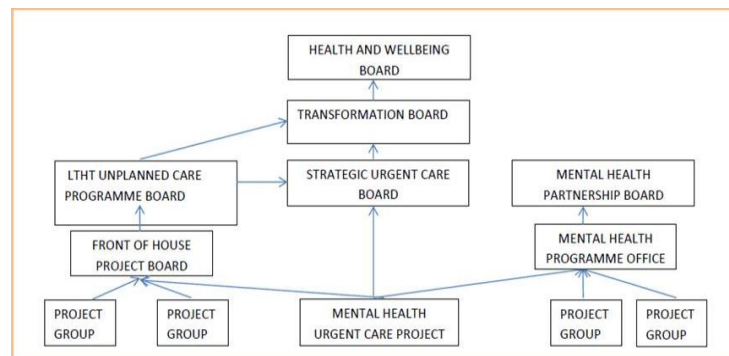


Introduction

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. All partners in Leeds signed up to the Yorkshire and Humber Regional Crisis Care Concordat Declaration in December 2014.

This crisis action plan is for the City of Leeds. It has been drawn up by Leeds CCG Mental Health and Urgent Care Commissioners* a workshop held in February 2015 attended by a wide range of stakeholders including local Acute, MH and Third Sector providers, Service Users, West Yorkshire Police, Health and Social Care Commissioners and Yorkshire Ambulance Service. This plan captures actions identified at this workshop as well as ongoing work that impacts on the quality of crisis care and the service user experience in Leeds.

Leeds is undertaking a transformation both of Urgent Care services and also embarking on a programme of Implementing the Leeds Mental Health Framework. Mental Health Urgent Care is one of the 4 Urgent Care Transformation projects and Improving Crisis Care is one of 4 prioritised programmes of the Leeds Mental Health Framework 2014-17. It has been agreed locally that Mental Health Urgent Care transformation will be delivered via the Framework Crisis Care Programme and CCGs are in the process of recruiting a project lead to implement the agreed actions and priorities of this programme. Progress will be reported into the Leeds Mental Health Partnership Board and the Leeds Strategic Urgent Care Board:



There is also a Leeds Suicide Prevention Group led by Public Health. The suicide prevention work is clearly relevant to the crisis concordat plan but the detail and planning is managed through this separate arrangement for both adults and children.

This plan is focused on those areas specific to the concordat but the actions may be part of wider plan delivery. In structuring this Action Plan we have used the 4 principles of the CCC (but not specifically used the headings of the CCC template plan) to ensure that we capture the local needs of our population. This is the first iteration with the ambition that it will evolve as the Framework programme develops over the next 2 years.

A separate plan has been drawn up by the Yorkshire Ambulance Service which can be viewed here:



Mental Health Group
Action Plan 2015-201

We wish to hear comments and suggestions for improvements and areas of work we should concentrate on. Following stakeholder circulation, this plan with comments and changes received will be presented to our Mental Health Partnership Board and our Strategic Urgent Care Board by the end of March 2015 for ratification and agreement by all the stakeholders.

**there are 3 Leeds CCGs. Mental Health and Urgent Care Commissioning is done by Leeds North on behalf of the 3 Leeds CCCs.*



1. Access to support before crisis

No.	Action	Timescale	Led By	Outcomes
1.1	Leeds CCGs are undertaking a feasibility study for a Leeds front end/single point of access for all mental health services. In 2015 Leeds North CCG will consult with stakeholders and produce a feasibility study on the procurement of a single point of assessment for mental health services	Feasibility study to be produced by end of April 2015 to go out to consultation.	Leeds CCGs – Jane Williams	GPs and other referrers will be able to refer people into a comprehensive triage and initial assessment process. Sitting behind the assessment will be a number of options ranging from primary and secondary mental health services to social prescribing to peer support and skills training. Outcomes: <ul style="list-style-type: none"> • Service users can access the type of support they need and therefore avoid reaching crisis point, • Service users can rapidly access crisis services should this be the most appropriate intervention. • Pathways and criteria are clearly defined as are interfaces between services.

