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| 1. **Commissioning to allow earlier intervention and responsive crisis services**
 |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** | **Actions to Date** | **Follow up** | **RAG** |
| **Matching local need with a suitable range of services** |  |  |  |
| 1 | **MH Strategic Programme Group (MHSPG) to adopt this action plan and ensure delivery** | From Jan 2015 | CCG | 1. Monthly meetings to agree and review action plan and progress towards delivery
2. Ensure review of outcomes is critical towards improving local services
3. Clear recommendations to inform commissioning for 2015/16 – crisis care and support to be integral in all service provision
 | 1. MH SPG has reviewed the action plan.
2. As above.
3. Incorporated into commissioning plans and review in early 2016
 | 1. Further review planned in February 2016
2. As above
3. As above.
 |  |
| 2 | **Sign off declaration and action plan** | February 2015 | MHSPG | 1. Action plan signed off
2. Actions shared and agreed with all stakeholders including GP’s in Bexley
3. Commitment given by all stakeholders to deliver outcomes
 | Incorporated into 2015/16 contracting round as appropriate and local adoption across CCG area |  Continuation of monitoring of outcomes / performance and deployment of resources to meet demand – review in early 2016 in anticipation of 16/17 contracting round |  |
| **Improving mental health crisis services** |  |  |  |
| 3 | **Crisis response to be incorporated into service specifications for MH services** | February 2015 | CCG | 1. Review of all MH service specifications
2. Agreement with service providers to ensure clarity of responsibility for crisis response
3. Identify reduction of MH service access inequality and improved access to signposting and support services
 | Held due to mental health service –redesign taking place – to be reviewed in Q4 2015/16 | Review of service specifications following MH re-design to commence in Quarter 3 2015/16 incorporating crisis pathways |  |
| **Improved partnership working in Bexley** |  |  |  |
| 4 | **Ongoing training to continue within the CCG and LBB to ensure strategic development of commissioning team** | From Jan 2015 | CCG / LBB | 1. Training and development plans for Integrated Commissioning Team to be reviewed and action plans updated
2. Review of membership of MHSPG and other stakeholder groups to ensure appropriate representation
 | Completed  | Ongoing review and attendance at development events to maintain awareness of further developments within Crisis Care |  |
|  **2. Access to support before crisis point** |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** | **Actions to Date** | **Follow up** | **RAG** |
|  **Improve access to support via primary care** |  |  |  |
| 5 | **Support and information given to primary care to identify mental health referral points** | From Dec 2014 | CCG | 1. All GP’s are aware of early intervention services for mental health
2. All GP’s are aware of the Health and Wellbeing service through MIND in Bexley
3. Increased referral to IAPT supporting services and support networks in Bexley
 | Completed – MIND continue to deliver awareness raising in primary care – service re-design for MH has publicised all service provision for crisis across primary care.IAPT performance continues to improve | Continued engagement with primary care continuesContinued monitoring of effective communication to continue through contract monitoring meetings and engagement events with primary care. |  |
| 6 | **Locally commissioned MH providers to produce a quarterly updated information sheet for distribution across all primary care services within Bexley** | From April 2015 | CCG / LBB | 1. All GP’s and other primary care stakeholders are aware of support services accessible to patients in Bexley
2. Local early intervention referrals may be made to avoid escalation into secondary tier services
3. Maximised use of the voluntary sector and commissioned services through engaging with prevention and early intervention resource
 | Completed for all primary points of access to secondary tier MH services.Web presence for Oxleas and MIND promoted. | Continued engagement in primary care and community will be monitored to ensure up to date and accurate information. All services to register / ensure up to date information on NHS choices website. |  |
| 7 | **Maximise information and advice accessible to carers and other family members** | From April 2015 | CCG / LBB | 1. All social workers will have readily available information about support networks and services accessible to patients at primary care level
2. Carers will understand how to engage with local primary care level resources to avoid escalation or engagement with secondary tiers
 | Cares groups engaged in MH re-design consultation. Integrated Commissioning supporting promotion of awareness. | Continued engagement in primary care and community will be monitored to ensure up to date and accurate information.KPI’s introduced to monitor that all patients have a crisis action plan when discharged into the community or based in a community setting. |  |
|  **Improve access to and experience of mental health services** |  |  |  |
| 8 | **Evaluate the opportunities for NHS 111 to better respond to mental health needs** | From April 2015 | CCG | 1. NHS 111 will have information on Bexley MH services
2. Improved access to support for people experiencing mental health crisis
