***“working together for better care*” - Lancashire Action Plan** 

**Pan-Lancashire Action Plan to**

**Enable Delivery of Shared outcomes of**

**Mental Health Crisis Care Concordat**

    

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| **Partner Agencies** | **Signatories to the Lancashire Action plan.** |
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| Blackburn with Darwen CCG | Debbie Nixon Chief Operation Officer |
| Blackburn with Darwen CC | Harry Catherall Chief Executive |
| Blackpool Teaching Hospital NHS FT | Gary Doherty Chief Executive |
| Blackpool BC | Neil Jack Chief Executive |
| British Transport Police |  |
| Calderstones Partnership NHS FT | Mark Hindle Chief Executive |
| East Lancashire Hospitals NHS Trust | Kevin McGee Chief Executive |
| Healthwatch Blackburn with Darwen | Mark Rasburn Chief Executive |
| Healthwatch Blackpool | Claire Powell Service Manager |
| Healthwatch Lancashire | Gill Brown Chief Executive |
| Greater Manchester West Mental Health NHS FT | Bev Humphrey Chief Executive |
| Lancashire Care NHS FT | Heather Tierney-Moore Chief Executive |
| Lancashire Constabulary | Andrew Rhodes Deputy Chief Constable |
| Lancashire County Council | Jo Turton Chief Executive |
| Lancashire Fire & Rescue | Steve Morgan |
| Lancashire Teaching Hospitals NHS FT | Karen Partington Chief Executive |
| Mind Lancashire | Stewart Lucas Chief Executive |
| North West Ambulance Service | Mr Bob Williams Chief Executive Officer |
| Police and Crime Commissioner - Lancashire | Clive Grunshaw Police and Crime Commissioner for Lancashire |
| University Hospital of Morecambe Bay NHS FT | Jackie Daniel Chief Executive |
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**Introduction and Background**

Mental Health Crisis Care Concordat was launched on 18th February 2014 by HM Government which is a commitment from 22 key national organisations to work together to support the development of local systems to achieve systematic and continuous improvements for crisis care for people with mental health issues across England. A shared statement was required locally by key partners and signed by senior representatives from all the organisations involved. All partners are then required to develop an action plan setting out how they will improve care for people in a mental health crisis.

The concordat highlights what needs to happen when people are in mental health crisis and how to make sure effective emergency response systems operate in localities. A whole system joined up approach is emphasised from policy making and spending decisions, to anticipating and preventing mental health crises wherever possible, and in when a crisis does occur.

**The Concordat is arranged around four key outcomes:**

* Access to support before crisis point
* Urgent and emergency access to crisis care
* The right quality of treatment and care when in crisis
* Recovery and staying well, and preventing future crises

**Implementation in Lancashire:** Lancashire locality consists of Eight Clinical Commissioning Groups (CCGs) and Three local authorities Blackburn with Darwen Borough Council, Blackpool council and Lancashire County Council covering a population of 1.5 million (approx.). CCGs in Lancashire already have well established partnership working process in place for mental health. Blackburn with Darwen CCG as the lead commissioner for mental health contract is leading on this work in partnership with key stakeholders and signatories to the concordat. Blackburn with Darwen CCG is also working in close partnership with Lancashire Care NHS Foundation Trust to improve mental health crisis care by reviewing and redesigning the existing mental health crisis services across Lancashire.

Alongside 8 CCGs and 3 local authorities, 13 other key organisations have signed the local declaration including Lancashire Police, North West ambulance service, mental health trusts, acute trusts, health watch and voluntary sector organisations.

A Multiagency Crisis Concordat Partnership Groupconsisting of representatives from all key partner agencies and signatories and led by Blackburn with Darwen clinical Commissioning Group will act as the programme board for the crisis concordat work in Lancashire and will monitor the implementation of this action plan till April 2017. The group will meet every two months, starting from January 2015.

**This is a continuous action plan which will be reviewed in September every year for the full duration to reflect any new developments and make any amendments necessary agreed by all stakeholders, this is required as a key health commissioning intention is the total review and redesign of LCFT unscheduled care services.**

**LCFT Unscheduled Care Mental Health Transformation Programme**: Lancashire Care NHS Foundation Trust working in partnership with Blackburn with Darwen CCG has ambitious plans for a full scale redesign of its crisis mental health pathway to support the delivery of the mental health crisis concordat outcomes. Blackburn with Darwen CCG as lead commissioner are working closely with LCFT and the Lancashire Commissioning Support Unit (CSU) to undertake a Lancashire wide review of the Unscheduled Care (Crisis) pathways within LCFT as part of its planned commissioning intentions.

The objective of this work is to review all of the service specifications and commission an updated single unscheduled crisis pathway that ensures that patients (age inclusive) receive the same consistent level of care across Lancashire 24/7. Work is taking place to ensure that collaborative planning takes place for the Mental Health Unscheduled Care redesign work and the MH Care Crisis Concordat and ensure that there is not any unnecessary duplication of work.

There is a 'shadow' specification currently being written and this will be incorporated within the LCFT contract on 1st April 2015, once agreement has been obtained from all CCG's and LCFT. It is planned that a review will take place in Sept 2015. At the 6 month review the pilots being delivered will be reviewed and a decision will be made as to whether they should be delivered across Lancashire. It is anticipated that changes could be identified and agreed in year.

**It should be noted that the crisis care concordat action plan is underpinned by a number of local specific plans relating to a wide range of stakeholders and concordat will be reviewed and refreshed. Progress is ongoing and a further version will be submitted with updated detail of the progress achieved.**