	in Leeds.			
1.2	Commissioning of targeted training and awareness around suicide risk (ASIST, Safe-Talk, MHFA)	Ongoing already commissioned.	Leeds City Council – Office of the Director of Public Health Catherine Ward	<ul style="list-style-type: none"> Both the general public and frontline staff will be able to recognise and either signpost and or support people at risk of suicide. The menu of targeted training will contribute towards identifying and reducing the risk of suicide in key high risk individuals in our communities as set out in the Leeds Suicide Audit.
1.3	Development of Social Prescribing Pilots within Leeds CCGs. To widen the choice of support offered at primary care, each CCG will procure social prescribing pilot relevant to the needs of their population.	Leeds West pilot up and running since September 2014. Leeds North and Leeds West at planning and pre-procurement stage.	Leeds CCGs	The social prescription approach is recognised as an effective means of meeting the wider needs of patients, providing the potential to address wider socio-economic determinants of health such as low income, low educational achievement, poor housing and community safety. It can expand treatment options, providing greater choice and control for patients, empowering people with the knowledge, skills and resources to promote their own and their family's wellbeing. Adopting a proactive approach to health promotion is an effective mechanism to enable intervention at an early stage, supporting people to engage in healthy behaviours and reducing repeat attendance in primary care and secondary care.
1.4	Postvention Bereavement Service: It has been recognised that those bereaved by suicide are at increased risk of emotional and mental health problems and suicide themselves. Support for survivors of suicide has been identified as a	Service is currently out to procurement and will be awarded April 2015.	Leeds City Council – Office of the Director of Public Health Catherine Ward	<p>Suicide survivors will receive appropriate postvention support and as a result will have the opportunity to access services and receive early interventions such as bereavement counselling, peer support and family therapy</p> <p>The expected outcomes will include:</p> <ul style="list-style-type: none"> A specialist provision and support in Leeds for those bereaved by suicide The ability to respond to the need for suicide survivors in the population identified in the Suicide Audit for Leeds 2008-10 as set out in the citywide Suicide Action Plan in relation to postvention work.

	<p>preventative step. The Service will set up, develop, deliver, run and evaluate volunteer led drop in and peer support groups in Leeds.</p>			<ul style="list-style-type: none"> • The delivery of a postvention Service for the population of Leeds. • The Service will identify the needs of suicide survivors and work toward developing the service to meet this need. • The raising of awareness and importance of Suicide Bereavement work. • The ability to be effective by building in a robust evaluation of the service from the onset of the contract.
1.5	<p>Leeds Mental Health Framework Programme Priority – Leeds model of community mental health services</p>	<p>TBC Currently in planning phase with project lead still to be assigned and project scoped.</p>	<p>Leeds CCGs – Jane Williams</p>	<ul style="list-style-type: none"> • Leeds has a fit for purpose model of community mental health service spanning NHS and third sector provision that can meet the diverse and complex needs of the population. • Access criteria and information about services will be clearly described so that referrers and service users can navigate the Leeds model and reduce numbers of inappropriate referrals and reduce the length of time service users wait to access treatment. • People are supported by a workforce with the right skill mix to meet their needs which will promote recovery and reduce the likelihood of relapse and mental health crisis. • Joint work between Local Authority and CCGs to commission the model.
1.6	<p>Integrated Health and Social Care teams Following a successful pilot project CCGs to recurrently commission 3 dementia specialist nurses from LYPFT to work with the</p>	<p>May 2015</p>	<p>Leeds CCGs Tim Sanders/LYPFT – Alison Gordon</p>	<p>To work alongside Integrated Health and Social care teams to support assessment and care planning where mental health needs are part of a complex presentation. Team are able to rapidly access specialist mental health team support and any existing health records to ensure problems are addressed quickly to prevent escalation into crisis.</p>

	integrated teams covering Leeds.			
1.7	Leeds Maternity Pathway - Ante and post natal pathways and the integration with mental health services.	Maternity Needs Assessment Completed. One Workshop of two has taken place to pull together actions targeted at improving the pathway.	Leeds CCGs – Jane Mischenko	Mental health needs in mothers is recognised and support offered early from a workforce skilled to meet that need.
1.8	Assertive Outreach Teams both LYPFT AOT and Touchstone Community Support Team <i>(Also relevant to 4. Recovery and Staying Well)</i>	Ongoing work – already commissioned by NHS and Local Authority	Leeds CCGs/LCC/Touchstone/LYPFT	Recognising the importance of AOT in the MH Pathway in keeping people engaged in services and ensuring that mental health deterioration is recognised and early intervention offered before crisis situation can develop.
1.9	Local Authority Commissioned Drug and Alcohol Services: Ensure that the new service specification delivers integration with primary and secondary care MH services.	Contract Awarded and mobilisation period underway to begin 2015	Leeds City Council – Chris Dickinson/Diane Powell	<p>People with co-existing mental health and substance misuse problems (dual diagnosis) have been identified as a priority group within the specification of the new drug and alcohol treatment and recovery service.</p> <p>LCC awarded the contract in December 2014 to a consortium led by DISC including BARCA, LYPFT (LAU), St Anne’s Community Services, St Martins Health Care Services.</p> <p>Their mental health offer includes specialised dual diagnosis case management and psychological interventions, and is supported by specialist staff including a consultant psychiatrist and consultant</p>