 | Update has been provided to NHS 111 | To be reviewed in 2016/17 pending any changes to MH service provision in Bexley |  |
| 9 | **Ensure that all community based teams and services have access to advocacy information** | From April 2015 | Oxleas NHS FT | 1. Ensure access to statutory advocacy to users of community based services
2. Service users empowered through access to appropriate advocacy in crisis
 | Advocacy services commissioned for all MH patients in bed based and community based services | Review of provision in 2016/17 with potential for re-tender process to be undertaken |  |
| 1. **Urgent and emergency access to crisis care**
 |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** | **Actions to Date** | **Follow up** | **RAG** |
| **Improve NHS emergency response to mental health crisis** |  |  |  |
| 10 | **Maximise the use of the Psychiatric Liaison Teams in local hospitals** | From April 2015 | Oxleas NHS FTKent and Medway SCT | 1. All referrals for MH liaison to be seen within 4 hours of referral to ensure rapid response to crisis
2. A&E departments to have access to crisis team information and local support services and networks
 | Monitoring is taking place however further work required to expand provision across all ages and across extended hours | Bexley CCG will be working with partner CCG’s to develop plans towards achieving Core 24 provision during 2016/17. |  |
| 11 | **Reduction of admission to MH bed based services** | From April 2015 | ALL MH Service Providers  | 1. All service users living in the community and supported / known to local MH services to have a crisis action plan which shows action to be taken to avoid admission or escalation
2. Providers will evidence increased activity in community based services and a reduction in admission to bed based services
 | Contract monitoring against set KPI’s evidences achievement of crisis action plans – MH re-design recently implemented | Monitoring of outcomes against MH re-design KPI’s and targets will inform performance during 2016/17 |  |
| 12 | **Increase Home Treatment Team Capacity** | From Dec 2014toMarch 2015 | Oxleas NHS FT | 1. Recruit 2 band 6 CPN / social workers to increase crisis care capacity to avoid admissions and also to increase in reach to the wards to facilitate early discharge.
2. Extend capacity out of working hours to improve access to crisis need to include evenings and weekends
3. Ensure Primary care has immediate access to making referrals to these resources
 | Recruitment completed – improvements were evidenced during the winter pressures period as an outcome of the additional resources. | Monitor the outcome of the MH re-design during 2016/17 to evidence and map improvements in community provision. |  |
| **Social services’ contribution to mental health crisis services** |  |  |  |
| 13 | **Increase support to adults with enduring mental health living in the community to prevent relapse and avoid crisis and admission** | From Dec 2014toMarch 2015 | LBBMCCH | 1. Additional resource from NHS Bexley CCG transferred to brokerage service to provide additional support to adults in the community
2. Reduction of crisis referrals
3. Reduction of admission to bed based services and / or crisis beds
 | Work completed during the winter pressures period. Some evidence to show positive outcomes and reduced use of crisis beds | MHG Placements and Advisory Panel will continue to engage health and social care through integrated commissioning to maximise the resources available to those in crisis and avoid admissions. |  |
| 1. **Improved quality of response when people are detained under Section 135 and 136**

**of the Mental Health Act 1983** |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** | **Actions to Date** | **Follow up** | **RAG** |
| 14 | **Consider the opportunities for a detention suite to be established within Bexley at the Woodlands Site**  | From Feb 2015 | Oxleas NHS FT | 1. Ensure parity of the provision of an appropriate space provision
2. Reduction of Out of Borough admissions and associated costs to the CCG and LBB economy
3. Improved timely access to local services and reduced transfers of care across geographical boundaries
 | MH re-design underway during 2015/16 | Need to review requirements during 2016/17.Currently, capacity is meeting demand for services without a service in Borough however continued monitoring will help inform need. |  |
| 15 | **Ensure all Approved Mental Health Professionals maintain competence through an agreed Development programme** | From April 2015 | Oxleas NHS FTLBB | 1. All Approved Mental Health Professionals meet the legal competency requirements
2. Mental Health Act assessments are undertaken in a timely fashion in accordance with the legislation / Code of Practice
 | Development is undertaken in line with personal development plans. Assessments are completed in a timely manner | Ongoing monitoring will be devolved to local managers within health and social care. Review of Section 12 Doctors provision to be undertaken in Quarter 4 2015/16. |  |
|  **Improved information and advice available to front line staff to enable better response to individuals** |  |  |  |
| 16 | **Independent Mental Health Advocacy service information material to be available to patients and front line staff** | From April 2015 | LBBOxleas NHS FTMIND in Bexley | 1. Improved awareness and understanding of the IMHA role. Increase in referrals for clients to the IMHA service ensuring service user involvement in decisions affecting their lives.
