

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Blackburn with Darwen Clinical Commissioning Group
DATE:	11 th March 2015

SUBJECT: Mental Health Crisis Care concordat

1. PURPOSE

To brief members of the Health and Wellbeing Board on work being undertaken to deliver the obligations set out in the mental health crisis care concordat.

To seek the approval of the Health and Wellbeing board for the mental health crisis concordat action plan and the governance arrangements to deliver it.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board Members are requested to:

- Note the content of the report.
- Approve the Crisis Concordat Action Plan for Blackburn with Darwen.

3. BACKGROUND

Mental Health Crisis Care Concordat is a commitment from a number of 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 is to be agreed and signed by senior representatives from all the organisations involved (Appendix 1).

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 themes or 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

What is expected?

The Concordat expects that, in every locality in England, local partnerships of health, criminal justice and local authority agencies will develop, agree and sign off Mental Health Crisis Declarations. These statements will then be supported and implemented through a multi agency

action plan with local actions delivering services that meet the principles of the national concordat including:

- A jointly agreed local declaration across the key agencies in line with principles of the national Concordat- establishing a commitment for local agencies to work together to continuously improve the experience of people in mental health crisis in their locality
- A shared action plan to implement, monitor, track and review improvements.
- Reduced use of police stations as places of safety and a fast-track assessment process for individuals whenever a police cell is used.
- Evidence of sound local governance arrangements.

Full Crisis Care concordat document can be accessed at:

http://www.crisiscareconcordat.org.uk/wp-content/uploads/2014/04/36353_Mental_Health_Crisis_accessible.pdf

Mental Health Crisis Care concordat – Local Progress

Blackburn with Darwen Clinical Commissioning Group (GCCG) has been nominated by all CCGs in Lancashire to take this work forward on their behalf on a Lancashire footprint.

Initial discussions between the BwD CCG, Police, LCFT and NWAS have taken place and the way forward has been agreed by working together on a Lancashire locality footprint. Rather than developing individual action plans for each agency the agreement is to develop a single action plan for the whole Lancashire. Lancashire locality will cover all eight CCGs and three local authorities.

A multiagency full day event, sponsored by Lancashire Constabulary and supported by all key partners, was held on 10th October 2014 at Lancashire Police Headquarters. Over 70 delegates representing CCGs, Police, Lancashire Care NHS Foundation Trust, Acute Trusts, North West Ambulance Service, three local authorities in Lancashire, service user & carer representative voluntary sector organisations attended the event to agree the way forward and support the development of declaration and the action plan.

A declaration agreed by 23 key local partners was submitted to the department of health in December 2014.

The deadline to agree and submit an action plan is 31st March 2015. The attached action plan has been prepared in extensive consultation with all key partners including representatives of service users cares and local communities.

Governance:

The action plan will be monitored via a steering group. A Lancashire wide multi-agency steering group consisting of representation from all partners agencies involved in responding to mental health crisis care has been established. The group will be chaired by Debbie Nixon – Chief Operating Officer from BwD CCG.

4. RATIONALE

The Department of Health and the Home Office in partnership with the Concordat signatories and other partners, are planning practical ways to support and promote the development of these local agreements. The concordat sets out key elements of an effective system as shown in the table to improve responses for a mental health crisis, however, it is recognised that local approaches will differ due to local circumstances.

Mental Health Crisis Care Concordat principles

The principles include:

A. Access to support before crisis point

A1. Early intervention – protecting people whose circumstances make them vulnerable

B. Urgent and emergency access to crisis care

B1. People in crisis are vulnerable and must be kept safe, have their needs met appropriately and be helped to achieve recovery

B2. Equality of access

B3. Access and new models of working for children and young people

B4. All staff should have the right skills and training to respond to mental health crises appropriately

B5. People in crisis should expect an appropriate response and support when they need it

B6. People in crisis in the community where police officers are the first point of contact should expect them to provide appropriate help. But the police must be supported by health services, including mental health services, ambulance services and emergency departments

