



# London's Crisis Care Coordination Function

Mental Health Crisis Care Programme Updates

July 2016

## Scope of this report

The London crisis care coordination function was established in December 2015 to increase transparency and strategic alignment across London's crisis care system. Spanning initiatives at a local, London and national level, this function aims to maximise the effectiveness of pan-London transformation programmes and ensure local activity led by the local concordat implementation groups and Urgent and Emergency Care (UEC) Networks is properly informed and supported by broader transformational work and vice versa. The function also aims to promote cohesion, the recognition of interdependencies and opportunities for collaboration within London's crisis care system going forward.

The programmes and governance groups in the coordination function are listed below:

- NHS England (National) Mental Health Crisis Care Programme
- Healthy London Partnership Urgent and Emergency Care Programme (including Integrated Urgent Care and Mental Health Crisis Care)
- Healthy London Partnership Children and Young People Programme
- Healthy London Partnership Mental Health Programme
- London's five Urgent and Emergency Care Networks
- London's Crisis Concordat Implementation Groups
- London's Mental Health Partnership Board
- London's Mental Health Chief Operating Officers Forum
- Health and Justice Strategic Clinical Network (London)
- NHS England (London) Commissioning Operations

*See the crisis coordination function scope and reporting structure in Appendix 1.*

This quarterly update is a key aspect of the coordination function, the following information provides a high level update for each of the listed work programmes and governance groups and where available upcoming plans for 2016 are identified.

If you have any queries about the coordination function or the information included within this report, please contact [england.mentalhealthcrisis@nhs.net](mailto:england.mentalhealthcrisis@nhs.net).

## Programme Updates

### NHS England (National) Mental Health Crisis Care Programme

Work is ongoing to produce a set of evidence based treatment pathways and implementation guidance for people experiencing a mental health crisis. There are four crisis care pathways currently under development covering emergency blue light response; 24/7 urgent response; mental health liaison in acute hospitals and 24/7 response for children and young people in crisis. The aim is to publish these pathways later this financial year.

A number of significant changes have already been negotiated to improve the granularity of the mental health data collected nationally and this work to refine national datasets will continue iteratively over the coming years.

The first version of the CCG Improvement and Assessment Framework (a new lever in the NHS to provide national transparency of commissioning practice) contains a number of transformational mental health milestones for CCGs to self-assess against (in advance of national datasets being developed so they can be used to assess CCG performance in future years - timescales to be confirmed). For crisis and acute care, indicators have been identified to help assess the commissioning of mental health liaison in acute hospitals; crisis resolution and home treatment teams; S136 and Health Based Places of Safety and out of area treatments. Please see Appendix 2 for the CCG Improvement and Assessment Framework.

NHS England is investing more than £400m in CCG baselines from 2017/18 to ensure crisis resolution and home treatment teams are operating with fidelity to the evidence base and able to offer intensive home treatment as an alternative to admission. There will also be a £247m investment over 4 years from 2017/18 to ensure that at least 50% of acute hospitals have adult mental health liaison teams at the 'core 24' service level as a minimum (for working age and older adults) by 2020/21.

Work is underway in collaboration with colleagues across NHS England and Department of Health to better understand the causes of delayed transfers of care (DTOCs) in mental health pathways. This work will inform the evidence based treatment pathways for people experiencing a mental health crisis that are due to be published later this financial year. National dataset changes are also being developed to support this work and significant interfaces, such as housing, will be included in the scope of the evidence based treatment pathways that are currently under development.

A crisis care data catalogue developed by Public Health England and Mind has been published and a project has now commenced to develop a crisis profiling tool with the Mental Health Intelligence Network. This will enable local areas to access key information related to crisis care in their footprint, with indicators spanning prevalence, service provision and the social determinants of mental health crisis (e.g. social deprivation, substance misuse etc.). This information should support local areas in developing future plans which both address current need and focus on prevention. Further details are available [here](#).

NHS England is seeking to test new models of crisis and liaison mental health care for children and young people through the UEC Vanguard. Barking, Havering and Redbridge System Resilience Group UEC Vanguard has submitted an expression of interest. Further details will be shared in due course.

