Bedfordshire and Luton Joint Action Plan

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|  |  | 1. **Commissioning to allow earlier intervention and responsive crisis services**
 |
| **No.** | **RAG** | **Action**  | **Timescale**  | **Led By** | **UPDATE NOVEMBER 2015** | **Outcomes** |
|  |  | **Matching local need with a suitable range of services** |
| **1.** | **local** | **To establish a comprehensive mental health JSNA to include detailed baseline information on local need for crisis services.** | June 2015 | Public Health Leads* LBC - Stephen Gunther
* Bedford Borough & Central Beds – Public Health. Muriel Scott
 | Across all Organisations – Mental Health JSNA published. Contains high level data and further work required to develop detailed baseline information. New clinical systems will improve local data available for crisis services. | A detailed profile of patient demography on current usage of crisis services along with profiles of levels acuity to inform commissioning and investment decisions on improving crisis services and on targeting preventative services. |
|  | **local** |  | April 2016 | * Stephen Gunther
* Muriel Scott
 | LBC-Further work required to develop detailed baseline information. New clinical systems will improve local data available for crisis services.BBC/CBC-JSNA due to be refreshed in 2016 and to include MH Crisis Services. | As above |
| **2.** | **countywide** | **To develop a local model for street triage across Bedfordshire and Luton.** | March 2016 | * Jaki Whittred
 | Outline Business Case has been submitted to the Senior Management Group. Detailed Business Case to be submitted in November 2015 for a decision. | A locally commissioned Street Triage service in place which will support people in crisis and facilitate a reduction in A&E admissions and S136 presentations. |
|  |  | **Improving mental health crisis services** |
| **3.** | **local** | **Re-modelling of Crisis and Home Treatment teams.** | March 2016 | * LCCG – Steve Malusky
* BCCG – Michelle Bradley
 | Luton CCG- Part of remodelling of crisis and home treatment team commenced. Liaison Psychiatry service will release Crisis and Home treatment staff back into the community which will create extra capacity. | To implement responsive local 24/7 crisis services in the least restrictive setting. Outcome based service specifications to deliver responsive Nice compliant and patient centred services |
| **4.** | **local** | **To review the crisis pathway for children and young people.** | March 2016 | * Luton - Bridget Cameron
* Beds CCG – Karlene Allen
 | Plans have been submitted to NHS England and agreed in principle and funding has been made available to progress this work. | Children to receive early support and timely access to services to reduce the risk of children and their families experiencing a mental health crisis and minimise the need for an inpatient or residential placement away from their homes. |
|  |  |  **Ensuring the right numbers of high quality staff** |
| **5.** | **Local** | **To work with all local provider organisations to ensure that all commissioned services adhere to approved staffing, bed occupancy and caseload levels in line with national guidance.** | March 2016 | * ELFT – Diane Hull
* Steve Malusky
* Michelle Bradley
 | Luton CCG – Staffing numbers and levels increasing across the board with reconfiguration of Mental health wards in Luton and implementation of Liaison Psychiatry. Bedfordshire CCG – a proposal for enhancing the number of acute and PICU beds has been presented and going through governance processed.Community Services review being currently undertaken by ELFT. | All crisis services reflect best practice and guidance on appropriate and safe staffing levels as set out in the Francis report. All staff are appropriately qualified in competency levels that reflect the service being delivered and that they operate at the optimum skill mix to deliver high quality care. That services operate with an established staff base which minimises the use of agency staff not familiar with local services or the local population which it serves. |
|  |  |  **Improved partnership working in Bedfordshire and Luton locality** |
| **6.** | **local** | **To review the governance structure in place and all joint policies, procedures and protocols to build effective partnerships across all organisations involved in crisis care including the voluntary sector**. | September 2015 | * ELFT – Gail Dearing
* BBC – Marek Zamborsky
* CBC – Paul Groom
* LBC – Amy Kay
 | Overall Governance Structure has been developed and agreed. Locally, reviews are being carried out across all organisations and will be monitored by the Mental Health Partners Operational Delivery Group. | All local agencies will be clear on their roles and responsibilities in responding to mental health crisis. Each area will develop their own plans and governance arrangements linked to local Health and Being Boards.System mapping and review of inter organisational protocols to be undertaken to ensure streamlined patient pathways. |

