**

**Delivering the Mental Health Crisis Concordat:**

**NWL Delivery Update**

**Date:** 16.3.2016

**Programme Objectives – Actions, Milestones & Progress**

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| **Objective 1 –** Ensure effective commissioning, provider, partnerships and infrastructure are in place to secure delivery | | | | | |
| **Ref** | **Actions and Milestones** | **By when** | **Lead** | **RAG** | **Action** |
| 1 | Robust partnership arrangements and governance processes are in place and are regularly reviewed for effectiveness. | On-going review of partnership and governance arrangements | MH TB  SI&E Board  WLMHT TB |  | Crisis Concordat Review Group (‘Think Tank’) reviewed existing partnership and governance arrangements.  ***Action to review on quarterly basis*** |
| 2  **New Action** | Re launch ERG via Crisis Concordat Review Group to review progress against planned actions and to discuss and identify key issues in Mental Health Urgent Care. | June 2016 | Crisis Concordat Review Group (Think Tank) |  | Establish regular review process for the MH Concordat with key stakeholders.  Consider repeat of Think Tank sessions on a quarterly basis  ***Action set dates for quarterly review*** |
| 3 | **JSNAs** are developed to include a clear understanding of need, its patterns across geography and communities, and feed into commissioning plans that respond to gaps identified. | June 2016 | CCGs & Local Authorities |  | Current JSNA’s lack sufficient information re MH and Crisis Care.  ***Action MH Programme Managers to pursue with PH colleagues – current and planned JSNA updates*** |
| 4  **New Action** | Review service pathways to ensure parity of esteem for people with mental health, physical health and substance misuse.  Actively address inclusion for homeless people and foreign nationals. | March 2017 | NWL, CNWL, WLMHT,  CCG Commissioners  Service users/carers  W L Collaborative /MAD Alliance  Local Authority Leads |  | **New action**  **Cross reference Section 4 Ref 1** |
| 5 | **Service specifications** for Urgent Care is included in 2016/17 contracts. | March 2017 | NWL Contract leads  CCG Commissioners |  | Existing service specification to be discussed with providers for agreement to include in 16/17 contract.  WLMHT Urgent Care service specification included in 16/17 contract  ***Action S&T PM’s to liaise with NWL Contract Leads*** |
| 6 | **Service specification** and service outcomes to be monitored in accordance with operating performance and quality contract process | March 2017 | NWL Contract leads  CNWL, WLMHT  CCG Commissioners |  | NWL contract and performance team  ***Action S&T PM’s to follow up with NWL Contract Lead*** |
| 7 | Development of system level’ **care pathway** for access to secondary mental services, including urgent and emergency access Development of **success criteria**, in terms of process and system change, outcomes (or proxy outcomes), with supporting framework for the partnership to assess care pathway options. | March 2017 | CNWL, WLMHT  CCGs,  Service users/carers  W L Collaborative/MAD Alliance  Voluntary Sector |  | Business cases completed and signed off via governance processes  CNWL area (June 2015) & WLMHT area (September 2015).  WLMHT Pathway review/development in process  ***Action Evaluation of impact and QA of Rapid Response Services to be reviewed via joint working with CNWL , WLMHT and UC Programme Managers ( BE & DM*** ) |
| 8  **New** | People with a learning disability will receive high quality care that takes account of their holistic needs  Review care pathways for people with learning disabilities and mental ill health to ensure they are fit for purpose | March 2017 | CCG commissioners  Providers  Service users and carers  S&T PM |  | Link to objective 7  Establish what is in place now, what are the plans to review  Action ***S&T PM’s and LD PM – stocktake current situation*** |
| 9  **New Action** | Review a MH3 form to ensure it is recovery focused | June 2016 | Service users/carers and clinicians  W L Collaborative/MAD Alliance |  | ***New action for 16/17 red as not commenced***  WL Collaborative and members of MAD to review and feedback |
| 10 | Development of an inter-agency **information sharing protocol** (B8) and **IT interface solutions** to maximise efficiency and effectiveness. All stakeholders need access to information (Criminal Justice, MH Trusts, Acute Trusts, Local Authorities, and Primary Care) to deliver effective SPA for referral screening, triage and trusted assessment. | Review March 2017 | NWL, Centre for Public Innovation, NHSE |  | Feasibility study project completed. Study reported that current IT systems are not equipped to facilitate sharing of crisis care plans.  In order to progress digital the crisis care plan agenda IT interfaces need to be developed and tested. Action closed but may re-open if information sharing process change.  ***This action is closed but information sharing to be included as a new action with focus on outcome of test site for Patient Knows Best*** |
| 11  **New Action** | Gather and share UC information and data across 8 CCGs to review progress and disseminate learning and good practice | March 2017 | CNWL, WLMHT  Service users and carers  W L Collaborative/MAD Alliance  CCG Commissioners  NWL S&T PM’s |  | New Action for 16/17  S&T PM’s to review original baseline data for source and update baseline via working group. |