Key contact: Sarah Khan, Deputy Head of Mental Health at NHS England - [sarah.khan@nhs.net](mailto:sarah.khan@nhs.net)

## Healthy London Partnership Urgent and Emergency Care Programme

Working with and on behalf of London CCGs, the Urgent and Emergency Care programme is continuing to support the development of the UEC element of Sustainability and Transformation (STP) plans. The UEC programme (including integrated urgent care and mental health crisis care) have attended UEC network meetings over the past few months to support the development of the UEC element of the STPs and provide guidance on where local initiatives can be supported by pan-London developments.

The programme has progressed work to support the development of a London-wide strategy for LAS, this will provide an opportunity to look at all LAS pathways, including those for crisis care, to see which can be improved to provide a more effective, sustainable service that provides value for money. A workshop was held in June bringing together key stakeholders to align strategic planning of LAS and the five UEC networks; agreeing key priorities and recommendations for London.

An UEC network dashboard is currently being scoped. The dashboard is intended to provide a strategic overview of how well the UEC system is performing and will include mental health crisis care. There are a number of indicators under development across UEC that could inform this dashboard and a workshop is planned for 28<sup>th</sup> July with representatives from UEC networks in London and the national UEC team to take this forward.

Following the development of the London UEC facilities specifications (which include the London mental health crisis commissioning standards) each UEC network will lead on and be responsible for, the designation of UEC facilities within their region based on these specifications. Designation guidance designed to support consistency across London has been shared with UEC networks but remains in draft form until a nationally agreed approach to principles and implementation has been agreed.

Key contact: Patrice Donnelly, Healthy London Partnership Programme Lead for Urgent and Emergency Care - [patrice.donnelly1@nhs.net](mailto:patrice.donnelly1@nhs.net)

### ***Mental Health Crisis Care Programme***

#### *Health Based Place of Safety specification and s136 care pathway*

The London Health Based Place of Safety specification and section 136 care pathway is near finalised following an extensive engagement period over the past three months.

The engagement process has involved a range of workshops, meetings, 1:1 discussions and surveys with stakeholders from London's crisis care system including involvement from over 220 service users, 180 clinical and operational staff from Acute and Mental Health Trusts, the London Ambulance Service, 70 police officers from all three of London's police forces, all 32 local authorities and representation from the voluntary sector. The programme has ensured staff at all levels have been involved in the development of the work from front-line staff to senior managers. There has been close collaboration with the national crisis care programme and royal colleges as well as members from the Cavendish Square Group and Mental Health Chief Operating Officers Forum.

In addition to the 'I' statements that were developed earlier in the year (and presented at the crisis care summit) service users have continued to be involved in the development of this work. Workshops are being held in each of the five UEC network to ensure service users' needs and

expectations are met by both the specification and the pathway. Workshops have recently taken place at South West London St George's, South London and Maudsley and East London Mental Health Trusts and two more are planned for North and West London in July. There will also be a workshop specifically held for children and young people and further engagement is underway with black and minority ethnic groups.

The HBPOS specification and s136 pathway will be finalised and signed off at different pan-London governance groups in late summer. The work programme is now looking at implementation planning which will include the development of an options appraisal outlining ways in which the system could meet both the specification and wider s136 pathway. To begin the implementation phase and the development of options, programme governance will be revised and baseline data will be collected (from the Health Needs Assessment, further detail on page 10).

As the programme moves into implementation the following leadership sponsors have been confirmed:

- John Broader, Chief Executive at North East London Foundation Trust
- Javina Sehgal, Chief Operating Officer at Harrow Clinical Commissioning Group.

#### *South London & Maudsley (SLaM) Mental Health Trust – London HBPOS Specification Pilot*

London's Health Based Place of Safety Specification is being piloted by SLaM's bespoke new Health Based Place of Safety site. SLaM are consolidating four HBPOS sites into one which will be based at the Maudsley Hospital, the site is due to open in the summer and the London HBPOS specification will be included in their new operational processes.

