| **No.** | **Concordat outcomes** | **Deliverables/actions**  |  **Lead Organisation** | **Time scales** | **Summary Progress Against Actions (include outcome measures where relevant)** | **RAG** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **JOINT WORKING**
 |  |  |  |
| **Joint working protocol** |  |  |  |
| 1.1 | Improve responsiveness to people in mental health crisis by emergency services - ensuring people get the right care at the right time  | Develop a local protocol to * Co-ordinate the multi-agency approach across the urgent care pathway
* Promote CNWL urgent care line and ensure mental health support is an integral part of NHS 111 service
* Improve knowledge across partners of agreed approach and response times
* Develop approach and agree improved response times where this is required
* Improved understanding of the appropriateness of using physical restraint; in particular in ED and when transporting patients
* Agree use of crisis plans and role of family and carers
* Agree joint planning approaches for people known to mental health services and identified as frequent users of emergency services
* Improve equal access for those with protected characteristics
 | **Tracey Chapman**Senior Joint Commissioner Mental Health MKC/CCGPaul HalsteadDeputy Area CommanderTVPLesley Halford CNWLAlex OsmanNHS 111Mark Begley SCASDr Nancy Murray | April 2016 | Thames Valley Police Protocol agreed and signed by partners (1.2).Revised timescale from July 2015 due to effective partnership working to date with key elements of work underway e.g.* CCC Terms of Reference agreed
* Vulnerable Adult Risk Management (VARMs) approach in development
 |  |
| 1.2 | Thames Valley wide multi-agency joint working protocol to be agreed in line with legislation and Code of Practice  | Protocol agreed and signed by partners  | TVP  | May 2015 | **Completed**(To be reviewed within 2 years) |  |
| **Information sharing** |  |  |
| 1.3 | Improved process of shared information around a person in crisisCommon understanding across agencies of the needs of the individual, their plans and wishes and the services and people that may best support them | Review of information sharing processes and protocols between all partners to ensure all front line staff have appropriate access to relevant information and enable a more consistent response for people who are known to mental health services. This will include: * Access to patient records
* Access to ambulance anticipatory care plans
* Access to MH service user crisis plans
* Access to service information at all times

Develop an appropriate response to the review | **David Pennington** Safeguarding LeadMK CCGWayland LousleyInterim Mental Health Transformation Manager, MKC /CCGJulian Bradley MK CCG GP Board memberAlex Osman NHS 111Tim Churchill (SCAS) Julia Collier(SCAS)Lesley Halford Deputy Director CNWL  | April 2016 | Meeting held on 22 October scoping the work required and first draft of VARM protocol underway.2 work-streams to be taken forward:1. Strategic overview of VARMS in relation to wide range of other multiagency forums e.g. Safeguarding, MAPPA etc
2. Clinical/Operational VARMs protocol development

Revised Timescale from July 2015 based on work required to complete |  |
| **Equal Access to Services** |  |  |
| 1.4 | All people in mental health crisis seeking help will have access to the appropriate services to meet their needs.  | Agree model for more effective joint agency arrangements to address needs of people of all ages with complex needs, for example those people experiencing, personality disorders, alcohol or substance misuse issues, people with autism, people with learning disabilities, people who are homeless and those in contact with the criminal justice system who turn to emergency services for help at times of crises and are at risk of exclusion from mental health services. | **David Pennington** Safeguarding LeadMK CCGHannah Kaim-Caudle Compass Robin GouldJoint Commissioner Learning Disability and Autism MKC/CCGLesley HalfordDeputy Director CNWL  | Oct 2015 | Needs an update |  |
| **Substance misuse** |  |  |
| 1.5 | Improve services for people who present with alcohol and/or drug problems in addition to mental health crisis | Review and agree updated local pathways /protocols for people who are intoxicated as a result of alcohol and/or drug misuse to include people:* who appear to have MH problem and are intoxicated and represent an immediate physical risk to themselves
* who are assessed as having a mental illness or who are current mental health service users
* who are intoxicated as a result of alcohol and/or drug misuse who do not appear to have a mental health problem
 | **Lesley Halford** Deputy DirectorCNWL Hannah Kaim- Caudle Compass Tracey ChapmanSenior Joint Commissioner Mental Health MKC/CCGJo Trueman | Jun 2015 | Needs an Update |  |
| **Children and Families** |  |  |
| 1.6 | Improving the response and outcomes for young people in MH crisis and their families  | * Link to findings of CAMHS review
* Link to work on Troubled Families
 | Amanda Farr Joint Commissioner, Children and Young People | Oct 2015 | Needs an Update |  |
| **Primary Care**  |  |  |
| 1.7 | Improve clinical and practice staff understanding of needs of people experiencing mental health crisis in primary care Appropriate signposting by clinical and practice staff  | * Development of a training package for practice staff (with roll out to other appropriate staff)
 | **MK CCG** | Dec 2016 | Revised timescale from Dec 2015, need to identify appropriate GP to lead this work. |  |
| **Criminal Justice System**  |  |  |
| 1.8 | Prevent mental health relapse when released from prison and reduce risk of crisis | Review people to be discharged from prison needing to access social care services in line with the Care Act requirements | **Victoria Collins**Assistant Director Adult Social Care / Zoe Jones Care Act Project Manager MKC | From April 2015 | Tracey to update following confirmation task complete |  |
| 1. **MENTAL HEALTH URGENT CARE PATHWAY**
 |  |  |
| **Advice and Information**  |  |  |
| 2.1 | Improve advice and information available to service users and their carers to help prevent crisis and quickly identify appropriate support when in crisis  | All partners to review information provision for people in mental health crisis Develop a Choose Well approach to mental health crisis information Ensure that all service users have access to information regarding mental health crisis services Ensure that advice and information under Care Act includes provision for people in mental health crisisUsing co-production with service users development of mental health crisis information package as part of whole system & multi-organisation training events | **Tracey Chapman**Senior Joint Commissioner Mental Health MKC/CCGGail Addison Head of Public Health Delivery MKC Zoe JonesProject Officer Care Act MKC | April 2016 | MH Crisis Advice has been updated on MK Council website July 2015Revised timescale from Oct 2015. |  |
| **Mental Health Street Triage**  |  |  |
| 2.2 | Improving the experience of service users and access to appropriate services, reducing unnecessary detention | Provide suitable triage services advise and support TVP, enabling better access to appropriate service provision avoiding use of S136Agree plan regarding establishing Street Triage as a core service and expanding to increase coverage and include other appropriate agenciesComplete business case, implement and deliver plan establishing Mental Health Street Triage as a core serviceExtend hours to 3pm – 2am 7days/week and explore potential to relocate base to A&E  | Paul Halstead Lesley Halford Tracey ChapmanWayland Lousley**Wayland Lousley**/ Paul Halstead/ Pete Raimes/ Caroline Hutton | Jan 2015April 2015Sept 2015Mar 2016 | **Complete****Complete****Complete**Discussion and Planning underwayService is shortlisted for an HSJ award 18 Nov 2015 |  |
| **Place of Safety** |  |  |
| 2.3 | Sufficient health based places of safety suitably staffed and equipped will be available for S136 and S135 (1) referrals  | Ensure sufficient level of staffing at Campbell Centre to enable S136 suite to be staffed when required Review local S136 policy to ensure have robust contingency plan for when health based Places of Safety are not available/ already in use to avoid placement in custody | Lesley HalfordLesley Halford /Wayland Lousley | April 2015July 2015 | **Complete** Safer Staffing Levels achieved – CQC Report **Complete** Backup arrangements in place for multiple S136 |  |
| **Crisis Response Times** |  |  |
| 2.4 | Improved response to crisis and emergency mental health situations in the community and in acute settings in Milton Keynes | Develop plan to ensure availability of S12 doctors 24/7* Action Plan in place
* Governance in place through Safeguarding Board and IMCA/DOLs Steering Group
* On CCG Risk Register