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| **1. Multiagency partnership working for Commissioners, Providers, Police and wider Stakeholders, governance arrangements.** | | | |
| ***1.1 Multiagency Day event*** | | *Lead: BwD CCG* | *Timescale: Oct 2010* |
| ***Objective/s*** | | | |
| Invite all stakeholders, raise awareness of the concordat, shared planned work, seek their commitment and sign up and agree high level issues. | | | |
| Progress Update: Completed | | | |
| ***RAG Status*** |  | | |
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| ***Risks (including resource implications)*** |  | | |
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| ***1.2* Targeted resilience money** | | *Lead: BwD CCG* | *Timescale: Nov 2014* |
| ***Objective/s*** | | | |
| Apply for targeted resilience money from NHS England on behalf of all stakeholders and allocate funds to most effective schemes | | | |
| Progress update: Completed | | | |
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| ***1.3 Declaration*** | | *Lead: BwD CCG* | *Timescale: Dec 2014* |
| ***Objective/s*** | | | |
| Declaration draft prepared, agreed signed off by CEOs of all key organisations and published on the National Crisis concordat website | | | |
| Progress update: Completed | | | |
| ***RAG Status*** |  | | |
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| ***1.4* Multiagency Oversight Group** | | *Lead: LCFT/Police/ CCG* | *Timescale: Jan 2015* |
| ***Objective/s*** | | | |
| Development for Crisis Concordat implementation and oversight group for Lancashire. | | | |
| Progress update: Commenced | | | |
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| ***1.5 Stakeholder Consultation*** | | *Lead: LCFT/BwD CCG* | *Timescale: Feb 2015* |
| ***Objective/s*** | | | |
| Share final action plan draft, seek comments and feedback through LCFT event | | | |
| Progress update: Event held 2nd Feb 2015 | | | |
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| ***1.6* Multiagency Action Plan** | | *Lead: BwD CCG* | *Timescale: Mar 2015* |
| ***Objective/s*** | | | |
| Multiagency action plan prepared, agreed, signed off by CEOs of relevant organisations and published on national crisis concordat website. | | | |
| Progress update: Completed | | | |
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| **1.7 Multiagency Oversight Group for Section 135 - 136** | | *Lead: LCFT / Police*  **Steve Sansbury** | *Timescale: Reviewed April 2015. Review Mar 2016* |
| ***Objective/s*** | | | |
| Review the scope, role and Terms of reference of the Multiagency Oversight Group for section 135-136.  Involvement of all key stakeholders. Resolution of operational day to day problems in communication, procedure.  Joint data set and regular reporting of the use of S136 | | | |
| Progress update: Shared key relevant information and data sources. Agreed priorities. Joint Action Plan and joint delivery of solutions. The strategic Pan-Lancashire Multi Agency Oversight Group (MAOG) was established in December 2013 to understand and improve assessment and admission processes across Lancashire. Locality groups were realigned to police divisions to provide a forum where local relationships could develop and issues could be quickly understood and resolved. The meeting has an engaged membership and has established clear reporting and monitoring. The format of this meeting will now evolve to incorporate regular review of our Mental Health Crisis Care Concordat Action Plan. One of the key successes of the MAOG has been the collaborative development and launch of the Section 135 136 Protocol.  Section 135 & 136 protocol implemented. Bi monthly MAOG meetings taking place with attendance from members and regular updates provided on the progress/ issues of the MH Crisis Care Concordat Action Plan.  C&YP Crisis project group are reviewing the s135 & s136 protocol to ensure it contains sufficient reference and information for the provision of age appropriate S135 & S136 procedure. A bid has been submitted for monies to provide an appropriate HBPoS for children and YP as well as patients with LD. Also as part of this bid is a proposal for a crisis house and another CSU, which will provide the level of support equally across Lancashire. The success of the bid is yet to decided.  It has been recognised that MHRT (Street Triage) has had an impact on reducing S136’s when in operation and further evaluation is required. Evaluation of the MHRT (street triage) pilot has taken place and as part of a bigger service development the service with be absorbed into a model which includes NWAS/999/111 to support ambulance crews as well as police to ensure people presenting with a MH crisis will be directed to the most appropriate level of support hence reducing the number of inappropriate presentations to ED’s in Lancashire as well as ensuring the patient received the support to reduce the possibility of the crisis escalating. | | | |
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| ***1.8* Joint Strategic Needs Assessment** | | *Lead: Public Health* | *Timescale: 2015/16* |
| ***Objective/s*** | | | |
| Joint Strategic Needs Assessment to include information to help plan and monitor the Crisis Care Concordat Outcomes Delivery. | | | |
| Progress update: On 3rd Nov the chair of the Crisis Concordat met with strategic reps form the three Local Authorities to specifically discuss mental health and this included for example AMHP provision.  An outcome was agreed as follows:  To deliver a MH Commissioners only workshop on the 21st Dec 2015 to review MH services across all providers commissioned by CCGs/Las across Lancashire to ensure streamlining and reduction in overlaps.  An outcome is to improve pathways for all patients whilst working collaboratively with all commissioners/providers (JSNA will be included as part of this workshop).  LF&R – Positive outcomes could be achieved by working collaboratively with all commissioners/providers of Mental Health services to improve pathways of those at risk. | | | |
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| ***1.9 MAOG*** | | *Lead: MAOG* | *Timescale: 2016*  *April 2017* |
| ***Objective/s*** | | | |
| MOAG to focus on engagement and clear plans to work with 3rd sector providers to develop the provision of pre and post crisis services. | | | |
| Progress update: Two services currently provided by 3rd sector providers:  Red Rose – Originally conceived by the Hospital Alcohol Liaison (HALS) Team at Royal Lancaster Infirmary (RLI) who had identified an entrenched cohort of patients presenting with significant issues around alcohol misuse and frequent attendance at the Emergency Department. Recognising the need to change repetitive cycles of behaviour they approached Red Rose Recovery (RRR) to establish a programme of in-reach early and brief interventions provided by individuals with ‘lived experience’ demonstrating ‘visible recovery’.  A 12 week pilot was agreed, commencing 1st June 2015 to support the RBH HALS Team in addressing the cycle of frequent attendance and the pernicious consequences of alcohol misuse.  Work is currently taking place to procure a ‘Vulnerable Peoples’ service initially for Pennine Lancs. This service will identify frequent attenders at ED depts. and take a case management approach to work with the individual to address what is causing them to attend the ED dept. The model of service will be a multi-agency where there may be a number of 3rd sector orgs working in partnership to create a service where the individual can be supported to address their social and health issues which are creating the crisis situation. The service is not yet commissioned but will be in place by April 2017.  A bid has been submitted to the DofH for funding to provide a crisis house for Lancashire. The outcome of this bid is yet to be decided. | | | |
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| **2. Support before Crisis.** | | | |
| ***2.1* Lancashire wide 24/7/365, (all age) mental health** | | *Lead: LCFT* | *Timescale:*  *Review Sept 15.*  *Mar 2016*  *Completion of business plan??*  *Start of Professional Helpline ???*  *Implementation of 111 warm transfer facility ???* |
| ***Objective/s*** | | | |
| Lancashire wide 24/7/365, (all age) mental health helplineacting as a single point of contact with direct access to known patient records and ability to book an initial emergency, urgent or routine or assessment providing:   * Support to service users, carers to speak to someone when need help and advice regarding mental health. * Expert advice and support for all external agencies including police, AMHPs and NWAS Staff. * Greater Preston/CSR CCGs: Support for care homes/nursing home staff that may need help and advice regarding a residents mental health.   Across Lancashire we are currently working with the Police and Ambulance services and are in the process of planning two pilot schemes to have mental health staff based in the control rooms. This will be reviewed following initial period to help establish long term model to be utilised in conjunction with the national 111 model.  Ensure that this provision can provide appropriate support with ‘out of hours’ access, for everybody who may be involved with a child/young person who may be having a mental health crisis – the young person themselves, parents/carers, school, other key professionals.  Have a shared understanding of pathways and common language around how people can work with children and young people when they present with something that is emotional wellbeing related.  Consider creative use of social media, apps, on-line counselling and on-line support services which children and young people may prefer to use in preference to speaking to a member of the helpline service. Currently there is a Fylde Coast Social Media project which has shown to reach a younger target audience (majority of which are male). The option to roll out across Lancashire needs to be considered. | | | |
