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 actions have been completed. This was last **updated in January 2016**. For further information contact Louise.Keran@westleicestershireccg.nhs.uk or telephone 01509-567758

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| 1. **Early Intervention and Prevention**
 |
| **No.** | **Action**  | **Timescale for completion** | **Led By** | **Outcomes (taken from concordat)** | **Reference Point** |
|  | The Suicide Prevention and Audit Group identified the at risk groups to inform the commissioning cycle by:i) Presentation to Suicide Audit and Prevention Group September 2015iv) Developed andimplemented programme for World Suicide Prevention Day 2015v) Targeted publicity campaign with World Mental Health Day | Completed | Mark Wheatley /Mike McHugh | Commissioning cycle informed. |  |
| d. | Set up the Crisis House.  | Completed and closed. | Teresa Smith  | Services need to intervene early - there will be early intervention available by way of access to a crisis house as a safe place and drop in facility. | BCT - Mental Health Work Stream |

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| **3. Crisis Care In the Community**  |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Reference Point** |

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| a. | The creation of a 24/7 crisis helplines for patients/carers and professionals. | Completed | Pauline Blake/Teresa Smith | People know who to contact in a crisis.The National Institute for Health and Care Excellence (NICE) Quality statement 6 is met, which is:* Service users and GPs have access to a local 24 hour helpline staffed by mental health and social care professionals.
 | LPT – Clinical Quality Review Group |
| c. | Remodelling of Crisis Resolution Team and Home Treatment Team | Completed | Teresa Smith/Dr John Devapriam | Local mental health services need to be available 24/7 in the most community based, closest to home, least restrictive option available that takes cultural differences into account.NICE 4 hour response standard is met and there is an improved continuity of care. | Mental Health Clinical Forum and BCT - Mental Health Work Stream |

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| **4. Emergency Mental Health Care** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Reference Point** |
| a. | Remodel mental health services provided in the emergency department by reviewing the Urgent Care Centre Mental Health Triage Nurses service and revise the model to create a single mental health team in the emergency department. | Completed | Jane Taylor | People in crisis who present in Emergency Departments have a safe place for their immediate care with a streamlined emergency care pathway.  | Urgent Care Board  |

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| **6. Recovery and Staying Well**  |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Reference Point** |
| a. | Scope the current market position for the role of the Voluntary and Community Sector in mental health crisis recovery. | Completed | Jim Bosworth/John Singh  | Staying well and developing future crisis support planning.  | BCT & MH Partnership Board – Resilience and Recovery Sub Group |

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| **7. Due Regard**  |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Reference Point** |
| a. | Increase input to Joint Strategic Needs Assessment on mental health crisis to show demographic representation particularly regarding protected characteristics. | Completed | Mike McHugh/Mark Wheatley | Commissioners have robust data with which to commission crisis services. | Health and Wellbeing Boards |