

**Lambeth Mental Health Crisis Care Concordat Commissioning Standards Development plan (draft 01/04/16)**

This multi-agency plan was developed initially over the period July 2014 through to March 2015. In July 2014 the Lambeth Living Well Collaborative (LLWC) our local Adult mental health partnership platform hosted an event focused on improving the experience of people undergoing crisis whilst in their own home and community; whilst at A&E and whilst in acute psychiatric hospital stays which has helped support a range of initiatives outlined in our evolving action plan.

In October 2014 the CQC announced that Lambeth would become one of thirteen sites identified nationally to participate in a themed review of mental health crisis care late December 2014 and early 2015. This provided an ideal opportunity for the full range of stakeholders involved in mental health crisis care to come together and review our current position and identify key improvements. We agreed to use the London crisis care commissioning standards as the framework for our plan which covers the following themes:

* [Access to crisis care support](http://www.crisiscareconcordat.org.uk/about/#access)
* Emergency and [Urgent access to crisis care](http://www.crisiscareconcordat.org.uk/about/#urgent)
* [Quality of treatment of crisis care](http://www.crisiscareconcordat.org.uk/about/#quality)
* [Recovery and staying well](http://www.crisiscareconcordat.org.uk/about/#recovery)

The action plan will be monitored by the LLWC partnership and will be reviewed at a multi-agency ‘crisis care’ focus group on a quarterly basis and via the Lambeth and Southwark Mental Health Urgent Care Sub-group.

The Crisis care concordat aims and ambitions supports our objective in Lambeth of transforming our system of support which has typically provided fragmented support and often too late such that people end up in crisis. We are committed to turning our crisis orientated system on its head and ensuring people obtain access to support and treatment much earlier on an integrated basis and which is personalised to their needs.