2. Ensure that information is available to all patients and staff across all services
 | Continued promotion of IMHA has been successful with all services ensuring offer of advocacy. | Re-tender of services to commence in 2016/17 and continued monitoring of update to be monitored through contract monitoring review meetings. |  |
| 17 | **Raise awareness of services and approaches available to people in mental health crisis** | From April 2015 | NHS EnglandCCG | 1. Primary care services know how to support their patients at time of mental health crisis
2. GP Education and training in MH to be supported by NHSE
3. New GP Mental Health Lead to be appointed to the Bexley MHSPG
 | New MH GP lead yet to be appointed following unexpected move out of Borough by the current lead. | Recruitment process underway for MH GP lead.Update required from NHSE on primary care support. Ongoing support and local interaction with primary care to continue  |  |
| **Improved training and guidance for police officers** |  |  |  |
| 18 | **Ensure all officers undertake mental health training within the context of a rolling programme to be agreed**  | From April 2015 | Oxleas NHS FTLBB- Community Safety Group | 1. Increased awareness of mental health issues for police officers leading to more personalised and sensitive responses
2. Improved referral and return rates to avoid detentions
3. Reduction to zero of police cells used to detain MH patients
 | Oxleas have been undertaking MH re-design and therefore outcomes will be reviewed at year end 2015/16 | Audit of use of police cells for Bexley patients to be completed at year end 2015/16. |  |
| **Improved services for those with co-existing mental health and substance misuse issues** |  |  |  |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** | **Actions to Date** | **Follow up** | **RAG** |
| 19 | **All rehabilitation services for MH patients to ensure accessible information for local drug and alcohol services and to promote engagement for support** | From April 2015 | CCGLBBAll MH Providers | 1. Reduced risk of MH relapse requiring readmission
2. Reduction of risky behaviours in communal rehabilitation settings
3. Increased self ownership of wellbeing and physical health
 | Zero tolerance on drug and alcohol misuse adopted in community MH rehab services. MH Placement and advisory panel review this aspect prior to making any recommendations / approving placements. | Monitoring and review continuing. Engagement with local D&A services continues with in-reach into rehabilitation services.MH Placement panel oversight of suitability of rehabilitation placements where drug or alcohol misuse is a factor |  |
| 20 | **All patients with drug and / or alcohol problems to be referred to local intervention services** | From April 2015 | Oxleas NHS FTLBB | 1. Providers to make referrals as appropriate to ensure maximum support and coverage of patients with MH and substance misuse issues
2. Adoption of ‘dry’ policy with zero tolerance across rehabilitation services to be considered on a case by case / service by service basis by providers.
3. Encourage and support service users for consultation towards improving services and shared needs for those with co-existing mental health and substance misuse issues
 | As above | As above |  |
| 1. **Quality of treatment and care when in crisis**
 |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** | **Actions to Date** | **Follow up** | **RAG** |
| **Service User / Patient safety and safeguarding** |  |  |  |
| 21 | **Review pathways in place for frequent attenders with mental health at Emergency Department**  | From April 2015 | Oxleas NHS FT | 1. Ensure effective psychiatric liaison service covers all MH age groups and presentations to maximise community services response and identifies frequent attendees
2. Referrals to community services promptly will reduce risk of re-attendance
3. Understanding patient’s patterns will help development of pathway plans for better management to prevent attendance
 | MH re-design has had positive impact based on limited information to date. Ongoing monitoring will continue. | NHS Bexley CCG and local commissioners in neighbouring Boroughs are working towards commissioning Core 24 MH liaison services.End of year review in Quarter 4 15/16 of frequent attenders at A&E to identify support mechanisms required to reduce impact and sustain community stability  |  |
| 22 | **Thorough routine review of incidents, accidents and complaints through CQRG to identify and reduce patterns / areas of prevalence** | From Jan 2015 | CCGOxleas NHS FTAll Providers | 1. Reduction in the number of incidents, SUI’s and reportable events across all providers
2. Improvement in service quality will lead to reduced vulnerability of patients and more effective interventions
3. Better use of advocacy services by patients and carers will help inform service improvement
 | Review of all incidents undertaken through contract monitoring and quality review of service providers through the CCG quality and governance team. | Continued monitoring within proven frameworks will continue – the CCG has adopted a three Borough approach to review of (jointly commissioned) providers to ensure holistic review of service provision |  |
| **Staff safety** |  |  |  |
