  Options scoped for further investment * Alternative to admission service developments outlined within KMPT transformation programme to include Crisis Recovery House (with third sector provider) and acute day treatment. * Proposal developed for S136 coordination team within KMPT to ensure effective staffing in places of safety and release CRHT to home treat. | | KP | 01.01.15  Monthly |  |
| 2.28 Review / combine Section 135(1) and Section 135(2) policies.  Review of Section 136 Policy, Procedures & Guidance | * Needs to be reviewed/developed in light of the changes to the Mental Health Act Codes of Practice. | | KMPT/KP/SPFT | Within 3 months following expected  changes to Code |  |
| 2.29 Review role / use of Single Point of Access arrangements for accessing AMHP requests | * The single point of contact is not up and running yet | | KCC / MC | 01.04.16 |  |
| 2.30 Review multi-agency Police assistance to / for AMHPs/CRHT (welfare checks). | * An area that requires development of policies and protocols. | | KP / SECAmb / KCC / MC | 01.04.16 / Quarterly |  |
| 2.31 Ensure availability and contribution of the Service User in the  development of local solutions to supporting people in crisis | * Health watch are representatives of the MH Concordat Steering Group * Chair of Countywide MHAG now a member of the Countywide Steering Group and T&F Group for Urgent Response. | | CCGs /KMPT | 01.04.16 |  |
| 2.32 Consult and engage with patient groups (including BME and other hard to reach groups) to ensure staff are delivering person centred care that takes into account cultural difference and meet diverse need  2.33 Canterbury Christchurch 136 Research  2.34 Mental health/ Social Care Signposting Resource | * KMPT & Sussex Partnership offer Home Treatment service available to the service users can be supported to recover from a mental health crisis whilst still able to access family and cultural support networks. * Person centred care plans project has delivered training to all staff in the acute service line on how to assess and conduct collaborative care plan formulation with special reference to the needs of service users from all protected groups. Monthly audit in place. * There is a national care plan template for GPs, this can be personalised to consider diverse needs, this can be kept at home, on care record, sent to Local Referral Unit, sent to IBIS etc. * Link into MHAG and other local engagement groups * Ensure Equality Impact Assessments are produced to accompany any projects * The Police and other stakeholders are engaging with Canterbury Christchurch to agree research process and outcomes * Awaiting vetting forms and recruitment of researcher for the projects * Consider support from AMHP trainees * Develop cards and email signposting tool for Police Officers / Staff who have contact with the public * 6 steps to wellbeing | | KMPT/SPFT/ KP  Kent Police JH  Kent Police JH with LP | 01.04.16 |  |
| 3 The right quality of treatment and care when in crisis | | | | | |
| 3.1  a) Review model of Crisis Service in line with commissioning expectations and specifications exploring options for co-location with other emergency services, to include review of skill mix and qualifications/competencies of workforce to work with under 18s.  b) To undertake a needs analysis of potential alternative service models to hospital admissions (all age). | | a) KMPT – 24/7 CRHT in all areas, providing assessment and treatment at home as an alternative to admission.  Liaison Psychiatry Services Currently commissioned  Dartford  9-midnight Monday to Friday  West Kent  24/7  Medway  24/7  East Kent  24/7  Street Triage service in partnership with Kent Police in place 3 days a week expanding to 7 days a week. New triage model being proposed, awaiting final agreement  PICU Outreach services available in hospital to avoid restrictive PICU admissions  Personality Disorders Crisis pathway and Hostel available in Medway  b) Crisis service review and crisis cafes are included in the CCG commissioning intentions 2016/17 | 1. CCGs 2. CCGs | 1.4.16  1.4.16 | a. |
| b. |
|  |
| 3.2 To carry out critical review of partner agencies mental health crisis related policies, procedures and protocols to ensure these align to the principles outlined in the Concordat | | Mapping policies and procedures for partner agencies required. | CCGs | 31.3.16 |  |
| 3.3 Review current contract specifications to ensure these include standardised response times from Psychiatrists to referrals for inpatients with mental health crisis | | Moving toward a single point of access. | CCGs | 31.3.16 |  |
| 3.4 Ensure all AMHPs reports are of sufficient quality (audit) | |  | KCC / MC | Ongoing |  |
| 3.5 Ensure the availability of appropriately designated mental health Assessment rooms across Kent and Medway | | Assurance required from providers concerning the quality and suitability of assessment areas in A & E Departments. | CCGs/Acute Trusts | 1.4.16 |  |
| 3.6 Scope the gaps between needs of and current provision of children and young people’s services (including those with behavioural problems) within inpatient care and paediatric wards | | Scoping exercise required. | CCGs / SPFT | 1.4.16 |  |
| 3.9 Review information provision and pathway for individuals who attend following self-harm, but who are not admitted | | SMaRT risk assessment tool in place in East Kent to support professional decision making regarding the management of risk – planning to roll of SMaRT tool in West Kent, Dartford and Medway supported by training.  Assurance needed that the Acute Trusts use assessment tool – CCG quality indicator 1st of April 2015. A & E Liaison can report for KMPT. Dartford is not commissioned for 24 hour A & E Liaison. | SECSU/KMPT/Acute Trusts | 30/6/16 |  |
| 3.10 Develop a set of agreed Kent and Medway wide set of principles to be followed in the event of a mental health crisis. To include:   * Specific Information Exchange Agreement to address safeguarding concerns * Regular audit of referrals where primary issue was wider mental health issues * All agencies fully aware of their statutory responsibilities including the acute sector * Annual presentations to Adults & Safeguarding Boards | | KMPT currently meeting with MFT monthly  KMPT have regular meetings providers to resolve any issues through weekly escalation teleconferences. Query regular meetings with MTW and KCHT  Information scoping on dual diagnosis needed. (completed) | KMPT / KP  Gaby Price | 01.04.16  completed |  |
