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| 1. **Commissioning to allow earlier intervention and responsive crisis services** | | | | | | |
| **No.** | **Action** | **Time-scale** | **Led By** | **Outcomes** | **Summary progress against actions (include outcome measures where relevant)** | **Red/Amber/Green (RAG)** |
| **Matching local need with a suitable range of services** | | | | | | |
| **1** | **Public Health and Clinical Commissioning Groups (CCGs) to commission mental health awareness and suicide prevention training** | 15-16 | Nottingham City Council  Working with: Nottingham City CCG  Nottinghamshire County Council  Working with: All Nottinghamshire CCGs and Mind  Nottingham City CCG  Working with: all main signatories to the declaration | * To ensure improved identification and access to early intervention * To reduce stigmatisation and discrimination | * Nottingham City: Mental Health First Aid Lite training commenced in October 2015, further workshops will continue to be delivered over the next few months with view to identifying a provider for the full 2 day Mental Health First Aid and ASSIST Suicide Prevention training. * Nottinghamshire County Public Health have commissioned Kaleidoscope Plus Group. Service commenced on the 1st of October 2015 until the 31st of March 2017. The service will be delivering:   + Tier 1 Population based Mental health awareness and promotion campaigns in line with the national mental health awareness campaigns   + Tier 1 Population based Suicide Prevention awareness campaigns in line with the national suicide prevention campaigns   + Tier 2 Mental health community workshops focusing on building resilience and preventing mental health problems using Five Ways to Wellbeing   + Tier 2 Mental health awareness training for front line workers   + Tier 3, Half day Mental health First Aid LITE course in line with Royal Society of Public Health accredited programme   + Tier 4, 2 –day Mental health First Aid course in line with Royal Society of Public Health accredited programme   + Tier 4, day ASIST Suicide Prevention Training * NHS Bassetlaw CCG have commissioned local Mind to develop and deliver Mental Health First Responder training to a range of community groups and businesses. Mind As part of this project the provider will develop MH champions to roll out the training. * NHS Bassetlaw CCG have also commissioned Mind to develop a training package to deliver to acute ward staff in partnership with local liaison team. CQUIN is being used in the acute Trust contract to train ward staff in Mental Health to raise awareness and skills. |  |
| **2** | **To consolidate existing meetings/ task and finish groups and establish a Partnership Board to steer and inform progress on work streams to deliver the Concordat requirements**  **Terms of reference and membership to be finalised during Q1 15-16.** | 15-16 | Nottingham City CCG | * To ensure the contribution of primary, community and hospital care in addition to other partners * To establish better links between partners and promote improved partnership working | * Partnership Board established and meeting on a quarterly basis. * Board chaired by Paddy Tipping, Police and Crime Commissioner for Nottinghamshire. * Terms of Reference developed and agreed by signatories |  |
| **3** | **To develop and implement an all ages engagement strategy to inform Crisis Concordat work**  A specific focus will be on the involvement of carers and service users with specific needs.  This will include a service user and carer engagement on the action plan itself. | 15-16 | Partnership Board | * Commissioning to reflect the needs, ages and ethnic background of local communities * Commission a range of care options to meet the diverse range of needs | * Gap analysis undertaken to identify vulnerable groups where specific engagement is required. These include: carers, veterans, students, BME communities and the homeless * Engagement report taken to Nottingham City CCG’s People’s Council (The People’s Council is made up of representatives of different health, council and voluntary sector organisations and reports to the CCG’s Governing Bodies) * Specification to commission an organisation to work with the voluntary sector across the whole of Nottinghamshire and conduct engagement on behalf of the Concordat has been developed. Contract to be awarded by the end of November 2015. |  |
| **4** | **To review commissioned services to ensure the inclusion of people who have specific needs**  This will include promotion of mental health issues and services, as well as monitoring uptake, for those groups with a history of poor access. These groups may include veterans, Black, Asian and Minority Ethnic communities and students, as well as working with housing providers and other services which come into contact with those experiencing debt. The review will include an assessment of commissioning gaps and consideration of how these are addressed by partner organisations. | 15-16 | All CCGs, Nottingham City Council, Nottingham County Council and district councils, Police and Crime Commissioner (PCC), Nottinghamshire Healthcare NHS Foundation Trust, Nottinghamshire CityCare Partnership | * To provide early intervention and prevention for individuals with specific needs * To provide better access to services for individuals who do not regularly access mental health services | * New Mental Health and Wellbeing service and specific culturally specific BME service commissioned in Nottingham City to increase uptake of early intervention mental health services * County CCGs have developed a veterans’ working group to identify specific issues and consider solutions * New process in place for all NHS commissioned services to have an Equality Impact Assessment in place and reviewed annual as part of a service review from January 2016. |  |
