

No.	Action	Timescale	Led By	Outcomes	Lead or individual	Summary progress	RAG
<b>1. Commissioning to allow earlier intervention and responsive crisis services</b>							
<b>Matching local need with a suitable range of services</b>							
1	Develop a detailed mental health action plan following from the Barking and Dagenham Mental Health Needs Assessment incorporating the crisis concordat and developing borough response to crisis care.	Jun-15	Mental Health Sub Group Chair	Agreed local Health and Wellbeing delivery plans and related commissioning plans that respond to local identified need and ensure services are appropriate.	S D'Souza	This has been completed and is informing the emerging B&D Mental health strategy	Green
2	Consider further the needs of people with dual diagnosis (LD and MH) to ensure they receive the most effective support and care with particular focus on information sharing and working with GPs to prioritise LD crisis and work more effectively with carers of people with LD	Jun-15	Joint Commissioner / Barking and Dagenham (BD) CCG	Improve response for people in mental health crisis with LD	K Stevens-Lee	A task and finish group to review this area is being established by the joint LD commissioner	Yellow
3	BHR CCGs to consider development of a crisis care pathway for people in mental health crisis in terms of local services and need	Jun-15	BHR CCGs	Timely and appropriate interventions. Integrated partnership working in crisis care. Gaps identified and capacity issues addressed. Community and voluntary sector (CVS) actively involved in pathway design	G Hughes	The review of the pathway is underway with the initial focus on services provided by NELFT and will inform the contracting round for 2015/16	Yellow
4	MH sub group to consider the suggestions made by the stakeholder event on 11th March - incorporating with current actions as relevant and developing new actions with partners to respond to service need	May-15	Mental Health Sub Group Chair	Improved action plan	S D'Souza	New actions incorporated into crisis pathway review and updated action plan	Green
<b>Improving mental health crisis services</b>							
5	Commissioners to consider opportunities to incorporate key elements of action plan in provider Service Development and Improvement Plans within contracts to require services to develop protocols and inter-agency working arrangements for people in mental health crisis.	May-15	BHR CCGs	Agreed shared protocol across statutory, independent and voluntary organisations that support people with mental health problems. Timely and appropriate services' response to support people in mental health crisis.	G Hughes	Included in Service Development and Improvement Plans as part of the NELFT contract	Green
6	Agree protocol for ensuring a consistent approach to feedback to referrers following referral into NELFT crisis services.	Jun-15	North East London NHS Foundation Trust (NELFT)	Feedback provided within 24 hours to all relevant agencies following assessment or following a decision being made not to assess.	B Hannah/P Keirle	This is incorporated into the crisis pathway review and is in place for GPs	Green