| **Standard** | **RAG**  **rate** | **Current position  (against standard)** | | **Action** | | **Outcomes** | | **Lead** | |
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| **ACCESS TO CRISIS CARE SUPPORT** | | | | | | | | | |
| **Area 1: A local mental health crisis helpline** should be available 24 hours a day, 7 days a week, 365 days a year with links to out of hour’s alternatives and other services including NHS 111 |  | * Street triage pilot initiative provides limited 24/7 out of hours to police. * Solidarity in crisis peer support out of hours in place targeting A&E. * NHS 111 currently has a limited mental health profile. * SLaM 24/7 mental health support helpline went live 18 Dec 2015. * Access to 24/7 consultant cover for professionals | | * Agreed to use 14/15 DoH targeted funding across LSL to support 24/7 crisis line development from April 2015 * CCG (LSL and C) have agreed investment via 15/16 SLaM contract to support recurrently. Recruitment underway, full service operational May 2015. * Negotiations (LSL&C CCGs and SLaM) on-going with 111 service to integrate with crisis line. | | * Reduction in crisis presentations in ED for people known to SLaM Services. * Revisions for signposting / referral pathways for community services and NHS 111 have been made * Improvement in the experience of local people (users and carers) and stakeholders (i.e. police) as a result of the helpline. * 800 calls received since the 24/7 phone line went live | | CCG/SLaM  CCG/Certitude  CCG/SLaM  SLaM | |
| **Area 2: Self-referral** - people have access to all the information they need to make decisions regarding crisis management including self-referral |  | * Not in place with exception of Talking Therapy; a number of VCS services and peer support. * Living Well partnership provides open access, self-introduction * Living Well Network opened to self-introduction from June 2015. * LWN well-being pack now rolled out. * Limited secondary care information on crisis for patients. * CYP can self-refer into CAMHS services | | * Review multiple web sites – MIND, TT and LLWC by Communications group – Summer 2016. * Development of leaflets, web based information as part of LLWC information, communications group – ongoing. * Revised SLaM crisis care leaflet being developed * We will be reviewing the self-referral process in CAMHS in 2016. | | * Reported improvement in experience by people as a result of self-introduction at LWN (users, carers, primary care and secondary care) * Up to date self-referral information to be available in a variety of accessible formats. * Self-introduction information lf-referral information in all recovery and support plans. | | CCG/LWN PAG  LLWC/LWP/CCG  LLWC/LWN/LWP  SLaM | |
| **Area 3: Third sector organisations** - Commissioners should facilitate and foster strong relationships with local mental health services including local authorities and the third sector |  | * Lambeth Living Well Collaborative (LLWC) established to ensure whole system approach to design and delivery. Extensive VCS involvement in service redesign and delivery across Provider Alliance Group (PAG) and Integrated Personal Support Alliance (IPSA). VCS chairs PAG and IPSA. * Evening sanctuary piloted for 2 nights a week (6pm – 2am) during 2014/15 * Existing relationships with VCS forum and CAMHS commissioners * Young Lambeth Cooperative sit on the CAMHS Joint Commissioning Group | | * Continue to build on LLWC platform – ongoing. * Continue to build on good relationships with VCS via LLWC, PAG, IPSA etc. * Produce Market position statement on mental health – Sept 2016 * Evening Sanctuary to expand to 5 nights per week (6pm – 2am) – May 2016 * CAMHS co-production group is under development and we will ensure VCS reps are part of the group. | | * Build the LWN provider alliance group to include wider VCS. * Continue to support integration of VCS services within LWN and evolving locality networks. * Build in crisis concordat standards to Care Act implementation plans including market position statement. | | CCG/LLWC  CCG/LamC/IPSA/LWN PAG  CCG | |
| **Area 4: GP support and shared learning** - training should be provided for GPs, practice nurses and other community staff regarding mental health crisis assessment and management |  | * Talking therapy, Primary Care Support Service (PASS), Community Incentive Scheme, (GP+) and LWN aimed at supporting practices. Clinical leads to two localities now in place Training provided via PLT. | | * On-going programme of training planned via GP+ and LWN hub. * Support clinical MH leads to access London wide clinical network training. * Develop links to GP localities and federations with aim of building up profile within PAG which supports the LWN - Ongoing. * Include crisis care management within protected learning time (PLT) within primary care. * CCG are carrying out a training needs assessment in 2016 with the aim of rolling out training, resources and tools in line with best practice. | | * improved patient experience and confidence in GP/Practice team * Improved primary care experience * Full 100% GP coverage within the community incentive scheme (GP+) by March 2016.With 75/300 people supported | | LWN PAG  GP fed/CCG  GP fed/CCG | |
| **EMERGENCY AND URGENT ACCESS TO CRISIS CARE** | | | | | | | | | |
| **Area 5: Emergency departments** should have a dedicated area for mental health assessments which reflects the needs of people experiencing a mental health crisis |  | | * Dedicated cubicles at Kings but no dedicated space. St Thomas has a dedicated room, which is currently being refurbished. * Kings A&E redevelopment on hold, St Thomas due for completion 2016. * Good level of staffing resources available on both sites to support observation of people in crisis; regular training and liaison between services. | | * Confirm details of Kings A&E redevelopment and provision for mental health – summer 2016. * Continue LLWC involvement to help shape GST redevelopment – ongoing. * Support Multi agency simulation training on both Kings and GST sites. * CAMHS commissioners will work with GSTT and Kings around paediatric A and E developments to ensure suitable training for staff and areas | * Receive a plan from Kings’s outlining the A&E redevelopment and expected start/ completion date by summer 2016. * Improved environment for patients, carers and staff * To have a safer environment that is user and staff friendly. | | Kings/CCG (S&L)  LWN PAG/GST  SLaM/GST/KIngs | |