				psychologist. Training will be offered by the provider to key stakeholders in Leeds to support an integrated approach to achieving recovery outcomes in the city.
1.10	Shared training between Police and LYPFT Crisis Service: Leeds District Police sergeant training to include MH case studies and input from LYPFT crisis team	Beginning March 2015 and then 6 monthly sessions.	West Yorkshire Police – NIK Adams LYPFT Crisis Team – Jeanette Lawson	Training taking place for 154 sergeants in Leeds over March/April. Training includes briefing on Mental Health Services, Risk Management Training & the use of the police national decision model. The training is then embedded through a workshop to apply learning to operational scenarios. LYPFT Crisis staff will co-facilitate the mental health sessions.
1.11	Implement actions following the whole system review of Children and Young People emotional wellbeing and mental health services	Ongoing	Jane Mischenko _ Lead for Children and YP Commissioning for the CCGs Jane Williams – Lead for CCG Mental Health Commissioning	<ul style="list-style-type: none"> • Review produced 11 recommendations. • Mental Health Commissioners have included Children and Families as a priority project for Mental Health Framework for Leeds. A project leader will be shortly recruited to lead this work stream • Children’s and Mental Health Commissioners are working together to implement the Leeds review recommendations as well the Future in Mind CYP Strategy for England.

2. Urgent and Emergency access to Crisis Care

No.	Action	Timescale	Led By	Outcomes
Matching local need with a suitable range of services				
2.1	Police MH Resolution Practitioner - Pilot Project to locate a 1.8 band 6 WTE MH nurse within the Leeds District Police Control Room at peak times (twilight shift) across 7 days. The nurse would offer telephone triage if necessary to facilitate early resolution and prevent further escalation of presenting behaviours and possible detention in police custody. The nurse on duty would be	12 months pilot starting May 2015	Partnership between West Yorkshire Police and Leeds and York Partnership FT. Named leads: Jeanette Lawson and Nik Adams	<p>The pilot would allow targeted work to meet the mental health demand placed on the police. It would assist the police to have earlier detection of mental health needs, improved outcomes for service users, better manage risk and ensure early diversion to the most appropriate pathway for the individual.</p> <p>The outcomes of the pilot are to:</p> <ul style="list-style-type: none"> • Facilitate timely and appropriate mental health referrals. • Ensure quicker resolution for response officers. • Reduce deployment of response officers to mental health related non urgent calls. • Reduce Section 136 detentions. • Improve response times for mental health assessment within custody. • Increase understanding of mental health needs and services for officers

	the Single Point of Contact for officers when dealing with non-urgent mental health work.			<ul style="list-style-type: none"> Improved risk management of persons perceived by police as low level risk. Improve service user experience. Early identification of deteriorating mental health, facilitation of referrals to appropriate pathways and repeat callers (see 3.6) Sharing key actions from individual care plans to inform early decision making at incident.
2.2	LYPFT Crisis Service – Mental Health practitioners to be based within YAS/111 hub	Pilot Starting Dec 2014	LYPFT - Jeanette Lawson and YAS – Angela Harris.	YAS have been piloting mental health practitioners within the 999 hub for West Yorkshire to reduce the need for YAS staff to attend mental health calls or for those calls that have required YAS crews on scene the requirement for conveyance to hospital is reduced.
2.3	LYPFT Crisis Assessment Service (CAS) Street Triage Pilot and Review: Non recurrent system resilience funding has been given to extend the Leeds Street Triage pilot from 10 hours to 24 hours. The pathway has also been opened up to Yorkshire Ambulance Service Recurrent funding secured for next financial year.	Pilot extension to run from December 1 st 2014 until May 2015. Review completed during this timescale.	LYPFT CAS – Jeanette Lawson	<p>The original pilot ran from Nov 2013 for 1 year and has already evidenced the following outcomes:</p> <ul style="list-style-type: none"> - Reduced the number of S136 applied by approx. 30%. - Reduced the occurrence of service users being placed (under S136 MHA) in police custody - Increase understanding of mental health needs and services for officers - Improved service user experience. <p>The pilot extension will allow the CAS and Police to review the impact of Street Triage and inform recommendations on the best future model for Leeds. Has been up and running 24 hours from December 1st. Early findings show that whilst there has been more S136 referrals in January compared to December there is still a step change down in terms of numbers from December 2014 when then the augmented service began. This is a 15.6% reduction in S136 referrals from when the service was 10 hours to when it went 24 hours which is in line with the prediction. Following the initial review there is national recognition that as over 60% of Street Triage contacts occur in private dwellings that the service is renamed Mental Health Triage.</p>

