|  |
| --- |
| **North Essex Crisis Care Concordat Action Plan: An Introduction** |
| In February 2014, the Government launched the Mental Health Crisis Care Concordat. The principles in this document were signed up to by a wide range of national stakeholders. The concordat set up the actions and principles required to improve mental health crisis care across a wide range of different organisations. The concordat required all local areas to have submitted a declaration of agreement to deliver the principles outlined within the concordat document by December 2014. Essex submitted an Essex wide declaration in December 2014 signed by key stakeholders which also committed agencies to the development of a joint action plan by the end of March 2015. Essex have developed 3 local action plans due to the geographical size of the county; one for North Essex, South East Essex and South West Essex. This local action plan covers the North Essex area only covering the geographical areas of Colchester, tendering, Maldon, Braintree, Chelmsford, Uttlesford, Harlow and Epping Forest.The crisis care concordat document focussed on four key areas: Access to support before crisis point, urgent and emergency access to crisis care, quality of treatment and care when in crisis and recovery and staying well and preventing future crises. The local action plan focusses on these four key areas along with a section on commissioning to allow earlier intervention and responsive crisis services. The local action plan outlines actions that the North Essex group have agreed to deliver in order to meet the requirements of the national concordat.At the base of the document, a set of KPIs have been proposed that will be used by the group to determine success. Locally, progress against the plan will also be RAG rated for each action.The working group will continue to update and re-fresh the plan regularly through the ongoing implementation group. The group will all ensure public and service user engagement in the ongoing process. The group continues to meet on a bi-monthly basis. **Plan update October 2015**  |

|  |  |  |
| --- | --- | --- |
| **North Essex Crisis Care Concordat Action Plan** |  |  |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **UPDATE** | **Links**  |
| **Commissioning to allow earlier intervention and responsive crisis services** |  |
| 1.1 | Undertaking an audit into the usage of beds within NEP mental health trust to ensure correct numbers of beds are commissioned | March- April 2015 | North Essex CCGs/ NEP | * To ensure that the correct level of beds are being commissioned
* To review any areas for improvement for multi-agency working
* To review opportunities to decrease delayed transfers of care
* To review opportunities for moving service users to more appropriate provision
* To ensure beds are not blocked due to difficulties in placing by other commissioners i.e. NHS England
 | Complete- new bed management programme agreed.16/06/15Higher numbers in the trust that were fit for discharge than anticipated.– July first meeting of the MH specific SRG, this group will meet monthly* From 17/06 there will be weekly MH surge call with key leads from a range of organisations including DCs to talk through delays and rationales.
* Looking at processes and escalations to track delays and who is accountable within discharge timelines.
* Agreement In place around repatriation of OOA service users placed within NEP beds.

30/09/15* A further bed audit completed September 2015. Delayed transfers of care had been reduced by 13% in the last 6 months. A further bed audit will be completed in a further 6 months.
 |  |
| 1.2 | Review of CAMHS and adults transition protocols between child and adult mental health services, taking into account principles and good practice set out in the national CAMHS transition service specification | From October 2015 | North Essex CCGs/NEP | * Intention to move to all age commissioning for mental health
* Integration between health, social care and physical health care
* To agree transition protocol to insert into NEP contract and new CAMHS provider as from October 2015
 | Meeting held Essex wide CAMHS & AMHS, ECC, NEP & SEPT in April. Future meetings to be agreed16/06/15One meeting where providers were included, regarding Essex wide protocol and the SEND agenda (18-25 year olds), meetings have been put on hold during CAMHS procurement with new contract starting in November – meeting to be restarted and take on board with new provider and local authority.Looking at pathways for those with challenging behaviours and smaller discreet services for LD and whether these can link to adult LD provision30/09/15- CAMHS transformation plan approved- reference to transition protocolsReview timelines-NEP transition protocol as part of the SDIP. Essex wide protocol will have to review timeframe after November due to new provider. |  |
