**Camden and Islington Crisis Care Concordat action plan refreshed October 2015**

The national Mental Health Crisis Care Concordat was published in 2014 by the coalition government to establish key principles of good practice that local services should use to raise standards and strengthen working arrangements for mental health patients who are approaching crisis, in crisis or recovering from crisis. The national concordat calls for all local areas to have an action plan to improve crisis care in line with the parity of esteem agenda.

The Camden and Islington plan was developed with partners in autumn 2014 and submitted to the national Concordat website in February 2015. Following submission Camden and Islington received a letter from the Care Minister commending the strength of the plan. Camden and Islington have made some fantastic progress in improving crisis care including the establishment of a 24 hour clinically staffed crisis phone line for the public, a separate line for the police and the development of patient held crisis cards

However, we know that there is more to do to achieve parity of esteem in crisis care. We want our local action plan to be about co-produced continuous local improvement. With the help of all our local stakeholders we refreshed our plan in October 2015 to include new areas for development. Newly added actions are indicated with a \* next to the action number.

    

    

   

**Please note that actions which are fully completed move to ‘appendix A’ completed actions**

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| 1. **Commissioning, strategy and infrastructure to support responsive high quality crisis services**
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| **No.** | **Action**  | **Due by**  | **Led By** | **Outputs** | **Update** |
|  | The aspiration to meet Concordat standards for crisis care should feature in partners’ local strategic plans including:a) JSNAb) Camden and Islington Foundation trust clinical strategyc) CCG and Local Authority commissioning intentions | As strategies are reviewed but no later than December 2015 | a) Camden and Islington Public Healthb) C&I FT c) Joint commissioners | The JSNA, C&I FT clinical strategy and local commissioning intentions clearly state borough priorities for crisis care. | a) **ON TRACK:** Camden’s refreshed JSNA and Health and Wellbeing Strategy include mental health as a priority and are expected to be signed off In early 2016. **AWAITING COMPLETION:** Islington will refresh its JSNA by February 2016. b) **COMPLETE:** The C&IFT clinical strategy was signed off in December 2015.c) **COMPLETE:** CCG commissioning intentions already address the intention to robustly respond to the Crisis Care Concordat  |
|  | In Camden an analysis of needs, services and pathways will be produced by an external organisation as part of a Crisis Care Feasibility Study commissioned through the Camden CCG mental health mandate.Performance, activity and qualitative Information from services across the crisis pathway will be bought together to give us a robust and timely picture of what is working well and what areas need improvement. Islington will use the learning from this exercise to build on its existing crisis models of care review. | March 2015Complete for CamdenIslington report to be finalised February 2016 | All partners contributing data with Camden feasibility study team consolidating | There will be a clear understanding across partners in Camden and Islington of the activity and qualitative and quantitative performance of all crisis services. This will include the level of local compliance with the London Crisis Commissioning standards and NICE Quality standard 14. This will be utilised to inform commissioning intentions and service improvement and development | **COMPLETE:** The feasibility study has now been published. It has provided a comprehensive analysis of current needs and services and has outlined a number of areas for improvement which commissioners and C&IFT will be reviewing as well as options for investments to improve crisis care. The findings of the study are currently being reviewed and an engagement process is underway to confirm next steps.**AWAITING COMPLETION:** Islington have commissioned a review of acute system management which will cover Camden and Islington. The final report to senior managers will take place in February 2016.  |
|  | Where appropriate new training programmes on crisis assessment and management to be developed; linking in with the Recovery College where possible. In Camden this will be delivered under the Health Mandate. In Islington this will be delivered by the MH Programme Board  | July 2015 for commissioning intentionsMarch 2016 for completion of procurement process | Camden MH Investment teamIslington MH Programme Board | There will be a range of mental health training available to staff in Camden and Islington who may work with those with mental health problems. The uptake of training will improve. | **ON TRACK:** Camden CCG are working in conjunction with Camden and Islington Public Health to consider how mental health training should be resourced and commissioned from 2016 onwards when the current provision ends.This will be Mental Health First Aid and Mental Health Awareness training available in both boroughs so that universal services are able to identify people who may need help and refer them onwards.Camden commissioners are also reviewing how the Team Around the Practice model could include crisis and suicide prevention training for GPs |
|  | Commissioners will ensure that new IT systems commissioned for primary care use include information about patient mental health needs and service use in their specifications | August 2015Now due March 2016 | Joint commissioning | Clinical Commissioners report improved capabilities of primary care recording systems | **AWAITING COMPLETION:** In Camden the primary care IT system is not due to be recommissioned but commissioners are working with clinical leads to review the Mental health sections of the current information system. This work is now expected to be complete in March 2016. |
|  | The concordat will be used to facilitate the implementation of better information sharing by supporting and feeding into specific workstreams across the CCGs and Local Authorities  | Ongoing with a review in September 2015 | All partners | Information sharing projects will be able to demonstrate input from Concordat partners and will consider information sharing in mental health crisis care | **ON TRACK:** Camden CCG are developing CIDR which is a system that will allow any Camden clinician to see another providers record for the patient. C&IFT have worked closely with the CIDR team and CIDR now includes data from C&IFT records.However, this action is continuing to be monitored as C&I FT have transitioned to care notes and the islington data sharing model develops.  |
| * 1. \*
 | C&I will be able to recruit and retain the best quality staff within crisis services | March2016 | C&I FT (Aisling Clifford) | A Trust workforce strategy the clearly outlines C&I FT plans to tackle the pan London workforce challenge | **ON TRACK:** The Trust Strategy is due to be signed off in February and will then be presented to commissioners |
| * 1. \*
 | People with a dual diagnosis of substance misuse will receive high quality care that takes account of their holistic needs | March 2016 | C&I FT (Peter Kane, substance misuse) | The trust will revise their dual diagnosis policy and develop a strategy to tackle issues around dual diagnosis | **ON TRACK:** The policy and strategy is on track to be delivered by March |
| * 1. \*
 | People with a learning disability will receive high quality care that takes account of their holistic needs | December 2016 | Camden CCG (Francesca Gasparro)C&I FT (Dr Angela Hassiotis)Peter C | We will review acute pathways for people with learning disabilities and mental ill health to ensure they are fit for purpose. | **ON TRACK:** A review and development of commissioning intentions will take place over the next financial year |
| * 1. \*
 | All partners will evidence existing good practice within our services | January 2016 | C&I FT (Aisling Clifford) | a best practice submission will be made to the national Concordat team | **ON TRACK:** A best practice submission will be made by January |