Develop plan to ensure availability of AMHPs 24/7* Action Plan in place
 | Wayland LousleyInterim Mental Health Transformation Manager, MKC /CCGTrevor Thompson Interim Head of Adult Social care - Mental Health MKCLesley HalfordDeputy Director CNWL | Oct 2015 | Action Plan update provided to Sept Safeguarding BoardOctober IMCA/DOLs Steering GroupContract and Operational options reviewed**Complete**  |  |
| **Hospital Liaison Team** |  |  |
| 2.5 | Improve the experience of people in mental health crisis presenting at MKUHFT | Develop Mental Health liaison team on a sustainable basis to meet standards of Royal College of Psychiatrists Core / Core 24 service standards * All age service (LIST and HLPS)
* Provision of HLT support to urgent care centre
 | Wayland LousleyInterim Mental Health Transformation Manager, MKC /CCG Lesley Halford Deputy Director CNWLJulia CochlinHead of Nursing MKUCSMKU Hospital | Apr 2016 | Business case approved by CCG. Draft Spec being review by multi stakeholders.Part of Integrated Urgent Care Centre Development |  |
| **Ambulance / Transport** |  |  |  |
| 2.6 | Safe and appropriate transport is available to people in mental health crisis 24/7 | Review and update contracts as appropriate when they are renewed to include specific standards on mental health responses based on the national guidanceReview provision of secure transport for non-compliant patients from the community; place of safety or between hospitalsReview South Central Ambulance Services (SCAS) contract and agree arrangements for conveying mental health patients in keeping with joint protocol agreed by all Concordat partners. Contract to include:* Conveyance to a place of safety and into hospital following admission
* Contingencies for when SCAS are unable to provide the transport
* Arrangements for out of area transport

Review and agree the demand and capacity required to enable SCAS to plan sufficient and appropriate resources  | Wayland LousleyInterim Mental Health Transformation Manager, MKC /CCGSteve GutteridgeUrgent Care Commissioner MKCCG Sue PutmanMental Health Lead SCAS | April 2016April 2016Dec 2016April 2016 | Review of contract has taken place with MK input provided Oct 2015.Actions agreed to resolve this issue. Alternative car response rather than current blue light response being explored Oct2015.Thames Valley Protocol signed with action plan in place to address any outstanding operational issues |  |
| 1. **STAFF SKILLS AND TRAINING**
 |  |  |
| **Understanding mental health crisis** |  |  |  |
| 3.1 | Ensure appropriate level of staff understanding across all services of the needs of people in mental health crisis to support the delivery of better outcomes for people experiencing mental health crisis and those who care for them | Identify mental health leads in all patient-facing organisationsIdentify a mental health training lead to co-ordinate training and developmentEnsure appropriate staff understanding a range of needs in addition to their mental health needs, for example people with substance misuse issuesEnsure appropriate staff understanding of people who present with suicidal ideation and ensure suicide prevention awareness training is provided within acute servicesAction 1.7 – Training for Primary Care | All | From April 2015 | All organisations to identify a MH lead & Training leads and provide name contact details to CCC. |  |
| **De-escalation and restraint** |  |  |
| 3.2 | Restraint of persons in mental health crisis, both in a health care setting and in the community, is significantly reduced  | All agencies to confirm that all frontline staff dealing with people in crisis have attended training on communication and de-escalation techniques appropriate to their organisation.  | All | From April 2015 | All agencies to provide information and copy of action plan |  |