| 1.3 | To ensure that the recommendations made in ‘A safer place to be’ are used as a baseline for section 136 practice in North Essex.  | From April 2015 | NEP/ Essex Police/ CCGs/ Essex County Council/ East of England Ambulance service/ British Transport Police | * To ensure broad range of stakeholders have been involved in development of agreement
* Provide opportunity for wider engagement across communities
* Undertake a review of the Essex joint agency policy for section 136
* Development of a standard report to all boards on section 136 changes
 | 18/08/15Draft copy of the NEP policy has been shared with the group. This has been reviewed and finalised by NEP. Final copy to be shared from NEP05/10/15Final copy circulated- complete |  |
| 1.4 | Implementation of recommendations from Essex County Council Prevention Strategy | From December 2015 | Public Health | * Joint working with public health
* Promotion of the health and wellbeing agenda
* Prevention of loneliness
* Development of age inclusive services
* Primary prevention including schools and universities
 |  |  |
| 1.5 | Refreshing the mental health section of the Essex Joint Strategic Needs assessment for Mental Health | December 2015- February 2016 | Essex County Council Public Health/ North Essex CCGs | * Improved analysis of local populations
* Improved intelligence to inform commissioning cycle
* To achieve parity of esteem with physical health
* Identifying priorities for investment
 | 18/08/2015New public health consultant in place. Three JSNAs being developed. Children’s, Adult & Older Adult. 05/10/15Intension for robust 1st draft by end February 2016. Being agreed with ECC Organisational Intelligence. | 1.15 |
| 1.6 | The development of a strategic board to oversee the implementation of the North Essex Crisis care concordat action plan (Essex wide board) | From March 2015 | Essex wide action plan group leads | * Assurance of accountability and governance
* Cohesive response across Essex
* To achieve economies of scale
 | 18/8/2015There is a new mental health system resilience group, meeting monthly to look at demand and capacity. The North Essex crisis care concordat implementation group meets bi-monthly.There is an Essex wide group that oversees all 3 Essex concordat plans  |  |
| 1.7 | North East Essex CCG Care closer to home commissioning- ensuring all service users with a long term condition are screened for mental health problems and referred to appropriate mental health support (i.e. IAPT services) | March 2016  | North East Essex CCG | * To improve the working between mental and physical health services
* To help prevent people with LTCs reaching MH crisis
 | Specification clearly defines MH screening requirements, services to go live March 2016 |  |
| 1.8 | North Essex Crisis Care concordat action plan to be published on the national concordat website | End March 2015End October 2015 | North Essex concordat action plan group chair | * National sharing of plan available to general public via national website
 | Submitted at end of March 2015. 30/10/15- Plan resubmitted to national website  |  |
| 1.9 | Completion of the Essex wide CAMHS procurement joint exercise between Essex County Council and CCGs | New service to commence October 2015 | CCG CAMHS commissioners/ Essex County Council/Thurrock and Southend Councils | * To improve value, access and responsiveness
 | Contract awarded, procurement complete |  |
| 1.10 | Needs analysis to inform potential business case for peer-led crisis house to aid recovery and self-management | From May 2016 | CCGs/Essex County Council | * Understanding current best practice
* Using JSNA refresh to inform business case
 |  |  |
| 1.11 | Ensuring that core access standards to services are in place for mental health providers  | To be included in all 2015/16 contracts with providers | North Essex CCGs | * Ensuring providers are held to account for delivery of core standards
 | Included in North Essex NHS MH contracts- complete and will continue to be included in 2016/17 contracts. Shadow EIP reporting arrangements are in place.  |  |
| 1.12 | Publication and implementation of the North Essex Personality Disorder Strategy  | From April 2015 | North Essex CCGs | * Improving patient experience of people with Personality Disorder
* Developing a community based model
* Improving access across north Essex
 | 18/08/2015Approved at NEE CCG board in May 2015. Approved at West Essex CCG June 2015.05/10/2015Approved at Mid CCG Board in September 2015.Intentions reflected in commissioning intentions 2016/17 documents sent to provider at the end of September 2015. Contract negotiations for 2016/17 will commence in November 2015. |  |
| 1.13 | Establishment of a Community Resilience model | From April 2015 | All concordat stakeholders | * Individual organisations to update on community resilience projects.
* A separate table to be appended to plan with individual organisational actions.