| **5** | **Update the Joint Strategic Needs Assessment to include information to help plan and monitor against the Concordat actions** | 15-16 | Partnership Board  Nottinghamshire County Council and Nottingham City Council Public Health Departments, all CCGs | * Commissioners have robust data through which to monitor services | * Nottinghamshire County: drafts of the Mental Health Adults and Older People and Suicide Prevention chapters are due to be presented to the peer review panel early December. * Child and young people mental health JSNA has been published. Adult mental health revised JSNA chapter is in draft and will be shared with the next mental health JCG. Suicide prevention, mental wellbeing and physical health needs of people with mental illness chapters are in draft. Suicide and self-harm deaths audit is taking place across City and County to add more insight to the JSNA chapters. |  |

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| **2. Access to support before crisis point** | | | | | | |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** | **Summary progress against actions (include outcome measures where relevant)** | **Red/Amber/Green (RAG)** |
| **6** | **To monitor the development of a Mental Health Crisis response by the 111 Service**  111 Service will be linked with the Crisis Team to ensure a detailed assessment of service users and to enable referral to alternative community services as appropriate. | 15-16 | All CCGs  Working with: Nottinghamshire Healthcare NHS Foundation Trust and 111 providers | To provide service users with appropriate advice and reduce attendance at Emergency Departments | * The pilot is due to complete at the end of January 2016. Final evaluation report is due shortly. Initial evaluation of the service indicates that 93% of the patients reaching an ED disposition with NHS 111 that were referred to the crisis team have had their needs met during the phone call - 54% of those were referred on to another community-based place of safety rather than to an emergency department. The numbers being transferred through from 111 to the Crisis Team was however lower than expected. * 111 has been included as part of the City and South Nottinghamshire Urgent Care Vanguard. The Vanguard will roll out the National Mental Health pilot, building on the local pilot of transferring mental health dispositions in the NHS 111 service to the local crisis team and extending it to include those patients reaching similar dispositions who have called 999. |  |
| **7** | **Monitor and review the range of telephone advice services to ensure that there is appropriate advice available** | 15-16 | All CCGs  Working with: Nottinghamshire County Council and Nottingham City Council | * Ensure people have access to advice and support * Ensure the best use of resources | * Nottingham City telephone advice service reviewed.   + Engagement event held to ask service users what they wanted from a telephone advice service.   + Service remodelled and integrated into a mental health and wellbeing information, advice and support hub. Service currently out to tender; start date April 2016 * Nottingham City and South County CCGs are piloting a crisis response service which links 111 and the CRHT. Evaluation and recommendations for future commissioning will feed into the Urgent Care Vanguard. * County CCGs are reviewing the model as part of the reconfiguration of Crisis and cluster 4 services.   + Site visit by Commissioners and Provider to Tyne and Wear to review their model of telephone support   + Engagement events held with service users on crisis services which included telephone support. * Bassetlaw CCG piloting an out of hours mental health support line for patients and carers including carers of people with dementia |  |
| **8** | **To monitor and evaluate the outcomes of the 24/7 Enhanced Crisis Resolution and Home Treatment Team in the City and County South area on a quarterly basis**  The review will include how well service users are being supported in the community and ensure there are an adequate number of beds available to those assessed as needing them.  Ensure the 4 hour response time is consistently met. | **15-16** | Nottingham City and South County CCGs  Working with: Nottinghamshire Healthcare NHS Foundation Trust | * Service users should be treated in the least restrictive setting possible * Individuals in crisis should expect that their needs can be met appropriately at all times * Responses should be on a par with responses to physical health | * Interim report in August submitted to CCG Risk and Performance Committee assessing the progress of the development of Enhanced Crisis and closure of acute wards * Governance structure in place to review the transformation as well as oversight from the Partnership Board * 89% of people being offered a crisis assessment within 4 hours however model is being reviewed by CCG and Provider clinicians due to low levels of uptake by patients * NHFT commissioning a review of available beds and effectiveness of crisis services following pressures in the system during September and October * Enhanced Crisis Service to also be reviewed as part of the City and South Nottinghamshire Urgent Care Vanguard. The service will be re-modelled using system dynamics and queuing models to provide faster and better deployment of staff to meet the rising number of referrals from primary care and to improve responses for those who are not deemed to be in crisis (to avoid them ending up in crisis or in ED). This will bring together the elements covering a person’s life span for crisis services (children’s, working age adult and older adult services) and deliver all age eCRHT services. National team visit took place in October 2015, work-stream has been established and action plan is being developed. |  |
| **9** | **To explore the development of a 24/7 Crisis Service across Mid-Nottinghamshire and Bassetlaw CCGs** | 15-16 | Mid-Nottinghamshire and Bassetlaw CCGs  Working with: Nottinghamshire Healthcare NHS Foundation Trust | * Service users should be treated in the least restrictive setting possible * Individuals in crisis should expect that their needs can be met appropriately at all times * Responses should be on a par with responses to physical health | * Two crisis engagement events were held in October as part of the ‘Better Together’ programme. Key stakeholders attended (including patients, carers, voluntary sector and mental health staff) and were invited to provide feedback on existing services and gaps in provision. The outcomes are being collated; these will form the basis for a ½ day session which will be held between commissioners and providers to inform the agreed next steps and agree a timeframe. * In Bassetlaw CCG alternative models of care are being explored to offer an equitable service across rural areas where demand is relatively low. |  |
