Localities do not need to use this template if they do not wish – it is intended as a guide.

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| 1. **Commissioning to allow earlier intervention and responsive crisis services**
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| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Summary progress against actions (include outcome measures where relevant)** | **Red/Amber/Green (RAG)** |
| **Matching local need with a suitable range of services** |
| 1 | Community Mental Health Re-configuration / Developing improved crisis response | October 2015 | Bromley CCG / Oxleas | New service model in place locally, providing improved responsiveness to individuals in crisis in line with the Crisis Care Concordat aims and objectives. | Continued systemic improvements contributing to increased access and improved response times |  |
| 2 | Prevention Employment Recovery Service | April 2016 | Bromley CCG (Direct Service Provider) | New service model will ensure that recovery is a genuine aspiration for all MH service users in Bromley so that each personal recovery journey is optimised to its full potential  | Further consultation has led to a review of the needs of SU in Bromley and subsequent redesign of the service specification to more accurately reflect the desired outcomes to be achieved by the service.  |  |
| 3 | CAMHS New Wellbeing Service – operational from 1st December 2014 | December 2014 | Daniel T / LBB / Bromley Y / Oxleas | New service model in place locally, providing improved responsiveness to individuals in crisis in line with the Crisis Care Concordat aims and objectives. | Increase the speed and timeliness of MH interventions for young people in BromleyCurrently reviewing CAMHS interface with EIP and AMHS |  |
| 4 | Service pathways and resources identified to achieve Early Intervention in Psychosis (EIP) standards.  | March 2016 with mid-year review in Q2/3. | Oxleas | Parity of esteem access standards for EIP achieved ensuring 2 week target of Referral to Treatment (RTT) is achieved. | The continued improvement of EIP will help reduce future need for crisis, acute and long term mental health services |  |
| 5 | Review referral care pathway from NHS111 and update the Directory of Services  | May 2015 | Bromley CCG (needs a named person) | All CCG, Oxleas Services and third sector organisations are appropriately profiled within the NHS 111 Directory of Services (DOS) and enabled to receive referrals from NHS 111 including electronic referrals where appropriate.  | Comprehensive DOS in place? |  |
| 7 | Increased early dementia diagnosis within Primary Care | August 2015 | Bromley CCG Dementia Clinical Lead | To increase the levels of early dementia diagnosis so that clients and carers get the right service sooner | Bromley diagnosis rates have increased from 47% to 68% October 2015Reduce un necessary presentation in A/E |  |
| 8 | Service User Engagement Strategy | June 2016 | MH Commissioner | To establish a service user engagement network for Bromley in relation to policing and mental health, to ensure that the user voice continues to inform the concordat work. Includes mapping of service user current groups, consultation and developing mechanism for on-going involvement | To ensure that the service user voice and perspective is heard at each and every part of service development, delivery and performance management Service users to be supported and trained to become an active part of the assurance process for mental health service in Bromley |  |
| 9 | Suicide Prevention Strategy /(Plans) | June 2016 | MH Commissioner | Bromley Suicide Prevention strategy is being developed and will be taken forward by the Mental Health Working Group, which has representation from across the partnership | Bromley Suicide Prevention Executive Action Plan due to be signed off June 2016. Regular progress reports to be submitted to Bromley Exec Board. |  |
| **Improving mental health crisis services** |
| **1** | Reviewing impact of Winter Resilience additional funding into Liaison function across MH services. | April 2015 | Bromley CCG / Oxleas | Review lessons learned from increased capacity and further reviews on options of future service structure. | Check with CCG / Oxleas |  |
|  **2** | Drafting of Recruitment and Retention Plan for AMHPs | June 2015 | Oxleas & LBB | All services are appropriately staffed.  | Check with Oxleas / LBB |  |
|  3 | Integrate the work of the Crisis Care Concordat into a wider Mental Health Strategy | Strategy to be completed by beginning of April 2016 | MH Commissioner | The Mental Health Working Group will take forward this work stream ensuring it is integrated also with wider strategic partners such as Public Health, Police Primary Care, Community and Acute Hospital services  | New Board has met to set parameters for strategy development. New Executive also to meet in August.Whilst governance arrangements in transition Crisis Care Concordat Working Group will convene to ensure action plan continues to be driven forward. |  |