The HLP crisis care programme team are working closely with colleagues at SLaM to develop the specification as well as developing a thorough evaluation process which will understand the specification's impact as well as the wider impact of consolidating four HBPOS sites into one. The evaluation process will cover 'pre and post' state and will include a real time survey which will be completed after each patient comes into a suite, a mix of service user and staff interviews (including interviews with nurses, specialist registrars, approved mental health practitioners, paramedics and local police officers) and analysis of data that is currently collected by the Trust. The evaluation process will inform the wider implementation plan of the HBPOS specification across London. The evaluation report will be shared with the crisis care coordination function once completed.

Key contact: Patrice Donnelly, Healthy London Partnership Programme Lead for Urgent and Emergency Care - [patrice.donnelly1@nhs.net](mailto:patrice.donnelly1@nhs.net)

#### *Integrated Urgent Care Programme*

The Integrated Urgent Care programme is continually working to improve crisis care support offered by NHS 111 and GP Out of Hours services, a key part of developing new Integrated Urgent Care (IUC) services.

Both Central North West London and West London Mental Health Trusts will be the first to trial an approach where 111 health advisors can 'warm transfer' callers (seamlessly transferring a call to another service) in crisis to their local mental health service crisis line, ensuring 111 callers are directly transferred to a mental health nurse, trained to provide further specialist support.

Following a successful stakeholder workshop on 7th June including clinical and operational staff from both Trusts, 111 providers and commissioners, plans are now being developed to launch the new crisis care pathway for 111 callers in July. The approach will enable London's new Integrated Urgent Care services, which are currently being mobilised in North Central London and South West London and procured in other UEC networks to deliver against national IUC commissioning standards i.e. direct access to Mental Health specialist crisis services as part of the Integrated Urgent Care service.

### *Directory of Services*

The 111 Directory of Services (DoS) continues to be reviewed and expanded to provide clinicians with service access information to support clinical referrals using a mobile app search tool, MiDoS©. The app has the capability to link other directories, including local authority and the voluntary sector to the London DoS, offering users a single portal to search across a wide range of mental health and other voluntary services, without duplicating information on the DoS. Following feedback from the London Ambulance Services and Emergency Department staff in particular, the MiDoS© app has been further enhanced and deployment across London's urgent care settings continues.

The programme is also delivering a 'proof of concept' for mental health crisis capacity information. Using the MiDoS© app, service capacity can be updated in real-time and made visible to health care professionals and other agencies as appropriate looking to refer patients. This new functionality was demonstrated at a scoping workshop on 19th May to the three south London Mental Health Trusts (South London and Maudsley, South West London St Georges and Oxleas) resulting in a commitment to trial the app from August for Health Based Place of Safety capacity and Psychiatric Intensive Care Unit (PICU) beds.

For more information on using the MiDoS app in your area, please contact your local DoS team:

- North West London - [nwl.dos@nw.london.nhs.uk](mailto:nwl.dos@nw.london.nhs.uk)
- North and East London - [Info.Dos@NELCSU.nhs.uk](mailto:Info.Dos@NELCSU.nhs.uk)
- South London - [SECSU.DOS@nhs.net](mailto:SECSU.DOS@nhs.net)

### *Patient Relationship Manager*

One of the programme's priorities is enabling mental health crisis plans to be accessible in 111, Integrated Urgent Care and other UEC services. Through a 'Patient Relationship Manager' (PRM) innovative cloud technology is being used to electronically retrieve crisis plans from host systems and present to 111 clinicians in real time as part of their clinical assessment. Plans can then be shared appropriately with other providers, including GP Out of Hours providers and LAS paramedics. The programme continues to work with a number of mental health crisis plan providers to overcome technical challenges in extracting crisis plans and other pertinent data summaries. The PRM also contains a series of dashboards displaying real-time and recent 111 activity, with visibility of mental health referrals from 111 by UEC Network.

The Patient Relationship Manager and the MiDoS© capacity functionality were demonstrated at a conference in London on 8th July: 'Transforming mental health - the future is digital'. This event looked at how the digital revolution is transforming mental health and mental health care, including within the wider urgent and emergency care settings.