| 23 | **Thorough routine review of incidents, accidents and complaints through CQRG to identify and reduce patterns / areas of prevalence** | From Jan 2015 | CCGOxleas NHS FTAll Providers | 1. Reduction in the number of incidents, SUI’s and reportable events across all providers
2. Improvement in service quality will lead to reduced vulnerability of staff and more effective interventions
 | As above | As above |  |
| **Primary care response** |  |  |  |
| 24 | **Increased use of IAPT services for both new and existing patients relevant to presenting need** | From Jan 2015 | NHSECCGMIND in Bexley | 1. Improved access to IAPT will reduce risk of rapid relapse
2. Addressing the presenting need in the context of long term MH needs will enable a focussed intervention relating to the patients’ needs at that time and make best use of resources
 | IAPT activity has been on an increasing trajectory and additional resourcing has supported further improvements. All ‘shadow’ access and waiting time targets are being achieved and exceeded however work still to be done on slight shortfall of recovery rates | Continued contract monitoring and quality review and impact of additional resources deployed to be monitored to ensure performance outcomes across all aspects are being achieved. |  |
| 25 | **Engagement of an additional GP Mental Health Lead within Bexley** | From March 2015 | CCG | 1. Improved GP awareness, evidence and response to patients with mental health needs at risk of crises/relapses
 | Recruitment for a short period achieved however GP moved out of the Borough  | Recruitment drive to secure another GP MH lead is underway |  |
| 1. **Recovery and staying well / preventing future crisis**
 |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** | **Actions to Date** | **Follow up** | **RAG** |
|  **Joint planning for prevention of crises** |  |  |  |
| 26 | **Information regarding the Mental Health Advocacy service and the Carers Groups to be widely distributed across all patient facing staff and teams** | From April 2015 | CCGLBBOxleas NHS FT | 1. Engage with service users to raise their awareness of existing or alternative services, increasing their choices and improving their knowledge of their rights
2. Cope with a crisis at home without involving emergency services and escalating issue.
3. Carers respond in a calm way with support to help reduce the stress for the service user
 | Following MH service re-design and consultation with carers, continued positive promotion continues | Engagement with Carers (independent Carers Support Worker) will continue to be monitored and ensure that Carers access information readily |  |
| 27 | **Monitoring of the crisis rehabilitation service at Chapel Hill to evaluate demand and planning for 2015/16 to ensure capacity**  | From Dec 2014 | CCGMCCH | 1. Appropriate number of short term crisis beds available to meet demand
2. Rapid turnaround of patients to return to the community
3. Reduction of patients presenting at A&E
4. Reduction in admissions and maximise use of community resources
 | Service has been accessed appropriately during 2015/16 (YTD) further | Update and demand to be reviewed at year end 2015/16 and outcomes incorporated into commissioning plans for 16/17 as needed to meet the demand for crisis beds and respite. |  |
| 28 | **Promote and extend the use of Advance Care Plans, Crisis Plans Decisions and Advance Decisions for mental health patients including Children and Young People and people with dementia** | From April 2015 | CCGLBBAll Providers | 1. All known service users will have a future crisis plan that lessens the likelihood of a repeat crisis and ensures the wishes of the service user are taken into consideration
2. Evidence that these plans are routinely part of the CPA process
3. Clinical audit programme evidence that the plans exist are accessible 24/7 and that they are acted upon
 | Review to be undertaken at year end 2015/16.  | To be confirmed following year end review. |  |
| 1. **Local Plans to promote Improvements in Crisis Services**
 |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** | **Actions to Date** | **Follow up** | **RAG** |
|  **Joint planning for prevention of crises** |  |  |  |
| 29 | **Achievement of IAPT targets to ensure maximised use of resources** | From April 2015 | CCGMIND in Bexley | 1. At least 75% of adults will have had their first treatment session within six weeks of referral, with a minimum of 95% treated within 18 weeks
 | Targets achieved and exceeded.As of September 2015 96.5% seen within 6 weeks99.6% seen within 18 weeks | Continued monitoring of this performance to be undertaken during 2016/17 |  |
| 30 | **Achievement of First Episode of Psychosis targets** | From April 2015 | CCGOxleas NHS FTAll Providers | 1. 50% of people experiencing a first episode of psychosis will receive treatment within two weeks. This will require dedicated specialist early intervention-in-psychosis services, working with local secondary mental health providers
 | Target (based on local determination) is being achieved at a erate of 65% (as of September 2015).  | NOTE that national guidance expected in October 2015 has not been issued therefore reporting has been on a local determination. Implementation of the guidance during 2016/17 will define performance. |  |

**Stakeholders**

* All Bexley GP’s and GP practices
* NHS Bexley CCG
* London Borough of Bexley
* Oxleas NHS FT
* South London and Maudsley NHS FT
* Kent and Medway NHS Trust
* MIND in Bexley
* MCCH