				Whilst the introduction of Mental Health Triage has reduced Section 136 and continues to do so, there is also evidence that there is a significant increase (53%) in mental health work which has previously been unmet need. The implication of this demand on current resources is yet to be understood.
2.4	Implementation of the LYPFT Acute Care Pathway Review findings to meet the needs of people who require an alternative to admission and the skills/provisions LYPFT has to meet those needs. Focussing on partnerships that may compliment or be better placed to deliver some those services alongside the Trust.	Project commenced September 2014 and changes to the pathway Implemented between March and August 2015.	LYPFT - Guy Brookes	Two main groups have been identified: Dementia/Complex Later Life and Acute Mental Health. Outcomes will include: <ul style="list-style-type: none"> Acute alternatives to hospital admission pathway that meets the requirements of people with acute mental health needs and people with dementia / complex later life difficulties. Reduced reliance on inpatient beds through the development of a Crisis Assessment Unit (CAU) Service users will receive the right treatment at the right time by staff with the right skills to meet their needs.
2.5	CCG have commissioned LYPFT to Develop a Crisis Assessment Unit for Leeds. The extra resource will build on the current crisis assessment service and increase their capacity to meet the needs of : <ul style="list-style-type: none"> Service users who require more detailed assessment of need during crisis S136 service users who 	CAU scaled implementation beginning January 2015 with 2 beds and eventually moving to an 8 bedded 72 hour extended assessment unit by Summer 2015	LYPFT – Jeanette Lawson	The unit would improve the service users experience, reduce the need for admission to acute inpatient care, divert service users from urgent care and ensure parity of esteem for mental health service users receiving expert and detailed mental health assessment. The service will be predominantly aimed at: <ul style="list-style-type: none"> Decreasing service users taken to police cells following detention using S136 MHA 1983 Divert service users from A&E Divert service users from admission to hospital It would not be possible to describe all possible situations when admission to the Crisis Assessment Unit would be appropriate however some key

	<p>are intoxicated and held in police custody</p> <ul style="list-style-type: none"> • Service users who need an urgent assessment – more quickly than the current 4 hr standard. 			<p>groups of service users who will benefit from the service are:</p> <ul style="list-style-type: none"> •Service users presenting in an acute crisis following a significant event who need a brief period of support before their medium term needs can be accurately determined. It would be expected that this could be a community based service rather than inpatient admission. •Service users who require on-going care via Intensive Community Services who present out of hours and who cannot keep themselves safe. Currently service users would need to remain either in A&E or require admission to hospital. •Service users presenting at their GP requiring an emergency assessment of their mental health who do not have medical needs requiring treatment. •Service users who have contacted YAS requiring mental health assessment and whose physical health needs have been met by the paramedics. •Service users seen by police who have no medical needs but who require mental health assessment. Often this will have included an initial assessment via the newly commissioned MH Triage service. •Service users with “drug induced psychosis” requiring short term treatment in a controlled and safe environment. •Service users recalled using a community treatment order who will receive assessment in a supported environment. •Service users with a social related crisis precipitator who can be both treated and safety can be maintained whilst the situation which precipitated the crisis is resolved. •Service users detained by Police under S136 MHA who are intoxicated
2.6	<p>Dial House – Survivor led Crisis Service funded by health and local authority commissioners. Using NHS system resilience</p>	<p>Service moves to 5 nights opening from December 2014.</p>	<p>Leeds CCGs – Debra Taylor – Tate and Jane Williams and Dial House - Fiona</p>	<p>Service users are now able to access crisis support for 5 nights week at a survivor led crisis house in the community. Outcomes include:</p> <ul style="list-style-type: none"> • Reduced use of urgent care (ED) • Reduced use of NHS mental health crisis services