7	Commissioners to review the range of Early Intervention in Psychosis/crisis 14/15 funded projects and evaluate effectiveness in context of overall mental health investment plan for 15/16.	Sep-15	BHR CCGs	The impact of EIP/crisis pilots understood and decision making on future funding completed.	G Hughes	Review completed, resulting in business case agreed for additional investment in EIP services by CCG	
8	Service pathways and resources identified to support meeting the standard waiting time for Early Intervention in Psychosis (EIP).	March 2016 with mid-year review in Q2/3.	NELFT	Parity of esteem access standards for EIP achieved.	B Hannah/P Keirle	Additional investment made by CCG in EIP services provided by NELFT to ensure delivery of new access and waiting times standards.	
9	Evaluate performance of Enhanced Psychiatric Liaison Service and make decision around ongoing funding	Jul-15	BHR CCGs	Effective service that supports accessible high quality care for service users with mental health needs attending Emergency Department (ED)	K Boettcher	Service evaluation completed. Will be supported by national funds including Vanguard project and will be included in commissioning round for 2015/16.	
10	Consider integrated mental health models (based on the Lambeth and Sandwell work) as part of local mental health delivery plan. To include suggestions for integrated models identified through March 11th meeting: MH nurse and social worker at practice level working with primary care to support compliance and navigation	Dec-15	BDCCG & London Borough of Barking and Dagenham (LBBD)	A more holistic approach to managing mental health and mental health crisis	BD MH Sub Group	Being considered as part of B&D MH strategy work which is currently underway	
11	Identify routine reporting baselines (current waiting times), and resource gap to support meeting the national standards	Jun-15	BHR CCGs	Routine reporting against national access standards is conducted to ensure parity of esteem for mental health service users	B Hannah/P Keirle	Included in EIP and IAPT contracts	
12	Commissioners to consider best way of ensuring mapping and communication of all services that relate to crisis support – taking into account the range of other mapping and communication activities being planned locally and the best way of working with CVS to support.	Jun-15	LBBD & BDCCG	A full mapping of all services relevant to crisis support and then communication of map of services to all relevant bodies.	BD MH Sub Group	This is being considered as part of the B&D Mental health strategy work	
13	Develop ambulance pathway for people in crisis	Sep-15	Havering CCG on behalf of BHR CCGs	Ensure people in a mental health crisis who contact the ambulance service avoid ED if possible.	Clare Burns	LAS MH Clinical Lead has successfully engaged with the BHR CCG programme Director and together identified an appropriate forum to request formal support with feedback from NELFT. LAS have been invited to the next business meeting in October to address both staff from NELFT MH Liaison Teams and BHRUT emergency department. We are currently reviewing LAS Q2 CQUIN Achievement Evidence and expect it to be signed off at the CQRG on 29.10.15	
<b>NHS 111</b>							
14	Review referral care pathway from NHS111 and update the Directory of Services	May-15	BHR CCGs	NELFT services and third sector organisations are appropriately profiled within the NHS 111 Directory of Services and enabled to receive referrals from NHS 111 including electronic referrals where appropriate.	J Baker	This has been reviewed. There is a local agreement in place to refer mental health calls to NELFT including a warm transfer. A new action has been agreed to add IAPT to the DoS.	
<b>CAMHS triaging - EIP/Crisis pilot</b>							
15	Extend the hospital based and CAMHS based support for children and young people at high risk	Jun-15	NELFT	A reduction in the number of CAMHS admission Pro-active bed management	B Edwards	A&E pilot and EIP pilot delivered. Further actions currently being identified through the CYP MH Transformation plans and the Vanguard.	

16	Outreach services through CAMHS reviewed and developed to ensure Children and Young People identified as high risk are supported to remain out of ED	Jun-15	NELFT	Reduced waiting times for bed Reduced out of area placements	W Balakrishnan	This is being addressed as above	
17	Learning Beyond Registration (LBR) and NELFT to continue to ensure staff are encouraged and trained as Approved mental health professional (AMHPS)	Ongoing	NELFT	Increased provision of AMHPs across London in order to ensure that Mental Health Act assessments (MHAA) are completed within the agreed timeframe.	NELFT	NELFT has in place short and long term plans to address shortage including "grow your own" strategy	
18	Drafting of Recruitment and Retention Plan for AMHPs	Jun-15	NELFT	All services are appropriately staffed.	NELFT	NELFT has in place short and long term plans to address shortage including "grow your own" strategy	
19	Develop Mental Health stakeholder engagement plan to underpin engagement on MH delivery plan including crisis work.	Apr-15	MH Sub-Group Chair	Stakeholders including service users, carers and the public are effectively engaged and involved in ensuring local services meet local need.	BD MH Sub Group	Extensive stakeholder engagement underway to develop the B&D Mental health strategy	
20	Commissioners to work with Community and Voluntary Sector and providers to develop a plan to re-energise the offer to BME and faith groups	Jul-15	BDCCG	Improved service offer for BME and faith groups.	S D'Souza	Further work needed on this, as part of the emerging MH strategy	
21	MH partnership group to oversee the implementation of Crisis Care Concordat Action Plan and to ensure effective membership of group	From March 2015	HWB &BDCCG	CCC action plan has local directive and governance to ensure implementation.	BD MH Sub Group	This process is in place	
22	CCGs and NELFT continue to improve working with the police to ensure MHAAs take place promptly and reflect the needs of the individual concerned.	Ongoing	NELFT	Urgent assessments in the community are completed within a maximum of 4 hours from referral.	B Hannah/P Keirle	Review of local liaison arrangements undertaken between NELFT and Police. Police agree to report back to MH sub group on outcomes from liaison meetings and further action identified: To consider if there are any responsible adult issues	
23	Continue PTI mental health themed sessions, education events and visits via link workers.	Ongoing	BHR CCGs	GPs are aware of mental health crisis services within the locality. OOH services are aware of referral routes for those in mental health crisis. GPs and other community staff receive training regarding the potential precipitants for crises.	Dr R Kumar/R Clements	Themed Protected Time Initiative held in April 2015. Regular programme of practice visits from mh clinical lead underway. Locality meetings include mental health section.	
24	The role of the mh link worker is to be reviewed and clarified in the SDIP	Mar-16	BHR CCGs		G Hughes	Included in Service Development and Improvement Plans as part of the NELFT contract	
25	BHR CCGs to consider improving the MH commissioning capacity and skills within the CCG	Mar-16	BHR CCGs	Improved skills and competencies of CCG mental health leads in the commissioning of mental health crisis services.	S Morrow	A new team approach has been implemented across BHR	
26	Development of primary care psychosis pathway	Apr-15	BHR CCGs	Improved identification and management of psychosis in primary care	Dr R Kumar	Pathway has been drafted for discussion and engagement before final approval	
27	NELFT SI – systematic review about how GPs are involved in investigations	Jun-15	NELFT & MH Partnership Group	Develop learning and sharing in health economy	Kevin Sole	Agreed process in place.	

