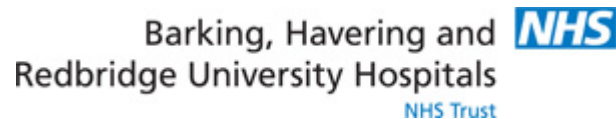


## Appendix A – Barking and Dagenham Crisis Care Concordat Action Plan

### Mental Health Crisis Care Concordat Action Plan



Barking and Dagenham, Havering and Redbridge (BHR) CCGs are committed to working in partnership to continue to improve crisis care for people with mental health needs in Barking and Dagenham, Havering and Redbridge. The Mental Health Crisis Care Concordat is warmly welcomed by BHR CCGs and its partners, and builds on work that is already underway across BHR. An action plan has been developed in response to the Concordat by BHR CCGs, Local Authorities and Physical and Mental Health Care Providers. The action plan will also be supported by Metropolitan Police Service, London Ambulance Service NHS Trust and the Community and Voluntary Sector.

The following action plan is a Barking and Dagenham plan to drive and deliver local improvements to crisis care. The plan consists of overarching commissioning and partnership responsibilities as well as actions to improve prevention, access, treatment and recovery provision. The plan consists of shared actions across BHR CCGs, reflecting the commitment of partners and agencies across boroughs.

## 1. Commissioning to allow earlier intervention and responsive crisis services

No.	Action	Timescale	Led By	Outcomes
<b>Matching local need with a suitable range of services</b>				
1	Develop a detailed mental health action plan following from the Barking and Dagenham Mental Health Needs Assessment incorporating the crisis concordat and developing borough response to crisis care.	September 2015	Mental Health Sub Group Chair	Agreed local Health and Wellbeing delivery plans and related commissioning plans that respond to local identified need and ensure services are appropriate.
2	Consider further the needs of people with dual diagnosis (LD and MH) to ensure they receive the most effective support and care with particular focus on information sharing and working with GPs to prioritise LD crisis and work more effectively with carers of people with LD	September 2015	Joint Commissioner / Barking and Dagenham (BD) CCG	Improve response for people in mental health crisis with LD
3	BHR CCGs to complete a pathway review of the crisis care pathway for people in mental health crisis in terms of local services and need	September 2015	BHR CCGs	<ul style="list-style-type: none"> <li>• Timely and appropriate interventions.</li> <li>• Integrated partnership working in crisis care.</li> <li>• Gaps identified and capacity issues addressed.</li> <li>• Community and voluntary sector (CVS) actively involved in pathway design</li> </ul>
4	MH sub group to consider the suggestions made by the stakeholder event on 11th March - incorporating with current actions as relevant and developing new actions with partners to respond to service	August 2015	BDCCG	<ul style="list-style-type: none"> <li>• Utilise contributions of service users and patient representatives</li> </ul>

	user need			
<b>Improving mental health crisis services</b>				
5	Commissioners to consider opportunities to incorporate key elements of action plan in provider Service Development and Improvement Plans within contracts to require services to develop protocols and inter-agency working arrangements for people in mental health crisis.	August 2015	BHR CCGs	<ul style="list-style-type: none"> <li>Agreed shared protocol across statutory, independent and voluntary organisations that support people with mental health problems.</li> <li>Timely and appropriate services' response to support people in mental health crisis.</li> </ul>
6	Agree protocol for ensuring a consistent approach to feedback to referrers following referral into NELFT crisis services.	September 2015	North East London NHS Foundation Trust (NELFT)	<ul style="list-style-type: none"> <li>Feedback provided within 24 hours to all relevant agencies following assessment or following a decision being made not to assess.</li> </ul>
7	Commissioners to review the range of Early Intervention in Psychosis/crisis 14/15 funded projects and evaluate effectiveness in context of overall mental health investment plan for 15/16.	September 2015	BHR CCGs	The impact of EIP/crisis pilots understood and decision making on future funding completed.
8	Service pathways and resources identified to support meeting the standard waiting time for Early Intervention in Psychosis (EIP).	March 2016 with mid-year review in Q2/3.	NELFT	Parity of esteem access standards for EIP achieved.
9	Evaluate performance of Enhanced Psychiatric Liaison Service and make decision around ongoing funding	July 2015	BHR CCGs	Effective service that supports accessible high quality care for service users with mental health needs attending Emergency Department (ED)