| 4 | MH Criminal Justice Liaison | On –going | Police and CCG Leads required | A phone point of contact in each area to support service users and redirect to support services at an early stage to reduce crisis point presentations | Redirect to support services at an early stage to reduce crisis point presentations. MH Criminal Justice Liaison 24/7 Telephone SPOC- will also help reduce section 136 requirements |  |
|  **Ensuring the right numbers of high quality staff** |
| **1** | Reviewing impact of Winter Resilience additional funding into Liaison function across MH services. | April 2015 | Bromley CCG / Oxleas | Review lessons learned from increased capacity and further reviews on options of future service structure. | We are conducting annual detailed analysis of MH A&E performance, and organisations achieving and sustaining key national and local targets relating to mental health urgent care performance measuresConducting a detailed diagnostic / scoping review of Borough wide service provision to generate a clear understanding of existing practice, workforce establishment, barriers, bottlenecks and enablers to delivering a high quality, safe and sustainable urgent care system for people in a mental health crisis. All of which will inform future planning  |  |
| **2** | Drafting of Recruitment and Retention Plan for AMHPs | June 2015 | Oxleas & LBB | All services are appropriately staffed.  | Is monitored as part of contract management |  |
|  **Improved partnership working in Bromley locality** |
| **1** | Set up Multi-Agency delivery group to oversee the action plan and outcomes. | January 2015 | Bromley CCG | Transformation of local services and multi-agency approach to delivery of Crisis Services. | Need an update |  |
| **2** | Clinical Leads Group to discuss operational issues. | February 2015 | Oxleas / MH Commissioning Manager | Identification of operational issues and resolution.  | We have developed a Quality Assurance Framework which is used for all clinical procurements and supports contract monitoring particularly of smaller providers. **GP clinical leads** are engaged in service redesign programmes to improve the quality of services through six programme groups.  Each service redesign is accompanied by a comprehensive programme of clinical engagement and education. |  |
| **3** | Development & Learning Opportunities through joint serious incidents and safeguarding reviews. | September 2015 | Bromley CCG | Shared learning from SI’s to inform future best practice and service development/commissioning. | Partnership wide training provided to strategic, management and front line staff. CCG developing a Safeguarding Strategy |  |
| **4** | Agree outcome ‘data measures’. | March 2015 | Bromley CCG | Clearer evidence on service outcomes and local need. | Currently being agreed |  |

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| **2. Access to support before crisis point** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Summary progress against actions (include outcome measures where relevant)** | **Red/Amber/Green (RAG)** |
| **Improve access to support via primary care** |
| **1** | Community Mental Health Re-configuration with a focus on increased support to Primary Care | October 2015 | Bromley CCG / Oxleas | New service model in place locally, providing improved responsiveness to Primary Care. | The new Primary Care Plus service is now operational |  |
| **2** | Reviewing IAPT service model to ensure appropriate support into primary care. | On-Going | Bromley CCG / Bromley IAPT | Increased support available within Primary Care and self-referral into services at point of crisis. | We have continued to incrementally improve access and recovery outcomes by;* Improving data management
* Increasing multiple points of entry (stratified approach) getting people to the appropriate step first time of asking
* Improving Clinical leadership
* Delivering services at times and places most convenient to patients (clients)
* Un-stigmatised environments
* Social Marketing / Branding of the service
* Support and training to GP’s (improving accuracy of referrals)
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| **3** | The role of the mental health link worker is to be reviewed and clarified in SDIP  | March 2016 | Oxleas and Bromley CCG | Part of Service Development and Improvement Plan  | On – Going Up date required |  |
| **Improve access to and experience of mental health services** |
| **1** | Extend CPN pilot into integrated physical healthcare teams. | April 2015 | Bromley CCG | Mental health Workers embedded into physical healthcare integrated teams. Early identification of mental health issues in individuals with physical health needs (parity of esteem). | Need an update |  |