	£ CCGs have commissioned an additional night capacity for 2 years at Dial House.		Venner	<ul style="list-style-type: none"> Improved service user experience Choice in crisis support in Leeds.
2.7	Development of a Leeds Mental Health Urgent Care Steering Group to re-design and improve the Leeds MH Crisis Pathway.	First workshop 4 th February to process map current pathway and future meetings TBC	Leeds CCGs Urgent Care Lead – Debra Taylor-Tate	<p>A multi-agency workshop held to process map the current crisis pathway for service users entering ED.</p> <p>Projected Outcomes:</p> <ul style="list-style-type: none"> Establish a partnership approach to the transformation of MH crisis pathway. Using real life recent examples of service users who have accessed MH services via ED to produce a process map. Inform and focus the crisis care concordat work stream To understand the importance of the diagnostic element of the pathway and how this should influence patient journey following presentation at ED. This should ensure that people receive right service at right time (parity) and seamless transfer between organisations in the pathway
2.8	LYPFT Acute Liaison Psychiatric Service (ALPS) Evaluation	Evaluation to be complete and with commissioners by end of March 15.	LYPFT – Kim Bunton/Janet Wright	<p>The evaluation will enable commissioners to analyse whether the service has achieved its original business case objectives:</p> <ul style="list-style-type: none"> Diversion of those presenting with MH/self-harm issues at ED away from acute admissions. Fast access (within 3 hours) to a mental health assessment Appropriate referral onto mental health service. Improved service user experience. <p>The evaluation report will be used to inform the Liaison service review in 2015.</p>
2.9	LYPFT/CCG Review of Liaison Services : In line with 2015 Planning Guidance and Better Access by 2020 targets, CCGs have	TBC	LYPFT and CCGs	The review will scope out the work needed to ensure in Leeds we have a model of MH liaison that meets the needs and size of the population.

	funded a review of Liaison services across LYPFT.			
2.10	Expansion of the Older People's MH Liaison Service: The Liaison Psychiatry Service for Older People undertakes specialist assessment and review of people aged 65 and over who present with mental health problems in General Hospital settings in Leeds	Additional nursing capacity in place January 2015 onwards. Funded NR from system resilience funds until April 15 when recurrent funding has been agreed from CCGs.	LYPFT OPS Liaison Team – John Holmes	Main benefit will be to improve the timeliness and access to appropriate assessment reducing the use of inpatient care and reducing lengths of stay for service users who are admitted to hospital. <ul style="list-style-type: none"> • Faster assessment of service users presenting at LTHT with regards to mental health needs • Parity of esteem for service users under 65 and over 65 years of age in terms of meeting physical health and mental health needs • Increase case finding of older patients with mental health problems and facilitate referral to appropriate services for diagnosis and treatment
2.11	Information Sharing Protocols - West Yorkshire Police and LYPFT Crisis Service/LTHT ED	TBC		The purpose of this agreement is to establish a lawful, efficient, appropriate and confidential method of reciprocal data disclosure. This is primarily to ensure that a risk management plan can be accurately formulated for the service user to safeguard the individual, staff, and the public. This will be specifically aimed at the propensity to commit sexually related offences, harm oneself, violence towards others and violence towards property. Secondly to inform a reciprocal flow of data in the form of an information report, post risk assessment, by the Partner SPoC in the format required. This will ensure that officers and staff within West Yorkshire Police and the Trust Partner are jointly aware of the plan and able to assist the service user if the future need arose.
2.12	Mental Health Crisis ID : To consider the creation of a simple identification card/bracelet that would	To be confirmed when the MH framework crisis lead is in post.	To be confirmed when the MH framework crisis lead is in post.	People in crisis will have an opportunity to “opt in “to this scheme. For those that have had negative experience in accessing mental health crisis support it should enable swift identification and access to the right service at the right time and reduce any confusion and negative

	enable police/ambulance/members of the public/others to easily identify people who may be in the midst of an acute mental health crisis.		Together We Can will take a lead in developing this piece of work.	experiences.
--	--	--	--	--------------

