The partner agencies in Leicester Leicestershire and Rutland signed the local declaration to work together at an event held on 8th October 2014. The following high level action plan has been developed to support the ongoing commitment of those agencies to deliver the principles within the concordat and was last **updated in January 2016**. Completed actions have been removed. For further information contact Louise.Keran@westleicestershireccg.nhs.uk or telephone 01509-567758

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| **Working In Partnership** |
| **The Mental Health Partnership Board (MHPB) for Leicester, Leicestershire and Rutland****This is the group that has oversight of the following action plan. It is chaired by Ket Chudasama, Associate Director for Corporate Affairs at West Leicestershire Clinical Commissioning Group and the GP clinical lead is Dr Peter Cannon.** |
| **Better Care Together (BCT)**This is a 5 year strategic plan that sets out the most ambitious change for health and social care. One of the workstreams is dedicated to improving all mental health care including improving mental health “crisis care”. The partner organisations in *Better Care Together* are: Leicester City Clinical Commissioning Group (CCG); Leicester City Council; West Leicestershire CCG; Leicestershire County Council; East Leicestershire and Rutland CCG; Rutland County Council; University Hospitals of Leicester; Leicestershire Partnership Trust (LPT); NHS England Local Area Team; Health and Wellbeing Boards for Leicester, Leicestershire and Rutland. For more information visit <http://www.bettercareleicester.nhs.uk/care-pathways/mental-health/> |
| **Detailed Action Plans**There are several pieces of work that fall within the Better Care Together Mental Health Work Programme as well as the Mental Health Crisis Care Concordat action plan. The named lead for each piece of work therefore holds the master version of these working documents. |
| **Mental Health Acute Care**There is a piece of work to support this mental health crisis care action plan that has a focus on adult mental health acute in-patient mental health care. It sits outside of this action plan but is aiming to ensure the availability of good quality, local mental health in-patient health care. This is for people who are acutely mentally unwell who cannot safely receive their care in the community. |

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| 1. **Early Intervention and Prevention**
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| **No.** | **Action**  | **Timescale for completion** | **Led By** | **Outcomes (taken from concordat)** | **Reference Point** |
| a. | The Suicide Prevention and Audit Group will identify the at risk groups to inform the commissioning cycle by:1. Ongoing programme of Suicide Awareness Training have taken place in Leicester
2. Feedback on ongoing pilot of real time surveillance
 | 1. March 2016
2. March 2016
 | Mike McHugh and Mark Wheatley | Those groups known to be at higher risk of suicide than the general population will be identified, such as people in the care of mental health services and criminal justice services. | Health and Well Being Board |
| b. | Review existing provision of mental health training (through a Training Needs Analysis) for the Police, Probation, Housing, Criminal Justice and Social Care staff. Develop and deliver joint training where need identified.Identify and train cohort of Mental Health First Aid (MHFA) trainers to deliver MHFA training programme to partners. | January to December 2016 | Mike McHugh/Alex Crisp | All staff will have the right skills and training to respond to mental health crises appropriately. | BCT & MH Partnership Board |
| c. | Arrange Primary Care Mental Health Training. | March 2016 | Mike McHugh | All staff will have the right skills and training to respond to mental health crises appropriately. | BCT & MH Partnership Board |

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| 1. **Support Before Crisis Point**
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| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Reference Point** |
| a. | Develop support for carers in line with changes to the Care Act. | Ongoing | Yasmin Surti/Ian Redfern | People will be protected when their circumstances make them vulnerable. | BCT & MH Partnership Board |
| b. | Improve the local NHS 111 helpline regarding transferring calls to the mental Health Crisis Team and signposting calls to the Richmond Fellowship Crisis Line | December 2016 | Jim Bosworth/Tamsin Hooton | There will be an improved mental health response for callers to 111. Cohesion of telephone support. | BCT & MH Partnership Board |
| c. | Monitor the effectiveness of the national Criminal Justice and Liaison Service. | Bi-monthly ongoing | Teresa Smith/Peter Howe | There will be access to liaison and diversion services for people with mental health problems who have been arrested for a criminal offence, and are in police custody or going through court proceedings. | BCT & MH Partnership Board |
| d. | The joint policy review group will review all joint policies, procedures, protocols and guidelines ensuring clear signed protocols showing effective partnership working. | March 2016 | Alex Crisp | Local agencies will all understand each other’s roles and responsibilities in responding to mental health crises.There will be a clear signed local protocol about the circumstances when, very exceptionally, police may be called to manage patient behaviour within a health or care setting and the approach to be taken when a police officer uses powers under the Mental Health Act to ensure Prompt, efficient, organised and respectful partnership working under the Mental Health Act (MHA).There will be an effective partnership response to mental ill health and learning disability and policies will be supportive of one another.  | BCT & MH Partnership Board |
| e. | The joint policy review group will develop appropriate information sharing agreements. | March 2015 | Sam Kirkland | Statutory services will share essential ‘need to know’ information about the needs people in crisis. | BCT & MH Partnership Board |
| f. | Undertake a service redesign and remodelling review of the current adult mental health community mental health teams and make recommendations with stakeholders on future direction. | 2016/17 | Jim Bosworth/Teresa Smith | LPT will explore the appropriateness of an integrated locality based options for “developing a single point of access to a multi-disciplinary mental health team” across LLR. | MHClinical Forum |