Key contact: Eileen Sutton, Healthy London Partnership Programme Lead for Integrated Urgent Care - [eileensutton@nhs.net](mailto:eileensutton@nhs.net)

## Healthy London Partnership Children and Young People Programme

### *Children and Young People Crisis Care Programme*

New crisis care guidance aiming to address the variability of access and care for children and young people 24 hours a day, seven days a week is on the cusp of publication following engagement across the system and endorsement from the London Children and Young People Mental Health and Wellbeing Implementation Group.

This guidance includes a CYP crisis care 24 hour Emergency Department and Tier 4 pathway, CYP crisis care standards (in line with London's mental health crisis commissioning standards), the all age Health Based Place of Safety specification (mentioned above as part of the Healthy London Partnership crisis care programme) and governance processes to ensure crisis care system issues are reported and addressed. The guidance has been widely shared with the programme's networks and feedback has been received from a wide range of organisations, individuals and teams, including NHS England, Metropolitan Police, Acute Trusts and commissioners. The implementation plan is currently being scoped.

In addition to this, data packs focussed on priority clinical areas for CYP (e.g. Children and Adolescents Mental Health Services (CAMHS)) were recently shared with CCGs and STP leads from each London footprint to inform the refreshment of local CAMHS Transformation Plans. Building upon this the programme recently contributed to a pan-London STP development seminar held by NHS England (in conjunction with Health in the Justice System and Specialised Commissioning) to support mental health specific development of London STPs reflecting a life course approach to mental health.

The HLP Specialised Commissioning Programme are undertaking a review of CAMHS Tier 4 within London which will consider whether CAMHS Tier 4 beds in London are being used appropriately with an aim of reducing the demand for Tier 4 services. The programme is reviewing the way children in London receive Tier 4 mental health care and data is being collected to understand the numbers of patients accessing Tier 4 services, where they access them and for how long. The process will also involve understanding current successes and gaps across the system, what collaborative processes are required between providers, commissioners, local authorities, patients/carers and the third sector and identifying better ways of providing services within the same budget. A case for change will be finalised in late July, options will then be developed and a preferred option(s) identified in September.

There is a joint HLP CYP/Specialised Commissioning Programmes workshop on 15th July. The morning session hosted by the HLP CYP Programme will focus on key performance indicators, data and performance across the London CAMHS system. CCGs during the CAMHS transformation plan process highlighted this is an area where further supported is required. The afternoon session, hosted by the HLP Specialised Commissioning Programme will focus on the London review of Tier 4 CAMHS services.

Key contact: Steve Ryan, Healthy London Partnership Strategic Lead for CAMHS Transformation - [steve.ryan2@nhs.net](mailto:steve.ryan2@nhs.net)

## Healthy London Partnership Mental Health Programme

### *Mental Health Commissioning Programme*

#### *Mental Health Commissioners Network*

The mental health commissioning programme continues to support the Senior Mental Health Commissioners Group which meets monthly to strengthen the capacity and capability of mental health commissioning across London. The group is chaired by Tonia Michaelides, Chief Officer of Kingston CCG and aims to ensure that mental health commissioning has appropriate senior engagement across London. It was recently agreed that Javina Sehgal, Chief Operating Officer at Harrow CCG and a member of this group, will be the senior commissioning sponsor for the mental health crisis care programme focussed on the HBPOS specification and s136 pathway. It is envisioned that other members of this group will take a sponsorship role for other HLP mental health programmes.

Events and workshops are being planned for later in the year in each STP footprint with members of the newly established mental health commissioners' network. The network brings together London's mental health commissioners (many of which are the local crisis concordat leads) and members of the senior mental health commissioning group to share good practice and learning.

#### *Mental Health Dashboard*

A design and engagement workshop was held in May with both providers and commissioners to support the development of the London Mental Health Executive Dashboard. Drawing on a range of data sources the dashboard will provide regular reports to commissioners and providers on key deliverables focused on particular clinical groups or strategic areas. They will enable greater transparency around data and allow provision and performance comparisons to be made across London's system. The indicators suggested by key stakeholders across the system are being pulled together by NHS Benchmarking. Data items cover areas as such Urgent and Emergency Care (which will include measures that are specifically related to crisis care), Perinatal, CAMHS, Psychosis, Dementia, and will cover a range of items such as incidence figures, social determinants of health, secondary care community services and secondary care inpatient services, workforce and people with lived experience. Most indicators are available at both Trust and commissioner levels and can be presented at SPG level. This will enable the profiling of system positions and movement over time. The data will be uploaded by 31st July and there will be quarterly data refreshes and Board level reports.