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|  |  |  **2. Access to support before crisis point** |
| **No.** | **RAG**  | **Action**  | **Timescale**  | **Led By** | **UPDATE NOV 2015** | **Outcomes** |
|  |  |  **Improve access to support via primary care** |
| **7.** | **local** | **To develop the expansion of a primary care based service model to include Single point of access and primary care based mental health workers** | Dec2016 | * **Luton – Steve Malusky**
* **Beds – Michelle Bradley**
* **ELFT – Diane Hull and Sarah Wilson**
 | Primary Care Liaison Models being developed and tailored to individual locality requirements across Bedfordshire and Luton. | A local primary care led mental health service based within GP practices to deliver first line preventative services with prompt onward referral to appropriate services for those with more complex needs. GP access to Consultant Psychiatrists for advice, support and quick access back into secondary care services for people who are experiencing deterioration in their condition. Service users and carers will have one point of entry into services and will be supported to access the service they require at that time. |
|  |  |  **Improve access to and experience of mental health services** |
| **8.** | **local** | **To ensure outcome based commissioning is in place.** | April 2015 | * **LBC – Amy Kay**
* **LCCG – S Malusky**
* **BCCG –M Bradley**
* **BBC –Marek Zamborsky**
* **CBC – Paul Groom**
 | ELFT Contract now in place with agreed outcomes specified within the contract. | All commissioned services are linked to recovery based outcomes which are measurable and monitored in accordance with agreed governance arrangements.Contracts are now in place with mental health providers which are outcome based. |
| **9.** | **Countywide** | **Develop robust feedback mechanisms from partners and stakeholders.** | March 2016 | * **Pam Garroway to lead with support from Mental Health ODG**
 | Stakeholder Event to be held in November 2015. Governance arrangements have been agreed and partners to be included in future meetings. | Partners and stakeholders form an integral part of the whole commissioning cycle. A local published programme of events and forums to be held to evaluate services and ensure on going improvement of services.Commissioners must demonstrate how feedback from partners and stakeholders have made a difference. |
| **10.** | **local** | **Clear reporting and monitoring of quality of care of people in crisis** | March 2016 | * **ELFT – Sarah Wilson & Diane Hull**
 | New information system being implemented and rolled out across all inpatient and community services. Project is due for completion in March 2016 | A local dashboard of crisis indicators available to review the quality of care across the crisis pathway across Bedfordshire and Luton as set out in the governance framework. |
|  |  | **3. Urgent and emergency access to crisis care** |
| **No.** | **RAG** | **Action**  | **Timescale**  | **Led By** | **UPDATE NOV 2015** | **Outcomes** |
|  |  | **Improve NHS emergency response to mental health crisis** |
| **11.** | **local** | **To enhance psychiatric liaison services within local acute hospitals.** | Oct 2015 | * **Luton- S Malusky**
* **Beds- M Bradley**
 | Luton CCG – Business case approved by the CCG Board and a 24/7 Liaison Psychiatry service is to commence in October 2015 with a full staff compliment in place by Jan 2016. Bedfordshire CCG –There is no commissioned service for Bedford Hospital, a business case has been developed and BCCG has received an allocation which will part fund a limited service in year. | Improved patient and carer experience in acute settings. People feel supported in managing their physical and mental well-being. Acute hospital staff feel supported and appropriately trained in dealing with mental health. Reduced inpatient admissions and lengths of stay. |
| **12.** | **Countywide** | **Review and transform Mental Health Criminal Justice Service in line with national model** | April 2016 | * **ELFT –Sarah Wilson**
 | Work being undertaken as part of Community Service review | The national model for liaison and diversion will be in place for people with mental health conditions or with a learningdisability. |
| **13.** | **local** | **Improve Integration of Mental Health into Urgent Care** | Aug2016 | * **Luton – Caroline Capell**
* **Beds CCG – Michelle Bradley**
 | Local Luton and Beds System Resilience Groups are taking forward Mental Health Integration in Urgent Care including the re-procurement of NHS 111 jointly across Bedfordshire.  | A&E attendances are minimised, reduced emergency admissions into acute hospitals. Patients and carers will experience improved services. Rapid access to appropriate community based services will be the norm. Ambulance and Police will divert patients to the appropriate service. |
|  |  | **Social services’ contribution to mental health crisis services** |
| **14.** | **Local** | **Re-modelling of the AMPH service to match capacity with demand using the ADASS toolkit.** | Sept2015 | * **ELFT – Gail Dearing**
* **Luton LA – Amy Kay**
* **BBC – Mark Harris**
* **CBC – Paul Groom**
 | Reviews have been conducted and are with local authorities for consideration. | An appropriately resourced and responsive service in line with national recommendations and meeting the needs of the local population |