| Progress update: It should be noted that this specific action is being actioned through the CCG 15/ 17 Commissioning Intentions as part of the review/ redesign of LCFT Unscheduled Services which includes full engagement with external stakeholders.  This will be monitored and reviewed via normal commissioning governance and updated as and when required.  Year 1: To look at existing known Lancashire wide helpline number and look to expand to professionals whilst acknowledging proposed pilots in Police and Ambulance.  Year 2: To agree new model for helpline that ensures consistent flow to enable multifunction, once this is agreed to work with 111 to ensure that the Lancashire model can be facilitated through this route.  LCFT are in the process of setting up a governance group which will oversee the implementation of this aspect of the MH USC shadow spec.  LCFT is working with external orgs to locate MH practitioners within control rooms to effectively triage mental health related calls, provide clinical advice and relevant patient history to teams in real time. LCFT will update the 111 information when there is any change in the service.  The Mental Health Helpline is already available across Lancashire. It is currently being aligned to the NHS 111 service and updating the DOS. LCFT are currently exploring opportunities to further roll out the texting service currently available in the Blackpool area. The Professional Helpline was due to go live early Nov with direct access to known patient records and this will provide the ability for professionals contacting the helpline to book initial emergency, urgent appointment for people who are presenting with a mental health crisis. This service will be available to police officers and ambulance staff and will act as a single point of contact. Bev Liddle informed HH that a delay in launching the Professional helpline is due to IG issues which have still to be resolved 21/12 email sent to BL for update.  A business case for the expansion of the LCFT Helpline across Lancs 24/7/365 is currently being written by LCFT lead for this workstream. Work is also taking place to consider the provision of ‘warm transfers’ between 111 service and the MH Helpline as this would ensure that callers would not be lost and then attend the ED depts. across Lancashire when they didn’t require a medical intervention. This facility would also ensure that the caller was transferred to the most appropriate support they require. This work is being carried out by BwD Commissioners, NWAS and LCFT. The Professional helpline is to be set up within ‘The Harbour’ site, Blackpool and work is currently underway to scope this. | | | |
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| ***2.2* Single Point of Access for Mental Health** | | | *Lead: LCFT – (BwD & East Lancs CCGs)*  *LA’s & 3rd sector orgs* | *Timescale: Reviewed Feb 2015.*  *To be reviewed March 2016* |
| ***Objective/s*** | | | | |
| Single Point of Access for Mental Health. Review and evaluate pilots in Blackburn with Darwen and East Lancs CCG area to understand its contribution to pre-crisis support and share lessons learned across Lancashire.  The pilots aim is to have joined up working and additional support from social care and other support services e.g. substance misuse teams, as people presenting in distress are not always experiencing a mental health crisis, sometimes it can be as a result of a social crisis, family environment etc or they present with symptoms that are deemed to be more behavioural issues. These type of cases also need input and resolution. There needs to be transparency around accountability. Have clear escalation processes, and knowledge of who the decision makers are so that actions are not delayed through unnecessary administration, processes or asking the wrong people, and a timely and personalised response can result. | | | | |
| Progress update: Pilots in 2 CCG areas BwD and Greater Preston CCG, both to be involved with the review as they are involved with 1 of the pilots.  During a meeting between BwD CCG & LCFT it was agreed that LCFT will provide more narrative on the SPOA this will be included when it is received. | | | | |
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| ***2.3* Mental Health Street Triage Pilots** | | *Lead: Police, LCFT, NWAS (AMHP Leads)* | *Timescale: Reviewed April 2015.*  *To be reviewed Mar 2016.* |
| ***Objective/s*** | | | |
| Mental Health Street Triage Pilots: Mental Health workers working closely with police and ambulance staff to support patients in public places avoiding attendance to A&E department and escalation to crisis point.  NWAS to be included in the street triage pathway   * Implement pilot (LCFT - Police) * Evaluate (LCFT – Police) * Include as part of crisis pathway (LCFT – BwD CCG)   Implementation of Street Triage pilot commenced 15/06/2015 for Pennine Lancs. Review of pilot Sept 2015 and to inform commissioning intentions 16/17. | | | |
| Progress update: Pilot planned in Blackburn with Darwen and Chorley. Run pilots, review and implement learning as part of the unscheduled care review. Final model to be agreed April 2017.  Street Triage pilot commenced 15/06/2015. The street triage service brings together Psychiatric Nurses to work alongside police officers. The remit is to apply a multi-agency approach to the vulnerable people in crisis. So far – 75% reduction in 136/ 42% reduction in transferring of patients to A&E. A UCLAN data analyst has been recruited to capture robust data to allow the review of the impact of the pilot to be accurate.  Work is underway to consider the current model and whether it is achieving what it was commissioned to achieve. A business case has been written and it to be presented to the Lancashire police board. The proposal is for the current model to be adapted to link with a wider piece of work currently taking place between the commissioners, NWAS, 111, 999 MH provider and the acute which will create a virtual clinical hub where MH nurses will be within contact centres provided input to mh calls ensuring that the callers obtain the most appropriate advice in a timely manner. | | | |
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| ***2.4* NWAS ERISS** | | *Lead: NWAS (Maria Kane), LCFT(Terry Drake),BFWT (Elaine Walker)& ELHT(Jo Weller).* | *Timescale: Review Mar 2016. Completed.*  *Review July 2016 Completed.* |
| ***Objective/s*** | | | |
| NWAS ERISS, system adapted for mental health patients and offered to mental health trusts. This system alerts attending Ambulance crews of care plans in place and appropriate contact numbers for patients in crisis, which can reduce Emergency Department attendances.  This system is available to all mental health care providers following a registration process.  To explore Ambulance service to have access to information around mental health issues that a child/young person may present with. | | | |
| Progress update: This is subject to agreement between NWAS and LCFT and LCFT Unscheduled Care Board will need to have direct contact.  System adapted for mental health patients and offered to mental health trust with a shared information governance agreement between organisations.  The 3 providers of CAMHs services have been sent the necessary template for them to complete and return to Maria Kane (NWAS) for registration onto the system. Once registered any ambulance crew member dealing with a C or YP who has a care plan from one of the registered areas will be informed of the existence of a care plan when they key the C or YP into the ERISS system and a notification flag will come onto the screen. The ambulance crew will then contact the appropriate CAMHs team to obtain the relevant information off the plan. East Lancs – CAMHs records are not currently in electronic form so are unable to utilise this system. However, Helena Hounslow spoke to Jo Weller who explained the system East Lancs currently have to support any C or YP going into MH crisis and confirmed that this system seems to work well and provide the necessary support.  Terry Drake (LCFT) confirmed he had recently completed the form and sent it to the email address on the bottom of the form. He is now waiting for a response in terms of whether every practitioner may use it or every team manager needs to complete a separate form to be registered | | | |
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| ***2.5* Access to service via Police** | | *Lead: LCFT, Police* | *Timescale: April 2015* |
| ***Objective/s*** | | | |
| Access to service via police. Opportunity to improve patient care who come into contact with services via police through better partnership working between police, police liaison and diversion team, Crisis/Home Treatment Teams via ‘street triage’ and via effective 24/7 Mental Health clinical advice for police. | | | |
| Progress update: Following NHS England funding, LCFT as of 1st April 2015 have been delivering the service. It is delivering a 7 day service within all its police custody suites, this gives direct access to mental health workers for persons who are arrested. There are 30 staff in place. There is an evaluation of this service planned during November 2015 The care pathways for Criminal Justice Liaison are being defined whilst the service is being delivered. . A Physical health element of the project is currently being looked at by NHS England. | | | |
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| ***2.6 Collection of qualitative/ quantitative data*** | | *Lead: LCFT/ 3rd Sector,* | *Timescale: Reviewed Sept 2015.*  *To be reviewed Mar 2016.Ongoing*  *To be reviewed Sept 2016 .* |
| ***Objective/s*** | | | |
| Collection of qualitative/quantitative data via case studies/interviews with patients and their carers and families to understand what would help them to avoid falling into a mental health related crisis. | | | |
| Progress Update: CCG to work with LCFT when reviewing/ redesigning the unscheduled care specification to ensure qualitative and quantitative data requirements are included in the contract schedules. To explore other sources internally with LCFT via there Service User networks.  Flat file being devised which will provide the commissioners with data and information on patient’s journeys through the pathways within the MH USC service. Work is ongoing and a review of progress and implementation will take place Sept 2016 in prep for full implementation of the service April 2017.  Is | | | |
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| ***2.7 Pre-crisis help / advice / support via voluntary sector*** | | *Lead: CCGs* | *Timescales: Mar 2016* |
| ***Objective/s*** | | | |