3. Quality of Treatment and Care When in Crisis

No.	Action	Timescale	Led By	Outcomes
3.1	Together We Can – Service User Crisis Report. Leeds MH Partnership Board service user representatives have produced a report of service user experience of crisis services.	Ongoing	Joe Alderdice and Together We Can	The report contains a number of recommendations that will be used to inform re-design of the Leeds MH Crisis pathway. The group will be included in the membership of the Leeds Urgent Care Working Group and this inclusion will ensure that any changes to the crisis pathway and planned service improvements are developed in collaboration with service users.
3.2	Acute Liaison Psychiatry Service (ALPS): Providing self-harm service 24/7 to ED and medical wards and also mental health assessment to service users within ED. To facilitate prompt access to mental health intervention for those individuals who have an identified mental illness working closely with the acute care pathway to access in-patient psychiatric admission	Ongoing from February 2013 evaluation is due end March 2015.	LYPFT – Kim Bunton	The ALPs service aims to provide a mental health assessment within 3 hours of service users presenting at ED with mental health issues. Outcomes: <ul style="list-style-type: none"> • Service users will be provided with a thorough bio-psychosocial assessment and signposted to the most appropriate service to manage their current mental health and bio-psychosocial difficulties. • Improved ambulatory care pathway for service users with a mental health difficulty or following an episode of self-harm. • Closer and more consistent collaboration between LTHT and LYPFT to optimise efficiency in managing mental health and self-harm presentations in the ED.

	and intensive community services			
3.3	LTHT and LYPFT to review the escalation processes in place between LTHT Emergency Department and LYPFT crisis service.	Meeting 18 th March to begin the process of agreeing an escalation process between LTHT/LYPFT and Police.	LTHT – Andy Davies LYPFT – Chris Hosker/Jeanette Lawson WYP – Nik Adams	Monthly meeting to formulate joint escalation policy. Each organisation will develop escalation flowchart & these will then brought together to form overarching plan. Once agreed disseminate to staff. Risk of Absconding management plan being developed with LTHT/WYP
3.4	Crisis Assessment Unit - extension of CAU capacity to meet the needs of intoxicated service users. Harm reduction workers located within the Crisis Assessment Service. Initial pilot phase funded via System resilience £ and recurrent costs agreed as a commissioning intention by Leeds CCGs..	Extended Section 136 suite will be operational in Summer 2015. Harm Reduction workers in post from January 2015.	LYPFT – Jeanette Lawson	Currently the S136 suite is unable to meet the needs of intoxicated or violent service users and so they are usually held in a police cell until a mental health assessment can be performed. Extension to the number of S136 beds and improved capacity of crisis service via CAU will mean that there is capacity for them to be brought to the S136 suite instead. This will improve service user experience. Harm reduction workers will assertively follow up individuals identified via Mental Health Single Point of Access/ Crisis Assessment Service/ALPs to engage in harm reduction work to reduce reattendance to the Emergency Dept. or Crisis Assessment Service, improving outcomes for service users with co-morbid substance/alcohol use.
3.5	Leeds Multi Agency S136 meeting - quarterly meetings to discuss issues relating to S136,	Ongoing	LYPFT lead but attended by police, Leeds City Council, CCGs	The group is multi-purpose: <ul style="list-style-type: none"> •That the Trust has a robust clinical strategy to underpin operational and strategic planning. •Robust communication between all organisations.

	street triage and any other interface issues between police/mental health and social care services.		and other stakeholders.	<ul style="list-style-type: none"> •Section 136/Street Triage monitoring figures are presented and discussed across all interested parties. •Delivery of Section 136 service development, improvement programmes and projects monitored and evaluated. •That the service has effective clinical governance systems and that quality issues are brought to the attention of the relevant organisations. •That the Section 136 service delivers on national and local performance standards •That Section 136 service risks are identified and managed and that strategic risks are escalated. <p>To disseminate findings of street triage pilot.</p>
3.6	LYPFT Repeat Attenders Forum - a forum for LYPFT staff, representing key services, to review how the Trust responds to service users most frequently in contact with LYPFT 'out of hours' services. The ambition of the forum is to improve service user experience through meeting the above aims and to enable LYPFT staff to more robustly respond to the identified needs of this service user	January 2014 and reporting into the Leeds Self Harm Partnership.	LYPFT – Crisis Assessment, Personality Disorder and Acute Psychiatric Liaison service leads.	<p>The aims of this group are to ensure that:</p> <ul style="list-style-type: none"> • Those service users most frequently in contact with LYPFT 'out of hours' services, i.e. (ALPS) & (CAS) are identified <ul style="list-style-type: none"> • Their contact with LYPFT services is briefly reviewed • Appropriate steps are then taken to seek to improve how LYPFT services can more effectively engage and / or respond to this service user group • If no LYPFT service is currently being provided that the rationale for this has been considered • That if a LYPFT service is currently being provided that the pattern of repeat attending & the response of those services involved has been considered <p>It is anticipated that if the aims are achieved a reduction in the use of these services may result for some service users, through a more considered and 'joined up' response from LYPFT staff.</p>