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| 1. **Crisis Care In the Community**
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| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Reference Point** |
| b. | Monitoring the quality of care given and response received to people in crisis. | Monthly meetings ongoing | Carmel O’Brien/ Adrian Childs  | Systems are in place for review, regulation and reporting within the local mental health provider services the Leicestershire Partnership Trust. | LPT Contract Performance Meeting |
| c. | Work is undertaken to scope out the challenges and propose and agree the changes required. | October 2015 | Ian Redfern/Sarah Morris | There is provision of dedicated Approved Mental Health Professionals (AMHPs) that is sufficient to meet the needs of the population across LLR, especially in out of hour’s periods.There will be no circumstances under which mental health professionals will not carry out assessments because beds are unavailable. | BCT & MH Partnership Board |
| d. | Scope children’s services for the most appropriate place for the delivery of emergency MH care for children and young people and propose changes if required.  | Implementation 2016/17 | Mel Thwaites  | Children and young people will have access to mental health crisis care.There will be clearly stated standards relating to how each service involves and informs children and young people about their care. | BCT & MH Partnership Board |
| e. | The Clinical Quality Review Group will monitor the progress in line with changes that will occur as part of the remodelling of the crisis resolution and home treatment team service. | Monthly ongoing | Carmel O’Brien  | NICE Quality statement 6 is met, which is:* People in crisis who are referred to MH services are assessed face to face within 4 hours in a community location that suits them best.
 | LPT contract performance meeting |
| f. | To be developed through the East Midlands Ambulance Service (EMAS) Mental Health Task and Finish Group.1. Propose staged collaborative street triage in LLR.
2. EDOS with LPT & key providers.
3. MH Training proposal
 | Feb/Mar 20162016April 2016 | Terry Simpson/ Leah Chilengwe | People in crisis who access the NHS via 999 can expect their need to be met appropriately whereby:* Mental Health Advice is available to the Ambulance control room 24/7
* Enhanced mental health training is available for all ambulance staff
* National MHA Section 136 response times are implemented
 | EMAS contract meeting  |
| g. | Develop a multi-agency Mental Health Conveying Policy via the Non-Emergency Patient Transport meeting. Consider the appropriate use of secure vehicles.1. Draft Regional conveyance policy produced.
2. Gaps being highlighted with commissioners.
 | Monthly Ongoing | Terry Simpson  | People in crisis who need routine transport between NHS facilities, or from the community to an NHS facility, will be conveyed in a safe, appropriate and timely way ensuing Police and/or caged vehicles are not routinely used. | BCT & MH Partnership Board |
| h. | Develop a multi-agency approach and agreement to respond to mental health crisis where an individual is intoxicated. | 2015/16 | Jennifer Hames/Caroline Gadsby | Alcohol and drug services will respond flexibly and speedily where an individual in crisis presents in a state of intoxication or in need of urgent clinical intervention. | BCT & MH Partnership Board |

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| 1. **Emergency Mental Health Care**
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| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Reference Point** |
| a. | Review and remodel the current liaison psychiatry service in light of national guidance expected. | 2017/18 | Jim Bosworth/Teresa Smith | An adequate Liaison Psychiatry is in place.  | Urgent Care Board/BCT & MH Partnership Board |
| b. | Development of the mental health area in the current Emergency Department and future new build with joint working protocols. | 2016/17 | Debra Mitchell | A safe place for mental health patient restraint and/or rapid tranquilisation is available in the emergency department. | Urgent Care Board |
| c. | Implement the guidance ‘Positive and Proactive Care’ in relation to restraint in LPT. | 2015/16 | Adrian Childs  | When restraint has to be used it is appropriate. | LPT Contract Performance Meeting |

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| **5. MHA 135/136 Mental Health Care****Place of Safety** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Reference Point** |
| a. | Task and finish group to scope the best location and re-design of the Bradgate Unit Place of Safety Assessment Unit (PSAU) using CQC “A Safer Place to be” report and Baker Tilly report. Including: Staffing Intoxication Response times Use of restraint Personality Disorder  | 2015/16 | Jim Bosworth/Teresa Smith | There will be a LLR place of safety available 24/7 to meet the local demand and population needs. There will be a locally agreed timescale for a response.There will be accurate detailed data on police cells used as a place of safety and use of Section 135/136 of the Mental Health Act.There will not be an expectation that the police will remain in a place of safety until the assessment is completed.The section 12 approved doctor will attend within three hours.People in crisis who need to be supported in a health based place of safety will not be excluded due to intoxication, or a previous history of offending or violence.The NICE Quality statement 6 is met, which is:* Place of safety unit (PSAU) assessment within 4 hours
 | LPT contract performance meeting |

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| **6. Recovery and Staying Well**  |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Reference Point** |
| b. | Implementation of the social prescribing pilot. | 2015/16 | Voluntary Action Leicester – Ben Smith | There will be more appropriate use of health care professionals’ time, better patient outcomes and a reduction in unnecessary medical prescribing. | BCT - Resilience and Recovery sub group |
| c. | Develop through contract negotiation how crisis plans and advance statements can be shared when needed. | 2015/16 | Adrian Childs/ Carmel O’Brien | The NICE quality standard on crisis planning will be met.Crisis plans and advance statements are available and shared where possible. | LPT contract performance meeting |

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| **7. Due Regard**  |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Reference Point** |
| b. | Implement the guidance on commissioning crisis care services for Black and Minority Ethnic (BME) groups.  | 2015/16 | John Singh | People from BME communities will have equal access to crisis services in LLR.People from BME communities will have appropriate information and advocacy.People from BME groups will be empowered. | LPT contract performance meeting |
| c. | Commence data collection on ‘Protected Characteristics’ not currently collected for crisis services. | 2015/16 | Jim Bosworth/Tony Scotcher | There will be informed commissioning decisions regarding crisis care across the equality strands, which are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. | LPT contract performance meeting |