| Identify key services and support (e.g. Samaritans, MINd etc) available via voluntary and community sector across Lancashire and ensure effective use alongside statutory services.  To work with voluntary and community sector to build the resilience of the child/young person and their family/carers/significant others and teach them to identify signs of crisis. To support the family/significant others when child/young person does not want to engage.  To ensure there is an increase awareness and knowledge of the range of services and support/treatment that is available for children and young people and their families/carers when they are in crisis for example, access to advocacy services.  To skill up parents and significant others to cope with their own issues and support their child/young person and to teach them to identify signs of crisis.  To identify a named mental health lead within schools to assist with identifying children/young people who may need support around emotional wellbeing issues, and utilisation of schools as a venue for delivering brief intervention/mental health intervention.  To ensure there is space in mental health commissioned contracts to ‘reach down’ into schools.  To confirm provision accommodates the additional needs of patients with LD as well as mental health needs. | | | |
| Progress Update: Wellbeing Centre in Blackburn with Darwen. Third Sector Counselling consortium in East Lancs.  Conduct audit of similar services Lancashire wide and establish full base line of pre-crisis support services and identify any gaps.  The LCFT helpline is manned by volunteers. LCFT are continuing to explore and expand the options of providing pre-crisis help/advice/support via the Lancashire based voluntary sector, so as to ensure their effective sustainable use alongside statutory services. Initial links have been made with Lancashire Police to link this workstream with the police volunteer programme. | | | |
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| ***2.8 Pre/post Crisis Support Services*** | | *Lead: MIND, LCC, LCFT & 3rd Sect Orgs* | *Timescale: March 2015 Reviewed.*  *Sept 2015 Reviewed.*  *Review Mar 2016* |
| ***Objective/s*** | | | |
| Develop a community facility for short term (72 Hours) care for individuals who do not need an admission and those who can be discharged from A&E department but may need some further mental health support before being discharged fully.  Lancashire County Council crisis accommodation in Central Lancashire. The accommodation/facility would need to be reviewed to ensure that individual’s needs could be met safely and effectively.  To develop or identify a place in all areas across Lancashire to step down service users (CYP). Strengthen the relationship between mental health services and VCFS for step up and step down arrangements. Ensure there is ongoing management following crisis, someone to keep in contact with the child/young person, allocate a key worker/advocate/case manager etc. | | | |
| Progress Update: Proposals for BwD and Chorley Supported Accommodation under consideration subject to funding as part of Crisis Care Concordat reliance monies. Lancashire Mind have secured 12 months funding to run a pilot project based in Preston that will provide an alternative community model of crisis prevention care.  Project started in Preston as planned on 27th July 2015, work is ongoing in the form of a task and finish group has been established involving members of Mind, LCFT and triage teams to discuss ways of improving the number of referrals and possibly remodel the service and explore a self-referral model. The feedback from both users of this service and referrers who have referred people to this service has been good. Promotion of the service and increasing the number of service able to refer into the ‘Safe Space’ service is currently being considered.  The next stage is to start to scope other areas/ideas across the county and exploit any opportunities – using the lessons learned from the MIND ‘Safe Space’ pilot.  Nov 15 MIND served notice on ‘Safe Space’ pilot due to low referral numbers. Work taking place with LCFT and MIND to look at different models of service provision prior to April 16.  LFRS are considering whether they have scope to intervene with pre crisis assistance for those at risk by delivery of a Safe &Well visit. People with mental health issues display behaviours of forgetfulness, disorganisation, chaotic lifestyles, hoarding, alcohol and substance misuse, medication and smoking. All of which are deemed a risk in relation to fire. There is also an increase in carers who have mental health issues that are caring for others with mental health issues thus increasing the risk with regards to fire safety. Training is currently being arranged for staff within LFRS who will carry out these visits and part of the training is MH awareness which will be delivered by LCFT, Lancashire’s MH provider.  A bid has been submitted to the DofH for funding to provide a crisis house for Lancashire. The outcome of this bid is yet to be decided. | | | |
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| ***2.9 Monitor Self-Harm individuals*** | | *Lead:Acute Trusts/ LCFT*  *GP/CSR CCG.* | *Timescale: Reviewed Sept 2015*  *Review Mar 2016* |
| ***Objective/s*** | | | |
| Monitor individuals attending hospital for self-harm but not being admitted and develop a pathway for support.  Greater Preston and CSR want to particular look at issues around how this pathway could be developed utilising existing resources. | | | |
| Progress Update: To establish clear contracting quality schedule to allow clear reporting/ baseline of numbers and consider local Greater Preston work already undertaken.  A lead within GP/CSR has been identified and a pilot service is currently being developed to work in collaboration with A/E liaison.  A service specification has been written by GP/CSR CCG.  The pilot will be recruiting for staff in January 2016 and is due to be launched ASAP. | | | |
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| ***2.10 Mental Health Awareness Training*** | | *Lead: LCFT. Las* | *Timescale: Reviewed April 2015.*  *Review Mar 2016.* |
| ***Objective/s*** | | | |
| Effective multi-agency awareness and skills development training programme for non-health/mental health staff.   * Police officers * Ambulance Staff * Acute Trusts * Primary Care Staff   Mental Health First Aid Training  To ensure that the provision of mental health awareness training and skills development training for front line universal staff, A&E doctors, consultants and ambulance staff includes emotional wellbeing and mental health issues relevant to children and young people in crisis. So there is a better understanding of the presenting complaints of children and young people in mental health crisis and how this group presents differently than adults in crisis.  To ensure that front line universal staff, A&E doctors, consultants and ambulance staff receive mental health awareness training and skills development training covering the additional needs of people with learning disabilities.  To confirm that there is a consistent roll out of MHA Training and skills in each acute trust. | | | |
| Progress Update: Police / LCFT/ LSSA – 135/136 training is jointly provided and LCFT have supported on Police induction.  The CJL providing MH training to police custody staff and new recruits.  LCFT in collaboration with LCC and Lancashire Constabulary have developed a series of Mental Health Act videos to provide information for patients, carers, staff and partner agencies on the powers, roles and responsibilities within the Act and the safeguards for patients who are subject to the Mental Health Act. The podcasts can be found at <http://www.lancashirecare.nhs.uk/about-us/Mental-Health-Act-Information.php>  It should be noted that LCFT already offer this type of training to a number of stakeholders and this needs to be a more formalised arrangement where clear overlaps are in place. LCFT have delivered training to members of the street triage teams currently delivering the pilot scheme. The MH Crisis & USC service will provide MH Education & training and awareness for staff in acute settings, primary care, GPs, care homes, partners including police, NWAS, schools, colleges and businesses and will provide a protocol tool for GPs assessing own patient’s.  BBC understands that there is some s136 training being organised with Rachel Willis from LCC leading on this, with LCFT MHAA | | | |
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| ***2.11 Support of those suffering from ADHD and Autism*** | | *Lead: CCGs , LCFT* | *Timescale: 2015/16* |
| ***Objective/s*** | | | |
| People with autism are often found in offender health and criminal justice systems. Earlier identification and treatment will reduce the risk of access to service via crisis pathway.  Build on the pilots currently underway. | | | |
| Progress Update: LCFT have specific services for ADHD and Autism in the community and specialised commissioning and this will need to be reviewed to ensure access/ entry points during crisis are identified. The MH Crisis & USC service will provide appropriate pathways of support for all ages, learning disabilities and other vulnerable groups to ensure equal access to service pre/during and post crisis. LCFT are in the process of identifying a rep from LD services to work on this.  A workshop was held on 23rd April 15 considering what actions needed to be included in this action plan to ensure the provision of parity of esteem for people with LD who may present, in a variety of situations with a mental health crisis. A report was produced with the findings and the report was shared at the MAOG with consideration given as to how the identified actions will be delivered. | | | |
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| **3. Urgent access to crisis services when required** | | | |
| ***3.1 Awareness of access points*** | | *Lead: LCFT, LAs, CCGs* | *Timescale:* |
| ***Objective/s*** | | | |
| Clear information for Patients, Carers, Families, GPs, DOC Police, Ambulance Staff and other professionals as who to contact when in a mental health related crisis. | | | |
| Progress Update: To Note: LAs also have a responsibility to act as an access point i.e. GPs and family (nearest relatives) ability to directly request MHA assessment via LA.  The MH Helpline is available across Lancashire. LCFT are currently exploring the opportunities to further roll out across Lancashire the texting service which is currently available in Blackpool. The Professional Helpline was due to go live early Nov 2015 to provide direct access to known patient records and the ability to book urgent or routine assessments. This service will be available to police officers and ambulance staff, acting as a single point of contact. Delay in launch due to IG issues with LCFT. Bev Liddle emailed requesting an update on progress 21/12/15.  LA’s have a responsibility under s13 of the MHA to respond to nearest relative requests for a MHAA. The LA will discuss requests for such with anybody else but this doesn’t have the same legal underpinning. GPs know to contact the CCTT/CMHT if they think a MHAA is required, (normally of course a doctor would assess either prior to or preferably with the AMHP). GPs are well aware of the arrangements via the CCG of how to contact MH services.(BBC) | | | |