| **2** | Enhance awareness of family interventions amongst all clinical staff in both EIP and Home Treatment Teams (HTT)  | June 2015 | Oxleas / CCG MH CommissioningManager | * Increased number of staff trained in FI
* More families and carers supported and included in care plans
 | Ensuring the work is also embedded into the delivery of the EIP – 2 week RTT target for all First Episode of Psychosis (FEP). Exploring further options for family therapy family conferencing. |  |
| **3** | Develop an information pack for carers and families of people with psychosis | June 2015 | Oxleas | Family and Carers support and information package for EIP and HTT carers. | Need an update |  |
| **4** | 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 | July 2015 | NELFT | Ensure effective messages around crisis line and expectations. As part of this ensure that BME and faith groups involved and engaged in this plan.  | Need an update |  |

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| **3. Urgent and emergency access to crisis care** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Summary progress against actions (include outcome measures where relevant)** | **Red/Amber/Green (RAG)** |
| **Improve NHS emergency response to mental health crisis** |
| **1** | Ensure that there is an adequate liaison and psychiatry service available in Accident & Emergency departments. | April 2015 | Bromley CCG / Oxleas | Improved access to services from people who experience Mental Health crisis. | This is being monitored closely and is reflected in the continued improvement in A/E deflections of frequent attenders |  |
| **2** | Review out of hour’s access for the range of mental health services in locality. | June 2015 | Bromley CCG | Improved access to services from people who experience Mental Health crisis. | Need an Update |  |
| **3** | Commissioners to work with Oxleas 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 suites.  |  July 2015 |  Bromley CCG | 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 areas outside of ED and Police Station.  | Need an Update |  |
| **4** | Review the environment for mental health assessments in ED to ensure, where possible, it is calm and safe  | October 2015 | PRUH, Kings College Hospital, Royal Bethlem etc | 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.  | Currently working with local clinicians to improve local pathways |  |
| **Social services’ contribution to mental health crisis services** |
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| **Improved quality of response when people are detained under Section 135 and 136****of the Mental Health Act 1983** |
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| **Improved information and advice available to front line staff to enable better response to individuals** |
| **1** | Ensure locally agreed pathways and protocols are rolled out to all staff in services to improve responsiveness. | September 2015 | Bromley CCG | Individuals receiving appropriate response according to their needs at the right point in the care pathway. |  |  |
| **2** | Multi Agency engagement and training event for staff. | October 2015 | All Agencies | Improving staff awareness and knowledge of local crisis issues, services and policy. |  |  |
|  **Improved training and guidance for police officers** |
| **1** | Deliver training to key staff groups on the agreed local mental health crisis response. | September 2015 - onwards | All agencies | Improved responsiveness in a crisis. | Work is underway |  |
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|  **Improved services for those with co-existing mental health and substance misuse issues** |
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| **4. Quality of treatment and care when in crisis** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Summary progress against actions (include outcome measures where relevant)** | **Red/Amber/Green (RAG)** |
| **Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring** |
| **1** | **136 Protocols**136 protocols to be regularly monitored and reviewed. | Ongoing | Met Police / Oxleas NHS FT | This is to ensure that the use of police stations as a place of safety in the borough at a time of crisis does not happen by regularly looking at the protocols in place and continued monitoring.Section 136 protocols currently implemented in Bromley are in line with national standards and managed appropriately on the ground. | Regularly monitored to ensure 136 protocols are used correctly in the best interest of patients |  |
| **Service User/Patient safety and safeguarding** |