B7. When people in crisis appear (to health or social care professionals, or to the police) to need urgent assessment, the process should be prompt, efficiently organised, and carried out with respect

B8. People in crisis should expect that statutory services share essential 'need to know' information about their needs

B9. People in crisis who need to be supported in a health-based place of safety will not be excluded

B10. People in crisis who present in emergency departments should expect a safe place for their immediate care and effective liaison with mental health services to ensure they get the right ongoing support

B11. People in crisis who access the NHS via the 999 system can expect their need to be met appropriately

B12. People in crisis who need routine transport between NHS facilities or from the community to an NHS facility will be conveyed in a safe, appropriate and timely way

B13. People in crisis who are detained under Section 136 powers can expect that they will be conveyed by emergency transport from the community to a health-based place of safety in a safe, timely and appropriate way

C. Quality of treatment and care when in crisis

C1. People in crisis should expect local mental health services to meet their needs appropriately at all times

C2. People in crisis should expect that the services and quality of care they receive are subject to systematic review, regulation and reporting

C3. When restraint has to be used in health and care services, it is appropriate

C4. Quality and treatment and care for children and young people in crisis

D. Recovery and staying well / preventing future crises

5. KEY ISSUES

The service review and redesign commissioning intention is monitored through CCG governance structures, is included on the CCG Risk Register which is updated on a monthly basis.

The service review and redesign also reports to the Lancashire wide Transition Oversight Group (TOG) which has representatives from all CCG and LA and any exceptions would be reports to the Collaborative Commissioning Board.

6. POLICY IMPLICATIONS

NHS Outcomes Framework

Public Health Outcomes Framework

Adult Social Care Outcomes Framework

No Health without Mental Health

National Suicide Prevention Strategy

NHS Five year Plan

7. FINANCIAL IMPLICATIONS

All financial implications have been considered by the TOG and local CCG Commissioning Business Groups as part of the 2015/16 commissioning intentions, and it is anticipated that any service changes will be managed within the current allocated budgets. TOG will monitor this on a monthly basis.

8. LEGAL IMPLICATIONS

Blackburn with Darwen CCG as the Lead Commissioner link closely with the associates of the contract as well as seeking contractual advice via the Midlands and Lancashire Commissioning Support Unit.

All the service redesign proposals have been through a process of due diligence, and ratified against the four legals tests as per NHS guidance 'Planning and Delivering Service Changes for Patients'.

9. RESOURCE IMPLICATIONS

As the proposed changes to services are within current providers, it is anticipated that the new service models will be provided within current resources; however the resources may be distributed differently across the health economy, e.g. with the introduction of a more robust liaison service there may be a shift towards an increase in acute provision. This will be determined as the programme of work develops through ongoing review and evaluation.

10. EQUALITY AND HEALTH IMPLICATIONS

Equality Impact Assessments were completed at the beginning of the service redesign programme. These documents are monitored and will be continually updated as we move into the implementation stage of the service redesign. The Midlands and Lancashire Commissioning Support Unit Equality Team are aware of this programme of redesign and are continually supporting the team to ensure that any changes propose consider equality implications.

11. CONSULTATIONS

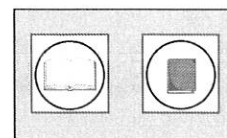
This report is jointly prepared by Blackburn with Darwen CCG and Blackburn with Darwen Borough Council.

VERSION:	0.1
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CONTACT OFFICER:	Debbie Nixon
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DATE:	11 th March 2015
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BACKGROUND PAPER:	Appendix 1: Mental Health Crisis concordat Pan-Lancashire Action Plan Appendix 2: Action Plan signatories
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Appendix 1:

Action Plan

Appendix 2:

Action Plan Signatories: Organisations committed to working together to improve mental health Crisis Care.