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| ***3.2.1 Timely and effective Mental Health Assessments*** | | *Lead: LCFT*  **Pauline Cullen** | *Timescale: Reviewed Sept 2015*  *Review Mar 2016*  *Review Sep 2016* |
| ***Objective/s*** | | | |
| Maintain maximum waiting times standards for full mental health assessments irrespective of whether the patient is in the community, A&E department or any other location. Priority given to patients at risk, or where Police/Ambulance are in attendance Following waiting times thresholds are to be adhered to: The service will provide face to face assessment and response:   * Non Urgent Acute setting< 24 hours from referral. * Emergency Acute Hospital setting<4 hours from referral including liaison psychiatry service. * Crisis (A&E) < 1 hour from referral including liaison psychiatry. * Crisis (Community) < 2 hours from referral. * None Urgent < 24 hours from referral.   Support will be provided by designated consultant psychiatrists 24/7/365. Emergency departments and wards across Lancashire will have access to high quality, timely and effective liaison psychiatry services with those with primary physical and secondary mental health presenting issues.  Liaison psychiatry will provide the service across the age-range for people:   * Developing adequate and effective levels of liaison psychiatry services provided in acute settings[[1]](#footnote-1). * In acute settings (inpatient or outpatient) who have, or are at risk of, mental ill health; * Presenting at A&E with urgent mental health care needs (particularly relating to: self- harm, dementia, mood disorders, alcohol abuse, psychosis relapse and co-occurring mental health and physical health conditions); * Being treated in acute settings with co-morbid physical health conditions and mental ill health; * Being treated in acute hospital settings for physical conditions caused by alcohol or substance misuse; * Whose physical health care is causing mental health difficulties; * In acute settings with medically unexplained symptoms (MUS).   Ensure there are clear escalation processes, and knowledge of who the decision makers are so that actions are not delayed through unnecessary administration, processes or asking the wrong people, and a timely and personalised response can result. | | | |
| Progress Update: **Community:** Assessment and Treatment Teams led by Consultant Psychiatrists in BwD and East Lancs.  The MH Crisis & USC review has meant that clinical team redesign has taken place and the A&E liaison and crisis teams have been part of this redesign. The aim is to reduce admissions to acute inpatient beds; facilitate early discharge from acute beds; and offer alternatives to admission through the delivery of intensive care and support and ensuring the patients are on the correct pathways and treated appropriately. This work is ongoing by LCFT and overseen by the MH C&USC Programme assurance board which has members from CCG’s, Police, 3rd sector and NWAS.  An action plan has been produced to address the various areas of work LCFT are taking forward re MH Liaison service.  1a. To review the policy and procedure for MH liaison to ensure that the waiting times reflect that cited within the MH CCC.  1b. To ensure that the data collection gathered are consistent across the teams.  1c. To review the spreadsheet and the data collection that are reported monthly.  1d. Each MH Liaison team to work with the acute trust to ensure that priority for assessment are based on clinical need and risk.  1e. Development of an audit tool for the assessment process to be developed to enable the deputy managers to audit a sample assessment monthly to ensure that the assessment was to a high standard, timely and plan of care clearly documented.  1f. There is evidence of assessments being reviewed by the deputy Team manager to ensure that the assessments are of a high quality.  2a. The acute trust have a clear pathway to make a referral to the MHLT.  2b. MHLT teams have clearly defined SOPs that articulate the standard of the assessment, formulation and care plan.  2c. The SOP clearly defines the response time.  2d. The breaches are reviewed with the Acute trust as part of the interface meeting.  2e. Breach information is stored within the central folder on the x drive.  3a. A review of resources within the MHLT will be undertaken to look at   * Training needs * Acuity and demand * Staffing levels * Skill mix of practitioners within the team to meet the demands set out in the recommendation.   4a. For each MHLT to work alongside their acute trust to develop an escalation process.  4b. Each escalation process to become part of the SOP.  LCFT are implementing a Fast track pathways and Parity of Esteem workstream which is working with clinicians to ensure robust pathways and mechanisms are in place to ensure that patients are well placed to receive the right care at the right time in the right place. Hand offs should be kept to a minimum and a fully integrated care model should be in place. Ongoing work is part of the phase 2 of the redesign of the CMHT’s programme.  Clear escalation protocols have been established and the detail is contained in an LCFT fact sheet provided to CCG’s | | | |
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| ***3.2.2 Mental Health Act Assessments*** | | *Lead: BwD, Blackpool and Lancashire County Councils* | *Timescale: Reviewed Sept 2015.*  *Review Mar 2016.* |
| ***Objective/s*** | | | |
| Completion of all Mental Health Act Assessments within set time scales by local councils. | | | |
| Progress Update: As above this is being reviewed as part of review/ redesign of unscheduled care pathways. | | | |
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| ***3.2.3 Review Assessment Pathways*** | | *Lead:*  *CCG/LCFT/Acute* | *Timescale: Reviewed Sept 2015* |
| ***Objective/s*** | | | |
| Improve access to appropriate 24/7 services and timely out of hours assessment for specific groups when in a mental health crisis:   * Under 16s * Individuals with Learning Disabilities. * Individuals with Dementia   At the mental health commissioners workshop on 21st Dec the current pathways will be mapped and any gaps in service provision will be identified. The outcome of the exercise will be to improve pathways for all patients whilst working collaboratively with all commissioners and providers. | | | |
| Progress Update: Being actioned through the CCG 15/ 17 Commissioning Intentions as part of the review/ redesign of LCFT Unscheduled Services which includes full engagement with external stakeholders. This will be monitored and reviewed via normal commissioning governance and updated as and when required.  The MH & Crisis USC service will provide access and appropriate 24/7/365 services and timely out of hours assessment for the population of Lancashire including over 65’s, under 16’s, people with LD and people with dementia. The service will provide appropriate pathways of support for all age, LD and other vulnerable patients to ensure they have equal access to services pre/during and post crisis. | | | |
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| ***3.3.1 Multiagency Section 135-136 Protocol*** | | *Lead: MAOG (LCFT, Acute, Police)* | *Timescale:* |
| ***Objective/s*** | | | |
| Develop a Multi-Agency Section 135 136 Protocol which includes local procedures and guidance for police welfare checks to support decision making in mental health services. NHS providers need to ensure:   * to use police time more effectively, * to work together safely when the police are called to an incident on NHS premises   To ensure there is an appropriate safe place, staffed by multi-agency team, for children & young people in Lancashire where they can receive an assessment in an emergency or where the crisis can be deescalated.  To ensure that all stakeholders are aware of the safe spec for children & YP. | | | |
| Progress Update: Pan-Lancashire Multiagency protocol.  Lancashire County Council, Blackburn with Darwen Borough Council, Blackpool Council, Lancashire Constabulary, North West Ambulance Service, East Lancashire Hospital Trust, Lancashire Teaching Hospitals, Blackpool Teaching Hospitals NHS Foundation Trust, University Hospitals of Morecombe Bay NHS Foundation Trust, Southport and Ormskirk NHS Hospitals Trust, University Hospitals of Morecambe Bay NHS Foundation Trust, Blackburn with Darwen Clinical Commissioning Group.  The joint Protocol was launched on 08/12/2014 and has been positively received. The Protocol clearly outlines all agencies responsibilities and seeks to ensure effective multi-agency practice that complies with the Act to support consistent service user experience and outcomes. Monitoring arrangements and service user feedback have been included.  BTP wants to be included in the protocol. Pippa Smith wants to either attend or call in the Jan meeting. Details to be confirmed. | | | |
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| ***3.3.2 Missing Persons Protocol*** | | *Lead: MAOG* | *Timescale: 2015-16* |
| ***Objective/s*** | | | |
| Lancashire wide Absent Without Leave (AWOL) policy/protocol to ensure consistent application of a shared definition and procedures across Acute, Mental Health, Police and independent providers. | | | |
| Progress Update: Better risk management. Effective use of resources.  The BTP have their own report. | | | |
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| ***3.3.3 Unified 136 Data source*** | | *Lead: LCFT/Police* | *Timescale: April 2015* |
| ***Objective/s*** | | | |
| Lancashire constabulary, LCFT and AMHP leads will jointly produce a single unified data source on use of 136 across Lancashire and report via the MAOG for monitoring purposes. | | | |
| Progress Update: | | | |
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| ***3.3.4 Accurate reporting of 135-136 activity and outcomes*** | | *Lead: LCFT/Police* | *Timescale: April 2015* |
| ***Objective/s*** | | | |
| Ensure accuracy of information and consistent reporting on 135 and 136 activity and outcomes. | | | |