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| **Objective 2 -** Prevention, Early Intervention and Support to de-escalate or resolve crisis without referral | | | | | |
| **Ref** | **Actions and milestones** | **By when** | **By whom** | **RAG** | **Action** |
| 1 | **Single point of access** per Trust/CCG/Borough, 24/7/365, providing expert advice and support for all **external** agencies, users and carers, and with direct access to known patient records and ability to book an initial emergency, urgent or routine or assessment. | April 2016 | CNWL, WLMHT |  | SPA implemented for CNWL area 3/11/15  CNWL rapid response services 90% in place by 3/11/15.  CNWL teams continue to relocate to new bases until 29/2/16  WLMHT Implementation Q4 2015  ***Action remains open but expect to close end of quarter 1 and RAG Green*** |
| 2 | Review of support and information for carers when family/friends are in crisis**.**  Recognise carers as partners.  What needs to happen to maintain carer wellbeing when the person they care for experiences a mental health crisis. | March 2017 | CNWL, WLMHT  CCG Commissioners  Local Authority Leads  Carer Groups  Service users and carers |  | ***Action***  ***Urgent care service specification to be reviewed for carer well being.***  ***Focus groups and one – one focused interviews with carers to be arranged***  ***Consider models of good practice e.g.’Triangle of care’*** |
| 3 | Agreement of equivalent referral **protocols**, and access standards, for **internal referrals** (from within Trust services such as LPS, CAMHS, Dementia, LD) and between other specialist pathways where these are provided by other Trusts. | March 2017  Review Qtr1,2 & 3 | CNWL, WLMHT |  | ***Action for both CNWL and WLMHT to ensure internal protocols are in place to ensure all patients who experience crisis receive the same quality and access/response to Mental Health Crisis Services.*** |
| 4 | Incorporation of the principles and practice of the ‘Patient Passport’ to ensure appropriate care continuity and standards | March 2017 |  |  | Examples of Patient Passport are in place in some of the boroughs for people with LD and Physical Health problem.  ***Action to stand to consider further development for people with mental*** ***health issues.*** |
| 5 | Review progress and outcomes of Patient Knows Best pilot (Early Intervention in Psychosis work stream) with a view to using this platform as part of wider patient passport agenda | September 2016 | CNWL, WLMHT, ICHP  Service Users/Carers  W L Collaborative/MAD Alliance |  | Evaluation of EIP Patient Knows Best (PKB) expected Qtr. 2 2016.  ***Action Share outcome of PKB evaluation with Crisis Concordat Review Group and discuss possibilities for adopting for crisis care.*** |
| 6 | Identification of **competencies** required for non-mental health specialist frontline workers; multi-agency awareness and skills development **training programme** as required. | March 2017 | CCGs, CNWL, WLMHT  Service users and carers |  | GP MH Diploma cohort (x2)  Multi Stakeholder training programme provided by Harrow MIND targeting non mental health front line staff.  MAD Alliance Members completed Leadership and Development training  Evaluate effectiveness of existing training.  Training to be included in new plan.  ***Action close this action and set new action and milestone for training*** |
| 7 | Build on Police liaison and diversion pilots; explore commissioning opportunities to expand police liaison and diversion capacity. | March 2017 | CCGs, CNWL, WLMHT  W L Collaborative/MAD Alliance |  | MH Trusts and CCG Commissioners are waiting to hear of the outcome of future funding from NHS BY 31/3/16.  WLMHT considering options for ‘street triage ‘models.  NWL represented on NHSE Liaison &  Diversion Strategic Advisory Board.  Research of other models to be undertaken for comparative analysis (  WL Collaborative and members of MAD to undertake the research) Link with item 9 re Street Triage)  ***Action on-going*** |
| 8 | Review alternatives to in-patient beds when a person is in MH crisis.  Research best practice models of Crisis House care | March 2017 | CCGs. CNWL, WLMHT, Service users/carers |  | ***Action explore options alternatives to in-patient services.***  ***Research proven models of care for alternative provision*** |
| 9 | Review models of Street Triage and consider options | March 2017 | CCG Commissioners CNWL, WLMHT,  Service users/carers |  | ***Link with item 7 -Research other models*** |