10	Consider integrated mental health models (based on the Lambeth and Sandwell work) as part of local mental health delivery plan.	December 2015	BDCCG & London Borough of Barking and Dagenham (LBBD)	A more holistic approach to managing mental health and mental health crisis
11	Identify routine reporting baselines (current waiting times), and resource gap to support meeting the national standards	September 2015	BHR CCGs	Routine reporting against national access standards is conducted to ensure parity of esteem for mental health service users
12	Commissioners to consider best way of ensuring mapping and communication of all services that relate to crisis support – taking into account the range of other mapping and communication activities being planned locally and the best way of working with CVS to support.	September 2015	LBBD & BDCCG	A full mapping of all services relevant to crisis support and then communication of map of services to all relevant bodies.
13	Develop ambulance pathway for people in crisis	September 2015	Havering CCG on behalf of BHR CCGs / LAS	Ensure people in a mental health crisis who contact the ambulance service avoid ED if possible.
<b>NHS 111</b>				
14	Review referral care pathway from NHS111 and update the Directory of Services	August 2015	BHR CCGs	NELFT services and third sector organisations are appropriately profiled within the NHS 111 Directory of Services and enabled to receive referrals from NHS 111 including electronic referrals where appropriate.
<b>CAMHS Triaging – EIP/ Crisis pilot</b>				
15	Extend the hospital based and CAMHS based support for children and young people at high risk	September 2015	NELFT	<ul style="list-style-type: none"> <li>• A reduction in the number of CAMHS admissions</li> <li>• Pro-active bed management</li> </ul>

16	Outreach services through CAMHS reviewed and developed to ensure Children and Young People identified as high risk are supported to remain out of ED	September 2015	NELFT	<ul style="list-style-type: none"> <li>• Reduced waiting times for beds</li> <li>• Reduced out of area placements</li> </ul>
<b>Ensuring the right numbers of high quality staff</b>				
17	Learning Beyond Registration (LBR) and NELFT to continue to ensure staff are encouraged and trained as Approved mental health professional (AMHPS)	Ongoing	NELFT	Increased provision of AMHPs across London in order to ensure that Mental Health Act assessments (MHAA) are completed within the agreed timeframe.
18	Drafting of Recruitment and Retention Plan for AMHPs	September 2015	NELFT	All services are appropriately staffed.
<b>Improved partnership working in Barking and Dagenham locality</b>				
19	Develop Mental Health stakeholder engagement plan to underpin engagement on MH delivery plan including crisis work	September 2015	MH Sub-Group Chair	Stakeholders including service users, carers and the public are effectively engaged and involved in ensuring local services meet local need. Two recent events held - October and November 2014
20	Commissioners to work with Community and Voluntary Sector and providers to develop a plan to re-energise the offer to BME and faith groups	August 2015	BDCCG	Improved service offer for BME and faith groups.
21	MH partnership group to oversee the implementation of Crisis Care Concordat Action Plan and to ensure effective membership of group	From March 2015	HWB & BDCCG	CCC action plan has local directive and governance to ensure implementation.
22	CCGs and NELFT continue to improve working with the police	Ongoing	NELFT	Urgent assessments in the community are completed within a maximum of 4 hours from referral.