| Progress Update: The monitoring form has been agreed and meets the national requirements. LCFT assume responsibility for collating and presenting 135 and 136 information to both the Trust-wide and locality groups. The MHA module in ECR will be launched by April 2015. The monitoring form will be completed electronically and is linked to business intelligence reporting. | | | |
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| ***3.4.1 Review multiagency conveyance guidance for individuals detained under the Mental Health Act*** | | *Lead: NWAS* | *Timescale: Reviewed Mar/ June 2015.*  *Reviewed Sept / Dec 2015* |
| ***Objective/s*** | | | |
| Review multi-agency conveyance guidance for individuals detained under the Mental Health Act.  The role of Ambulance service, police and mental health teams with regard to ensuring that patients should always be conveyed in a manner which is most likely to preserve their dignity and privacy consistent with managing any risk to their health and safety or to other people.  Lancashire has developed a multiagency (including Police/ Ambulance) Section 136 protocol that has been implemented. | | | |
| Progress Update: A defined policy is in place with regards to the transportation of patients with mental health needs in crisis.  There is also specific reference included in s.135/136 protocol as support to professionals where warrant not appropriate.  The protocol will require review to ensure that the national ambulance protocol is implemented locally, i.e. responding to S136 within 30 minutes.  A number of meetings are planned between NWAS and other providers to progress this action. This includes an NWAS audit from June 15 – Sept 15 which is to look at overall activity in NWAS conveyance.  There is a NWAS protocol in place. | | | |
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| ***3.4.2 Conveyance and Transportation protocol*** | | *Lead: NWAS* | *Timescale: Reviewed Mar – June 2015*  *Review Mar 2016* |
| ***Objective/s*** | | | |
| Develop an appropriate protocol to ensure that mental health patients are not treated unfairly by lengthy waiting times for an ambulance. | | | |
| Progress Update: To review existing protocols with NWAS and other providers. There is a NWAS protocol in place which refers to the transport of MH patients. The patient’s needs are assessed and the urgency of the transfer along with the needs and urgency of other patients awaiting transport from NWAS. | | | |
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| ***3.4.3 Unified 136 Data source*** | | *Lead: Blackpool CCG, LCFT, NWAS* | *Timescale: Reviewed Mar – June 2015.*  *Sept – Dec 2015* |
| ***Objective/s*** | | | |
| Consider and develop proposals for an alternative form of conveyance for mental health patients if this is appropriate.  NWAS/LCFT have agreed to undertake an audit to understand the current demand in the system.  This is dependent on 3.5.1 and on the audit as referenced in the earlier action and will inform commissioning intentions. | | | |
| Progress Update: NWAS required to do an evaluation paper of current commissioned provision. This work needs to be undertaken with LCFT to look at appropriate alternatives. LCFT has started to scope out what this may entail.  There is a protocol in place for NWAS. Work is on going to consider the options for transport for MH patients. | | | |
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| ***3.4.4 Conveyance Target Breaches*** | | *Lead: MAOG* | *Timescale: Monthly with Sept 2015 review* |
| ***Objective/s*** | | | |
| Monitor and reduce conveyance target breaches. The Department of Health (DH) national target for conveyance is 4 hours. NWAS have set a local target of 1 hour. Lancashire County Council (LCC) audit data demonstrated that 54.80% of responses breached NWAS 1 hour target but responses were predominantly within the DH timescales. | | | |
| Progress Update: Delays of over 4 hours are recorded on Datix and monitored through the Oversight Group. | | | |
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| ***3.5.1 Stocktake and agree all places of safety across Lancashire*** | | *Lead: LCFT, Police* | *Timescale: Sept 2015* |
| ***Objective/s*** | | | |
| Stocktake and agree all places of Safety across Lancashire. Ensure 135/136 accommodation and staffing is adequately addressed. | | | |
| Progress Update: Guidance for commissioners: Service provision for Section 136 of the Mental Health Act 1983 recommend that there must be adequate provision for the anticipated section 136 demand. This should include suitable provision to meet the needs of specific groups; in particular, those under 18 years, Section 135-136. LCFT are planning a Clinical decision unit at ‘Pendleview’, Blackburn. The CSU will offer an alternative option in managing the high demand of inpatient beds and high use of private out of area facilities. It aims are to improve the capacity and flow of mental health inpatient bed stock and provide an alternative to admission as well as improving patients experiences by being cared for near to their homes by LCFT teams. The CSU is due to open late Dec 2015. People accessing the unit will be offered assessment and support on a short term basis. It will offer a comfortable ‘lounge like’ area for up to 6 people – it is not ‘an admission’. People will stay on average 4-24 hours and no longer than 36 hours.  A bid has been submitted to the DofH for ‘places of safety’ for Lancashire. Part of the overall bid if for the provision of an appropriate place of safety for C&YP and people with LD. Another aspect of the bid is for the addition of another CSU within Lancashire and the provision of a crisis house. It is yet to confirm whether the bid has been successful. | | | |
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| ***3.5.2 Resources for Mental Health Assessment Rooms*** | | *Lead: CCGs* | *Timescale: 2017* |
| ***Objective/s*** | | | |
| Allocate appropriate resources for the development of Mental Health Assessment Rooms at Acute hospitals and section 136 suites at appropriate locations. | | | |
| Progress Update: Consideration for the 136 suite to remain in a central Lancashire site. (GP/CSR CCG).  A bid has been submitted to the DofH for ‘places of safety’ for Lancashire. Part of the overall bid if for the provision of an appropriate place of safety for C&YP and people with LD. Another aspect of the bid is for the addition of another CSU within Lancashire and the provision of a crisis house. It is yet to confirm whether the bid has been successful. | | | |
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| ***3.5.3 Place of Safety for under 16’s*** | | *Lead: LCFT/CCGs* | *Timescale: 2015-16* |
| ***Objective/s*** | | | |
| **Place of safety for under 16s:**  A bespoke section 136 assessment suite and minimum staffing model for assessment of under 18s will be identified, agreed and commissioned.  This action links with 3.4.1action and the provision of an appropriate place of safety for under 18s.  All stakeholders should be aware of the appropriate places of safety for children and YP. | | | |
| Progress Update: The Multi- Agency Section 135 and 136 Protocol has been ratified and it is recognised that provision for under 18s is a gap.  The CSU unit at ‘Pendleview’ at RBH is a safe and appropriate environment, where the patient will be met by nursing staff, who will triage the patient and provide support and reassurance through the crisis in a modern appropriate environment. This unit is part of the overall MH USC service which is an all age service.  A bid has been submitted to the DofH for ‘places of safety’ for Lancashire. Part of the overall bid if for the provision of an appropriate place of safety for C&YP and people with LD. Another aspect of the bid is for the addition of another CSU within Lancashire and the provision of a crisis house. It is yet to confirm whether the bid has been successful. | | | |
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| ***3.5.4 Alternative place of safety for specific client groups*** | | *Lead: CCGs* | *Timescale: 2015- 16* |
| ***Objective/s*** | | | |
| Consider the development of alternative places of safety for specific client groups i.e. older people with dementia, children and younger adults.   * Paediatric Wards * Mental Health Units * designated care home / community hospital with staff experienced in dementia | | | |
| Progress Update: Acute Trusts: All A&E wards as places of Safety. Dedicated Section 136 Suite for Lancashire.  The Multi-Agency section 135 & 136 protocol specifies where children under the age of 16 years of age should be taken if they require a place of safety. The protocol also states 16 – 18 year olds should be assessed following section 136 procedures for adults. The protocol states that any moves between place of safety should be kept to a minimum and must be in the best interests of the individual (NPIA Guidelines 6.4.2.2.2010)  A bid has been submitted to the DofH for ‘places of safety’ for Lancashire. Part of the overall bid if for the provision of an appropriate place of safety for C&YP and people with LD. Another aspect of the bid is for the addition of another CSU within Lancashire and the provision of a crisis house. It is yet to confirm whether the bid has been successful. | | | |
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| ***3.5.5 Reporting of use of Police cells*** | | *Lead: Police* | *Timescale:* Monthly with Sep 15 Review |
| ***Objective/s*** | | | |
| Lancashire constabulary to regularly monitor and report the use of police cells as a place of safety via the MAOG | | | |
| Progress Update: To report exceptions to the multiagency oversight group. | | | |
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| ***3.6 Safeguarding*** | | *Lead:* Local Authorities (LCC, BwD, B,pool) | *Timescale:* |
| ***Objective/s*** | | | |
| Safeguarding – Awareness, Policy, Protocol, Implementation for   * Police * Crisis Team Staff * Others | | | |
| Progress Update: Appropriate safeguarding leads to be invited to attend the MAOG. Blackpool BC has a safeguarding policy and there is an Adult Safeguarding Board which the police, health, fire brigade, housing etc all sit on.  Safeguarding is considered with every development of MH services. | | | |