28	BDCCG Clinical Director to improve primary care consistency/skills in managing people with SMI using practice profiles from MHNA to work with practices as part of intensive education programme.	Jun-15	BDCCG	Develop learning and sharing in health economy	Dr R Kumar	Practice visits, locality sessions and PTI sessions in place	
<b>Improve access to and experience of mental health services</b>							
29	Increase the dedicated clinical time to deliver family interventions	Jun-15	NELFT	Increased access to evidence based interventions More families and carers supported Increased number of staff offering support to carers and families	NELFT	EIP services will be delivering additional family interventions in order to comply with access and waiting time standards	
30	Enhance awareness of family interventions amongst all clinical staff in both EIP and Home Treatment Teams (HTT)	Jun-15	NELFT	Increased number of staff trained in FI More families and carers supported and included in care plans	NELFT	Incorporated into EIP SDIP. Need to consider how to improve in HTT and other teams including CRT as part of contracting round for 2015/16	
31	Develop an information pack for carers and families of people with psychosis	Jun-15	NELFT	Family and Carers support and information package for EIP and HHT carers.	NELFT	Completed	
32	Increase the out of hours clinical input to MH Direct crisis line	Jun-15	NELFT	Reduction in number of referrals to emergency services Reduction in number of referrals to Home Treatment Teams (HTT) Greater degree of satisfaction from MHD service users	NELFT	Additional clinical input has been provided on a non-recurrent basis to MH direct. This is being considered as part of the crisis pathway review.	
33	Implement winter pilot of extended service of Mental Health Direct.	Jun-15	NELFT	Strengthened MH Direct out of hours (OOH) service to include more robust clinical response out of hours.	NELFT	Completed. Further action is to identify how to sustain additional clinical input to the service	
34	Review and update the algorithm currently used to process calls by non-clinical staff responding to MH Direct calls, and evaluate impact.	Jun-15	BHR CCGs	Reduction in referrals to Emergency Duty Teams (EDT), HHT and ED Increase in service user satisfaction	NELFT	Need to incorporate into service specification for MH Direct	
35	Continued publicity of crisis helpline number	Jun-15	NELFT	Crisis helplines are well publicised among people with mental health problems, carers, health and social care professionals, emergency services and the wider public.	NELFT - Kevin Sole	Crisis number is already well publicised through NELFT website and as part of care planning but need to test this out with service users in different scenarios.	
36	Extend the opening hours of the Access Teams	Jun-15	NELFT	Improved access to MH services/clinical support OOH Reduced attendance at ED out of hours	NELFT	Pilot completed. Insufficient case to continue to extend access hours, but this is being considered as part of the pathway review.	