	to ensure MHAAs take place promptly and reflect the needs of the individual concerned.			
<b>2. Access to support before crisis point</b>				
No.	Action	Timescale	Led By	Outcomes
<b>Improve access to support via primary care</b>				
23	Continue PTI mental health themed sessions, education events and visits via link workers.	Ongoing	BHR CCGs	<ul style="list-style-type: none"> <li>• GPs are aware of mental health crisis services within the locality.</li> <li>• OOH services are aware of referral routes for those in mental health crisis.</li> <li>• GPs and other community staff receive training regarding the potential precipitants for crises.</li> </ul>
24	The role of the mental health link worker is to be reviewed and clarified in SDIP	March 2016	NELFT and BDCCG	Part of Service Development and Improvement Plan
25	BHR CCGs to consider improving the MH commissioning capacity and skills within the CCG	March 2016	BHR CCGs	Improved skills and competencies of CCG mental health leads in the commissioning of mental health crisis services.
26	Development of primary care psychosis pathway	August 2015	BHR CCGs	Improved identification and management of psychosis in primary care
27	NELFT SI – systematic review about how GPs are involved in investigations	September 2015	NELFT & MH Partnership Group	Develop learning and sharing in health economy
28	BDCCG Clinical Director to improve primary care consistency/skills in managing people with SMI using practice profiles from MHNA to work with practices as part of intensive education programme.	September 2015	BDCCG	Improved primary care quality and consistency in supporting people with mental health needs prior to crisis.
<b>Improve access to and experience of mental health services</b>				
<b>Family Intervention – EIP/Crisis pilot</b>				

29	Increase the dedicated clinical time to deliver family interventions	September 2015	NELFT	<ul style="list-style-type: none"> <li>Increased access to evidence based interventions</li> <li>More families and carers supported</li> <li>Increased number of staff offering support to carers and families</li> </ul>
30	Enhance awareness of family interventions amongst all clinical staff in both EIP and Home Treatment Teams (HTT)	September 2015	NELFT	<ul style="list-style-type: none"> <li>Increased number of staff trained in FI</li> <li>More families and carers supported and included in care plans</li> </ul>
31	Develop an information pack for carers and families of people with psychosis	September 2015	NELFT	Family and Carers support and information package for EIP and HHT carers.
<b>Mental Health Crisis Line – EIP/Crisis pilot</b>				
32	Increase the out of hours clinical input to MH Direct 24/7 crisis line	September 2015	NELFT	<ul style="list-style-type: none"> <li>Reduction in number of referrals to emergency services</li> <li>Reduction in number of referrals to Home Treatment Teams (HTT)</li> <li>Greater degree of satisfaction from MHD service users</li> </ul>
33	Implement winter pilot of extended service of Mental Health Direct.	September 2015	NELFT	Strengthened MH Direct out of hours (OOH) service to include more robust clinical response out of hours.
34	Review and update the algorithm currently used to process calls by non-clinical staff responding to MH Direct calls, and evaluate impact.	September 2015	BHR CCGs	<ul style="list-style-type: none"> <li>Reduction in referrals to Emergency Duty Teams (EDT), HHT and ED</li> <li>Increase in service user satisfaction</li> </ul>
35	Continued publicity of 24/7 crisis helpline number	September 2015	NELFT	Crisis helplines are well publicised among people with mental health problems, carers, health and social care professionals, emergency services and the wider public.
<b>Barking and Dagenham Access Team – EIP/Crisis pilot</b>				
36	Extend the opening hours of the Access Teams	September 2015	NELFT	<p>Adult access and assessment teams are currently open 9am-8pm Monday to Friday. The opening hours of this service to be extended.</p> <ul style="list-style-type: none"> <li>Improved access to MH services/clinical support OOH</li> </ul>

				<ul style="list-style-type: none"> <li>Reduced attendance at ED out of hours</li> </ul>
<b>Information, Advice and Guidance</b>				
37	Review accuracy NELFT website and flyers to ensure that they provide key information to referrers, self-referrers, their families and carers	August 2015	NELFT	Information on mental health crisis services detailing opening hours, referral procedures and eligibility criteria is provided in various formats, available in different languages and easy to obtain via provider trust websites. Information needs to be coherent and consistent.
38	Pilot the marketing of self – referral options through social care services, children's services and local partners e.g Big White Wall	September 2015	BDCCG	Increased awareness of self-referral options available for people in mental health crisis.
39	Develop a communications plan for crisis concordat work with input from MH sub group , carers and service users to ensure most effective messages around the accessing of crisis services	August 2015	NELFT	Ensure effective messages around crisis line and expectations. As part of this ensure that BME and faith groups involved and engaged in this plan.