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| 1. **Improved information about crisis services and how to access them**
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| **No.** | **Action**  | **Due by** | **Led By** | **Outputs** |  |
|  | A web page and paper document will be produced which clearly explain what crisis support crisis teams provide, what the crisis team thresholds are and what the alternatives to crisis services are. There will be a version for patients and carers and a version for professional referrers such as GPs and the voluntary sector.  | March 2015Website completeDecision tree due February 2016 | Camden and Islington Foundation Trust  | Service users and carers in Camden and Islington know where they can go to access support in a crisis.Referrers understand thresholds for crisis care and the number of referrals which are not appropriate for crisis team reduces | **COMPLETE:** C&IFT have launched a new version of their website <http://www.candi.nhs.uk/> . This website includes an ‘I need help now’ button which directly links to the crisis team pages and also provides information about other support services in the borough. **AWAITING COMPLETION:** To add further value to this action C&IFT are also developing a decision tree which will assist all stakeholders to navigate mental health services and signpost them to the most appropriate location. This decision tree will be available on the C&IFT and in a hard copy leaflet |
| * 1. \*
 | We will ensure that people experiencing a crisis and referrers understand who can be seen by the crisis team and who will be offered alternative support.  | February 2016 for draft from trustMay 2016 for agreement with partners | C&I FT (*Ian Griffiths & Aisling Clifford)* | Clear written criteria for  the crisis teams including information on the offer for those who do not meet criteria for a crisis response | **ON TRACK:** The Trust will provide draft criteria by February |
| * 1. \*
 | In Camden the mental health programme team will work with third sector partners to consider the offer for people who do not need a crisis response but cannot wait for a community assessment. | May 2016 | Camden CCG Programme team  | There will be a Camden mental health web site which will support people with mental health needs, their friends, family and supporting professionals to understand what urgent, preventative and general mental health support they can access in the borough. | **ON TRACK:** The website is expected to be launched by May 2016 band will link with existing offers such as Camden Care Choices |
| * 1. \*
 | Commissioners will monitor the responsiveness of crisis services and ensure that people receive timely support when they need it | February 2016 | Joint commissioners (*Julia Chappell & Jenni Speller)*C&I FT (*Performance Manager)* |  ‘deep dives’ on crisis care and readmissions will be reviewed through formal contract meetings.The % of crisis referrals seen within 4 and 24 hours will be reviewed through contract meetingsCommissioners and the Trust will identify improvement actions following these reports | **ON TRACK:** a deep dive is on track to be presented to the C&I FT clinical quality review Group in February 2016 |
| * 1. \*
 | We will ensure that GPs get high quality and timely information about people’s needs | March 2016 | C&I FT (*Aisling Clifford)* | We expect to meet quality targets for 90% of people to have an updated care plan held by their GP and for 95% of GPs to receive a discharge summary in 5 days. We will set recovery plans in required. | **ON TRACK:** This has been included as a ‘Commissioning for Quality and Innovation’ scheme this year and will be monitored through the C&I FT clinical quality review group. |