#### *Capacity and Demand Modelling*

A review of the approaches to capacity and demand modelling across London is underway to help coordinate and develop mental health demand and capacity models across STPs. South West London have shared the results of their modelling that focused on reviewing inpatient bed capacity and other service improvements that may be required such as crisis cafes and houses to support recovery. All STPs are expected to share their results by the end of September and this may highlight the requirement for further work and support at a London level.

Key contact: Claire Ruiz, Strategic Clinical Networks Senior Project Manager - [c.ruiz@nhs.net](mailto:c.ruiz@nhs.net)

## Urgent and Emergency Care (UEC) Networks:

London's UEC Networks are continuing to develop the urgent and emergency care element of Sustainability and Transformation Plans (STPs) due at the end of June. The UEC Networks have responsibility for the planning and delivery of UEC services across London and there is a drive to ensure mental health crisis care is integral to any UEC plan and its delivery.

It was agreed by network leads at the April UEC Transformation Board meeting that STP plans will include a position statement on the s136 pathway that outlines the current challenges, the ambition and commissioning intentions going forward. Key contacts (Network Chairs):

North Central London: Mo Abedi [Mo.Abedi@enfieldccq.nhs.uk](mailto:Mo.Abedi@enfieldccq.nhs.uk)

North West London: Mark Spencer [mark.spencer@nhs.net](mailto:mark.spencer@nhs.net)

North East London: Alan Steward [alansteward@nhs.net](mailto:alansteward@nhs.net) / Kate Adams  
[kateadams@doctors.org.uk](mailto:kateadams@doctors.org.uk)

South West London: Agnelo Fernandes [agnelo.fernandes@nhs.net](mailto:agnelo.fernandes@nhs.net)

South East London: Angela Bhan [angela.bhan@nhs.net](mailto:angela.bhan@nhs.net) / Simon Eccles [simon.eccles@nhs.net](mailto:simon.eccles@nhs.net)

## London's Crisis Concordat Implementation Groups

The majority of London's Crisis Concordat Implementation Groups have refreshed their local concordat action plans and produced progress reports regarding their plans progress.

The National Crisis Care Concordat have partnered with The Royal College of Emergency Medicine, Royal College of Psychiatry and the Department of Health to host problem solving workshops on emergency care pathways and alternatives to admission. The workshops will bring together senior commissioners and clinicians across the professions involved in the delivery of mental health crisis care. The emergency care pathways workshop held on 6th July focused on key issues including handover protocol, best place for assessment and recovery and frontline staff competence and confidence around mental health. The clinical lead from the mental health crisis care programme presented at this workshop as London is seen as leading the way nationally, specifically in regards to the s136 pathway.

## Mental Health Partnership Board (MHPB)

The Mental Health Partnership Board last met in mid-April and provided members with an opportunity to hear updates from other London work programmes and review recent performance monitoring information that is collected from Mental Health Trusts and key partners. The data presented in April showed the reduction in use of police transport for s136 detainees has continued and the use of custody as a place of safety is now rare across London, with only two incidents in the first two months of 2016. The report also showed challenges in accessing approved mental health practitioners and s12 doctors although there has been some improvement recently. The data showed a continued upward trend in the number of incidents involving the police being called to assist hospitals with patient management (however it was discussed that this could be a consequence of raised awareness and more reliable reporting). The next Mental Health Partnership Board meeting is due to be scheduled.

Key contact: Sarah Neild, Mental Health Partnership Board Secretariat –  
[sarah.neild@symmetricpartnership.co.uk](mailto:sarah.neild@symmetricpartnership.co.uk)

## Chief Operating Officers (COO) Forum

The Mental Health Chief Operating Officers recently launched the Lumen programme which aims to establish a standard operating model for urgent mental healthcare to improve acute mental health bed pressures across London. The programme aims to achieve a 95% mental health bed occupancy rate (including leave) to avoid the high costs associated with acute bed usage and support more community driven care. The programme has been commissioned by the Cavendish Square Group and collaborates with a wide variety of partners including the Mental Health Transformation Board, London's police forces and recently, housing through Housing Associations' Charitable Trust (HACT).