	group. The focus of the group is to consider how the service is responding to the service user in question.			
3.7	Access to AMHPs - Non recurrent system resilience £ has been allocated to LYPFT to train a number of nurses as AMHPs.	Training began December 2014 and qualified	LYPFT – Jeanette Lawson	The crisis team will be able to flex workforce to respond to the needs presenting. People will not have to wait for an AMHP mental health act assessment from the EDT.
3.8	Social Care input into crisis care and access to EDT?	To be developed in partnership with Leeds City Council.	TBC	To be developed in partnership with Leeds City Council.
3.9	LYPFT implementation of Department of Health guidance on Prevention and Management of Violence and Aggression (PMVA)	Ongoing since June 2014	LYPFT - Linda Rose	<ul style="list-style-type: none"> • Task and finish group with oversight of PMVA to draft restraint reduction action plan at the end of February 2015. • Board of directors have agreed sign up to the Restraint Reduction Network demonstrating organisation support for the mission and values. • Some LYPFT staff have been up skilled with de-escalation training. • Training needs analysis completed to ensure right staff are given the right level of training. • In process of agreeing restraint reduction models- service appropriate such as safe wards. Services are networking nationally to agree best practice models. • PMVA procedure is under review.
3.10	National Confidential Enquiry into Suicide and Harm:	Review begins early April and report due August	LYPFT – Anthony Deery	NCISH have agreed to undertake a qualitative review of the suicides that have occurred over a 24 month period from 1December 2012 to 31 December 2014.

	Qualitative review of suicides occurring with LYPFT services over last 2 years	2015.		Such a review would draw on lessons learnt from similar reviews undertaken by NCISH and help identify ways in which LYPGY can improve the safe care and treatment for these patients
3.11	LYPFT to undertake some work improving the recording of ethnicity of those accessing crisis services and then some analysis of outcomes across different ethnic groups.	TBC	LYPFT Crisis Assessment Service – Jeanette Lawson	Ethnicity data is incomplete with many patients who access crisis services no ethnicity is recorded. The crisis service will undertake some work to improve this and also to explore raw data findings which suggests a larger number of people accessing crisis services via S136 are admitted to hospital.

4. Recovery and staying well / preventing future crisis

No.	Action	Timescale	Led By	Outcomes
4.1	Wellness Recovery Action Planning (WRAP) – embedded in the new LYPFT Rehab and Recovery Service. Currently used by a number of staff but Recovery Centre lead will work to embed across the service.	New service from January 2015 and WRAP to be embedded as the service develops.	LYPFT Rehab and Recovery Lead – Recovery Centre (Stephen Dilks)	<p>The WRAP approach helps guide the relationship between the therapist and the service user. It enables the service user to focus on their own unique story/recovery, what helps them stay well, their supportive networks etc and all this can be produced into a meaningful plan that supports them in crisis or difficult times.</p> <p>Key elements and outcomes include:</p> <ul style="list-style-type: none"> • Wellness Toolbox • Daily Maintenance Plan • Identifying Triggers and an Action Plan • Identifying Early Warning Signs and an Action Plan • Identifying When Things Are Breaking Down and an Action Plan • Crisis Planning