 | All stakeholders to feedback on projects by the end of June 201528.09.15Mid Essex Social Prescribing update |  |
| 1.14 | To ensure detailed consultation with the Public and Service users on development of this local plan and progress made against actions | Ongoing | All concordat stakeholders | * Ensuring public and service users can hold us to account for delivery
 | 18/08/2015Previously discussed as Essex wide. Group to look at utilising local Health Watch and ensuring access to document through organisational websites.  |  |
| 1.15 | Share good practice with other geographical areas on the development of JSNAs, local health plans and local commissioning plans, with a focus on establishing the local need for mental health and substance misuse services, working with local partners, and signposting to safe, effective and evidence-based local alternatives to hospital admission. | Ongoing | All concordat stakeholders | * Reviewing national best practice and evidence base
 | 18/08/2015National intelligence model for emergency services (police)(Fire) currently undertaking a survey as there will be changes within services moving towards 2020 strategy.Police tend to review and assess for Nov and objectives set for following year.Fire review should be ready by November 2015.CCG commissioning intentions published end of September 2015- links to best practice.  | 1.5 |
| 1.16 | Review of the availability, quality and gaps in the information needed to assess the level of local need for crisis care, develop baseline assessment of current provision and the gap analysis and monitor the effectiveness of responses to people who experience a mental health crisis including those who are assessed and detained under the Mental Health Act. Ensure inclusiveness of the voluntary sector and ‘seldom heard’ groups | From June 2015 | All concordat stakeholders | * Ensure all stakeholders are aware of services available across north Essex
 | 18/08/2015CQC thematic review and Crisis review to be taken into account along with CQC inspection of NEP (26/08/15) will allow us to identify the gaps.30/09/15- Group agreed to hold workshop on development of crisis line provision through 111. MH liaison bid being developed looking at alternative models of crisis response. |  |
| 1.17 | Review and set out future requirements for workforce training. Development of a business case for joint workforce training  | From December 2015 | All concordat stakeholders | * To improve the skills of the local workforce
* To develop opportunities for service user and peer led training
 | 30/09/15- Agreed focussed agenda item on workforce at NEP Clinical quality review group in December 2015Exploring opportunity to develop new roles as part of national MH liaison bid |  |
| 1.18 | Sharing of best practice at the national concordat event | April 2015 | All concordat stakeholders | * To review local plan against other geographical areas
* To review and implement national best practice
 | North Essex stakeholders attended National Conference- sharing of best practice examples |  |
| 1.19 | Ambulance national specification – Ensuring that local specifications define waiting times targets for MH service users.  | From April 2015 | East of England Ambulance Service | * Ensuring ambulance service meets contract requirements
 | Completed in ambulance contract |  |
| 1.20 | 2015/16 NHS contract SDIPs with acute providers setting out how providers will ensure that there are adequate and effective levels of liaison psychiatry services in place  | April 2015 | North Essex CCGs, CHUFT, PAH, MEH | * Ensuring (by 2020) the acute trusts have 24/7 liaison services in place (Fidelity Model)
 | 18/08/2015Funding in place until end of March 2016 29/10/15- working with system wide stakeholders including acute providers to develop future liaison plans  |  |
| 1.21 | Work with NHS England to identify opportunities for improving crisis services to the veteran population | From November 2015 | North Essex CCGs, NHS England | * Ensuring health commissioners are working together effectively to provide adequate services to the veteran population in north Essex
 | 18/08/2015* NHS England leads to be identified
* Veterans first funding may end March 2016.
* British Transport link into veteran services; data to be shared.
* ECC included support employment service for veterans.
* Need to include veteran’s in the JSNA
 | 1.51.15 |
| 1.22 | Implementation of the Essex Strategic MH review | June 2015 | North Essex CCGs, Essex County Council, NEP | * Review of service sustainability and viability
* Improving service outcomes and quality
 | Review work underway- to conclude in August 2015. Boston Consulting Group leading the review. 30/09/15- Review complete. Provider and commissioner recommendations accepted. Accountable officers meeting regularly to review process.  |  |
| 1.23 | Local railway related data to be shared with British Transport Police | From April 2015 | British Transport Police | * The divisional or FHQ SPMH team should be able to provide simple and clear information which sets out the level of mental health and suicidal activity within a given area.
 | 16/06/15In place.Weekly report on people identified at risks at train stations and nearby train lines to link into missing person’s data base.  | 4.134.14 |
| 1.24 | Improve the understanding across the whole sector in relation to the issue of co-existing MH/Substance Misuse issues | From June 2015 | Essex County Council | * Improved identification of Dual Diagnosis issues
* Improved treatment and care
* Improved outcomes for service users
* Reduction in opportunities to “bounce” clients between service provision
 | 16/06/15Working with ECC to work out old CDAT – embedded into MH outreach provision to ensure assessment and recovery more appropriate.Essex wide task and finish group set up.05/10/2015Partnership Agreement between ECC and NEP+SEPT, clearly defines responsibility regarding Dual Diagnosis. All Substance Misuse Services Specified accordingly.  |  |
| 1.25 | Health and Social care commissioners to establish the crisis/emergency care pathway for CYP with LDD, including children with LDD and neuro developmental disorders who present with challenging behaviour.Work with multi agency partners, building on existing joint work, to review and refresh multi-agency pathways and protocols for this client group, and identify areas for longer term service development, including potential for joint commissioning and/or service redesign.   | By 1st November 2015 - aligned with CAMHS re-procurement | ECCNorth and South Essex CCGs/Thurrock and Southend LA’s | * Improve the understanding across health, education, social care, and police on the crisis/emergency pathway for CYP with LDD, and CYP with LLD and neuro developmental disorders who present with challenging behaviour.