|  |  |
| 3.11 Establish emergency specialist foster care arrangements available in emergency | | The working group recommends this action is moved to the Right Quality of Treatment and Care sub-group | CCG/SPFT | December 2015 |  |
| 4 Recovery, staying well, and preventing future crisis | | | | | |
| 4.1 Undertake a scoping exercise to map all current “recovery, staying well and preventing future crisis” services being delivered by agencies and the voluntary sector within Kent.  Use this map of current activity to identify any gaps, duplication and areas of strength and those for improvement | | This scoping exercise was completed at the working group on the 22nd April. The results have been circulated to the Steering Group as part of a highlight report and new actions have been added to this Action Plan below. | Kent Public Health (Tim Woodhouse) | 22.04.15 Completed |  |
| 4.2 Develop a business case for a wider roll out of crisis café’s across the county | | Alan Heyes and Dianne Meddick undertaking a review of existing cafes in Medway which will be used as the basis of the business case.  The review has been completed and each CCG is now considering how best to provide a crisis café style solution | Alan Heyes and Dianne Meddick | 01.09.15  Completed |  |
| 4.4Examine how to improve continuity of care for people in recovery  4.4.1 Pilot Open Dialogue process for involving families and friends in the development of care plans | | Open Dialogue is being trialled by KMPT and has been discussed and presented to many forums (including with service users). | KMPT  KMPT | Complete  01.04.2016 |  |
| 4.5Consider how to provide meaningful activities for people in recovery | | The sub-group will consider how to ensure provision of meaningful activities for people (including young people) in recovery at a future meeting. To include a look at peer support and an update on KCC’s commissioning for Community Mental Health and Wellbeing Services  Following the disbanding of the Recovery sub-group this will now being considered as part of the commissioning process, and implementation of the new Community Mental Health and Wellbeing Service | Tim Woodhouse, Sue Scamell | Ongoing |  |
| 4.6 Develop and launch second phase of the Single Point of Access project. | | Single Point of Access will deliver mental health triage by a clinician. It will be a single point of contact for all to access Mental Health services. This service will also have the ability to signpost those who do not need secondary care to appropriate mental health services. Early intervention and contact is at the heart of the single point of access to maintain stability in mental health and offer support early in a mental health crisis. | KMPT (Caroline Blades) | Phase 2 to in place by March 2016. |  |
| 4.7 Promote and extend the use of Care Plans, Crisis Plans and Advance Decisions for mental health patients including Children and Young People and people with dementia | | * All known service users will have a future crisis plan that lessens the likelihood of a repeat crisis and ensures the wishes of the service user are taken into consideration * Evidence that these plans are routinely part of the CPA process   KMPT Clinical audit programme will evidence that the plans exist are accessible 24/7 and that they are acted upon  This will be the feature of a future sub-group meeting. | KMPT | Ongoing |  |
| 4.8 Ensure availability and contribution of the Service User in the  development of local solutions to supporting recovery of people in crisis | | A service user with Maidstone Mind and two carer representatives have joined the subgroup.  Sub group members will continue to consider further ways to ensure service user engagement and contribution | Maidstone Mind or KMPT | 01.04.15 Completed |  |
| 4.9 Consult and engage with patient groups (including BME and other hard to reach groups) to ensure staff are delivering person centred care that takes into account cultural difference and meet diverse need | | To be addressed via locality MHAG groups | CCGs | Ongoing |  |
| 4.10 Ensure that the Care Act is given due regard by this working group | | Sue Scamell gave a brief update on the Care Act to the sub-group at the April 15 meeting and will continue to ensure is given due regard | KCC Sue Scamell | 01.04.15 Completed |  |
| 4.11 Working group to consider relevant KPIs for this area | | The Steering group is developing KPIs for the overarching Concordat | Tim Woodhouse and Steering Group | 01.07.15  Completed |  |
| |  |  |  |  | | --- | --- | --- | --- | | **Proposed KPI** | | **Current baseline (2014 unless otherwise specified)** | **Target (including achievement date)** | |  | A reduction in the use of Section 136 by Kent Police | TBC | TBC | |  | A reduction in the number of Kent Police detentions under Emergency Powers that result in ‘No Further Action’ following assessment | TBC | TBC | |  | A reduction in the number of people attending A&E for a MH crisis | TBC | TBC | |  | The elimination of police cells being used as a place of safety | TBC | TBC | |  | The elimination of a child experiencing a mental health crisis being detained in a police cell | TBC | TBC | |  | A reduction in the number of people who, after experiencing a MH crisis, are treated in out of county settings | TBC | TBC | |  | A reduction in the number of people experiencing a repeat MH crisis within 3 months | TBC | TBC | |  | Effective management and monitoring of serious Incidents | TBC | TBC | |  | Measure the views of people who experience a MH crisis. | TBC | TBC | | | | | | |

Glossary of Abbreviations:

CCG – Clinical Commissioning Group

KCC – Kent County Council

KMPT – Kent and Medway Partnership NHS Trust

KP – Kent Police

MC – Medway Council

RAG ratings to be applied:

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| Not yet developed | In the process of being developed | Completed |

MTF – Medway Foundation Trust

NHSE – National Health Service England

SECAmb – South East Coast Ambulance NHS Foundation Trust

SECSU – South East Commissioning Support Unit (formerly KMCS)

SLAM – South London and Maudsley NHS Foundation Trust

SPFT – Sussex Partnership NHS Foundation Trust