| **10** | **To monitor and evaluate the outcomes from the Crisis House for Nottingham City and South County CCGs that was commissioned in 2014 and became operational in January 2015** |  | Nottingham City and South County CCGs  Working with: Nottinghamshire Healthcare NHS Foundation Trust and Framework Housing Association | * To promote peer support and an alternative to admission * Service users should be treated in the least restrictive setting possible | * High levels of patient satisfaction reported (91% of people who responded felt listened and less stressed) * Issue with low occupancy rates; however utilisation of beds has recently increased in October as length of stay has been increased the service becomes embedded into the crisis pathway * Service is currently out to tender. New premises are being sought which will have improved access for people with disabilities |  |
| **11** | **Mid-Nottinghamshire and Bassetlaw CCGs to explore establishment of a Crisis House** | 15-16 | Mid-Nottinghamshire and Bassetlaw CCGs | * To promote peer support and an alternative to admission * Service users should be treated in the least restrictive setting possible | Please see update above for action number 9. |  |
| **12** | **To review the single point of entry arrangements for secondary mental health services for both adult mental health and child and adolescent services**  Commissioners to work with Nottinghamshire Healthcare NHS Foundation Trust and refers to establish whether the current pathway can be streamlined in order to ensure that those that need access can be referred quickly and efficiently | 15-16 | All CCGs working with: Nottinghamshire Healthcare NHS Trust and referring organisations | * To identify gaps in access * To support earlier interventions for those requiring support * To ensure compliance with NICE Quality Standard 14 and statement 6 | * Nottingham City CCG is establishing an integrated care steering group for mental health which will review the single point of access arrangements for adult mental health. Group to be in place by December 2015. * County (adults) whole system review is taking place to look at opportunities to streamline pathways including access points into services. Next meeting is on 1st December. * Single point of access for children and young people across Nottingham City has been developed as part of the Behavioural, Emotional and Mental Health pathway. In the County discussions are starting to review moving the access points into the Local Authority SPA. |  |
| **13** | **To monitor implementation and effectiveness of national Liaison and Diversion pilot across Nottingham and Nottinghamshire custody suites** | 15-16 | NHS England Health and Justice – North Midlands | * To promote early intervention for those groups coming to the custody suites who may not be known to mental health services | * Successful roll out and expansion of the full operational model cross City/County from 20th April 2015 * Full staffing capacity integrated and in place covering Mansfield, Newark and Nottingham Police Custody Suites; Mansfield and Nottingham Magistrates Courts and Nottingham Crown Court * Pathway development underway to increase engagement for voluntary attendances, children and young people (relating to schools, first caution, community resolution) * Issues relating to full access to Mansfield Magistrates Court escalated to HMCS |  |
| **14** | **To review the implementation and effectiveness of the recently launched suicide prevention strategies for both Nottingham and Nottinghamshire** | 15-16 | Nottinghamshire County Council/Nottingham City Council | * To provide appropriate early intervention for those at risk of suicide | * Nottingham City and Nottinghamshire County Suicide prevention strategies have been launched. It is however too early to review the effectiveness of the newly launched strategies * Currently the County and City Public Health are undertaking a suicide audit examining the coroners suicide data from 1st of Jan 2013 to the 31st of Dec 2014. The purpose of the audit is to identify those at risk and any gaps/recommendations to improve pathways for early identification and intervention. * Both the city and county Public Health have commissioned a Suicide Prevention awareness and training provider. Part of their training role will be to disseminate signposting information for when frontline services have identified at risk of suicide. |  |
| **15** | **Review the need for all-ages services rather than MHSOP and AMH specific services** | 16-17 | CCGs with Nottinghamshire Healthcare Foundation Trust | * To review whether services will be more patient centred | * New action – added November 2015 with action to commence in 16/17 |  |

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| **3. Urgent and emergency access to crisis care** | | | | | | |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** | **Summary progress against actions (include outcome measures where relevant)** | **Red/Amber/Green (RAG)** |
| **Improve NHS emergency response to mental health crisis** | | | | | | |