1. NHS Blackburn with Darwen CCG
2. NHS Blackpool CCG
3. NHS Chorley and South Ribble CCG
4. NHS Lancashire North CCG
5. NHS East Lancashire CCG
6. NHS West Lancashire CCG
7. NHS Fylde and Wyre CCG
8. NHS Greater Preston CCG
9. Blackburn with Darwen Borough Council
10. Blackpool Borough Council
11. Blackpool Teaching Hospitals NHS Foundation Trust
12. Calderstones Partnership – NHS Foundation Trust
13. East Lancashire Hospitals
14. Health watch Blackburn with Darwen
15. Health watch Blackpool
16. Lancashire Care NHS Foundation Trust
17. Lancashire Constabulary
18. Lancashire County Council
19. Lancashire MIND
20. Lancashire Teaching Hospitals
21. North West Ambulance Service
22. Police and Crime Commissioner

“Working together for better care” - Lancashire Action Plan

Pan-Lancashire Action Plan to
Enable Delivery of Shared outcomes of
Mental Health Crisis Care Concordat

NHS
Blackburn with Darwen
Clinical Commissioning Group



Blackpool Teaching Hospitals
NHS
NHS Foundation Trust



healthwatch
Blackpool

Calderstones Partnership
NHS
NHS Foundation Trust

East Lancashire Hospitals
NHS
NHS Trust

healthwatch
Blackburn with Darwen

Greater Manchester West
Mental Health NHS Foundation Trust
NHS

Lancashire Care
NHS
NHS Foundation Trust



Lancashire
County Council

Lancashire Teaching Hospitals
NHS Foundation Trust
NHS



NHS
North West
Ambulance
Service



University Hospitals
of Morecambe Bay
NHS Foundation Trust
NHS

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 8 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 police, ambulance service, mental health trusts, acute trusts, health watch and voluntary sector organisations.

A Multiagency Crisis Concordat Partnership Group consisting 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 will be underpinned by a number of local specific plans relating to a wide range of stakeholders and concordat will be reviewed and refreshed September 2015 to update high level progress.

No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
1. Multiagency partnership working for Commissioners, Providers, Police and wider stakeholders, governance arrangements					
1.1	Multiagency day event: Invite all key stakeholders, raise awareness of the concordat, share planned work, seek their commitment and sign up and agree high level issues.	BWD CCG	Oct 2010	Completed	
1.2	Apply for targeted resilience money from NHS England on behalf of all stakeholders and allocate funds to most effective schemes.	BWD CCG	Nov 2014	Completed	
1.3	Declaration draft prepared, agreed, signed off by CEOs of all key organisations and published at the national crisis concordat website.	BWD CCG	Dec 2014	Completed	
1.4	Multiagency Oversight Group development for Crisis Concordat Implementation and oversight Group for Lancashire.	LCFT/Police/CCG	Jan 2015	Commenced	
1.5	Stakeholder Consultation: Share final action plan draft, seek comments and feedback through LCFT event.	LCFT - BWD CCG	Feb 2015	2 nd Feb 2015	
1.6	Multiagency action plan: draft prepared, agreed, signed off by CEOs of relevant organisations and published on national crisis concordat website.	BWD CCG	March 2015	Commenced and needs final circulation.	

No.	Action – Activity – Milestone	Lead	Timescale	Outcome / progress	RAG Status
1.7	<p>Review the scope, role and Terms of Reference of the Multi Agency Oversight Group for section 135-136.</p> <p>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.</p>	LCFT - Police	April 2015	<p>Shared key relevant information and data sources Agreed priorities. Joint Action Plan and joint delivery of solutions. The strategic Par-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.</p>	
1.8	<p>Joint Strategic Needs Assessment to include information to help plan and monitor the Crisis concordat Outcomes delivery.</p>	Public Health	2015/16	<p>Better understanding and clearer picture of need for each local authority area.</p>	
2. Support before crisis					
2.1	<p>Lancashire wide 24/7/365, (all age) mental health helpline acting 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:</p> <ul style="list-style-type: none"> • 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 	LCFT	<p>Sep 15 Review</p> <p>March 2016 Implementation in Full</p>	<p>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.</p>	