| **1** | Review pathways in place for frequent attenders with mental health at Emergency Department  | From April 2015 | Oxleas NHS FT | Ensure effective psychiatric liaison service covers all MH age groups and presentations to maximise community services response and identifies frequent attendeesReferrals to community services promptly will reduce risk of re-attendanceUnderstanding patient’s patterns will help development of pathway plans for better management to prevent attendance | Continually monitored to ensure frequent attenders are targeted, joint working between A/E Consultants, Gastro Consultants, Mental Health Clinicians, Community Nurses, Practice Nurses etc. All contributing to the ability to continually reduce A/E attendance and resultant Hospital admissions. |  |
| **2** | Thorough routine review of incidents, accidents and complaints through CQRG to identify and reduce patterns / areas of prevalence | From April 2015 | CCGOxleas NHS FT All Providers | Reduction in the number of incidents, SUI’s and reportable events across all providersImprovement in service quality will lead to reduced vulnerability of patients and more effective interventionsBetter use of advocacy services by patients and carers will help inform service improvement | Being effectively contract monitored and managed  |  |
| **Staff safety** |
| **1** | Thorough routine review of incidents, accidents and complaints through Contract Management Board to identify and reduce patterns / areas of prevalence | From April 2015 | CCGOxleas NHS FTAll Providers | Reduction in the number of incidents, SUI’s and reportable events across all providersImprovement in service quality will lead to reduced vulnerability of staff and more effective interventions | Being effectively contract monitored and managed |  |
| **Primary care response** |
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| **5. Recovery and staying well / preventing future crisis** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Summary progress against actions (include outcome measures where relevant)** | **Red/Amber/Green (RAG)** |
|  **Joint planning for prevention of crises** |
| **1** | Robust integrated care planning through the provision of sound crisis care/contingency planning | Ongoing | Crisis Care Task Group / CCG / Oxleas NHS FT | Patients who are discharged back to primary care can expect a detailed summary of how to access services when they feel at risk of relapse and this will have been shared with the patients GP prior to dischargePatients who have been discharged from secondary care services should be made aware of what alternatives to secondary care services are available within the patient pathway. In the event that relapse occurs information should include an awareness of how access preventative services | We are currently developing MH Shared Care Pathway for patients moving from secondary to primary care. This will entail;* Clear Criteria (suitability)
* Protocols (medication / prescribing)
* Care Navigation
* Discharge Planning
* After Care arrangements
* Fast Tracking patients when in crisis
 |  |
| **2** | 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 | On-Going | CCG / LBB / Oxleas NHS FT / Voluntary Providers | 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 considerationEvidence that these plans are routinely part of the CPA processClinical audit programme evidence that the plans exist are accessible 24/7 and that they are acted upon | Being monitored through contract reviews |  |
| **3** | Ensure that development of local services have fully integrated with mental/physical health/social care services | Ongoing | CCG / LBB / Oxleas NHS FT / Voluntary Providers | 1. Joint multi-agency work and evidence of multi-agency working in services to address health as well as socio-economic factors.
 | Update needed |  |
| **4** | Crisis care planning for those who regularly present at ED.  | March 2016 with mid-year review in Q2/3. | Oxleas FT | Frequent attender reports and multi-agency plans reviewed and updated, and made accessible to ED staff  | Being monitored through contract reviews |  |
| **5** | 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. | Oxleas FT and LBB  | 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. | Being monitored through contract reviews |  |
| **6** | Encourage routine discharge planning meetings in community recovery services | March 2016 with mid-year review in Q2/3. | Oxleas FT | Discharge plans are regularly reviewed to ensure plans are effective and facilitates the recovery and wellbeing of service users and carers. | We are currently developing MH Shared Care Pathway for patients moving from secondary to primary care. This will entail;* Clear Criteria (suitability)
* Protocols (medication / prescribing)
* Care Navigation
* Discharge Planning
* After Care arrangements
* Fast Tracking patients when in crisis

In addition to this the soon to be commissioned Prevention Employment Recovery service will provide much needed sustained aftercare and recovery opportunities |  |