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| **Objective 3 -** Access to emergency urgent and routine assessment and care | | | | | |
| **Ref** | **Actions and milestones** | **By when** | **By whom** | **RAG** | **Action** |
| 1  **New Action** | Review access to urgent care standards for quality and service user/carer feedback.  Link this action to ‘I’ statement Making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously | March 2017 | CCGs Trust, Service users/carers  W L Collaborative/MAD Alliance |  | Review as part of the formal contractual quality and performance schedules.  Consider formal evaluation  Agree methods and mechanisms to share service user and carer feedback.  West London Collaborative and MAD members to discuss options/methods for gathering feedback and reporting on outcome to service providers and commissioners.  ***New action Red as not commenced*** |
| 2 | **24/7/365 community emergency assessment** to take place in a ‘where clinically appropriate’: a safe place, defined by user/carer/referrer, typically away from secondary mental health or acute hospital settings:  Assessment to be focused on recovery and information to support and sustain recovery should be clearly communicated and documented. | March 2017 | CNWL, WLMHT  Service users/carers  W L Collaborative/MAD Alliance |  | ***Action review as part of evaluation of Rapid Response implementation and evaluation process***  ***Action feedback from service users and carers on effectiveness to be captured and reported to appropriate forums.*** |
| 3 | Joint plan with Children’s and Young People’s Service commissioners and providers to secure appropriate **crisis MH services for young people**, in particular those in transition (16-18) or considered vulnerable (e.g. looked after children, offenders) ( | March 2017 | CAMHS Commissioners & CNWL, WLMHT |  | CAMHS Out of Hours pilot launch: CNWL area Jan 2016; WLMHT area Feb 2016  The agreement to secure community and in-patient crisis treatment and crisis MH services for young people is covered in the joint NWL Transformation Plan (priority 7) which is currently in planning phase.  CNWL working to develop SPA model for CAMHS  ***Action S&T PM’s to update and review in line with NWL Transformation Plan*** |
| 4 | Availability of prompt formal **Mental Health Act Assessments** by s12 doctors and Approved Mental Health Professional (AMHPs), in line with the RC Psychiatry Standard < 3 hours unless there are clinical grounds to delay it. | March 2017 | CNWL, WLMHT & LAs |  | No known issues with delays in MH assessments.  WLMHT have duty rota in place which covers 24/7 availability. CNWL contact available doctors from list held by AMPHS.  ***Action to continue remain as amber*** |
| 5 | Development of clear **s136** protocols, from first identification of a potential detainee, through referral and possible detention, that secures active engagement from crisis mental health and social care services, and an appropriate onward pathway to a place of safety or ward, thereby minimising or eliminating such use of custody suites (>50% reduction by 2014/15). | March 2017 | NHSE & Pan London Op Group |  | ***Action MH PM’s to obtain update from Pan London Op Group.***  ***The sharing of s136 data needs to be available and reported to appropriate governance forums.***  Information and update received 23/3/16 |
| 6 | Appropriate health **transportation**: should services users (and their carers) need to be transported in an emergency, or routinely, either to access their treatment or whilst in treatment, patients and carers will feel that is safe, appropriate and timely | March 2017 | NHSE; Pan London Op Group; LAS Lead Commissioner  NWL, CNWL, WLMHT |  | Stakeholder briefing produced 2015  NHSE are/ or have been working with LAS and commissioners to review current transport arrangements and explore new ways of service delivery.  LAS are currently piloting a new pathway for detained patients in Camden & Islington using their Non-Emergency Transport Service (NETS) with view to rolling out NETS as the new provider across London.  (NHSE update 23/3/16)  **On-going action** |
| 7 | Emergency Departments and Wards across NWL will have access to high quality, timely and effective **Liaison Psychiatry Services** aimed primarily at those with primary physical and secondary mental health presenting issue. Those services will arrange seamless referral into mental health services for those with emergency/urgent needs where this is indicated. | March 2017 | CNWL, WLMHT  CCG Commissioners |  | Service specifications in place for LPS services across NWL  On-going review for quality and effectiveness  Stocktake of issues that arise from acute reconfiguration  ***Action S&T PM’s to follow up on progress*** |