No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
	including police, AMHPs and NWSA Staff. • Greater Preston/CSR CCGs: Support for care homes/nursing home staff who may need help and advice regarding a residents mental health.				
2.2	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	LCFT – (Bwd & East Lancs CCGs)	Feb 2015	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.	
2.3	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. <ul style="list-style-type: none"> • Implement pilot (LCFT - Police) • Evaluate (LCFT – Police) • Include as part of crisis pathway (LCFT – BWDCCG) 	Police, LCFT (AMHP Leads)	April 2015	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 2016.	
	NWSA 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	NWSA LCFT,		This is subject to agreement between NWSA and LCFT and LCFT Unscheduled Care Board will need to have direct contact.	

No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
2.4	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.	LCFT Police	April 2015	Following NHS England funding, LCFT as of 1 st April 2015 will deliver a 7 day service within all its police custody suites, this gives direct access to mental health workers for persons who are arrested.	Yellow
2.5	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. Also highlight what may have worked in the past, that has avoided a crisis occurring. Is that support still available for the individual ?	LCFT/ Third Sector Public Health (All 3 LAs)	Sep 2015 March 2016	CCG to work with LCFT when reviewing/ redesigning the unscheduled care specification to ensure qualitative and quantitative data requirements are included in the contact schedules. To explore other sources internally with LCFT via there Service User networks. Check with Public Health and Third Sector on data available/ required to action.	Yellow
2.6	Pre-crisis help/advice/support via voluntary sector: 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.	CCGs	March 2016	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.	Yellow
2.7	Pre/Post Crisis Support Services: 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	MIND	March 2015 Sep	Proposals for BWD and Chorley Supported Accommodation under consideration subject to funding as part of Crisis Care Concordat reliance monies. This service is to be reviewed by commissioners following pilot period if	Red

No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
	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 individuals needs could be met safely and effectively.	LCC	2015 Review	funding successful.	5
2.8	Monitor individuals attending hospital for self harm but not being admitted and develop a pathway for support. <ul style="list-style-type: none"> Greater Preston and CSR want to particular look at issues around how this pathway could be developed utilising existing resources. 	Acute Trusts/LCFT GP/CSR CCG	Review Sep 2015	To establish clear contracting quality schedule to allow clear reporting/ baseline of numbers and consider local Greater Preston work already undertaken.	
2.9	Mental Health Awareness Training: Effective multi-agency awareness and skills development training programme for non-healthy/mental health staff. <ul style="list-style-type: none"> Police officers Ambulance Staff Acute Trusts Primary Care Staff Mental Health First Aid Training	LCFT, LAS	April 2015	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	

“Working together for better care” - Lancashire Action Plan

No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
				<p>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</p> <p>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.</p>	S
2.10	<p>Support of those suffering from ADHD and Autism: 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.</p>	CCGs (LCFT)	2015/16	<p>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.</p>	
3. Urgent access to crisis services when required					
3.1	<p>Awareness of access points: 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.</p>	LCFT, LAs, CCGs		<p>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</p>	

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No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
3.2	Timely and effective Mental Health Assessments				
3.2.1	Maintain maximum waiting times standards for full mental health assessments irrespective of either 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:	LCFT	Review Sep 2015.	Community: Assessment and Treatment Teams led by Consultant Psychiatrists in Bwd and East Lancs. 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..	
3.2.2	Mental Health Act Assessments: Completion of all Mental Health Act Assessments within set time scales by local councils.	Bwd, Blackpool and Lancashire County Councils	Review Sep 2015.	As above this is being reviewed as part of review/ redesign of unscheduled care pathways.	
3.2.3	Review assessment pathways. Improve access to appropriate 24/7 services and timely out of hours assessment for specific groups when in a mental health crisis: <ul style="list-style-type: none"> Under 16s Individuals with Learning Disabilities. Individuals with Dementia 	CCG/ LCFT/ Acute Trusts/ Calderstones / Police	Review Sep 2015	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	