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| ***3.7.1 Approved Mental Health Professionals – Mental Health Law Administration – the role of local Authority*** The below section needs further discussions to inform detailed implementation and review plan.  This section below will be addressed at the event on 21st Dec when AMHPS & S12 doctors and availability capacity will be considered. All 3 LA’s have agreed this is a priority area. They are all keen to work collaboratively to improve this element of mental health assessments and patients overall experience and achieve acute ED targets. | | *Lead: BwD BC, LCC, Blackpool BC* | *Timescale:* Ongoing – Plan and timescales to be confirmed. |
| ***Objective/s*** | | | |
| Stocktake AMPHS staffing and availability in all localities   * Training and qualification is appropriate * Review reporting quality and structure * Have a system of ongoing review in collaboration with local partners to ensure AMHP workforce is sufficient and capable to address local needs. | | | |
| Progress Update: Blackpool BC has an ongoing commitment to training and are aware of their responsibilities in terms of having adequate numbers of AMHPS, and have no concerns about the current numbers of AMHPS. | | | |
| ***RAG Status*** |  | | |
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| ***Risks (including resource implications)*** |  | | |
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| ***3.7.2 Local Authority review of AMHP’s response times*** | | *Lead: BwD BC, LCC, Blackpool BC* | *Timescale:* |
| ***Objective/s*** | | | |
| Where authorities have combined the services with children’s safeguarding, they should satisfy themselves, in consultation with the police and mental health providers that AMHPs can be available within locally agreed response times. | | | |
| Progress Update: In Blackpool there are no locally agreed response times other than for s136. Delays tend to be in relation to either availability of s12 doctors, or beds. **This needs to be highlighted**  An audit has been completed for a 4 week period to enable the commissioners to understand where the demand in the system originates and what can be done to address it. The findings of the audit will be presented at the Sept MH CCC steering grp.  Ongoing work is taking place to understand the reasons for delays in AMHP assessments across Lancashire and regular updates are provided to the relevant groups of the progress being made. | | | |
| ***RAG Status*** |  | | |
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| ***3.7.3 Employment of sessional AMHPs to meet response times*** | | *Lead: BwD BC, LCC, Blackpool* | *Timescal*e**:** |
| ***Objective/s*** | | | |
| If necessary authorities should consider the implementation of a scheme that employs sessional AMHPs in addition to existing resources to ensure they are able to respond in a timely manner. | | | |
| Progress Update: Blackpool BC don’t think this is necessary in Blackpool in hours. They are monitoring the impact of the increase in OoH assessments that appear to be increasing due to factors outside the LA’s control, (i.e. doctors availability and beds).**Need to consider response for submission.**  An audit has been completed for a 4 week period to enable the commissioners to understand where the demand in the system originates and what can be done to address it. The findings of the audit will be presented at the Sept MH CCC steering grp.  Ongoing work is taking place to understand the reasons for delays in AMHP assessments across Lancashire and regular updates are provided to the relevant groups of the progress being made | | | |
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| ***3.7.4 Integration of AMHP and Emergency Duty teams*** | | *Lead: Bwd BC, LCC Blackpool BC.* | *Timescale:* |
| ***Objective/s*** | | | |
| Explore the potential for better integration of AMHP and Emergency Duty Teams (EDT) services with out-of-hours crisis provision of health and other partners. | | | |
| Progress Update: **Blackpool BC never agreed to this in Blackpool, and have had no discussions about it.**  This needs to be considered when the audit results are being considered. Ongoing work is taking place to understand the reasons for delays in AMHP assessments across Lancashire and regular updates are provided to the relevant groups of the progress being made | | | |
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| ***3.7.5 Reporting of AMHPs Partnership issues via MOAG*** | | *Lead: BwD BC, LCC, Blackpool, NWAS* | *Timescale:* |
| ***Objective/s*** | | | |
| Review and report issues to MAOG around partnership working between AMPHS and   * Police * Crisis & Home Treatment Team * North West Ambulance Service | | | |
| Progress Update: **Blackpool BC don’t know what this refers to. However they do speak with their colleagues in other agencies as and when issues arise both informally and via the s136 monitoring meeting.**  The audit results will be discussed at the Sept MH CCC steering group when a plan going forward will be agreed. Ongoing work is taking place to understand the reasons for delays in AMHP assessments across Lancashire and regular updates are provided to the relevant groups of the progress being made | | | |
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| ***3.7.6* Develop Multiagency Police assistance for approved MH Professionals protocol** | | *Lead: Police, LAs & LCFT* | *Timescale:* |
| ***Objective/s*** | | | |
| Develop Multiagency Police assistance for approved Mental Health Professionals protocol | | | |
| Progress Update: This is included in s.135/136 protocol as support to professionals where warrant not appropriate. | | | |
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| ***3.7.7 All AMHP services across Local Authorities to attend MOAG*** | | *Lead: BwD BC, LCC, Blackpool Council* | *Timescale:* |
| ***Objective/s*** | | | |
| All AMHP services across three local authorities will ensure attendance at bi-monthly MAOG meetings. | | | |
| Progress Update: Share ideas of improving working practices agreed cross border working arrangements for undertaking MHAAs to avoid people in crisis being passed around / between LAs. | | | |
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| ***3.8 Lancashire Constabulary to identify Joint Operational arrangements*** | | *Lead: Police* | *Timescale: Reviewed Oct 2015.*  *Review Mar 2016* |
| ***Objective/s*** | | | |
| Lancashire constabulary to identify areas where joint operational arrangements need further consideration and improving and produce an action plan/report for the oversight group. | | | |
| Progress Update: Resolution of operational issues via the MAOG and the crisis concordat oversight group. | | | |
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| ***3.9 Implement safe restraint techniques into Police and Ambulance Training*** | | *Lead: NWAS/Police* | *Timescale: Reviewed Mar -June 2015.*  *Review Mar 2016* |
| ***Objective/s*** | | | |
| Implement safe restraint techniques into Ambulance and Police training. This work will need to include the NHS Ambulance Mental Health leads group recommendation that any patient being actively restrained will receive an immediate, high response. | | | |
| Progress Update: To scope viability of this type of specific training and intended outcomes.  There is currently a national working group being headed by Lord Carlisle on the use of police restraint for MH patients and in MH settings. The update against this action will therefore be to await the findings and national steer from that working group. | | | |
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| ***3.10 LCFT Review of policies and practice to reduce the need for restrictive interventions*** | | *Lead: LCFT* | *Timescale: Reviewed Feb – April 2015* |
| ***Objective/s*** | | | |
| The main mental health provider is also in the process of undertaking a review of their policies and practice to further reduce the need for restrictive interventions. | | | |
| Progress Update: LCFT to review internal processes and policies and apply any learning from review. To ensure assurance is given to Lead Commissioner. Review completed policies in place. | | | |
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| ***3.11.1 Criminal Justice Liaison and Diversion Services: Provision of L&D services across Lancashire*** | | *Lead: LCFT* | *Timescale: Reviewed April 2015* |
| ***Objective/s*** | | | |
| Provision of effective L&D services across Lancashire that covers Police custody and Magistrates courts for individuals of all ages suffering from mental health, providing a 7days a week service, preventing escalation to crisis and appropriate sign posting for those in crisis. | | | |
| Progress Update: LCFT is providing a Criminal Justice Liaison and Diversion services in Lancashire police custody suites and magistrate courts covering 8am-4pm, 7days a week.  The Criminal Justice and Diversion service went live on April 2015 and the aim of this project is to greatly reduce the number of people with mental health problems who end up in police cells after detention under s136 of the Mental Health Act. This is an all age service which will also include learning disabilities and veterans. LCFT has employed CAMHS practitioners within their CJLD team. Work is ongoing to address the gaps in the pathway. | | | |
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| ***3.11.2 Review of offender access to MH services*** | | *Lead: LCFT* | *Timescale: Reviewed Sept 2015* |
| ***Objective/s*** | | | |
| Undertake a pathway review of offender access to MH services. | | | |
| Progress Update: Assessment and timely access and coordination through the court system Signposting to appropriate services. Avoid inappropriate imprisonment. The review has been completed, including Adult Mental health, Children and Young People and Learning Disabilities.  LCFT mapped out the CJ Pathway except prisons which does not fall under their remit. They mapped the pathway for adults, learning disability and CYP, These pathways provide access to MH services at the earliest opportunity following the entry onto the CJ Pathway. LCFT have now put in place these pathways. They also provide services along all community areas of the CJ pathway. The service is available in courts, 5 days per week and available in the courts that operate on a Saturday morning Probation, Approved Premises – via appointment clinics. | | | |
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| ***3.11.3 Access to 24/7 Services for specific groups when in MH crisis and Police Custody*** | | *Lead:* | *Timescale: Reviewed April 2015* |
| ***Objective/s*** | | | |
| Access to appropriate 24/7 services for specific groups when in a mental health crisis and in police custody:   * Under 16s * Individuals with Learning Disabilities. * Individuals with Dementia | | | |