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|  |  | **Improved quality of response when people are detained under Section 135 and 136****of the Mental Health Act 1983** |
| **15.** | **countywide** | **Zero tolerance of people to be held in custody and develop and publish approved places of safety.** | Sept 15 | * **Jaki Whittred, Beds Police**
 | Now averaging 0.2 admissions per month held in custody, this is working well across the county.  | Implementation of the “Safer place to be” guidance. Defined places of safety communicated to all partner agencies. Improved patient experience. Reduction in use of Section 135 and 136. Minimise A&E attendance. Detailed information on use of S135 and S136 – draw up KPI’s to monitor zero tolerance compliance. |
|  |  |  **Improved information and advice available to front line staff to enable better response to individuals** |
| **16.** | **local** | **To work with all local providers and organisation across the community to develop and implement mental health training. Including police, probation and ambulance staff.** | March 2016 | * **Jaki Whittred, Beds Police**
 | Beds Police implementing Mental Health training across force over 2 years. EEAST, ELFT and Police have developed MH crisis partnership training. Pilot well attended with excellent feedback for programme. Liaison service will deliver MH training across the L&D.  | All staff who may engage with people in crisis have the appropriate skills and training to respond to people in mental health crisis. Improved patient and carer experience. |
|  |  | **Improved services for those with co-existing mental health and substance misuse issues** |
| **17.** | **local** | **Develop a multi -agency approach to substance misuse and dual diagnosis.** | March 2016 | * **Luton - Ian Houghton**
* **BBC & CBC – Martin Westerby**
* **Tim Archibald, Beds Police**
 | LBC - An ongoing best practice meeting has been established in the form a lunch club for members of staff from MH services and SMS providers. There have been three meetings so far which have focussed around raising awareness of both service pathways. 6 Weekly keep in touch meetings are taking place between LBC commissioner and ELFT director. A number of projects are being established jointly.BBC and CBC: Delivery on the new Adult Integrated D&A Contract by ELFT/Path To Recovery (P2R) commenced 1 September 2016. Work on the development of clear and robust pathways is being undertaken by P2R, in collaboration with ELFT, to ensure that key partners and stakeholders are aware of the services available to achieve successful outcomes for people with a diagnosable mental health condition and at risk of harm/experiencing harm from drugs/and or alcohol. Intensive Support Contract for high intensity/criminal justice clients being reshaped prior to delivery from April 2016. | All agencies will be responsive and flexible to meet peoples’ needs in a crisis regardless of diagnosis if a clinical intervention is required. People will get the help they need at the time they need it. |

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|  |  | **4. Quality of treatment and care when in crisis** |
| **No.** | **RAG** | **Action**  | **Timescale**  | **Led By** | **UPDATE NOV 2015** | **Outcomes** |
|  |  | **Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring** |
|  |  | **Refer to no.15** |  |  |  | **See Point 15.** |
|  |  |  **Service User/Patient safety and safeguarding** |
| **18.** | **local** | **To review the current processes and restrain procedure in place across the whole system and implement the “Positive and Proactive Care” guidance.** **To Review Local and National Safeguarding Arrangements.** | September 2015 | * **ELFT – Diane Hull**
* **Luton – Chair Safeguarding Board**

**BBC and CBC chair safeguarding board**  | National standards and guidance has been reviewed across all inpatient units and recommendations and training being implemented. Local lessons learnt and recommendations from local safeguarding boards are ongoing. | When restraint has to be used it is done so according to protocol and staff are fully trained in undertaking restraint procedures.To review local and national safeguarding arrangements and processes in place and to ensure that any lessons learnt and recommendations from reviews are implemented locally and monitored through Safeguarding Boards. |

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|  |  | **5. Recovery and staying well / preventing future crisis** |
| **No.** | **RAG** | **Action**  | **Timescale**  | **Led By** | **UPDATE NOVEMBER 2015** | **Outcomes** |
|  |  |  **Joint planning for prevention of crises** |
| **19.** | **local** | **Scope out the current market position including the role of the voluntary sector and the wider community in supporting people in a mental health crisis**  | March 2016 | * **Luton – Amy Kay**
* **CBC – Paul Groom**
* **BBC – Marek Zamborsky**
* **Beds CCG MB**
 | Market Position Statements being drawn up by local authorities for publication.LBC- The Market Position Statement is due to be published online in December 2015, this includes a chapter on Mental Health need and highlights the local response to crisis management. A series of 3 events have been well attended by a wide variety of stakeholders over 2015. A future event to focus on Mental health and update on progress will be held in 2016. | An informed local community skilled in maintaining the well being of the local population. A community able to recognise the deterioration in the well being of individuals and to signpost them to local support agencies and services in place able to respond.  |
| **20.** | **local** | **Recovery services will work in integrated way with crisis and community teams to deliver streamlined services which are person centred and recovery based with emphasis on full integration back into the community.** | March 2016 | * **Luton CCG – Steve Malusky**
* **Beds CCG – Michelle Bradley**
 | Luton CCG – Review of all services to be implemented by March 2016 which will include Recovery Services.BCCG – A Recovery Board has been set up to implement local services | An effective, time limited recovery based service which discharges people back into the community with full support. Facilitates discharge from acute inpatient settings, reduces lengths of stay and helps people reintegrate back home through proactive case management. |

**ACTION LOG**