| **Area 6: Liaison psychiatry** people should expect all emergency departments to have access to on-site liaison psychiatry services 24 hours a day, 7 days a week, 365 days a year |  | | * Robust PLN arrangements across both acute sites. * Most people are seen within 30 mins at St Thomas. * 4 hour wait can be an issue in relation to capacity/readiness of patient. * There is access to Paediatric Liaison Service for all CYP at GSTT and Kings A&E Dept with a self-harm related injury. There is a 24 hr psychiatric service across all sites | | * Sustain current level of service. * Southwark CCG has provided additional resources through System resilience and mainstream funding to support PLN at Kings A&E for 15/16. * Lambeth CCG providing additional funding through 15/16 SLaM contract for additional PLN support. * From 2015/16 we have funded 2 x Band 7 Crisis Care nurses to increase capacity and out of hours service in the CAMHS community team, and provide early morning in reach into hospital to see CYP following a self-harm admission. These will be recruited and in post from April 2016. * Paediatric Liaison Service will be reviewed as part of the CAMHS Transformation Plans to ensure best practice as specified. | . Reduction in mental health related A&E waiting times breaches.  . Reduction in emergency re-admission rates for patients accepted by the team.  . Reduction in attendances at emergency departments for self- harm that received a psychosocial assessment. | | Kings/GST/CCG  SCCG/Kings/SlaM  CCG/SlaM/KIngs | |
| **Area 7: Mental Health Act assessments and AMHPs** Arrangements should be in place to ensure that when Mental Health Act assessments are required they take place promptly and reflect the needs of the individual concerned.  . |  | | * AMPS service is well regarded in terms of responsiveness. * However key concern is high rate of section activity and known patients; out of hours Emergency Duty Team (EDT) is problematic in terms of cover due to the need to prioritise work according to referrals received. * There are sometimes delays in obtaining a s12 doctor. * Limited progress on advance directives * Good response on CAMHS. | | * Review of EDT planned – summer 2016. * Training on more effective crisis planning / relapse management incorporated as part of SLaM AMH redesign - ongoing * SLaM will be review medical rotas which may help with S12 availability – current. * As part of the CAMHS Transformation Plan review, we will be reviewing numbers and process of CYP sectioned. | * Reduce admissions of people known to service | | Kings/GST/SLaM  SLaM  SLaM | |
| **Area 8: Section 136: Police and mental health professionals** police and mental health providers should follow the London Mental Health Partnership Board section 136 Protocol and adhere to the pan London section 136 standards |  | | * There has been progress in this area through joint work across AMHPS, Street triage, HTT etc. | | * SLaM proposing centralised approach to s136 suite provision – March 2016. * Southwark and Lambeth Scrutiny – March 2016. * Potential to link Triage to A&E attendance to secure a better provision when they arrive at KCH (i.e. A&E Consultant and PLN primed to ensure a timely response to those with a physical issue). | * Improve access to S136 place of safety | | SLaM / LBL | |
| **QUALITY OF TREATMENT OF CRISIS CARE** | | | | | |  | |  | |
| **Area 9: Crisis houses and other residential alternatives** - Commissioners should ensure that crisis and recovery houses are in place as a standard component of the acute crisis care pathway and people should be offered access to these as an alternative to admission or when home treatment is not appropriate |  | | * LLWC undertook review during 2013, report on collaborative web site. * There is 24/7 supported housing, hostel provision which are used on an ad hoc basis for out of hours placements. * Agreed to prototype crisis house provision with VCS lead (Living Well Partnership – LWP) from May 2015. This will be open 5 nights per week from May 2016 * Testing on basis of two evenings per week, 18.00 p.m. to 2.a.m targeting people attending A&E and those people under HTT. | |  | * Improve out of hours provision for people in mental distress. * Improve integration of services; HTT, CMGT, 24/7 helpline | | Living Well Partnership/Mosaic / NHS Lambeth CCG | |
| **Area 10: Crisis resolution teams / Home treatment teams** People should expect that mental health provider organisations provide crisis and home treatment teams, which are accessible and available 24 hours a day, 7 days a week, 365 days a year |  | | * 24/7 not in place. * 08.00 – 22.00 coverage put in place as a result of AMH redesign. | | * AMH commissioning intention to extend HTT coverage during 2016/17 by extending to 24/7 as part of extended AMH redesign * SLaM consulting on proposal to develop a centralised approach to place of safety early 2015. * Lambeth, Southwark, Lewisham and Croydon CCGs in negotiation with SLaM on extension of AMH redesign to include 24/7 HTT coverage – March 2016. * From 2015/16 we have funded 2 x Band 7 Crisis Care nurses to increase capacity and out of hours service in the CAMHS community team, and provide early morning in reach into hospital to see CYP following a self-harm admission. These will be recruited and in post from April 2016. | * Extend HTT * Improved interface between out of hours support – HTT, LWP | | SLaM | |
| **RECOVERY AND STAYING WELL** | | | | | | | | | |
| **Area 11: Crisis care and recovery plans** - all people under the care of secondary mental health services and subject to the Care Programme Approach (CPA) and people who have required crisis support in the past should have a documented crisis plan |  | | * Weak area requiring improvement. Recent SLaM audit highlighted poor crisis care provision within CMHTs. * Limited progress on advance directives. | | * Development plan in place within Promoting Recovery Teams (PRT). * On-going training as part of SLaM AMH redesign programme. * 300 voices training and development has CQUIN incentive * Integrated Personalised Support Alliance (IPSA) Rehabilitation Team in reach to CMHTs * As part of the CAMHJS Transformation Plans review, we will be reviewing provision of CAMHS including added capacity of 2 band 7 Crisis care Nurses. | |  | | SLaM / IPSA / NHS Lambeth CCG |
| **Area 12: Integrated care** - Services should adopt a holistic approach to the management of people presenting in crisis. This includes consideration of possible socioeconomic factors such as housing, relationships, employment and benefits |  | | * Good progress on developing holistic approach to supporting people – AMH and LWN ; prominent role of VCS in LWN and supported housing ; range of employment/vocational support initiatives and housing with further work planned ; IPSA targeting revolving door complex needs people. Range of information sources including – MAP CAG Talking therapy; MIND; LLWC web site administered by LWP; My place platform. | | * LLWC Information and communications group to develop (design) further information (including web based) to support changing service offers. * Roll out personal buddy information packs via LWN from Dec 2014. * Joint working commenced with Lambeth Housing (and Lambeth Living) on housing supply; allocation and management. * Joint working underway with JCP, DWP and Lambeth Council (employment and growth team) – agreed colocation of case workers at LWN from July 2015. * LWN has agreed partnership arrangement with JCP involving co-location of staff with JCP which will support employment pathways. * NHS Lambeth CCG funding agreed for 16/17 toward financial resilience strategy led by Lambeth Council – provision of Every Pound Counts service within primary care, LWN and CMHTs | | * Training for 300 JCP work coaches * Training for 90 housing managers * Increased income maximisation for clients through JCP * 400 people per month receive early support from the LWN. | |  |