| **16** | **The cross-agency Partnership Board will oversee all joint policies, procedures, protocols and guidelines to ensure clear signed protocols, to demonstrate effective partnership working**  This will include:   * s136 pathway * Agreed response times for conveyance and Mental Health Act assessment * Information sharing protocols * Escalation policies * Security protocols * Review of the use of restraints by police in health-based settings * Explore opportunity of having a mental health practitioner within the police control room   Monitor compliance with missing persons/ Absent Without Leave from care protocols | 15-16 | All | * To ensure robust partnership working and locally agreed messages, roles and responsibilities, to protect and safeguard service users and staff | * s.136 pathway agreed between NHFT and Nottinghamshire Police. Ratification by each organisation expected by January 2016. * Discussions have taken place at the Street Triage Board regarding extending triage for daytime coverage within Police control room for telephone advice. A proposal is being costed up and will be presented at the next Street Triage Board. * Response times ambulance: agreement in place between AMPs and EMAS in regard to ambulance attendance following the assessment. Adherence to the target depends on the other priorities they are dealing with. * Response times: no agreement in place yet in place for psychiatrists attending a MHA assessment. * Escalation policy in the process of being developed where an AMP has identified the need for a bed but none are available * Review of protocols taking place as part of Urgent Care Vanguard, this will further develop work with Early Supported mental health Discharges focusing on joint understanding, response protocols (including response times) and pathways with all partners across the whole system |  |
| **17** | **To monitor and evaluate the performance and outcomes of the Street Triage Team pilot and make recommendations for future commissioning** | 15-16 | All CCGs, Nottinghamshire Police | * To reduce s136 detentions * Service users experience more joined up care * To inform commissioning decisions from 16-17 onwards | * Evaluation report which includes recommendations for future commissioning completed in October 2015 and will be submitted to CCG Boards during Q3. * Current funding is non-recurrent. Funding solution to be found by end of December 15. Continuation of the service requires all CCGs and Police to commit funding. |  |
| **18** | **To analyse current Rapid Response Liaison Psychiatry (RRLP) activity**  Ensure there are adequate and effective levels of liaison psychiatry services across acute settings. | 15-16 | All CCGs  Working with:  Nottingham University Hospitals NHS Trust, Sherwood Forest Hospitals NHS Foundation Trust, Doncaster and Bassetlaw Hospitals NHS Foundation Trust, Nottinghamshire Healthcare NHS Foundation Trust, Nottingham Crime and Drugs Partnership | * To ensure an adequate level of support is provided to acute trusts based on the size and acuity of hospital as per national waiting time and access standards | * Local Authority led review of substance misuse element of RRLP service has taken place and recommendations have been presented at the Reducing Alcohol Harm: City & County Alcohol Pathways meeting in October 2015. * Additional recurrent funding was put into the service in 2015 by the Greater Nottinghamshire Systems Resilience Group to increase capacity of the service at NUH * The CCG is working with NHFT to submit a bid for national funding to ensure the services at NUH and SFHFT are core compliant. A key action is to ensure the service covers all ages * A proposal is being considered for the service to include AMPs as part of the mulit-disciplinary team to reduce potential delays in MHA assessments * A programme of work is being undertaken to look at the information sharing between NUH and NHFT. This will enable better access to information for clinicians and also provide better understanding of patient pathways. * Bassetlaw CCG now commission an all age acute liaison service in ED 24/7 |  |
| **19** | **To ensure consistent application of the new Codes of Practice across all providers to protect the rights of individuals detained under the Mental Health Act** | 15-16 | All | * Professionals carry out their responsibilities under the Mental Health Act 1983 and provide high quality and safe care | * NHFT procedures have been amended in line with the new Code of Practise including Section 136 suite, Use of Seclusion and Section 17 Leave of Absence etc. * The Mental health Act lead for NHFT completes regular internal audits regarding the use of the Mental Health Act and the rights of individuals detained and the CQC regularly complete external Mental Health Act Compliance audits * Nottingham City Council and Nottinghamshire County Council have provided assurance that Codes of Practice are applied consistently |  |
| **Services for children and young people** | | | | | | |
| **20** | **CCGs to commission a pilot for child and adolescent mental health service for children and young people during 15/16 and 16/17** | 15-16 | All CCGs  Working with: Nottinghamshire Healthcare NHS Foundation Trust, Nottinghamshire Police,  Nottingham University Hospitals NHS Trust, Sherwood Forest Hospitals NHS Foundation Trust, Doncaster and Bassetlaw Hospitals NHS Foundation Trust, Nottingham City & Nottinghamshire County Councils (Children’s Social Care/ Children’s Services) | * To provide emergency mental health care for children and young people * Individuals in crisis should expect that their needs can be met appropriately at all times * Responses should be on par with responses to physical health | * Pilot funded via CQUIN money over a two year period * Service is due to start at the end of Q3 * NHFT and Commissioners have been working to develop a model during Q1-2 * Site visit undertaken by NHFT and Commissioners to Sunderland to learn from their model * Further work to be undertaken to ensure the crisis service links with liaison psychiatry service |  |
| **21** | **To continue to review and monitor the number of tier 4 beds for children and young people** | 15-16 | NHS England Midlands and East | * To ensure suitable accommodation for the age group | * NHS England continues to commission and monitor CAMHS inpatient provision for young people from the East Midlands. * The current Adolescent Unit and CAMHS community services will be moved to a purpose built site. * This will create more beds and also result in the development of a ‘hub' for children, young people and families. |  |