No.	Action – Activity – Milestone	Lead	Timescale	Outcome / progress	RAG Status
3.4	Section 135-136 policy & Protocol			governance and updated as and when required.	
3.4.1	<p>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</p> <ul style="list-style-type: none"> to use police time more effectively, to work together safely when the police are called to an incident on NHS premises 	MAOG (LCFT, Acute, Police)		<p>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.</p>	
3.4.2	Missing Persons Protocol: 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.	MAOG	2015-16	Better risk management. Effective use of resources.	
3.4.3		LCFT/Police	April		

No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
	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.		2015		
3.4.4	Ensure accuracy of information and consistent reporting on 135 and 136 activity and outcomes.	LCFT/Police	April 2015	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.	
3.5	Conveyance and Transportation				
3.5.1	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.	NWAS	Mar – June 2015	A defined policy is in place with regards to the transportation of patients with mental health needs in crisis.	
3.5.2	Develop an appropriate protocol to ensure that mental health patients are not treated unfairly by lengthy waiting times for	NWAS	Mar – June 2015	To review existing protocols with NWAS and other providers	

No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
	an ambulance.				
3.5.3	Consider and develop proposals for an alternative form of conveyance as opposed to fully kited ambulance.	Blackpool CCG, LCFT	Mar – June 2015	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 have started to scope out what this may entail.	
3.5.4	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.	MAOG	Monthly with Sep 15 Review	Delays of over 4 hours are recorded on Datix and monitored through the Oversight Group.	
3.6	Place of Safety				
3.6.1	Stocktake and agree all places of Safety across Lancashire Ensure 135/136 accommodation and staffing is adequately addressed.	LCFT Police	Sept 2015	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	
3.6.2	Allocate appropriate resources for the development of Mental Health Assessment Rooms at Acute hospitals and section 136 suites at appropriate locations.	CCGs	2017	Consideration for the 136 suite to remain in a central Lancashire site. (GP/CSR CCG)	
3.6.3	Place of safety for under 16s:	LCFT/CCGs	2015-16	The Multi- Agency Section 135 and 136	

No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
	A bespoke section 136 assessment suite and minimum staffing model for assessment of under 18s will be identified, agreed and commissioned.			Protocol has been ratified and it is recognised that provision for under 18s is a gap	S
3.6.4	<p>Consider the development of alternative places of safety for specific client groups i.e. older people with dementia, children and younger adults.</p> <ul style="list-style-type: none"> • Paediatric Wards • Mental Health Units • designated care home / community hospital with staff experienced in dementia 	CCGs	2015-16	Acute Trusts: All A&E wards as places of Safety. Dedicated Section 136 Suite for Lancashire.	S
3.6.5	Lancashire constabulary to regularly monitor and report the use of police cells as a place of safety via the MAOG.	Police	Monthly with Sep 15 Review	To report exceptions to the multiagency oversight group.	G
3.7	<p>Safeguarding – Awareness, Policy, Protocol, Implementation for</p> <ul style="list-style-type: none"> • Police • Crisis Team Staff • Others 	Local Authorities (LCC, BWD, B,pool)		Appropriate safeguarding leads to be invited to attend the MAOG.	Y
3.8	<p>Approved Mental Health Professionals - Mental Health Law Administration – The role of Social Services Local Authority</p>		Ongoing – Plan and timescales to be confirmed	The below section needs further discussions to inform detailed implementation and review plan.	
3.8.1	<p>Stocktake AMPHS staffing and availability in all localities</p> <ul style="list-style-type: none"> • Training and qualification is appropriate • Review reporting quality and structure 	BWD BC, LCC, Blackpool			S

No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
	<ul style="list-style-type: none"> Have a system of ongoing review in collaboration with local partners to ensure AMHP workforce is sufficient and capable to address local needs 				
3.8.2	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.	BWD BC, LCC, Blackpool			
3.8.3	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.	BWD BC, LCC, Blackpool			
3.8.4	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.	BWD BC, LCC, Blackpool			
3.8.5	Review and report issues to MAOG around partnership working between AMPHS and <ul style="list-style-type: none"> Police Crisis & Home Treatment Team North West Ambulance Service 	BWD BC, LCC, Blackpool, NWAS			
3.8.6	Develop multi-agency Police assistance for Approved Mental Health Professionals protocol	Police LAS LCFT		This is included in s.135/136 protocol as support to professionals where warrant not appropriate.	