37	Review accuracy NELFT website and flyers to ensure that they provide key information to referrers, self-referrers, their families and carers	May-15	NELFT	Information on mental health crisis services detailing opening hours, referral procedures and eligibility criteria is provided in various formats, available in different languages and easy to obtain via provider trust websites. Information needs to be coherent and consistent.	NELFT - Kevin Sole	This has been reviewed with new website with updated information provided. The next phase started focusing on team based information. Specific work on dementia information as part of CQUIN due to commence. Self referral information needs to be checked	
38	Pilot the marketing of self – referral options through social care services, children's services and local partners e.g Big White Wall	Jun-15	NELFT	Increased awareness of self-referral options available for people in mental health crisis.	Kevin Sole	This is being incorporated into the development of an improved communications and marketing strategy focused on improving access to IAPT services.	
39	Develop a communications plan for crisis concordat work with input from MH sub group , carers and service users to ensure most effective messages around the accessing of crisis services as per 11 March event feedback.	Jul-15	BDCCG	Ensure effective messages around crisis line and expectations. As part of this ensure that BME and faith groups involved and engaged in this plan.	Sarah D'Souza	To include service users in testing out communications and to consider communications suggestions made by MH event 11 March 2015 particular focus on: new service information, newsletters, use of social media and using mental health spokespeople to share information	
40	Commissioners to consider with NELFT actions to improve score against Crisis Resolution Fidelity Scale possibly as part of SDIP 15/16	Jun-15	BHR CCGs	Mental health crisis teams use the CORE Crisis Resolution Team Fidelity Scale criteria for benchmarking best practice. Improve rating from 'fair' to 'good' on Fidelity Scale	BHR MH Sub Group	This is being incorporated into the crisis pathway review	
41	Commissioners to work with NELFT and other providers to ensure that patients with mental health crisis who access services through the urgent care system (ED, UCC, WIC) are able to be seen in appropriate settings. This will involve reviewing access through UCC and WIC, making best use of Enhanced Psychiatric Liaison and the s136 suite at Goodmayes and provision at Sunflowers and working effectively with the police and LAS. Particular focus will be given to people with dual diagnosis (of mh and substance use problems) and frequent attenders as well as patients with physical as well as mental health needs.	Jul-15	BHR CCGs	Systematic approach to ensuring patients in mental health crisis receive the care they need delivered in the most appropriate environment no matter where they access services. Part of this action will be to review opportunities for appropriate settings outside of ED and Police Station.	BHR MH Sub Group	Included in crisis pathway review	
42	Review the environment for mental health assessments in ED to ensure, where possible, it is calm and safe	Jun-15	Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)	Dedicated areas designed to facilitate a calm environment while also meeting the standards for the safe delivery of care. Resources will also be in place to ensure that people experiencing a mental health crisis can be continuously observed in emergency departments when appropriate.	BHRUT to confirm	To be included in liaison mh and vanguard work	

43	Commissioners to consider with BHRUT approach to monitoring intramuscular tranquilisation administered in ED in accordance with accepted guidance	Jun-15	BHRUT	BHRUT to demonstrate compliance with guidance	BHRUT to confirm	Action to be followed up	
44	Commissioners to consider arrangements to monitor the requirement that 95% of MHA completed within four hours of Attendance at BHRUT	Apr-15	BHR CCGs	Ensuring that service users are seen in a timely fashion	BHR MH Sub Group	Complete: monitoring arrangements in place	
45	Review, analyse and escalate all 4 hour breaches through contract monitoring process	Ongoing	BHR CCGs	Ensure significant care pathway issues are identified and addressed.	BHR MH Sub Group	Complete: monitoring arrangements in place	
46	Commissioners to consider with NELFT monitoring arrangements regarding 4 hours in emergency and 24 hours if urgent of assessment following referral to HTT.	Sep-16	BHR CCGs	Appropriate monitoring arrangements to ensure assessments are completed within the required timescale.	BHR MH Sub Group	Complete: monitoring arrangements in place	
47	Development of Enhanced Psychiatric Liaison service	Ongoing with mid-year review in Q2/3.	NELFT	<p>1 Liaison psychiatry services see service users within 1 hour of emergency department referral to ensure a timely assessment and minimise risk.</p> <p>2 Clinicians in the emergency department have rapid access to advice from a mental health clinical specialist following emergency department crisis assessments.</p> <p>3 Crisis plans are accessible to emergency department staff.</p> <p>4 Emergency departments have immediate access to psychotropic medications routinely used in the management of mental crises including intramuscular preparations.</p> <p>5 Operational Policy to be reviewed every 6 months</p>	B Hannah/P Keirle	The service has been developed and evaluated. Further work underway as part of Vanguard.	
48	Develop a plan to make effective links between mental health crisis service providers and wider council services and schemes – e.g housing, mentoring, carers etc.	Jun-15	LBBD	Improved overall holistic approach to managing recovery from crisis	LBBD - Mark Tyson	This will be addressed through the emerging mental health strategy for B&D	
49	Enhanced Psychiatric Liaison Service to provide training for all relevant clinical staff – in particular looking at innovative ways of providing training input to ensure best fit with busy ED	May-15	NELFT	All ED staff are trained in the assessment and management of mental health crisis.	Kevin Sole	This has been actioned/is ongoing	
50	Social service staff who are likely to come into contact with people in crisis or their carers undergo mental health first aid training or receive more specific training if their role required	Sep-15	LBBD	LBBD to complete training needs assessment and then liaise with Enhanced Psychiatric Liaison team	BD MH sub group - Kevin Sole	Update to be received at next MH sub-group	
51	Street Triage pilot (EIP crisis pilot funded for 14/15) – in place in Waltham Forest and Redbridge – CCG to consider implementation more broadly across BHR based on evidence from pilot	Jun-15	BHR CCGs	A service specification for a local Street Triage service	BHR MH Sub Group	Pilot delivered and future commissioning of this is will be incorporated into vanguard and crisis care pathway review	