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| 1. **Improved urgent and emergency access to crisis care**
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| **No.** | **Action**  | **Due by**  | **Led By** | **Outputs** | **Status** |
|  | We will ensure that when people attend A&E in mental distress they will get the help they need  | April 2015Interim support in place New timescale TBC | C&I FT (*Aisling Clifford)*Camden CCG Programme Team (*Hector Bayayi)* | Commissioners and the Trust will review the resourcing of Liaison team and agree how resources can be improved informed by evidence based models of service provision and local needs.  | **AWAITING COMPLETION:** Through resilience finding Camden commissioners have invested in an additional 10 band 6 nurses to work across the Royal Free and University College London Hospitals. Commissioners are continuing to work with providers to build an invest to save business model across North Central London (NCL)**COMPLETE:** Islington commissioners have developed an Integrated Liaison and treatment (ILAT) service at the Whittington Hospital |
| * 1. \*
 | We will ensure that A&E is only used as a very last resort | May 2016 | Camden CCG Programme Team (*Hector Bayayi)*C&I FT (*Aisling Clifford)* | We will review frequent attenders to A&E and consider how a different response can be developed for frequent attenders who have mental health needsWe will monitor the provision of home treatment to ensure it is available for those who need it | **ON TRACK:** Programme team and provider are scoping a model that supports a reduction in the use of ED as a single option when users are in crisis. They hope to deliver a business case and a fully specified service by March 2016 subject to consultation and CCG commissioning due diligence. This is also subject to sign up by the other NCL commissioners to present a coherent ED Liaison offer across the NCL conurbation |
| * 1. \*
 | We will ensure that when people need urgent help they are only assessed once | January 2016 | C&I FT (*Aisling Clifford)* | The Trust will ensure there is a single assessment process between crisis and liaison teams | **ON TRACK:** Trust will confirm that this is within current assessment processes |
| * 1. \*
 | Building on the local investment in a 24 hour crisis line we will demonstrate the impact of the service. | March 2016 | Camden and Islington commissioning (*Julia Chappell and Jenni Speller)* | Commissioners and the Trust will agree a set of performance indicators for the phone line including qualitative and quantitative informationThe Trust will lead on ensuring the phone line is well publicised to referrers  | **ON TRACK:** This will be reviewed as part of the crisis deep dive in January and Commissioners and the Trust will develop KPIs for 2016/17. |