### 3. Urgent and emergency access to crisis care

No.	Action	Timescale	Led By	Outcomes
<b>Improve NHS emergency response to mental health crisis</b>				
40	Commissioners to consider with NELFT actions to improve score against Crisis Resolution Fidelity Scale possibly as part of SDIP 15/16	September 2015	BHR CCGs	Mental health crisis teams use the CORE Crisis Resolution Team Fidelity Scale criteria for benchmarking best practice. Improve rating from 'fair' to 'good' on Fidelity Scale



41	Commissioners to work with NELFT and other providers to ensure that patients with mental health crisis who access services through the urgent care system (ED, UCC, WIC) are able to be seen in appropriate settings. This will involve reviewing access through UCC and WIC, making best use of Enhanced Psychiatric Liaison and the s136 suite at Goodmayes, provision at Sunflowers and working effectively with the police and LAS. Particular focus will be given to people with dual diagnosis (MH and Substance Misuse) and frequent attenders as well as patients with physical as well as mental health needs.	September 2015	BHR CCGs	Systematic approach to ensuring patients in mental health crisis receive the care they need delivered in the most appropriate environment no matter where they access services. Part of this action will be to review opportunities for appropriate areas outside of ED and Police Station.
<b>Emergency Department</b>				
42	Review the environment for mental health assessments in ED to ensure, where possible, it is calm and safe	September 2015	Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)	Dedicated areas designed to facilitate a calm environment while also meeting the standards for the safe delivery of care. Resources will also be in place to ensure that people experiencing a mental health crisis can be continuously observed in emergency departments when appropriate.
43	Commissioners to consider with BHRUT approach to monitoring intramuscular tranquilisation administered in ED in accordance with accepted guidance	September 2015	BHRUT	BHRUT to demonstrate compliance with guidance
44	Commissioners to consider	July 2015	BHR CCGs	Ensuring that service users are seen in a timely fashion

	arrangements to monitor the requirement that 95% of MHA are commenced within four hours of Attendance at BHRUT			
45	Review, analyse and escalate all 4 hour breaches through contract monitoring process	Ongoing	BHR CCGs	Ensure significant care pathway issues are identified and addressed.
46	Commissioners to consider with NELFT monitoring arrangements regarding 4 hours in emergency and 24 hours if urgent of assessment following referral to HTT.	September 2016	BHR CCGs	Appropriate monitoring arrangements to ensure assessments are completed within the required timescale.
<b>Enhanced Psychiatric Liaison Service</b>				
47	Development of Enhanced Psychiatric Liaison service	Ongoing with mid-year review in Q2/3.	NELFT	<ol style="list-style-type: none"> <li>1 Liaison psychiatry services see service users within 1 hour of emergency department referral to ensure a timely assessment and minimise risk.</li> <li>2 Clinicians in the emergency department have rapid access to advice from a mental health clinical specialist following emergency department crisis assessments.</li> <li>3 Crisis plans are accessible to emergency department staff.</li> <li>4 Emergency departments have immediate access to psychotropic medications routinely used in the management of mental crises including intramuscular preparations.</li> <li>5 Operational Policy to be reviewed every 6 months</li> </ol>
<b>Social services' contribution to mental health crisis services</b>				
48	Develop a plan to make effective links between mental health crisis service providers and wider council services and	September 2015	LBBB	Improved overall holistic approach to managing recovery from crisis

	schemes – eg housing, mentoring, carers etc.			
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**Improved quality of response when people are detained under Section 135 and 136  
of the Mental Health Act 1983**

