

	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>							
	Develop shared action plan based on identifying lead organisation and individuals in Redbridge collaborating in new mental health focus group	Sep-15	Redbridge CCG	Revise CCC plan to identify leads and share individual list of actions via the Mental Health working group.	S James	Initial stage completed at September meeting	
1	BHR CCGs to complete a pathway review of the 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	Pathway review is under way, with initial focus on services provided by NELFT and informing the contract round.	
<b>Improving mental health crisis services</b>							
2	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	
3	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	
4	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	
5	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.	
6	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.	
7	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	
8	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>							
9	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>							
10	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.	
11	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	V Mason	This is being addressed as above	
12	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	
13	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	
14	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	Redbridge CCG	Improved service offer for BME and faith groups.	P. Keirle / S. James	Finalise specification, write to RCVS and review and agree implementation plan. To include liaison with NELFT services such as IAPT to improve uptake in BME communities.	
15	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	
16	Continue Protected Learning Events (PLEs) 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 C Okorie	Themed Protected Learning initiatives in June and September 2015. Regular programme of practice visits from mh clinical lead underway. Locality committee meetings clinical director's briefing include mental health updates.	
17	The role of the mental health link worker is to be reviewed and clarified in SDIP	Mar-16	BHR CCGs	Part of Service Development and Improvement Plans with NELFT.	G Hughes	Included in Service Development and Improvement Plans as part of the NELFT contract	
18	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	Agreed work programme and working arrangements as a BHR-wide one team with CSU specialist commissioning support.	
19	Development of primary care psychosis pathway	Apr-15	NELFT	Improved identification and management of psychosis in primary care	Dr C Okorie	Pathway has been drafted for discussion and engagement before final approval	

20	NELFT SI – systematic review about how GPs are involved in investigations	Jun-15	NELFT	GPs are aware of mental health crisis services within the locality and across borough. 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 C Okorie	Specifically themed presentations to GP learning event in June 2015. Provision of service booklet at September PLE. Consultants' contact details and practice bypass numbers shared between NELFT and General Practice. Regular programme of practice visits from mh clinical lead underway. Locality committee meetings update on mental health each month.	
<b>Improving access to, and experience of, mental health services</b>							
21	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	
22	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	
23	Develop an information pack for carers and families of people with psychosis	Oct-15	NELFT	Family and Carers support and information package for EIP and HHT carers.	S James	Redbridge Concern for Mental Health developing pack for distribution to practices. Trained at June PLE and will be sent via email too to GPs.	
24	Increase the out of hours clinical input to MH Direct 24/7 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.	
25	Implement extended service of Mental Health Direct following winter pilot.	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	
26	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	
27	Continued publicity of 24/7 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.	
28	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.	
29	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	
30	Develop a communications plan for crisis concordat work with input from MH working group , carers and service users to ensure most effective messages around the accessing of crisis services	Jul-15	RCCG	Ensure effective messages around crisis line and expectations. As part of this ensure that BME and faith groups involved and engaged in this plan.		Started new Mental Health working group across health, social care and police, with potential to expand to include community representation. Re-commissioned community development worker post with Redbridge Community Voluntary Services to engage with BAME residents, initially focusing on IAPT and Dementia services. Crisis services guide developed by Redbridge Concern for Mental Health for distribution to GPs in October.	
31	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	
32	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, provision at Sunflowers and working effectively with the police and LAS. Particular focus will be given to people with dual diagnosis (MH and Substance Misuse) 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	The EMHL service has been reviewed as has the s136 provision. Further work needs to be done on ensuring parity of esteem within urgent and emergency care settings and it is proposed that this will be addressed through the vanguard process.	
56	Pilot the marketing of self-referral options through social care services, children services and local partners e.g. the 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.	
33	Review Home Treatment Team Capacity to ensure it is meeting local need	Jul-15	BHR CCGs	Home Treatment Team currently offers service to avoid admission where possible and offers domestic care.	B Hannah/P Keirle	NELFT to confirm via CSU contracting leads	
34	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 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 mental health and BHR Vanguard work	
35	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	
36	Commissioners to consider arrangements to monitor the requirement that 95% of MHA have commenced 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	
37	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	
38	Commissioners to consider with NELFT monitoring arrangements regarding 4 hours in emergency and 24 hours if urgent of assessment following referral to HTT	Sep-15	BHR CCGs	Appropriate monitoring arrangements to ensure assessments are completed within the required timescale.	BHR MH Sub Group	Complete: monitoring arrangements in place	

39	Development of Enhanced Psychiatric Liaison service	Ongoing with mid-year review in Q2/3.	NELFT	1 Liaison psychiatry services see service users within 1 hour of emergency department referral to ensure a timely assessment and minimise risk. 2 Clinicians in the emergency department have rapid access to advice from a mental health clinical specialist following emergency department crisis assessments. 3 Crisis plans are accessible to emergency department staff. 4 Emergency departments have immediate access to psychotropic medications routinely used in the management of mental crises including intramuscular preparations. 5 Operational Policy to be reviewed every 6 months	B Hannah/P Keirle	The service has been developed and evaluated. Further work underway as part of Vanguard.	
41	Provision of a Recovery and One Stop Resource Centre for Adults	Mar-16	LBR	Service Users receive flexible, short-term and focused support for to develop and achieve their independence;		Ongoing - to report progress via MH working group	
42	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	
43	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	
44	To agree with local met police representatives as part of ongoing dialogue to improve access to appropriate crisis services set out in Action no 32 above	Jun-15	Redbridge CCG / Police	Improve liaison and joint working with police locally	Redbridge MH workin	NELFT and Met Police represented at group and continuing dialogue	
45	Smoking cessation – addressed with inpatients as routine, and as part of a physical health care assessment	Mar-16	NELFT	Parity of esteem		Included in the CQUIN: Cardio Metabolic Assessment and Treatment for Patients with Psychoses	
46	Agree approach for ensuring consistent feedback between NELFT and Primary Care	Mar-16	Redbridge CCG	Feedback loop between NELFT and Primary Care to ensure appropriate support to service users in a crisis.		Generic email addresses available to NELFT routinely for each practice and sharing of GP bypass numbers for direct contact (Consultants contact details shared with GPs)	
47	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	
48	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	
49	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	This is being developed through the EMHL service and will be incorporated into the work as part of the vanguard	
50	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	
51	Commissioners to consider with NELFT Advanced Directives Review as part of SDIP and encourage greater use of advanced directives amongst care co-ordinators (subject to agreement with NELFT)	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	
52	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 working group	Actions across NELFT and LBR to be followed up at next working group	
53	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 Mental health working group	
55	Local police to share data on the use of police custody suites as places of safety under section 136.	March 2016 with mid-year review in Q2/3.	BHR CCGs / Police	Reduce inappropriate use of police custody suites as places of safety.		need to access police data	