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| 1. **Improved experience of crisis care**
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| **No.** | **Action**  | **Due by**  | **Led By** | **Outputs** | **Status** |
| * 1. \*
 | The Trust will work to continue to implement positive and proactive care guidance  | March 2016 | C&I FT (*Aisling Clifford)* | Trust to demonstrate plans to implement positive and proactive care guidance and reduce prone restraints to commissioners  | **ON TRACK:** A quarterly report is brought to the Clinical Quality Review Group for C&I FT. An annual overview will be taken at the end of the year. |
| * 1. \*
 | Trust to outline plans to ensure patients are placed locally wherever possible and in a safe environment  | March 2016 | C&I FT (*Aisling Clifford)* | Trust to demonstrate plans to maintain acute occupancy at 95%.Trust to demonstrate the positive work that has been completed to refurbish wards and reduce ligature points. | **ON TRACK:** Trust performance on acute occupancy is being closely monitored and is currently just above target. The trust anti ligature works across acute and older adult wards are on track to be complete by February 2016. |
| * 1. \*
 | Commissioners will work with the Trust to ensure wherever possible there is continuity of care professional  | March 2016 | C&I FT (*Elaine & Ian Griffiths*)Camden and Islington commissioning (*Julia Chappell & Jenni Speller)* | The trust will revise their continuity of care standards which outline joint working arrangements and share these with commissioners for agreement | **ON TRACK:** Revised standards to be shared by January 2016 with agreement by March |
| * 1. \*
 | We will continue to encourage and support the service user role in quality assuring crisis services and co-producing future models | May 2016 | C&I FT (*Aisling Clifford, Ian Griffiths*) | The trust will lead on re-establishing a user group specifically for crisis care | **ON TRACK:** The trust will initially visit existing user groups to find volunteers. |

| 1. **Improved quality of response when people are detained under**

 **Section 135 and 136 of the Mental Health Act 1983** |
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| **No.** | **Action**  | **Due by**  | **Led By** | **Outputs** | **Update** |
|  | The Camden and Islington section 136 protocols will be reviewed to ensure they are in line with the national section 136 Action plan & national section 136 protocol and that protocols are being followed locally. | May 2015Delayed due to national workstream now due March 2016 | Head of security at C&IFT working with the MPS and LAS at Criminal Justice Liaison meetings | The use of police stations as a place of safety remains 0 in Camden and IslingtonSection 136 Protocols in Camden and Islington are in line with national standards and are followed appropriately on the ground | **AWAITING COMPLETION:** The local section 136 protocol is being reviewed by the Head of security at C&IFT and agreed through Criminal Justice meetings involving C&I, the Police and London Ambulance Service. This work had been delayed as greater national guidance was previously expected.The policy is now expected to be agreed by March 2016 in line with the work to review section 136 data. |
| * 1. \*
 | Partners will review section 136 data to build a detailed understanding of what local usage is and how it may be reduced | January 2016March 2016 | Camden CCG programme team (Zofja Zolna)Camden CCG programme team (Zofja Zolna)C&I FT (*Adele McKay)* | A baseline of local section 136 use is to be established and data flows for 136 useage to be mappedOnce a baseline has been mapped partners will agree an ongoing reporting and monitoring process for local section 136 | **COMPLETE:** a baseline audit of section 136 useage has been presented to the Concordat steering group**ON TRACK:** A task and finish group is being established |
| * 1. \*
 | Partners will consider what timeframes can be put in place for AMHP responses under the current team resources | June 2016 | C&I FT (*Deborah Wright)*Camden and Islington commissioning (*Julia Chappell & Jenni Speller)* | Whilst considering current resourcing and external factors Commissioner and the Trust will agree a feasible local timescale for AMHP responsesanalysis on the performance of the AMHP service will be added to the local authority reporting schedule | **ON TRACK:** audits of AMHP response times and reasons for delays have been added to local authority reporting and following review of these audits discussions will be had about appropriate response times. |
| * 1. \*
 | Building on the local investment in a 24 hour police advice and support line we will demonstrate the impact of this service. | March 2015 | Joint commissioners (*Julia Chappell & Jenni Speller)*C&I FT (*Performance Manager)* | Commissioners and the Trust will agree a set of performance indicators for the phone line including qualitative and quantitative information | **ON TRACK:** This will be reviewed as part of the crisis deep dive in January and Commissioners and the Trust will develop KPIs for 2016/17. |