| Progress Update: The CJL & D service provides an ageless service and has been delivering the service since 1st April 2015.  Access to Liaison and Diversion services is available between 08:00 and 16:00 – 7 days per week, by way of assessment and onward referral, The Liaison and Diversion service has employed specialist CAMHS nurses and Learning disability nurses, the staff compliment also includes persons with dementia experience and knowledge. Services are now operating out of the magistrates courts across Lancashire.  Outside of these hours, access is via EDT services which operate across Lancashire. | | | |
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| **4. High Quality Mental Health Crisis Services** | | | |
| ***4.1 Review of key MH pathways*** | | *Lead: CCG/LCFT/ID stakeholders as appropriate.* | *Timescale: 2015-2017 with ongoing planned reviews. New service to be implemented in full by April 2017.* |
| ***Objective/s*** | | | |
| Lancashire Care NHS Foundation Trust working in partnership with Blackburn with Darwen CCG has ambitious plans for a full scale redesign of its crisis mental health pathway to support the delivery of the mental health crisis concordat outcomes. Blackburn with Darwen CCG as lead commissioner are working closely with LCFT and the Lancashire Commissioning Support Unit (CSU) to undertake a Lancashire wide review of the Unscheduled Care (Crisis) pathways within LCFT as part of its planned commissioning intentions. The services included are;  • Mental Health A & E Liaison.  • Pennine Lancashire Mental health Liaison.  • Hospital Liaison (Older Adults).  • Crisis Resolution and Home Treatment team.  • Intermediate Support Team.  • Care Home Liaison Teams.  • Mental Health Helpline.  The objective of this work is to review all of the service specifications and commission an updated single unscheduled crisis pathway that ensures that patients (age inclusive) receive the same consistent level of care across Lancashire 24/7. Work is taking place to ensure that collaborative planning takes place for the Mental Health Unscheduled Care redesign work and the MH Care Crisis Concordat and ensure that there is not any unnecessary duplication of work.  There is a 'shadow' specification currently being written and this will be incorporated within the LCFT contract on 1st April 2015, once agreement has been obtained from all CCG's and LCFT. It is planned that a review will take place in Sept 2015. At the 6 month review the pilots being delivered will be reviewed and a decision will be made as to whether they should be delivered across Lancashire. It is anticipated that changes could be identified and agreed in year. | | | |
| Progress Update: Implementation of new unscheduled care specification/ pathway with agreed service user/ carer outcomes will be ongoing.  The implementation of this specific commissioning intention will require full engagement with all stakeholders to ensure any other services are in alignment/ complement each other throughout this programme.  There is a formulised governance structure that will oversee this programme of work and a number of the actions described throughout the concordat action plan will be included within this programme of work for monitoring, review and long term implementation. – Full EIA assessment required.  The unscheduled care spec is being delivered in shadow form until 31st March 2017 and ongoing work will take place during the transition/shadow year as the provider makes the necessary changes to the service model they are delivering to ensure all the requirements of the spec are achieved as well as any relevance action within this action plan. LCFT have set up governance meetings for each of the workstreams to monitor the implementation of the service and ensure parity of esteem is achieved across Lancashire.  Task & Finish grps are being set up by LCFT for the parts of the concordat which are not currently being addressed in the MH USC work programme.  The EIA has been updated as progress has been made and will continue to be updated. The BwD deputy SRO with support from the CSU’s MH USC lead is providing an update presentation to Lancs MH Insight Network.  Work is co ntinuing between the commissioners and LCFT to ensure the new MH USC spec is implement within the specified timescales. | | | |
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| **5. Post Crisis Support – Recovery and staying well** | | | |
| ***5.1 Unscheduled Care Review*** | | *Lead: LCFT, MIND< BwD BC, LCC, Blackpool LD Leads.* | *Timescale: Review Sept 2015* |
| ***Objective/s*** | | | |
| There is an increasing acknowledgment and commitment to the requirement of ensuring post crisis support. The LCFT Unscheduled Care Review and other initiatives with MIND are looking to address this, for example every service user in Mental Health should have a crisis plan that highlights key information for the individual and any professionals who they may come into contact.  This plan should be devised in full conjunction with the service user and their family where appropriate and include named contacts following their discharge. This support should be also offered to the carer/ families and carers assessments should be offered. The plan will include the contact information for the 24/7 mental health helpline that is currently being reviewed to also include access for support to other professional groups.  The review/ redesign also needs to include appropriate pathways of support for all ages (children, older adults), learning disabilities and other vulnerable adults to ensure they have equal access to services pre/ during and post crisis.  Crisis services should be able to offer relevant information and signposting to self-help, peer support, wellbeing services to promote recovery, social inclusion and crises prevention.  Post Crisis Support services in the community are to be developed in alignment with all providers which includes the way in which we communicate and the linked processes to this to ensure no one falls between the gaps due to service criteria.  In Lancashire we need to identify vulnerable patients who are being regularly assessed on 136 through the monthly multi-agency locality meetings. Facilitate a complex case and risk management meeting to inform care planning with the aim of improving access to appropriate support and reducing the use of section 136.  Lancashire need to explore alternatives to home post admission and scope if access to appropriate beds or speedy step down from acute MH to more therapeutic environments would be beneficial in our health economy.  In addition the review needs to address how people access other services following crisis, for example; physical health care (if not required immediately during crisis); drug and alcohol services. | | | |
| Progress Update: The review/ redesign programme and the multi-agency oversight group need to identify gaps in current service provision and plan appropriate actions; this will require full review in September 2015 to ensure all stakeholders can plan appropriately based on evidence.  The evidence will be required to be produced via a number of routes dependent on stakeholder but may be via NHS contracts or multiagency intelligence reports to ensure an informed picture can be established. It should be noted that a number of areas have already identified areas of good practice and there are a number of schemes in different areas of Lancashire that will require review to see if outcomes relating to quality can be duplicated in other areas.  Further work on this agenda is planned in LCFT Unscheduled Care Programme/ Crisis Care Concordat Group and the multiagency oversight group. The detail plans will be developed and updates will be provided in the review of this action plan.  The pilot ‘Safe Space’ model provides a facility where a person who has previously accessed the service can access again through self-referral in order to prevent an escalation of symptoms and reduce the possibility of a further crisis occurring.  Task & Finish grps are being set up by LCFT for the parts of the concordat which are not currently being addressed in the MH USC work programme.  There are a number of specific drug and alcohol services across Lancashire and they will need to be reviewed to ensure they form part of a consistent pathway. Two of the Lancashire CCGs have already given early notification of 15/16 commissioning intention to review current service provision with aim of aligning under unscheduled care specification moving forward. | | | |
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| **6. Action Plan Monitoring, Review and Evaluation** | | | |
| ***6.1 and 6.2 Monitor and review action plan*** | | *Lead: BwD CCG* | *Timescale: 6.1 Reviewed April 2015*  *6.2 Reviewed Sept 2015* |
| ***Objective/s*** | | | |
| Monitor action plan implementation via the Pan-Lancashire Steering groups on a monthly/ bi-monthly basis to ensure its delivery.  Review Action Plan annually in Sept to ensure all stakeholders are delivering against actions and commissioners align their priorities accordingly. | | | |
| Progress Update: To be monitored via CCG Transition oversight group, LCFT Unscheduled Care Board, Crisis Care Concordat Group and Multi agency oversight group – This will also inform any future CCGs Commissioning intentions. | | | |
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| ***6.3 Equality and Diversity*** | | *Lead: All* | *Timescale: April 2017* |
| ***Objective/s*** | | | |
| All organisations responsible for leading on key actions of the action plan are required to complete Equality screening and where required a full Impact Assessment before any changes are made, services are redesigned or new services are introduced. | | | |
| Progress Update: Equality Impact Assessments.  This will be ongoing throughout the programme and specific EIA and engagement with services users will be undertaken and assurance given to above groups. The BwD Deputy SRO with support from Lancs CSU has delivered a presentation on the progress already made and the plans going forward to Lancs MH Insight Network, with membership of MH service users, carers and other agencies during July 2015. The EIA process is updated regularly with the various engagement activities taking place to ensure full engagement is achieved. The EIA continues and regular engagement is taking place with the outcomes being fed into the MH CCC steering group and included where appropriate into the action plan. | | | |
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