The first phase of this programme is working with the NHS Benchmarking Network to conduct a feasibility study which maps the services currently provided as well as demand and alternative care in the community. This programme is also facilitating the sharing of good practice and showcases some local service models across London's Mental Health Trusts; this includes the planned South West London and St George's Psychiatric Decision Unit which is based on the Birmingham and Solihull model and the Central North West London single point of access and recovery models.

Key contact: Dawn Chamberlain, Chair of London's Chief Operating Officers (COO) Forum - [Dawn.Chamberlain@swlstg-tr.nhs.uk](mailto:Dawn.Chamberlain@swlstg-tr.nhs.uk)

## Health in Justice Strategic Clinical Network (London)

### *Health Needs Assessment (HNA) Data Exercise*

The Health Needs Assessment has been commissioned to provide a clear understanding of London's mental health crisis system, including an explicit focus on the s136 pathway. The work is being undertaken by Health in Justice Strategic Clinical Network in partnership with the Healthy London Partnership's Urgent and Emergency Care programme.

The areas covered by the HNA will include current and projected activity, current service provision of London's crisis services and a detailed analysis of the s136 and mental health crisis pathway (this includes transport processes, access to services, management in Emergency Department, Mental Health Act assessments and inter-agency/inter-organisational working). It will also look at the interface between services and service-user and staff experiences across the crisis care system. This data will be analysed by the UEC network footprints and will be a mix of both qualitative and quantitative data from the Mental Health Trusts as well as LAS and the Police.

Work on the HNA commenced in May and update reports with preliminary data are expected throughout the process. The first detailed report will be presented at the UEC Board in late July and shared to each UEC network to support the development of options looking at how the system will meet both the HBPOS specification and s136 pathway going forward. The final data report is due in September.

Key contact: Sinead Dervin, Senior Mental Health Commissioning Manager, Health in the Justice System, NHS England (London Region) - [s.dervin@nhs.net](mailto:s.dervin@nhs.net)

## **Mental Health Transport Programme**

The phased transition to the new arrangements for transporting those people subject to assessment under the Mental Health Act has started. The London Ambulance Service Non-Emergency Transport Service (NETS) launched in Camden and Islington in April and was rolled out to the five boroughs covered by South West London & St George's in early June. The transition arrangements to the service is being overseen by a delivery group comprising of NHS England (London), Brent CCG and LAS, the order and timings to transition the remaining mental health footprints is to be agreed.

LAS emergency service will continue to provide the service for section 136 detentions, complex patients with comorbidities and emergencies escalated from the NETS service. Transport outside of the M25 is not included within the commissioning arrangements for the service, therefore London's Mental Health Trusts are currently considering local arrangements to prioritise beds within London for those admitted under the Mental Health Act and funding for third party providers to transport patients outside of London.

NHS England has agreed to fund a third party transport provider (via NETS) to undertake transport of prisoners to a hospital for a Mental Health Act assessment on the day of their release from prison. Discussions are also being held with the Ministry of Justice and Department of Health to address delays for transferring prisoners under section 47 and 48 of the Mental Health Act. A mid-year review of the service will be provided to key stakeholders.

Key contact: Sinead Dervin, Senior Mental Health Commissioning Manager, Health in the Justice System, NHS England (London Region) - [s.dervin@nhs.net](mailto:s.dervin@nhs.net)

## **NHS England (London) Commissioning Operations Team**

The Commissioning Operations team has continued the quarterly Mental Health Stocktake meetings between mental health commissioners and their providers through the planning round. The discussions at these meetings have focussed on the preparedness of the CCGs and providers to produce operational plans for 2016/17 and the development of Sustainability and Transformation Plans, ensuring mental health remains a priority. The next quarterly meetings are due to be scheduled following the first submission of Sustainability and Transformation Plans at the end of June 2016.