* Improve the information available to CYP parents/carers on ‘what to do’ when behaviours start to escalate
* To help prevent CYP their families and carers reaching a crisis situation
* To improve multi agency working across all services
* Reduce inappropriate presentations to acute hospital A+E departments
* Reduce inappropriate admissions to acute sector paediatric wards
 | Contract awarded, procurement complete |  |
| **2.Access to support before crisis point** |  |  |
| 2.1 | Undertake a review of 111 data to determine:* the volume of callers requesting for support/information relating to a mental health issue
* mental health provision and specialist skill mix
* if service could deliver a crisis helpline response to MH service users
* Take forward recommendation for 111 to have a MH lead online
 | From July 2015 | North Essex CCGs / West Essex CCG | * To improve responsiveness to MH crisis for service users
* To ensure MH expertise in all 111 centres
 | To review system wide response to 24/7 crisis phone provision – not just health focussedBehind target timelines13/10/15-October 2015 meeting agreed to set up a workshop to explore options. Workshop to be held December 2015. |  |
| 2.2 | Undertake a review of frequent users across all health and emergency services and develop a set of recommendations for targeted work with this group | September 2015 | All concordat stakeholders | * Delivery of targeted interventions
* Improved multiagency working with service users
 | October 2015 - Working group established in NEE CCG to target high intensity users via MDT approach. Home office bid submitted via Essex Police to review high intensity MH service users across all settings |  |
| 2.4 | Creation of screening/self-diagnosis/management tools (through use of short questions) – for practitioners and members of the public, working with universities where possible | September 2015 | All concordat stakeholders | * Working with ARU and Essex University partners to develop a tool
* Use of resources on zero suicide website
 | 05/10/15ECC Web Portal highlights MH conditions and self-management strategies.  |  |
| 2.5 | Development of an early intervention CAMHS scheme (in preparation for submission for national funding) | From April 2015 | North Essex CCGs | * To improve local early intervention services for children and young people
 | Announcement around national CAMHs funding Essex need to demonstrate what they plan to put forward. Transformation and priorities.Building resilience October 2015-Government commitment to investment in CAMHS nationallyCCG additional funds secured on submission of robust Transformation Planfocusing on making more professional help available |  |
| 2.6 | Develop a range of education programmes including-* Delivery of education CQUIN in NEP 2015/16 contract around MH education
* Delivery of MH education to key stakeholders including emergency services staff

Delivery of suicide prevention education to primary care, secondary care and emergency services. This includes:* multi-agency training, including schools and universities (to include resilience training)
* cross-agency promotion of Teenage Suicide prevention guidance developed through the Essex Safeguarding Children Board
* community awareness
* Safe Talk Apps
* Establishment of Stop Suicide website
* Adopt principles and approach of perfect depression pathway and zero suicide pledge with support from Dr Coffey and the Strategic Clinical Network
* Identify sources of funding for training
* Mental health first aid training
* Education in primary care to support early identification of mental health issues and services available for referral
* Development of education programmes aimed at:
* The public – identification of any quick wins
* Coders – to support capture of MH presentations in acute trusts
* Supporting practitioners to assess for MH needs as part of physical health assessment – consider use of decision tool
* Paramedics – to improve understanding of the most appropriate place to deliver a patient to
* Community providers; midwives; school nurses; health visitors; police; ambulance staff – MH training with a focus on prevention and early intervention
* Workplace wellbeing programme to be rolled out
* Consider programme similar to FAST stroke scheme
* NEP and IAPT service providers to be linked to acute trust training teams to arrange training for A&E staff – including suicide prevention
* Link with peer support and voluntary sector for provision of training – particularly D&A
* Schools and universities – including D&A/legal highs
* Working with health education England to develop opportunities for MH training
* Drug and Alcohol Awareness training to MH professionals (Stat and third sector) and MH Training and awareness to others (esp. substance misuse providers) to support better identification of Dual Diagnosis
* MH/Substance Misuse training and awareness to Police staff (including detention Officers) and Prison staff in relation to local prison’s new role as the resettlement prison and a higher proportion of individuals being locally released
 | From April 2015 | All concordat stakeholders | * Raise awareness of mental health issues
* Improve understanding and outcomes of mental health conditions
* Improve patient experience
* Improve diagnosis, timely access and early intervention
* Reduce stigma
* Change of culture