| **22** | **To review services for young people to ensure adoption of new transition protocol** | 15-16 | Nottingham City and County CCGs | * To ensure careful management of transition arrangements between child and adult services for the relevant service user group | * Needs assessment conducted in County * Plans within Future in Mind to improve transition for the most vulnerable groups * Ability of adult services to effectively receive young people in transition will be reviewed |  |
| **23** | **To monitor and evaluate the outcomes of the Pathway for Children and Young People with Behavioural, Emotional or mental health needs** | 15-16 | Nottingham City CCG | * To establish the interface between Child and Adolescent Mental Health Services and primary care at the heart of service provision * To inform ongoing commissioning decisions following the pilot | * The Behavioural, Emotional Mental Health Pathway is being embedded; increased numbers of referrals are going through the single point of access * Additional capacity has been created within BEMH team and Tier 2 CAMHS in order to accommodate increased referrals * An evaluation plan is being developed; this will provide an independent perspective of the effectiveness of the pathway * The evaluation will be part of the Future in Mind Transformation plan |  |
| **24** | **To monitor and evaluate the implementation of the Nottinghamshire Child and Adolescent Mental Health Services Review** | 15-16 | Nottinghamshire CCGs | * To explore whether current levels of resource are adequate to meet response targets * To understand the other factors impacting on assessment times, e.g availability and location of beds | The CAMHS pathway review is in the process of being implemented. This is now taking place through the county's children and young people's mental health strategy and action plan:   * Tier 2 and 3 CAMHS are being integrated into one service, which will be operational by April 2016. * A primary mental health function is being established to provide consultation, advice and guidance to universal services. * A crisis and intensive home treatment service is in development, with a consultation event scheduled for 11 December 2015. |  |
| **Improved quality of response when people are detained under Section 135 and 136**  **of the Mental Health Act 1983** | | | | | | |
| **25** | **To monitor and analyse response times for Approved Mental Health Professionals in coordinating and attending Mental Health Act Assessments, to understand the challenges in the current pathways** | 15-16 | Nottinghamshire County Council and Nottingham City Councils working with: Nottinghamshire Healthcare Foundation Trust, Nottinghamshire Police | * To explore whether current levels of resources are adequate to meet current response targets * To understand other factors impacting on assessment times, e.g. availability and location of beds | * Response times: AMHP’s can attend quickly Mon – Fri 9:00 – 19:00. Outside of those hours (when EDT is responsible) the AMHP availability is more variable as EDT balance MHA work with child protection. Multi-agency meeting required to explore this further. * Root cause analysis of a breach in ED reviewed the response time of AMP and made recommendations which are being considered as part of acute liaison service review * Funding bid submitted to NHSE for AMPs to be part of acute liaison teams (Non-recurrent funds for 16/17) |  |
| **26** | **To review the use of s.136 suites to ensure individuals detained under the Mental Health Act are not being detained in police cells** | 15-16 | Nottinghamshire Healthcare NHS Foundation Trust, all CCGs, Nottinghamshire Police | * To ensure no under 18s are detained in custody suites from April 2015 and no adults from October 2015 * To confirm appropriate and robust pathways are in place | * No under 18s have been detained in police cells since April 2015 * Further s.136 suite opened in 15/16 in order to support under 18s * Joint protocol between the Police and Nottinghamshire Healthcare NHS Foundation Trust has been developed for the management of violent patients. * Nottinghamshire Police review everyone who enters the custody suite under an s.136. Actions are taken with partners organisations if agreed protocols are not followed. * NHFT have raised concerns regarding the suitability of the suites as they are used by more challenging/violent patients |  |
| **27** | **To monitor s.136 conveyance response times through East Midlands Ambulance Service NHS Trust contract and review locally to inform commissioning intentions.** | 15-16 | Erewash CCG and City and County CCGs | * To determine whether current capacity supports appropriate and timely transfer * To inform future commissioning of the Street Triage service * To ensure arrangements promote parity of esteem and the principle of least restraint | * Information requirements were included in the 15/16 contract with EMAS * Data quality issues with the report and further development work required; data query raised with EMAS |  |
| **28** | **To provide training for custody suite staff, 1200 uniform officers and Police Community Support Officers around the Mental Capacity Act, Mental Health Act and s136 policy** | January-July 2015 | Nottinghamshire Police | * Appropriate training for police officers * To ensure that those with mental health problems coming into contact with police are supported by the correct services | * Training was completed by June 2015 * Further training delivered training to Neighbourhood Wardens and Community Support Officers * Full training package in place for new recruits (1/2 day) * Senior management joint training with NHFT is under development. This will be delivered in March/April 2016 |  |
| **29** | **Mental health awareness training for 239 police control room and contact management staff** | March-May 2015 | Nottinghamshire Police | * Appropriate training for police officers * To ensure that those with mental health problems coming into contact with police are supported by the correct services | Action complete: training has been delivered. |  |