Quarter four assurance of CAMHS transformation plans has been completed, along with assuring the local delivery of the new early intervention in psychosis access and waiting time standard which came into effect 1st April.

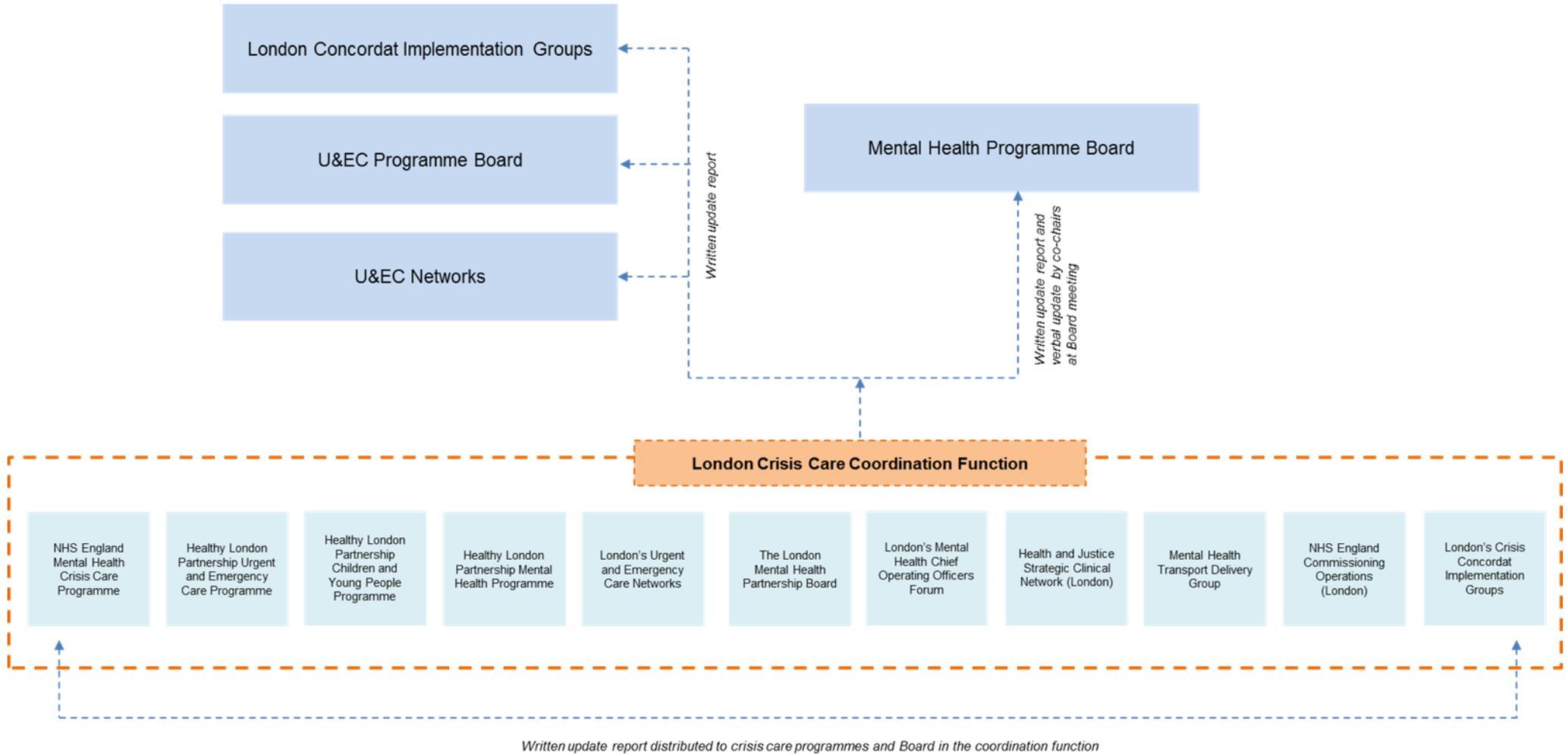
Work is underway to provide ongoing assurance against the mental health indicators in the 2016/17 CCG Improvement and Assessment Framework, which include crisis care and liaison mental health transformation (as mentioned in the national NHSE update, see page 3).