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| 1. **Improved crisis prevention and planning**
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| **No.** | **Action**  | **Due by**  | **Led By** | **Outputs** | **Status** |
|  | A borough Standard will be agreed for crisis plans to ensure they are drawn up to Concordat quality standards and are accessible to service users, carers and other professionals | June 2015Now due February 2016 | Camden and Islington Foundation Trust  | A borough standard for crisis plans is agreed and crisis plans are being produced in line with the standard.The number of crisis plans which evidence of collaboration with service users and other professionals will increased (measured through CQUIN) | **AWAITING COMPLETION:** C&IFT is reviewing its existing crisis plan standard to ensure it meets all the Concordat requirements.  |
| * 1. \*
 | Building on the development of a template for local crisis cards the Trust will ensure every service user has a personalised crisis card. | March 2016 | C&I FT (*Andy Stopher, Keith McCoy)* | A project plan will be produced with targets for the roll out of crisis cards. Monthly updates of progress against the plan will be shared with commissioners until the role out is complete. | **ON TRACK:** Everybody on CPA will have been offered a card by 31st march. Annual CPA meetings will check a card is in place and ensure it is refreshedFollowing March all other service users in the Trust will be offered a card. |
| * 1. \*
 | We will continue work to reduce readmissions | February 2016 | C&I FT (*Ian Prenelle*) | The Trust will demonstrate plans to reduce readmissions to commissioners | **ON TRACK:** The trust will present work to the Clinical Quality review group meeting. |
| * 1. \*
 | In Camden we will ensure monies from the Camden mandate are utilised to support crisis prevention | May2016 | Camden CCG (Hector Bayayi) | Following consultation and a review of the evidence presented through various independent studies, we will have a clear project plan for investment available as part of the Camden mental health mandate. This plan will include outcome focussed measures to monitor and review spend against. | **ON TRACK:** The Programme group anticipate that they will have a draft business case ready for scrutiny in by the MHPG in December 2015, with the full business case presented end of February 2016 and to go through the due diligence by April 2016. This will subject to getting the appropriate data and sign off from stakeholders. |
| * 1. \*
 | We will embed mental health support in primary care so more people get good help early | March 2016 | Camden CCG (*Terilla Bernard)*Islington CCG (*Jenni Speller)**C&I FT (Emily Van Der Pol)* | We will monitor the impact of the Team Around the Practice service in Camden and Primary Care Mental health service in Islington to ensure a difference is being made and that area for shared learning are identified.In Camden we will also consider the development of practice based teams for people with psychosis  | **ON TRACK:** Commissioners are working closely to share learning around primary care models.In Camden there is a task and finish group commencing to look at remodelling the assessment and advice service around primary care and discussions will be concluded during the 2016/17 contracting round.  |

\*Please note the children and young people’s plan will be refreshed once CAMHS transformation plans have been signed off for both boroughs

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| 1. **Children and Young people’s action plan**
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| **No.** | **Action**  | **Due by**  | **Led By** | **Outputs** | **Camden update** | **Islington Update** |
|  | **Crisis planning**A protocol for crisis plans for children and young people will be developed. The protocol will include the need to evidence the voice of children and young people in plans, the need to include wider professionals who work with them and the need for all Mental Health Act assessments to be completed by a CAMHS AMHP  | May 2015 | CAMHS providers in collaboration with commissioners | Crisis plans are consistent and high quality for those children and young people who need them | **AWAITING COMPLETION:** The Tavistock and Portman will introduce crisis planning into care plans for young people at risk of crisis. Guidance will be developed to support this which stresses the importance to involve and evidence the voice of the child. This work will be captured through new KPIs included in the Tavistock & Portman (main provider of Camden CAMHS) contract and monitored through CQRG.The Clinical Director for Camden CAMHS has a meeting with the AMP training and development managers to secure training for 1 CAMHS staff member in late summer/autumn. The need for additional CYP staff to be trained as AMHPs will be highlighted in Camden’s CAMHS Transformation Plans in order to seek the additional funding required. | **AWAITING COMPLETION:**Islington has adopted the Care Planning Approach at both Tier 3 Adolescent Outreach Team as well as In our local Tier 4 provision. (Services where YP in crisis will be worked with)Young people are invited to all review meetings as part of the CPA approach and are required to contribute if able agree with all actions within the plan before signing off the CPA review document.Islington currently has no CAMHS staff trained as AMHPs, further enquires are required to discuss training and development in AMHP for CAMHS staff. |