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| **Objective 4 –** Availability & Quality of Treatment and Care when in crisis | | | | | |
| **Ref** | **Actions and milestones** | **By when** | **By whom** | **RAG** | **Action** |
| 1 | **'Parity of esteem’** in the commissioning and delivery (**quality, impact, cost effectiveness and availability**) of specialist mental health services for those in a mental health crisis, their carer’s and their GP, including, but not limited to, (ageless) home treatment services; PICU; acute (functional) in-patient, NHS places of safety; crisis/recovery houses). | March 2017 | CCGs, CNWL, WLMHT |  | On-going action to deliver ‘Parity of esteem’  ***Action rolled over date revised – cross reference with Section 1 Ref 4*** |
| 2 | Clear agreements with Children’s & Young People’s Commissioners and Providers to secure appropriate services for **children’s and young people’s community and in-patient crisis treatment**. | March 2017 | CCGs, CNWL, WLMHT |  | NWL Transformation Plan (priority 7) which is currently in planning phase will address crisis treatment for children and young people.  Review MH Transformation Plan and update this plan as appropriate  ***Action S&T PM’s to update and review in line with NWL Transformation Plan*** |
| 3 | In-patient facilities and transport services minimise use of, and operate, **control and restraint** in line with the *Code of Conduct* | March 2017 | CNWL, WLMHT |  | ***Action to remain***  ***Completion date revised***  ***S&T MH PM’s to update*** |

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| **Objective 5 –** Staying Well: user and carer support, ‘treatment start to GP transfer’ – for recovery and ‘harm minimisation’ | | | | | |
| **Ref** | **Actions and milestones** | **By when** | **By whom** | **RAG** | **Action** |
| 1 | Discharge plans routinely created to include ‘staying well’ component; all parties to enacting the plan are involved (as far as possible) and are aware of their roles. | March 2017 | CNWL, WLMHT  Service users/Carers  W L Collaborative/MAD Alliance  NWL Contract and performance team |  | ***Action All section 5 objectives to be reviewed with service users/carers for actions and milestones***  ***NWL Contract leads to progress inclusion in quality schedule***  ***S&T PM’s to liaise with NWL Contract Leads***  ***West London Collaborative and MAD members to look at existing mechanisms for ‘ staying well’*** |
| 2 | All services users who have had a crisis episode are offered a ‘Crisis Plan’, in line with the NICE Quality Standard 14 - Crisis Planning. | March 2017 | CNWL, WLMHT |  | As above |
| 3 | Named Worker, 24/7/365, for safe & rapid crisis advice and support for the user, carer and GP, in place for a clearly defined (and accepted) period following discharge from secondary to primary. | March 2017 | CNWL, WLMHT  Service users /Carers  W L Collaborative/MAD Alliance  NWL Contract and performance team |  | As above  W L Collaborative to link with WLMHT Pathway review lead to see if named worker is included.  S&T PM’s to review original business case submissions to see if named workers was included as service development, |
| 4 | Availability of Tier 0 and 1 (self-help/guided self-help/peer support) to promote recovery, avert crises and increase the protective factor of social integration. | March 2017 | CNWL, WLMHT  SU’s/Carers  NWL Contract and performance team |  | As Above |