Key contact: Katie Horrell, Commissioning Operations Team, NHS England (London Region) - [katie.horrell1@nhs.net](mailto:katie.horrell1@nhs.net)

## **Conclusion**

We want to ensure this document provides a useful resource to stakeholders across London's crisis care system. If you have any feedback or comments on the contents and its usefulness, please contact [england.mentalhealthcrisis@nhs.net](mailto:england.mentalhealthcrisis@nhs.net)

# Appendix 1: Crisis Coordination Function Scope and Reporting Structure



## Appendix 2: CCG Improvement and Assessment Framework

<b>Crisis Care</b>	
<b>Liaison Psychiatry</b>	
Question 1 - a	Are the CCG and provider implementing an agreed and funded service development and improvement plan to ensure that the adult component of the local acute hospital liaison mental health service is staffed to deliver, as a minimum, the 'Core 24' service specification by 20/21?
Question 1 - b	Are the CCG and provider implementing an agreed and funded service development and improvement plan for a dedicated mental health crisis response for children and young people presenting to Emergency Departments, in wards and community settings which includes provision for a response across extended hours? (This may be provided as a specific CYP crisis team, life course/all ages provision or/and a multi-agency response).
Question 1 - c	Is the liaison service commissioned to provide an on-site 24/7 service? (adults)
Question 1 - d	Is the liaison service commissioned to provide a 1 hour response time following an Emergency Department referral and 24 hour response time following a ward referral? (adults)
Question 1 - e	Is the commissioned liaison service routinely collecting outcome measures in line with the RCPsych standards for adults (FROM-LP)?
<b>CRHTTs</b>	
Question 2 - a	Are the CCG and provider implementing an agreed and funded service development and improvement plan to ensure the CRHTT is operating effectively and in line with recognised best practice?
Question 2 - b	Is the CRHTT commissioned to respond quickly to new referrals, providing a 24/7 gatekeeping function for acute inpatient beds, assessing all people face to face within four hours of referral?
Question 2 - c	Is the CRHTT staffed adequately, with caseloads in line with recommended practice?
Question 2 - d	Is the commissioned CRHTT offering intensive home treatment in line with recommended practice? (For example, by routinely visiting people at least twice a day for the first three days of home treatment, providing twice daily visits when required thereafter, and routinely offering visits that allow enough time to prioritise therapeutic relationships and help with social and practical problems)

Question 2 - e	Does the commissioned CRHTT routinely collect and monitor clinician and patient reported outcomes, as well as feedback from people who use the service?
<b>S136 and HBPoS</b>	
Question 3 - a	Does the CCG (individually or collaboratively with other CCGs) commission 24/7 accessible health-based places of safety which operate in such a way that people of any age do not have to undergo a Mental Health Act section 136 (s136) assessment in police custody?
Question 3 - b	Does the CCG actively use provider, police and local authority data to monitor and understand the demand for health-based places of safety, as well as outcomes for s136 detainees?
Question 3- c	Is the CCG party/signatory to a joint s136 protocol with other local partners as per the Mental Health Act Code of Practice, which is regularly reviewed with a clear action plan to address any concerns?
Question 3 - d	Do senior CCG representatives instigate a joint incident review whenever someone detained under s136 within its geographical footprint is refused access to a health-based place of safety and/or taken to police custody?
Question 3 - e	Does the CCG (individually or jointly e.g. with a Police & Crime Commissioner) commission services from a provider which gives police officers urgent access to mental health specialist clinical advice?
<b>Out of Area Treatments</b>	
Question 1:	Has the CCG established a process to monitor Mental Health out of area placements by bed type, which includes (at individual patient level): i. how many out of area placements are made ii. The reasons for out of area placements iii. the duration of out of area placements iv. the cost of out of area placements?
Question 2:	Does the CCG have a plan in place to reduce the use of all types of mental health out of area placements for which it has commissioning responsibilities, with a specific focus on placements for non-specialist acute mental health acute beds during 2016/17?
Question 3:	Can the CCG demonstrate that it is on track to deliver a reduction in the use of non-specialist acute mental health bed out of area placements by quarter 4 2016/17?