**Appendix A Complete actions**

**1. Adult services complete actions**

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| **Category** | **Action**  | **Due by**  | **Led By** | **Outputs** | **Update** |
| **1. Commissioning, strategy and infrastructure to support responsive high quality crisis services** | Meet with partners from across the crisis care pathway to develop a local Crisis Care Concordat action plan for improving Crisis care in Camden and Islington. | December 2014 | Joint commissioners with input from all partners | An action plan has been reviewed and agreed by Camden and Islington Foundation Trust, The Whittington Hospital, The Royal Free, University College London Hospital, The Tavistock and Portman, Camden and Islington CCGs, The London Boroughs of Camden and Islington, Camden and Islington metropolitan police services and the London Ambulance Service | **COMPLETE**: The action plan was signed off in February 2015 and submitted to the national concordat website. Following submission partners received a letter from the then Care minister, Norman Lamb, congratulating them on the strength of the plan.  |
| Crisis pathways, care and crisis plans for those with dual diagnosis should be reviewed to consider how processes of assessment, care planning and interventions can be better coordinated for people with substance misuse needs including third sectorIn Camden this will be included is the Crisis Care Feasibility study. | March 2015 | Substance misuseservices provided by Camden and Islington Foundation Trust and CRICamden Feasibility study team | Care for those with a dual diagnosis will be of an equal standard to care for those without substance misuse needs. | **COMPLETE:** SMS leads within C&IFT have developed a pathway document for SMS services. This is currently out for comments from partners and which will be available on the C&I website in August.The crisis care feasibility study included a review of the crisis experience for those with a dual diagnosis and the findings of this will be followed up as part of the next steps |
| Mental health training available across partners will be mapped to capture what training is available to whom and what the uptake rate is. In Camden this will be led by the Mental Health Mandate.  | June 2015 | All partners contributing data with Joint Commissioners consolidating | There will be a clear understanding of the training available to partners and the uptake rate to inform workforce development  | **COMPLETE:** In Camden the CCG has commissioned Mental Health First Aid Training and Mental Health Awareness Training available to targeted partners in the borough. Uptake of this training is being recorded and analysed for gaps.In Islington Mental health First Aid has been commissioned by public health.C&IFT have mapped the formal and informal training they provide to partner agencies.Commissioners have met with police colleagues to understand the training being provided to police in light of the Concordat. In addition to core training the MPS is offering a voluntary annual mental health briefing and developing an all staff presentation on suicide prevention. |
| **2. Improved information about crisis services and how to access them** | No complete actions |  |  |  |  |
| **3. Improved urgent and emergency access to crisis care** | A 24/7 local mental health crisis phone line will be piloted until the end of the year using Department of Health crisis monies. Information on usage and feedback on its effectiveness will be shared with the external organisation completing Camden’s Crisis Care Feasibility Study and mental health commissioners in both boroughs.  | December 2014 | Camden and Islington Foundation TrustJoint Commissioners | Service users and referrers will have access to a local phone line which will support access to crisis services.Camden and Islington will achieve compliance with this element of the London Crisis Commissioning Guidelines | **COMPLETE:** From December 2014 a recruitment process started to bring in additional crisis team staff to ensure the current phone system could be adequately manned. This is an interim solution until September 2015 when the existing phone system will have been replaced with a new single 24 hour crisis number staffed by local professionals. |
| Camden and Islington Commissioners will consider the business case for extending crisis phone line funding in 2015/16.In Camden this will be considered as part of the Camden Crisis Care Feasibility Study | March 2015 | Camden and Islington CommissionersCamden Feasibility study team | Service users and referrers will have ongoing access to a local phone line which will support access to crisis services.Camden and Islington will achieve ongoing compliance with this element of the London Crisis Commissioning Guidelines | **COMPLETE:** Camden has invested and additional £575,000 in crisis services for 2015/16. Camden is expecting part of this resource to be used to fully implement the local phone line as described above. |