* Sustainable programme of education (through train the trainer courses)
* Improve working across concordat stakeholders
* Improve tolerance and understanding of mental health issues
 | NEP education 15/16 programme agreed for year.Life skills programme rolled out to 25 secondary schools, this is the risk avert scheme.Healthy relationship module funded through Domestic Violence prevention.Emotional Health and wellbeing module being delivered through risk avert.Essex university and a PHD around efficacy and evaluating risk avert courses. NEP and Samaritans to continue their partnership working NEP to discuss with CCG commissioners future developments.STOP suicide campaign to increase training for the ambulance trust.Further discussion re – 2016/17 programme as part contract negotiations. Sustainable system-wide training solutions to be considered as part of MH Liaison bid. | 2.12 |
| 2.7 | Working with the voluntary sector, with mental health expertise within our work programme, to develop local buddy and peer support services for service users including early intervention | From July 2015 | All concordat stakeholders | * To improve service user experience
 | Social inclusion and recovery draft model developed that covers education, recovery, and peer support. 05/10/15Dialog commencing with existing providers and key stakeholders around intension. Service User Engagement taking place October 2015. | 5.4.5.55.12 |
| 2.8 | CAMHS self-harm reduction strategy to be developed | From October 2015 | CAMHS providers/ CAMHS CCG commissioners/ Essex County Council | * Reducing self-harm episodes in children and young people
 | October 2015- CAMHS transformation plan submitted. |  |
| 2.9 | Evaluation of Big White Wall in Mid Essex  | End November 2015 | Mid Essex CCG | * Understanding impact of pilot, including value for money and potential for use in primary care and the wider community
 | 05/10/15The pilot has been extended to accommodate a slower than anticipated uptake. Evaluation due to be completed by the end of November 2015. |  |
| 2.10 | Development of clinical Advice Line CQUIN with NEP (Access by GPs to receive timely advice from psychiatrists and CPNs)  | April 2015 | NEP/ North Essex CCGs | * Improving communication between primary and secondary care
 | CQUIN not agreed with NEP- alternative agreement around GP one number communication route for advice has been agreed |  |
| 2.11 | Targeted roll out of Fire Break Scheme to focus on mental health crisis prevention. Develop joint content for delivery within Fire Break Programmes with key stakeholders | From April 2015 | Essex Fire Service | * Reduction in risky lifestyle choices
* Improving self-esteem and confidence
 | Programme on-going |  |
| 2.12 | Continued delivery of ECC school based wellbeing programme “Risk Avert”/ explore opportunities for joint working on programme content with CAMHS and ensure referral links to emotional wellbeing provision are developed and implemented | From April 2015 | Essex County Council/ CAMHS  | * Reduction in risky lifestyle choices
* Improving self-esteem and confidence
 | Programme being delivered to 25 secondary schools | 2.6 |
| 2.13 | British Transport Police potential to refer at risk individuals to relevant agencies | From April 2015 | British Transport Police | * to develop local protocols where high risk individuals can be referred into local multi agency safeguarding and risk management arrangements such as MASH (Multi Agency Safeguarding Hubs), and Community MARAC (Multi Agency Risk Assessment Conference)
 |  | 1.234.134.14 |
| 2.14 | Development of a targeted scheme for hoarders | From April 2015 | Essex Fire Service | * To reduce risky behaviours
* To reduce the risk of MH crisis
* To reduce the risk of fire in the home
 | 18/08/2015Fire Service Hoarding Protocol developed in line with the Safeguarding Adult Board and due for ratification in September.  |  |
| 1. **Urgent and Emergency access to crisis care**
 |  |  |
| 3.1 | Development of an improved approach between CCG and NHS England commissioners in relation to the availability and access to CAMHS beds and the step up and step downs in services required | From April 2015 | NHS England, North Essex CCGs | * Improved multiagency communication
* Improved service user experience of CAMHS services
 | 18/08/2015NHS England ensuring there are more beds nationally in line with the money available – especially Tier4 – to ensure collaborative working. CCGs invited to NHSE in September to discuss and take forward. |  |
| 3.2 | Continue commissioning of Accident and emergency mental health liaison services in MEH, CHUFT and PAH hospitals and ensure links to existing A&E Liaison provision in relation to Alcohol are developed | From April 2015 | North Essex CCGs, Essex County Council, MEH, CHUFT, PAH, NEP | * Improved multiagency communication
* Improved service user experience
* Reduction in admissions for MH service users
* Eradicating 4 hour A and E breaches for MH users
* Improving sign posting and referrals to appropriate services
 | 18/08/2015Funding agreed until March 2016 with further expectations by NHS England that this may be taken forward by secondary care moving forward. A range of alcohol liaison provision is commissioned by ECC. ECC commissioners engaged in development Psychiatric Liaison bid (for submission 9th November 2015) |  |