| **30** | **To distribute a booklet on mental health guidance to all relevant individuals in Nottinghamshire Police** | April 2015 | Nottinghamshire Police | * Appropriate training for police officers * To ensure that those with mental health problems coming into contact with police are supported by the correct services | * Booklet has been designed and printed and is due to be distributed imminently following final sign off of joint s.136 protocols * 1200 booklets printed |  |
| **31** | **To ensure compliance with recommendations from Her Majesty’s Inspectorate of Constabulary report from March 2015, *The welfare of vulnerable people in custody*** | 15-16 | Nottinghamshire Police working with the Partnership Board | * To ensure that those with mental health problems coming into contact with police are supported by the correct services | * S.136 referrals to police – reduced by 90% - 100% children * Bed identification for people requiring a bed when in custody * Performance management of AMHP and FME compliance to national codes of practice * Appropriate adults services (for adults) review to be conducted by end of January 2016 |  |
| **Improved information and advice available to front line staff to enable better response to individuals** | | | | | | |
| **32** | **To review current training arrangements for Emergency Department staff** | 15-16 | Nottingham University Hospitals NHS Trust, Sherwood Hospitals NHS Foundation Trust, Doncaster and Bassetlaw Hospitals NHS Foundation Trust | * To support the Emergency Department to identify mental health problems and make appropriate referrals; to ensure staff are equipped to identify or intervene with those at risk of suicide; to ensure staff are able to screen service users that have self-harmed | * Training delivered by lead Department of Psychological Medicine Consultant on s.136 and suicide risk at Nottingham University Hospital NHS Trust, on-going teaching of medical students and suicidal patient scenario role play * Further training has been included in the Operational Plan for the Urgent Care Vanguard * Further information required on training for ED staff at SFHFT and Bassetlaw Hospital * Bid for additional training submitted to NHSE as part of the acute liaison core compliance money |  |
| **33** | **East Midlands Ambulance Service NHS Trust mental health action plan:**   * **To review available appropriate restraint packages for use within the ambulance service** * **To incorporate restraint into the education work plan** * **To continue to engage with National Ambulance Mental Health Group to create mental health education for paramedics to be agreed nationally** * **To continue to engage with the national Joint Royal Colleges Ambulance Liaison Committee working group in the development of mental health guidelines** | 15-16 | East Midlands Ambulance Service NHS Trust | * Enhanced levels of mental health training for ambulance staff * Appropriate training around restraint to ensure safety of service users | * Restraint packages for use within the ambulance service. Draft policy to be presented at next steering group meeting in January. The policy will aim to move away from referring to “restraint” and focus on de-escalation/physical intervention techniques. The physical intervention skills training area will need to be agreed with an accredited body then adapted to risk assessed core skills relevant to paramedic callouts. * To incorporate restraint into the education work plan: further work to be undertaken. * To continue to engage with National Ambulance MentalHealth Group to create mental health education for paramedics to be agreed nationally. EMAS Mental Health lead is due to attend this group in early December. Training on mental health has started with the CAT team which has been well received from feedback questionnaires. A wider process of training will be developed for frontline staff. EMAS plans to move towards a locality “mental health champion” within different stations. |  |
| **Improved services for those with co-existing mental health and substance misuse issues** | | | | | | |
| **34** | **To review pathways between mental health, domestic violence and substance misuse services** | 15-16 | Nottingham Crime and Drugs Partnership, Nottinghamshire County Public Health | * To identify gaps in provision and inform future commissioning intentions | * Nottingham City Public Health led review of alcohol services in ED carried out as part of alcohol strategy group. Recommendations are being reviewed and options for joint commissioning are being explored * Meeting held to improve pathways between City substance misuse services and psychological therapies and personality disorder services * CCG commissioners are reviewing and inputting into new city substance misuse specifications * Further work to be done on interface with domestic violence pathways * Further work to be undertaken to review pathways with County substance misuse and mental health services |  |
| **35** | **To ensure that review of Parity of Esteem is embedded in the scope of the Partnership Board**  Physical health of mental health service users is addressed and opportunities for improving the mental health of physical health service users are maximised.This will include under-18s and consideration of parity of esteem between adults’ and children’s services. | 15-16 | Partnership Board | * To ensure that physical health concerns of service users receiving treatment for mental health conditions are also addressed | * Parity of esteem is included in the Partnership Board’s Terms of Reference * Parity of Esteem to form part of the January 2016 Partnership Board agenda |  |
| **36** | **Mental health service providers to collect data on the 9 protected characteristics as part of the 15-16 Mental Health Contract**  Work with Public Health to analyse the information provided. | 15-16 | All CCGs, Nottinghamshire Healthcare NHS Foundation Trust, Nottingham City and Nottinghamshire County Public Health | * To support the Equality Act * To ensure appropriate access to services for all service users | * Requirement included within the 15/16 contract with NHFT * All services are developing Equality Impact Assessments as part of revised service review process |  |