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| **Actions and milestones** | | **By when** | **By whom** | **RAG** | | **Action** |
| Service user and carer feedback to be undertaken and outcomes reported to commissioners | | March 2017 | CNWL,WLMHT  Service users/carers  W L Collaborative/MAD Alliance  NWL Contract and performance team | |  | ***Action methods of gaining feedback and how this is reported to appropriate governance forums to be developed and agreed by providers, service users and carers and NWL contract and performance team***  ***Suggestion to analyse complaints as a first step. W L Collaborative to pursue.*** |
| Co-production to be evident in service delivery, review and evaluation | | March 2017 | CNWL, WLMHT, CCGs  Service users/Carers  W L Collaborative/MAD Alliance | |  | WLC Successful event held on 1st December, 2015, highlighted as area of best practice in co-production by NHSIQ  Alliance members aligned to CCGs  Series of innovation labs planned  ***Action NWL to consider options for sustaining co-production*** |

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| **Objective 7 –** Communications | | | | | |
| **Ref** | **Actions and milestones** | **By when** | **By whom** | **RAG** | **Action** |
| 1  **New Action** | Communications to ensure all stakeholders are informed of Urgent Care services, progress and outcomes should be produced collaboratively | March 2017  Review Quarterly | CNWL,WLMHT, NWL Communication Teams  Service users/carers  NWL Contract and performance team |  | ***New action***  On-going review  Joint communications issued Feb 10 (CNWL, NWL) |

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| **Objective 8** – Awareness, Training and Development |

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| **Ref** | **Actions and milestones** | **By when** | **By whom** | **RAG** | **Action** |
| 1  **New Action** | Training needs analysis to be undertaken to identify required competencies for non- mental health specialist frontline workers to inform a multi-agency and skills development training programme and  GP’s and Practice Nurses | March 2017 | CCGs  CNWL, WLMHT  NWL MH PM’s |  | ***Action initial scoping required of existing training needs analysis that has been undertaken at CCG /borough level.***  S&T PM’s to research what needs analysis has been undertaken or knowledge gathering of training need by training providers and in particular HENWL and Harrow Mind ( existing multi-agency training provider) |
| 2 | Rolling programme of mental health awareness and training for GP’s  Consider further cohorts of GP Diploma Training  Local CCG training programmes | March 2017 | TB ??  SI&E ???  CCGs |  | GP Advanced Diploma training in place.  Individual CCG training in place ( useful to review content )  ***Action –discuss and consider options for continuation of existing training programmes*** |
| 3  **New Action** | A continuous programme of training and awareness should be available for health, social care, voluntary sector and carers in mental health awareness and management. This programme should be informed by existing need and outcomes from the training needs analysis.  Training may be via existing forums or specific commissioned training | March 2017 | TB??  SI&E ???  CCGs, LA’s |  | Harrow MIND commissioned to provide Multi –Agency training programme ( Sept 15 – Mar 16)  Review evaluation  ***Consider procurement of new training package*** |

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| **RED** | No progress made – significant risk to timely delivery – remedial action required | **AMBER** | Limited progress made, action/milestone may slip or need to be re-profiled | **GREEN** | Action/milestone on track to deliver at standard required for delivery |