| 3.3 | Development of a business case to deliver a full RAID service within MEH, CHUFT and PAH hospitals and ensure links to existing Alcohol Liaison Nurse Services are developed appropriately | From April 2015 | North Essex CCGs, Essex County Council, MEH, CHUFT, PAH, NEP | * Improved multiagency communication
* Improved service user experience
* Reduction in admissions for MH service users
* Eradicating 4 hour A and E breaches for MH users
* Improving sign posting and referrals to appropriate services
 | Enhanced liaison rather than full RAID to be commissioned for 15/16See 3.2 above RE liaison development  |  |
| 3.4 | Development of business cases to continue the commissioning of the street triage pilot delivered in North Essex between Essex Police and North Essex CCGs | March 2016 | North Essex CCGs, NEP | * Reduction in section 136 detentions
* Reduction in usage of section 12 doctors assessments
* Improved working between MH and Police services
* Improved service user experience
 | Currently funded agreed until end March 2016. Currently reviewing evidence from alternative national models. | 3.5 |
| 3.5 | Review the street triage model delivery and develop further for 2016/17 to involve a wider range of stakeholders Engage and work with partner commissioners to review the opportunities to join up with the planned Offenders with Complex and Additional Needs provision, Street Triage and MH/LD Liaison and Diversion provision to address issues of multiple disadvantages in the Offender cohort.  | From July 2015 | North Essex CCGs/ Essex County Council  | * Reduction in section 136 detentions
* Reduction in usage of section 12 doctors assessments
* Improved working between MH and Police services
* Improved service user experience
 | Street triage going to market as part of the offenders with complex needs procurement. The procurement will address provision for LD & drug and alcohol offenders.A County wide commitment will be required for this scheme.Group to consider how to work with the ambulance trust as part of the street triage scheme.05/10/15Essex Police and Crime Commissioner have commenced an independent Review with a view to informing future commissioning. Results are due est. November 2015. Currently reviewing evidence from alternative national models | 3.4 |
| 3.6 | Review of AMPH provision to ensure AMPH workforce levels are able to meet local demand  | From October 2015 | Essex County Council | * To ensure workforce levels are at required standards to meet level of demand in services
 | 16/06/15Concerns as not enough AMPHs - work underway to address this to invite all social workers who haven’t been trained within NEP to be trained05/10/15Ongoing: Paper Submitted to ALT end of October 15. Wider AMHP Review to be completed by January 2016. |  |
| 3.7 | NEP will consistently meet the 4 hour response time for mental health crisis support  | From April 2015 | NEP | * To ensure rapid response to crisis contacts
 | Currently being met, on-going monitoring in place. |  |
| 3.8 | Development of work programme to increase the number of MH assessments that are carried out in primary care | From April 2016 | North Essex CCGs | * To improve GP knowledge in mental health
* Improving service user experience of primary care mental health
 | October 2015- Newham model to be evaluated and used to develop local model following development of new MH strategy. Signalled in commissioning intentions.  |  |
| 3.9 | Develop a plan to ensure that crisis plans and key information is shared across multiple agencies  | From November 2015 | All concordat stakeholders | * To improve information sharing across agencies
* To avoid duplication
* To ensure service user safety
* Improve service user experience
 | Group to write to Jim Symington (national lead) for national feedback | 2.13 |
| 3.10 | Roll-out of ‘I Am’ form to support information sharing and patient access to notes | From April 2016 | All concordat stakeholders | * To ensure service user safety
* Improve service user experience
 |  |  |
| 3.11 | Develop a Carer work programme to include:* Home treatment for carers
* Permission from patient for information to be shared/discussed with carer or family
 | From October 2015 | North Essex CCGs/ Essex County Council/ NEP | * Improve service user experience
* Improving the sharing of information across multiple organisation
 |  |  |
| 3.12 | Ensuring that the 30 minute response for ambulances for section 136 call coding and 8 minute response where restraint is being used is met | From April 2015 | East of England Ambulance Service | * Improving response times
 | In current contracts- being monitored |  |
| 3.13 | Section 12 doctors review to be undertaken. A review of the process of selecting doctors and monitoring their registration and CPD requirements  | July 2015 | North Essex CCGs | * Ensuring high quality assessments are being undertaken by section 12 doctors
 | 18/08/2015Waiting to hear from NHS England regarding where s.12 doctors send in their required CPD evidence.  |  |
| 3.14 | Notification of BTP as a standard action if there are concerns around a member of the public harming themselves on the railway and distribution of BTP national railway posters | From April 2015 | Railway firms, Health, British transport police | * To encourage those working in Rail, Health and Social care and the Voluntary Sector to notify BTP if they have immediate concerns that someone may harm themselves on the railway.