No.	Action – Activity – Milestone	Lead	Timescale	Outcome / progress	RAG Status
3.8.7	All AMHP services across three local authorities will ensure attendance at bi-monthly MAOG meetings.	BWD BC, LCC, Blackpool council		Share ideas of improving working practices agreed cross border working arrangements for undertaking MHAAAs to avoid people in crisis being passed around / between LAS	Yellow
3.9	Lancashire constabulary to identify areas where joint operational arrangements need further consideration and improving and produce an action plan/report for the oversight group.	Police	October 2015	Resolution of operational issues via the MAOG and the crisis concordat oversight group.	Yellow
3.10	Implement safe restraint techniques into Ambulance and Police training.	NWAS/ Police	Mar – June 2015	To scope viability of this type of specific training and intended outcomes.	Red
3.11	Criminal Justice Liaison and Diversion Services				
3.11.1	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.	LCFT	April 2015	As of 1 st April 2015 This will be an all age service which will also include learning disabilities and veterans. LCFT led CJL&D services in Lancashire police custody suites and magistrate courts covering 8-4, 7days a week.	Yellow
3.11.2	Undertake a pathway review of offender access to MH services.	LCFT	Sept 2015	Assessment and timely access and coordination through the court system.	Red

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No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
3.11.3	<p>Access to appropriate 24/7 services for specific groups when in a mental health crisis and in police custody:</p> <ul style="list-style-type: none"> • Under 16s • Individuals with Learning Disabilities. • Individuals with Dementia 		April 2015	The CJL & D service will be available for these groups if they are arrested.	S

4. High Quality Mental Health Crisis Services

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No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
	<p>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;</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>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.</p>	<p>CCG/ LCFT/ ID Stakeholders as appropriate.</p>	<p>2015-17 With ongoing planned reviews New Service to be implemented in full by April 2017.</p>	<p>Implementation of new unscheduled care specification/ pathway with agreed service user/ carer outcomes will be ongoing.</p> <p>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.</p> <p>There is a formalised 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.</p>	<p style="text-align: right;">501</p>

5. Post Crisis Support – Recovery and Staying well

No.	Action – Activity – Milestone	Lead	Timescale	Outcome/ progress	RAG Status
	<p>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.</p> <p>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.</p>	<p>LCFT MIND, BWD BC, LCC, Blackpool LD Leads</p>	<p>Review Sep 2015</p>	<p>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.</p> <p>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.</p> <p>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.</p>	

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No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
	<p>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.</p> <p>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.</p> <p>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.</p>				

6. Action Plan Monitoring, Review and Evaluation

No.	Action – Activity - Milestone	Lead	Timescale	Outcome/ Progress	RAG status
6.1	<p>Monitor action plan implementation via the Pan-Lancashire Steering groups on a monthly/ bi-monthly basis to ensure its delivery.</p>	BWD CCG BWD CCG	April 2015	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.	
6.2	<p>Review Action Plan annually in Sept to ensure all stakeholders are delivering against actions and commissioners align their</p>	BWD CCG BWD CCG	Sept 2015		

“working together for better care” - Lancashire Action Plan

No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
6.3	<p>Equality and Diversity</p> <p>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.</p>	All	April 2017	<p>Equality Impact Assessments.</p> <p>This will be ongoing throughout the programme and specific EIA and engagement with services users will be undertaken and assurance given to above groups.</p>	<div style="background-color: #FFC000; width: 100%; height: 100%;"></div>