				<ul style="list-style-type: none"> Post Crisis Planning
4.2	<p>Dissemination of Crisis Cards</p> <p>Aimed at the general public to signpost to local Crisis Support services (broader than M H Services)</p>	Ongoing	<p>The Office of The Director of PH, LCC</p> <p>Catherine Ward</p>	<p>The wider population will have easily accessible information in relation to Crisis Support and self-refer to local services as identified through the suicide prevention action plan and meet the needs of at risk groups including debt services, employment and housing support.</p> <p>Frontline staff including the police will carry and use as a resource when working with at risk individuals, families and communities.</p> <p>Crisis cards will be available to the public eg. in one stop shops and local betting shops other than more traditional settings to help reduce stigma and barriers attached to Crisis Services.</p>
4.3	<p>Digital Patient Health Record:</p> <p>LYPFT are currently in the procurement process of a digital patient health record that comprises mobile and web software for use by patients and clinicians and be both Web and app based</p>	<p>Initial tender evaluation 5th March. Due to be piloted in the new Rehab and Recovery service at LYPFT.</p>	<p>MHealth Habitat (an LCH and LYPFT collaboration) – Victoria Betton</p>	<p>To engage service users in the co-creation of their healthcare in collaboration with their clinical team. Service users will have the ability to keep daily diary of mental health and interact with their care-co-ordinator as and when needed. Outcomes:</p> <ul style="list-style-type: none"> Increased patient self-management Improved Self-Efficacy Patient Engagement Improved patient/clinician shared decision making
4.4	<p>Dial House Crisis Peer led Group Work:</p> <p>CCGs to extend funding to enable the group work to expand.</p>	Ongoing from	<p>Dial House Manager - (Fiona Venner)</p>	<p>Peer led group work takes place at Dial House, with the following aims:</p> <ul style="list-style-type: none"> Reducing risk/preventing worse happening Preventing the need for the use of Dial House and other crisis or emergency services Reduced loneliness and isolation Increased social inclusion through the provision of peer and social support.

Improved partnership working in Leeds locality				
1	Leeds Mental Health Partnership Board – Delivering the Mental Health Framework Priorities.	2014-2017	Leeds CCGs and city wide partners.	<p>Leeds Mental Health Partnership Board (CCGs, Local Authority, Service Users and Carers and NHS and Third Sector Providers) have signed up to implement the Leeds Mental Health Framework. A series of 4 workshops have been held with all partners playing an active role in deciding priorities for Leeds. These include:</p> <ul style="list-style-type: none"> • Improving Crisis Care • Transformation of Leeds Community Service Model • Children and Families Mental Health • Data • Creation of an Information Hub <p>Work streams will be developed with Project Leads assigned and projects reporting back into both the Mental Health Partnership Board and Strategic Urgent Care Board.</p>
2	Suicide Prevention Strategic Group for Leeds	Current	Catherine Ward Public Health (LCC)	<p>Suicide action plan for Leeds in place, based on national strategy and Leeds Suicide Audit findings 2011</p> <p>Priorities include ;</p> <ul style="list-style-type: none"> - Primary care

				<ul style="list-style-type: none"> - Bereavement (postvention) - Community (high risk groups) - Media - Data and Intelligence <p>Actions to date;</p> <ul style="list-style-type: none"> • Insight work completed and shared. Recommendations being acted upon new investment. • SafeTalk and Asist training rolled out citywide with new investment • Pilot Postvention Service to commence April 2015 from work identified from bereavement task group. • Police and University key strategic partners • Crisis cards for public produced and disseminated citywide
3	Leeds Multi Agency S136 meeting - quarterly meetings to discuss issues relating to S136, street triage and any other interface issues between police/mental health and social care services.	Ongoing Quarterly Meeting	LYPFT lead but attended by police, Leeds City Council, CCGs and other stakeholders.	<ul style="list-style-type: none"> • Review street triage findings • Discuss interface issues between MH, Social Care and Police • Link with suicide prevention work streams
4	Dual Diagnosis Network	Ongoing	Multi Agency Group facilitated by St Anne's Karen Pearse	The Leeds Dual Diagnosis Project aims to promote evidence based best practice to ensure that the best care is delivered to service users with co-existing substance misuse and mental health needs in Leeds. The project aims to improve access to treatment and improve outcomes for people who experience dual diagnosis. It is a multi-agency network developed to ensure that services that come into contact with this client group are readily able to assess, engage and co-ordinate care effectively. The partnership includes professionals from a range of mental health, drug & alcohol, criminal justice and housing services who have a shared vision of collaborative and integrated treatment.

				<p>The Leeds Dual Diagnosis Project facilitates a variety of working groups and forums to achieve its aims including the DD Strategy Group, DD Working Group, DD Practitioner Network, ZIP (Service user and ex-service user group), Primary Care Working Group and the Northern and North West DD Group as well as contributing to and supporting the development of other relevant work streams in the city.</p> <p>For more information visit www.dual-diagnosis.org.uk</p>
--	--	--	--	---