 | Weekly notification sent on a Friday from previous week from BTP to cascade as appropriate. | 2.134.134.14 |
| 3.15 | Essex wide GP CAMHS crisis line to be developed for advice support and signposting. | November 2015 | North Essex CCGs | * Improve communication between GPs and CAMHS providers
* To ensure the most appropriate response is delivered to the service user
 | THIS SERVICE HAS NOW CEASED- WILL BE TAKEN UP BY NEW PROVIDER. Contract awarded to new Provider. |  |
| **4.Quality of treatment and care when in crisis** |  |  |
| 4.1 | Development of a shared interagency information system to crisis care plans to be shared across all organisations  | From April 2016 | All concordat stakeholders | * To improve information sharing across agencies
* To avoid duplication
* To ensure service user safety
* Improve service user experience
 |  |  |
| 4.2 | Development of an interagency information sharing protocol to maximise effectiveness of communications between key stakeholders  | From April 2016 | All concordat stakeholders | * To improve information sharing across agencies
* To avoid duplication
* To ensure service user safety
* Improve service user experience
 |  |  |
| 4.3 | Improved handovers from police to place of safety with a 3 hour assessment time target | From April 2015 | Essex Police | * Improved service user experience
 | 18/08/2015Ongoing local meetings and discussed | 4.15 |
| 4.4 | Review of the availability of mental health act assessments by section 12 doctors and approved mental health professions in line with Royal College of Psychiatrists guidance  | July 2015 | North Essex CCGs/ Essex County Council | * Ensuring high quality assessments are being undertaken by section 12 doctors
 | 05/10/15Partial exploration with wider AMHP Review paper by ECC. Due January 2016. | 3.6 |
| 4.5 | Review the findings of the CQC thematic review undertaken on mental health crisis services within north Essex | June 2015 | North Essex CCGs/Essex County Council/ NEP | * To ensure that recommendations from the CQC thematic review are reviewed and implemented where appropriate
 | Draft report shared with commissioners- final national report was published June 2015. Key themes:* Being able to contact in crisis
* Care plan insufficiently personalised
* Street triage area of good practice
* Insufficient number of AMPHs
* Working relationship with police good practice.
* Crisis line provision requires improvement

Group to develop actions where development needs have been identified.05/10/15Paper to ALT,Identifying recommendations for a robust AMHP service. Link to crisis line review workshop December 2015. | 4.6 |
| 4.6 | Implementation of relevant recommendations made within the CQC thematic report on north Essex crisis services  | From June 2015 | North Essex CCGs/Essex County Council/ NEP | * To ensure that recommendations from the CQC thematic review are reviewed and implemented where appropriate
 | As above | 4.5 |
| 4.7 | Reviewing restraint processes to ensure in line with national guidance on restraint ‘Positive and Proactive care’ | July 2015 | NEP/ Essex Police/ Essex County Council/ North Essex CCGs | * To ensure that best practice is being applied in the use of restraint
 | In place |  |
| 4.8 | Implement the guidance on commissioning crisis services for BME, seldom heard and vulnerable groups | From December 2015 | All concordat stakeholders | * To ensure equal access to all members of the public to services
 | Link to revised MH JSNA completion  |  |
| 4.9 | Ensure relevant contract clauses are in place with community providers, including school nursing to ensure that mental health awareness is core business to children’s community services providers | April 2016 | North Essex CCGs/ Community Health services providers | * To ensure all children’s services treat mental health awareness as core business
 | On-going discussion with CCG Commissioners about potential opportunities via CQUIN, SDIP 2016/17. |  |
| 4.10 | Work with Health watch to ensure service user and wider views are captured (e.g. community providers, welfare to work, CAMHS, Health watch ambassadors, Health Access Champions) on the provision of crisis care | From October 2015 | All concordat stakeholders | * To improve crisis services resulting from feedback received
 |  |  |
| 4.11 | Audit to be undertaken to determine:* the reason for the relatively low uptake of use of personal budgets in north Essex
* what people are choosing to use their personal budgets for
 | From October 2015 | Essex County Council/ North Essex CCGs | * Improve understanding of service user requirements
 |  |  |
| 4.12 | Ensure learning from joint CRHT/Samaritans programme is shared | April 2015 | NEP | * Sharing of good practice
* Embedding of learning
 | Learning from work shared with group. NEP continue to develop partnership working opportunities with Samaritans  |  |
| 4.13 | To ensure that the street triage staff have access to police missing persons forms as risk of crisis would be heightened for missing individuals during this time  | April 2015 | Essex Police/ NEP | * Improved multiagency working and information sharing
 | 16/06/2015* All staff have access to forms.