| **37** | **To revise the current arrangements for quality visits and service reviews and strengthen as part of contract management processes** | 15-16 | All CCGs | * Services are subject to systematic review, regulation and reporting | * Service review process has been redesigned * New process approved by the CCG Quality Improvement Committee * Go live date set for January 2016 |  |
| **38** | **To ensure that service specifications are current and reflective of guidance from bodies including the National Institute for Health and Care Excellence, Mind and the Royal College of Psychiatry; key performance indicators are relevant measures of quality and performance** | 15-16 | All CCGs | * Services are subject to systematic review, regulation and reporting * Action is taken where services are not meeting required standards | * Service review process has been redesigned and is due to go live from January 2016 * Specifications will be systematically reviewed via service review process |  |
| **39** | **On-going review and support of Nottinghamshire Healthcare NHS Foundation Trust’s ‘No Force First’ programme around restraint** | 15-16 | Nottinghamshire Healthcare NHS Foundation Trust | * To ensure principle of least restraint * To safeguard service users and staff | No Force First Lead Clinician including literature search, relationship building and Post-Incident Reviews (hereafter PIRs) introduced as outlined below:   * All ward management teams in both the City and County North have been visited and introduced to the project and specifically the PIR formulation and process. Ward teams are currently identifying NFF champions for each ward. * Introduction of the No Force First Project has been made to both the ‘Sign up to Safety’ Blanket restriction Group and the Violence Reduction group, with further visits to the Ideal ward round Involvement group, the Rosewood Involvement Group and the No Force First Film Group. * Currently 13 PIRs have been offered with 7 completed and fed back to the various ward teams     Underpinning all of the above work is the week by week analysis of Incident reports to identify when hands on restraint has occurred and to identify opportunities for Post-incident reviews, this includes analysis of all incidents and work continues on the development of a report to be delivered at the end of the project, to support the Violence reduction and Blanket restriction steering group work.    Plan for November/December: Post incident Reviews under way and offered to all wards. Information from the NFF project will be fed back to both Sign up to safety groups during this time. |  |
| **40** | **To review information provided to children and young people when coming into contact with services** | 15-16 | Nottinghamshire Healthcare NHS Foundation Trust | * Easily accessible and age appropriate information about facilities * Clearly stated standards about how each service involves or informs children and young people about their care | * Consultation on the redesign of CAMHs community services commenced on 2nd November; this includes The Choice and Partnership Approach * Following agreement of the model all information will be reviewed and tailored towards new model |  |
| **41** | **To review the level of need and demand for independent advocates to work with children and young people** | 15-16 | All CCGs and Local Authorities | * Children and young people should have access to an advocate * To inform future commissioning intentions | No progress to note. Children’s Commissioners to be engaged to review. |  |

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| **4. Quality of treatment and care when in crisis** | | | | | | |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** | **Summary progress against actions (include outcome measures where relevant)** | **Red/Amber/Green (RAG)** |
| **Service User/Patient Safety and Safeguarding** | | | | | | |
| **42** | **Monitor and scrutinise service user safety issues and safeguarding by analysing and responding to individual serious incidents, ensuring appropriate practice and lessons are learned across organisations whom services are commissioned from** | 15-16 | Commissioned services, all CCGs | * To understand range of issues and risks via routine reporting * Opportunities for appropriate scrutiny and confirm and challenge | All serious incidents are reported to the CCGs by providers. Each incident is subject to completion of a root cause analysis report which is required to be submitted to the CCG for review within 60 working days as stated within NHS England’s National Serious Incident Framework. Each report is reviewed by the CCG’s Quality Governance Team and relevant commissioners who ensure that lessons learnt and recommendations are adequate for closure. If further assurance/challenge is required this is requested. |  |
| **43** | **To request and receive regular reports from commissioned services** **that evidence trends and highlight issues and risks and take action as appropriate** | 15-16 | All CCGs  Working with: all providers | * To understand local issues, pressures and risks * To put appropriate plans in place to improve service user safety | * As part of contractual requirements learning from serious incidents is included within the 6 monthly lessons learned reports for NHFT. * NHT produce a specific Suicide and Self Harm report for Contract meetings that identified themes and trends. * Primary Care do not currently produce reports identifying themes and trends however a quarterly serious incident report is submitted to the CCG’s Quality Improvement Committee which highlights the number and type of serious incidents and any lessons learnt/changes to practice that have been identified. |  |
| **Staff safety** | | | | | | |