| Camden and Islington FT will develop a business case for providing A&E liaison services across all three acute providers which are 24/7 365 days a year | December 2014 | Camden and Islington Foundation Trust | A business case is produced which proposes models for A&E liaison with clear costs and expected outcomes to assist Commissioners in making decisions about future funding and achieving compliance with the London Crisis Commissioning standards. | **COMPLETE:** A 24 hour A&E service in place at Whittington Hospital since April 2014C&IFT has produced a business case for improving A&E liaison. |
| Review of inpatient bed capacity.In Camden this will be considered as part of the Camden Crisis Care Feasibility Study. | April 2015 | Camden and Islington CommissionersC&I  | Camden commissioners will review capacity and ensure that demand is met or identify additional resource if required. This will be part of a wider review of the crisis pathway to ensure all elements are effective. | **COMPLETE:** Six additional local acute beds have been provided through a local efficiency scheme which repurposed a rehabilitation ward where patients had been moved to more appropriate community settings.In addition, as lead commissioner, Islington has entered into a risk share with C&IFT. The Trust will utilise this resource to increase local bed capacity and work to an occupied bed rate of 95%. As part of the risk share an external review of acute be capacity has been commissioned for Camden and Islington and an initial report has been shared with commissioners.  |
| **4. Improved experience of crisis care** | Commissioners will support the ward inspections led by both boroughs’ service user groups and work with Camden and Islington Foundation Trust to implement recommendations from the inspections. | May 2015 | Camden Borough user Group (CBUG)Islington Borough User Group (IBUG)Joint CommissionersCamden and Islington Foundation Trust | Service users will have a direct role in shaping crisis servicesService users will have a better experience of inpatient care. | **COMPLETE:** In Camden commissioners are receiving copies of all Patients Council ward rounds and have attended a ward round with service users. C&IFT have agreed a memorandum of understanding with Camden borough User Group to ensure there is a complete feedback loop following each ward round.Islington commissioners will also be attending ward rounds.C&IFT are also developing new systems for service user led appraisals of their services and in addition will be reviewing their user involvement policy during 2015. |
| **5. Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983** | An AMHP operational policy will be developed which confirms that people who have been arrested but require a Mental Health Act Assessment are treated as emergency referrals  | March 2015 | MPS and Camden and Islington Foundation Trust  | People within a police station who need a Mental Health Act Assessment will be assessed in line with AMHP emergency assessment timescales | **COMPLETE:** C&IFT’s existing AMHP operational policy has been reviewed to ensure that it reflects existing good practice around the urgent assessment of those who have been arrested but subsequently identified as needing an assessment. To develop this action further Commissioners have agreed with C&IFT that there will be a deep dive on factors causing delays to AMHP assessments which will be shared with commissioners and the police to understand the wide range of factors which may cause a delay to an assessment. |
| The referral processes between the AMHP team, Emergency Duty Team, Liaison and Diversion Service and the Police will be reviewed to ensure they are clear and there is an effective interface with new NHS England commissioned services. | June 2015 | Led by the AMHP manager working with the MPS, NHS England, EDT Team. | The referral and communication routes between mental health, liaison and diversion and police services will be clearly articulated. | **Complete** There are now quarterly groups in place for each borough which examine the forensic interface between partner agencies.  |
| Camden and Islington will consider the results of the Department of Health street triage pilots and consider if what model should be developed locally.As part of the Camden Crisis Care Feasibility Study, information will be gathered to underpin a decision on street triage. | May 2015 | Joint Commissioners (working with neighbouring boroughs)Metropolitan Police ServiceCamden and Islington Foundation Trust | A decision will have been reached as to whether Camden and Islington should pilot a local street triage service. If a street triage pilot is agreed an implementation plan will be developed and commissioning resources identified. | **COMPLETE:** Both Camden and Islington have commissioned a 24hr locally staffed phone line which is solely for the use of the police. This will allow officers instant access to advice and support whilst they are out on the beat.As per the crisis line this service went live on the 20th July 2015 and there has already been positive feedback from officers. |
| **6. Improved crisis prevention and planning** | Camden and Islington will develop crisis cards for all service users who have crisis plans. Cards will summarise where service users can get help in an emergency and also include preventative information and staying well advice.  | July 2015 | Camden and Islington Foundation Trust  | Service users will know where they can go for help in an emergency | **COMPLETE:** Crisis cards have now been completed and printed and roll out has commenced |