* Street triage linking into MISPER team
* Working with BTP regarding suicide prevention with daily updates of suspicious activity of identified persons on the railways or near to.
 | 3.142.13 |
| 4.14 | Essex Police to grant access to the ATHENA database to key clinical staff who would require information on police records  | April 2015 | Essex Police | * Improved multiagency working and information sharing
 | Live since April and training in place | 3.142.134.13 |
| 4.15 | Essex Police will provide simple and clear data on a CCG basis relating to police interactions with those who are believed to be mentally ill, this will include S136/S135/MCA data. | August 2015 | Essex Police | * Improved multiagency working and information sharing
 | 18/08/2015Returns are sent to the home office each month regarding place of safety. Group to be presented with data | 4.3 |
| 4.16 | Conduct an equality impact assessment to ensure inequalities in access to mental health services are addressed, and gaps in provision are identified and to Ensure MH is incorporated into every core impact assessment | April 2016 | Public Health | * Ensure that inequalities are recognised and addressed
 |  |  |
| **5.Recovery and Staying well/ Preventing future crises** |  |  |
| 5.1 | Implementation of the social prescribing scheme across North Essex | From April 2015 | Essex County Council | * Improving support for members of the public
* Improving community resilience
 | In place – group to explore further MH opportunities  |  |
| 5.2 | All service users who have had a crisis episode are offered a crisis plan in line with NICE quality standard 14- Crisis planning | Ongoing | NEP | * Ensuring adherence to national requirements
 | In progress- NEP working to improve compliance  |  |
| 5.3 | Piloting of personal health budget usage for mental health service users | From October 2015 | Essex County Council/ North Essex CCGs  | * Enhanced focus on recovery and prevention
 | NE CCG leading for North Essex. DONS meeting regarding roll out Late June 2015 |  |
| 5.4 | Recovery social inclusion model development  | From October 2015 | Essex County Council/ North Essex CCGs | * Enhanced focus on recovery and prevention
 | 05/10/15See 2.7 for update. |  |
| 5.5 | Development/promotion of self-help tools and apps to service users and the public, including:* Buddy App
* Depression Apps
* 5 Ways to Wellbeing
* 10 steps to happiness

Also:* gain input from Recovery College and CAMHS service users

explore potential to work with Anglia Ruskin University/ University of Essex on application development  | By March 2016 | All concordat stakeholders | * Improving public knowledge and awareness of MH issues
 | NEP have completed a thematic analysis and have a national tool developed which is on their intranet –will be available for public use from the end of July |  |
| 5.6 | Exploration of national funding to support initiation of tele health schemes  | From March 2016 | All concordat stakeholders | Improving public knowledge and awareness of MH issues | Possible link to 16/17 contract CQUINs |  |
| 5.7 | Working with return to employment organisations to assist in prevention of MH crisis | From October 2015 | Essex County Council | * Improving multiagency working to aid prevention and recovery of mental health issues relating to employment
 |  |  |
| 5.8 | Housing and accommodation- working with providers to ensure alignment to concordat plan – ensure that MH clients with housing issues are referred to support through newly commissioned Housing Brokerage/Tenancy Support provider where appropriate  | From April 2015 | Essex County Council | Improving multiagency working to aid prevention and recovery of mental health issues relating to accommodation | Gone live August 2015 – requires a refresh to reinforce the agenda at the MH SRG. |  |
| 5.9 | JDATT- Domestic abuse- victims and perpetrators high numbers known to NEP. Review of recommendations to prevent MH ill health | By March 2016 | NEP | * Improving support for domestic abuse victims and perpetrators
 | Strategy now in place |  |
| 5.10 | IAPT services continued development to support people with mild to moderate mental health problems  | From April 2015 | North Essex CCGs/ IAPT providers | * Improving recovery in service users with mild to moderate anxiety and depression, reducing risk of future crisis
 | Monthly partnership meetings with provider including adherence to spec |  |
| 5.11 | Dual Diagnosis – ensure that the MH Trust’s Dual Diagnosis provision is widely publicised and professionals are aware of the impact of drug and/or alcohol on MH presentation. | From April 2015 | Essex County Council/ NEP | * To improve professional knowledge on impact of substance misuse on mental health presentation
 | In place |  |
| 5.12 | Explore possible links to Pathways to Recovery projects linking those in recovery with meaningful activity and volunteering opportunities | From July 2015 | Essex County Council | * To improve opportunities for volunteering for MH service users to assist in recovery
 | Links to social inclusion and recovery mentioned above. Also include Central Voluntary Training. | 2.75.45.55.12 |