52	To agree with local met police representatives as part of ongoing dialogue to improve access to appropriate crisis services set out in 39 above.	Jun-15	NELFT	Improve liaison and joint working with police locally	BD MH sub group - Kevin Sole	NELFT and police liaison in place. Update to be received at next MH sub-group	
53	Incorporate outputs of workshop on 11 March into action plan	Jul-15	BDCCG	Improved action plan	S D'Souza	Completed	
54	Further discussion needed at MH Sub-group on staff safety	Jul-15	MH sub group		MH sub group chair	To be scheduled for discussion at MH sub-group	
55	Agree approach for ensuring consistent feedback between NELFT and primary care	Mar-16	BD CCG		Dr Kumar	Dedicated email for general practice in place. KPIs re 2 week response.	
56	Deliver improvement plan regarding crisis planning for those on the Care Programme Approach (CPA).	May-15	NELFT	Arrangements put in place to ensure that crisis plans are accessible to GPOOHs and NHS 111 teams.	B Hannah/P Keirle	Incorporated into NELF contract via KPIs	
57	Commissioners to consider with NELFT appropriate actions to test co-production with service users of crisis care plans and their content with training as appropriate if issues are identified	Jun-15	BHR CCGs and NELFT	Crisis Care Plans are accurate, utilised and service users can rely on their use by clinicians	B Hannah/P Keirle	Reported on by NELFT through contract monitoring at CQRM	
58	Crisis care planning for those who regularly present at ED.	March 2016 with mid-year review in Q2/3.	NELFT	Frequent attender reports and multi-agency plans reviewed and updated, and made accessible to ED staff	B Hannah/P Keirle	Update required	
59	Ensure regular review of crisis plans is a requirement within the KPIs of the NELFT MH contract.	March 2016 with mid-year review in Q2/3	NELFT	Systems in place to ensure that people who regularly present to emergency departments in crisis are identified and their care plans appropriately reviewed.	B Hannah/P Keirle	Completed	
60	Commissioners to consider with NELFT Advanced Directives Review as part of SDIP and encourage greater use of advanced directives amongst care co-ordinators.	Jun-15	NELFT	Systems in place to ensure that people who regularly present to emergency departments in crisis are identified and their care plans appropriately reviewed. Assessments will consider the individual's crisis plan when available including any advanced directives.	B Hannah/P Keirle	Included in CQRM discussion	
61	Increase the awareness and use of personal health budgets for those with long term mental health needs	March 2016 with mid-year review in Q2/3.	NELFT and Local Authority	Increased awareness of the use of personal health budgets amongst people with long term mental health needs and providing them with greater choice and control over the support they access to manage their mental health.	MH sub group	Action to be followed up. Nominated lead to be identified	

62	Encourage routine discharge planning meetings in community recovery services	March 2016 with mid-year review in Q2/3.	NELFT	Discharge plans are regularly reviewed to ensure plans are effective and facilitates the recovery and wellbeing of service users and carers.	Kevin Sole	To receive update at next MH sub-group	
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**Key Rag Rating**

	Action due
	To be completed
	Completed
	Ongoing through the year