**2. Children and young people’s action plan complete actions**

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| **Action**  | **Due by**  | **Led By** | **Outputs** | **Camden update** | **Islington Update** |
| **Early Intervention**Early intervention services are available for children and young people, so they can find and stay engaged with services which keep them safe, improve their mental health and prevent further crises. | May 2015 | a) and b) Children’s commissioners | There is a clear map of early interventions services which demonstrate positive outcomes for children and young people with mental health needs | **COMPLETE:** All Camden schools have an allocated CAMHS link worker based within the north and south locality teams. A number of teams such as children’s centres, youth offending, substance misuse have CAMHS workers as part of their multiagency team.In Camden we have [www.urlife.org.uk](http://www.urlife.org.uk) which provides information for young people on local emotional support services and how to access support ie. self referral to the Brandon Centre.As part of the Minding the Gap joint CCG & Council project there is increased outreach to engage non help seeking young people and those who are below mental health thresholds.As part of the Resilient Families Programme, mapping and communication of ‘early help’ services is being undertaken. | **COMPLETE:** All schools and children’s centres in Islington have an allocated CAMHS worker operating as part of a virtual team to identify early emerging MH issues.Community CAMHS have developed a YP friendly website that signposts YP to services and explains CAMHS services and what they can expect from a service.<http://islingtoncamhs.whittington.nhs.uk/>Islington has counselling and therapeutic services available in our young people’s  youth hubs.<http://brandon-centre.org.uk/> |
| **Workforce development**Camden and Islington Commissioners will develop a baseline understanding of the skills and training currently available within the CYP workforce  | July 2015 | Children’s commissioners  | Children and young people with mental health problems, including children in care, care leavers, and those leaving custody in the youth justice system, should feel supported and protected by all professionals at all times. | **COMPLETE:** The Tavistock and Portman provide a range of tier 1 services including INSET days at schools, consultation and capacity building (monitored quarterly). Multiagency teams working with at risk groups such as YOS, LAC and children with disabilities have CAMHS staff located within them. Educational Psychologists run Mental health awareness and mental health first aid for those working with children and young people – audit is planned for later in the year. | **COMPLETE:** Islington has dedicated CAMHS workers in all schools (including the PRU and special schools) and children’s centres across the borough who have a role in training and supporting the workforce to identify MH concerns as well as offering consultancy where there are specific concerns. There are also targeted specialist workers in YOS, Leaving Care Service and the PRU to undertake direct work but also support professionals working with YP around MH. |
| **Places of safety**Ensure children and young people should have access to an appropriate place of safety.  This should never be a police cell and only in exceptional circumstances a police station  | May 2015 | Metropolitan policeCAMHS Commissioners | Children and young people are safe in the immediate event of a mental health crisis | **COMPLETE:** Locally YP are taken to accident and emergency either at the Royal Free Hospital or at UCLH where they have a 136 Suite. The RFH has indicated plans to refurbish this room.(Camden would be interested in exploring options with Islington re a dedicated suite for YP if that was thought to be viable given the very low numbers.) | **COMPLETE:** Locally YP are taken to accident and emergency either at Whittington Health or at UCLH where they do have a 136 Suite.(Isington would be interested in exploring options with Camden re a dedicated suite for YP if that was thought to be viable given the very low numbers.) |
| **Service user voice**The views of children should be listened to throughout their experience of crisis care.Children should be advised of their right to an advocate | March 2015 | CAMHS providers | The voice of children and young people is evident within local CAMHS services and tier 4 provision | **COMPLETE:** A system has been introduced at Tier 4 panel to check advocacy has been offered to all YP who are discussed. | **COMPLETE:** Advocacy is routinely offered to all YP in both Simmons House and to YP in the Adolescent Outreach Team.A protocol has been put in place at the T4 panel to check Advocacy has been offered to all YP who come through panel. |
| **Ensure that C&YP are not being placed on adult wards or far from home** | March 2015 | CAMHS providersNHSE | C&YP are placed in appropriate settings Children and young people in tier 4 are able to be supported by their families, carers and services they know | **COMPLETE:** Tier 4 panel reviews all cases so we maintain oversight of all placements made by NHSE and would challenge any YP on an adult ward.A system has been introduced at Tier 4 panel to check family support for all YP who are discussed is recorded. | **COMPLETE:** Tier 4 panel reviews all cases so we maintain oversight of all placements made by NHSE and would challenge any YP on an adult ward. |