**Improved information and advice available to front line staff to enable better response to individuals**

49	Enhanced Psychiatric Liaison Service to provide training for all relevant clinical staff – in particular looking at innovative ways of providing training input to ensure best fit with busy ED	August 2015	NELFT	All ED staff are trained in the assessment and management of mental health crisis.
50	Social service staff who are likely to come into contact with people in crisis or their carers undergo mental health first aid training or receive more specific training if their role required	September 2015	LBBB	LBBB to complete training needs assessment and then liaise with Enhanced Psychiatric Liaison team

**Improved training and guidance for police officers**

51	Street Triage pilot (EIP crisis pilot funded for 14/15) – in place in Waltham Forest and Redbridge – CCG to consider implementation more broadly across BHR based on evidence from pilot	September 2015	BHR CCGs / Police	A service specification for a local Street Triage service
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#### 4. Quality of treatment and care when in crisis

No.	Action	Timescale	Led By	Outcomes
<b>Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring</b>				
52	To agree with local met police representatives as part of ongoing dialogue to improve access to appropriate crisis services set out in 39 above	September 2015	BDCCG / Police	Improve liaison and joint working with police locally
<b>Service User/Patient safety and safeguarding</b>				
53	Incorporate outputs of discussions with service users (e.g. from meeting held on 11 March)	March 2015	BD CCG	A more robust action plan
<b>Staff safety</b>				
54	Further discussion required at MH sub-group	April 2015	MH sub-group chair	Further points to be added to action plan
<b>Primary care response</b>				
55	Agree approach for ensuring consistent feedback between NELFT and Primary Care	March 2016 with mid-year review in Q2/3.	BDCCG	Feedback loop between NELFT and Primary Care to ensure appropriate support to service users in a crisis.

## 5. Recovery and staying well / preventing future crisis

No.	Action	Timescale	Led By	Outcomes
<b>Joint planning for prevention of crises</b>				
56	Deliver improvement plan regarding crisis planning for those on the Care Programme Approach (CPA).	August 2015	NELFT	Arrangements put in place to ensure that crisis plans are accessible to GPOOHs and NHS 111 teams.
57	Commissioners to consider with NELFT appropriate actions to test co-production with service users of crisis care plans and their content with training as appropriate if issues are identified	September 2015	BHR CCGs and NELFT	Crisis Care Plans are accurate, utilised and service users can rely on their use by clinicians
58	Crisis care planning for those who regularly present at ED.	March 2016 with mid-year review in Q2/3.	NELFT	Frequent attender reports and multi-agency plans reviewed and updated, and made accessible to ED staff
59	Ensure regular review of crisis plans is a requirement within the KPIs of the NELFT MH contract.	March 2016 with mid-year review in Q2/3	NELFT	Systems in place to ensure that people who regularly present to emergency departments in crisis are identified and their care plans appropriately reviewed.
60	Commissioners to consider with NELFT Advanced Directives Review as part of SDIP and encourage greater use of advanced directives amongst care co-ordinators (subject to agreement with NELFT).	September 2015	NELFT	<ul style="list-style-type: none"> <li>• Systems in place to ensure that people who regularly present to emergency departments in crisis are identified and their care plans appropriately reviewed.</li> <li>• Assessments will consider the individual's crisis plan when available including any advanced directives.</li> </ul>

61	Increase the awareness and use of personal health budgets for those with long term mental health needs	March 2016 with mid-year review in Q2/3.	NELFT and Local Authority	Increased awareness of the use of personal health budgets amongst people with long term mental health needs and providing them with greater choice and control over the support they access to manage their mental health.
62	Encourage routine discharge planning meetings in community recovery services	March 2016 with mid-year review in Q2/3.	NELFT	Discharge plans are regularly reviewed to ensure plans are effective and facilitates the recovery and wellbeing of service users and carers.