| **44** | **To monitor incidents involving staff to understand issues and to ensure risks are minimised when managing service users in community settings and performing 24/7 assessments as part of the enhanced Crisis Resolution and Home Treatment service** | 15-16 | Commissioned services, all CCGs | * To ensure that Nottinghamshire Healthcare NHS Foundation Trust staff are appropriately protected and understand any issues presenting | * All serious incidents involving staff are reviewed by the Quality Governance Team in line with the National Serious Incident Framework. Ensuring staff and patient safety through risk assessment would be considered during review and assurance that steps have been taken to mitigate any further instances would be sought. * Physical Assaults against staff are an indicator on the Quality Matrix which is reviewed and discussed at Quality and Contract Review Meetings. |  |
| **45** | **To explore broader risks with other stakeholders to identify if action is required in relation to the management of service users in community settings** | 15-16 | Partnership Board | * To understand the risks to staff across the broader community | * Risks relating to AMPs not being able to access inpatient beds has been raised at Crisis Concordat Partnership Board and an escalation process is being developed * Review of eCRHT being commissioned by NHFT * Quality subgroup being established which will review broader risks. Subgroup to be chaired by Director from City CCG. |  |
| **Primary care response** | | | | | | |
| **46** | **To explore and design a Protected Learning Time (PLT) session for GPs focusing on crisis pathways and referrals** | 15-16 | Nottingham City CCG, GPs  Working with: Nottinghamshire Healthcare NHS Foundation Trust | * To ensure appropriate level of knowledge around crisis and crisis pathways in primary care | * PLT events are taking place in November and December 2015 * Bassetlaw CCG PLT workshops held to support GPs to refer appropriately. More planned during February 2016. MH first responder training delivered to practice staff including nurses and receptionists |  |
| **47** | **To ensure the CCGs’ clinical leads are fully briefed and informed of the local Concordat action plan and can contribute to the plan as appropriate** | 15-16 | All CCGs, GPs | * To ensure local clinical engagement and understanding | * Updates on the Crisis Concordat provided via the Nottingham City CCG GP Bulletin * Monthly updates via the Mental Health paper provided to Nottingham City Clinical Council * County have shared action plan with GP leads. * Crisis Concordat is on the agenda for December joint CCG and secondary care clinical leads meeting |  |
| **48** | **Review of primary care referrals to crisis services**  Review the appropriateness of referrals and whether an ‘urgent’ but not ‘emergency’ response level is required | 15-16 | All CCGs, Nottinghamshire Healthcare NHS Foundation Trust, GPs | * To develop a seamless pathway from primary to secondary care that utilises resources in the most appropriate manner | * Review conducted by NHFT and proposal submitted to Commissioners to address the issue * Proposal discussed at Adult Mental Health Task and Finish Group and at the Mental Health Clinician’s meeting * Wider discussion planned at the Nottingham City PLT * CCG integration plans and NHFT community service review to be aligned – reduce waiting times for community services and reduce pressure on crisis |  |

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| **5. Recovery and staying well / preventing future crisis** | | | | | | |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** | **Summary progress against actions (include outcome measures where relevant)** | **Red/Amber/Green (RAG)** |
| **Joint planning for prevention of crises** | | | | | | |
| **49** | **To implement and monitor a Commissioning for Quality and Innovation (CQUIN) framework for crisis planning for service users at particular risk of mental health crisis in the Adult Mental Health and Mental Health Services for Older People directorates at Nottinghamshire Healthcare NHS Foundation Trust**  Applying to:   * All admitted to an inpatient ward in either directorate * All community service users who are identified as at high risk of admission | 15-16 | All CCGs  Working with: Nottinghamshire Healthcare NHS Foundation Trust | * To ensure that all service users at risk of crisis have a crisis plan that is accurate and accessible * Learning to be shared with all partners | * CQUIN is in place and is being monitored monthly * The Crisis Care Plan pro-forma went live on 3rd August to a number of pilot sites across AMH and MHSOP * A laminated wallet size crisis contact card has been produced for each locality * Feedback gathered from service users and clinicians that will support further implementation to all other teams |  |
| **50** | **To review criteria for entry and discharge from mental health secondary care as part of wider Crisis service pathway review**  To include review of protocols to ensure service users can access preventative specialist health and social care | 15-16 | All CCGs, Nottinghamshire Healthcare NHS Foundation Trust | * Service users’ transitions between primary and secondary care will be improved | * Nottingham City have developed a proposal for a Primary Care Mental Health Service which includes discharging chronic, stable patients from clusters 5 and 7 * Nottinghamshire County reviewing opportunities for providing cluster 4 in a primary care setting * Rushcliffe CCG has a mental health element to its Multi-speciality provider vanguard which includes closer working between primary and secondary care * NHFT reviewing the small numbers of patients in clusters 1-3 to see if stable patients can be discharged into primary care |  |
| **51** | **To develop a pathway between Child and Adolescent Mental Health Services tier 4 inpatient beds and the Child and Adolescent Mental Health Services Crisis Service** | 15-16 | All CCGs, Nottinghamshire Healthcare NHS Foundation Trust | * Service users’ transitions between primary and secondary care will be improved | * Children and Young People’s Crisis Team will support access to Tier 4 beds from the community and also provide Home Treatment in the community following discharge. * The new service will be up and running from 1st January 2016. |  |