| **No.** | **Action**  | **Lead Agency + Footprint if not North Bank** | **Timescale****2015/16 unless otherwise specified** | **Performance Indicator / Product** | **Progress**

|  |  |
| --- | --- |
|  | Action not started yet  |
|  | Action underway on timescale |
|  | Action completed |
|   | Action overdue |

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|  **1. PARTNERSHIP WORKING TO DEVELOP AND IMPLEMENT MENTAL HEALTH CRISIS CARE CONCORDAT ACTION PLAN****Key Outcome:** Sign up to declaration and action plan: |
| 1.1 | Hold Stakeholder event to facilitate sign up by stakeholders | CCG / ERYC | Dec 14 | Sign up on website | Stakeholder event Nov 14 |
| 1.2 | Establish East Riding and Hull MHCCC working group to draft action plan | CCG / ERYC | Sept 14 | Group established  | Established  |
| 1.3 | Establish Humber-wide Concordat group | Humberside Police | Jan 15 | Group established | Quarterly meetings |
| 1.4 | Service user and carer engagement | MHCCC Action Group | Q2 | Mechanism established | In development. Limited service user and carer discussions so far |
| 1.5 | Action Plan agreed and on MHCCC website | MHCCC Action Group | Q4 2014/15Q3 2015/16 | Action plan on MHCCC website | To be updated end October 2015 |
| 1.6 | Action Plan reported on to Health and Wellbeing Board and other partners including Safeguarding Adult Boards | MHCCC Action Group | Q4 2014/15Q4 2015/16 | Reports to HWB | Report taken on declarationand initial action plan |
| **2. ACCESS TO SUPPORT BEFORE CRISIS POINT****Key Outcome:** When I need urgent help to avert a crisis I, and people close to me, know who to contact at any time, 24 hours a day, seven days a week. People take me seriously and trust my judgement when I say I am close to crisis, and I get fast access to people who help me get betterReview the care pathway prior to crisis point to ensure that services can be accessed at the right time, and in the right place, focusing on the following key areas: |
| 2.1 | Development of a single point of contact to mental health services | ERYC / HFTEast Riding only | 2014/15 | Effective Single Contact Point | ERY MH Single point of Access reconfigured, currently not manned 24/7 |
| 2.2 | 111 Directory of Service updated to reduce proportion of patients signposted to attend A+E | East Riding | Q2 | DOS updated  | Updated September 2015Teleconference planned to improve links between 111 and 999 in their responses to mental health enquiries |
| 2.3 | Signposting to information and support for carers, service users, the public and other professionals (including on line guidance for patients and carers regarding what to do in a crisis) | CCGs, Public Health and Adult ServicesERYC, HCC HFT | Q3 | Information easily available Comms & engagement plan | Connect to Support in placeHFT / CCG websites need development |
| 2.4 | Review level of support offered to residential homes by Intensive Home Treatment Team before and during management of crisis situations (Dementia)  | HFT / ERYC / CCGEast Riding only | Q3 | Clear and agreed criteria | Revised models of care have been considered previously but project needs to acquire impetus |
| 2.5 | Review suitability of adopting Herbert Protocol (which enables care home staff to register people to help the police find them more quickly if they go missing) | Humberside Police /ERYC /HCC | Q1 decisionQ2 implement | Decision to adopt or not | HP adopted and currently being rolled out across Humberside Police area |
| 2.6 | Ensure relevant assessment and risk/relapse documentation includes views of carers involved where appropriate and recognises the value of engaging them | HFT | Q4 2014/15 | Agreed documentation | CompleteCurrent documentation invites carer views |
| 2.7 | Identify opportunities to prevent admissions and facilitate earlier discharge by* identifying any gaps in accommodation provision which contributed to admission or delayed discharge
* reviewing models of Crisis House provision and develop business case if it is identified that this would reduce demand on inpatient services and A+E
* reviewing availability of telephone helplines and develop communication plan to ensure better use (Note impact of previous changes on Samaritans)
 | CCG / HFT / Councils | Q3 | Review considered by CCC action group and SRG | Brief snapshot audit of reasons for delayed discharges undertaken – 6% could have been discharged earlier if suitable accommodation available.HCC currently have a tender out for short term housingInitial review of models of crisis accommodation begun  |
| **3.** **URGENT AND EMERGENCY ACCESS TO CRISIS CARE****Key Outcome**: If I need emergency help for my mental health, this is treated with as much urgency and respect as if it were a physical health emergency. If the problems cannot be resolved where I am, I am supported to travel safely, in suitable transport, to where the right help is available. I am seen by a mental health professional quickly. If I have to wait, it is in a place where I feel safe. I then get the right service for my needs, quickly and easily.Every effort is made to understand and communicate with me. Staff check any relevant information that services have about me and, as far as possible, they follow my wishes and any plan that I have voluntarily agreed to. I feel safe and am treated kindly, with respect, and in accordance with my legal rights. If I have to be held physically (restrained), this is done safely, supportively and lawfully, by people who understand I am ill and know what they are doing.Those closest to me are informed about my whereabouts and anyone at school, college or work who needs to know is told that I am ill. I am able to see or talk to friends, family or other people who are important to me if I so wish. I am confident that timely arrangements are made to look after any people or animals that depend on me. |
| 3.1 | Single point of contact for emergency services for emergency advice (including GPs, Police, Fire). This would ensure 24/7 phone access to a suitable health professional for command centre (and vice versa)with access to all relevant information systems ( Lorenzo, AIS, Care First, SystmOne) to provide immediate emergency clinical support for police, paramedics and GPs | HFTCCGs | Q4 | Effective Single Contact Point | HFT currently undertaking re-engineering project to ensure 24 / 7 manned cover by Q4. Still significant issues of agencies not being able to access different IS at different sites |
| 3.2 | Review evidence and feasibility of models of ‘street triage’ including consideration of 24/7 appropriately experienced MH practitioner phone contact for command centre (and vice versa)with access to all relevant information systems  | Action Group | Q4 2014/15 | Review considered by CCC action group **2nd Feb 2015** | Awaiting final evaluation but current evidence and local level of activity does not justify street triage model.  |
| 3.3 | Review evidence and feasibility of models of ‘street triage’ once full evaluation of current pilots is available or in light of any new evidence | Action Group | unknown | Review  | Awaiting evaluations |
| 3.4 | Develop multi-agency protocol to clarify roles and expectations of each agency based on revised MHA Code of Practice, including* S136 and crisis assessment process
* Ensure Police consult a suitable health professional prior to detaining a person under S136
* Responsibilities of and support for EDs and acute hospitals to ensure parity of esteem
* clear pathways into adult MH, CAMHS, dementia and LD services

Review required level of provision of Health Based Places of Safety: * are they fit for managing people who are intoxicated?
* Are they person-centred?
* Do they recognise commissioning responsibilities?
* Patient experience on release – cost implications of return travel
* Are they fit to maintain safety of crisis staff and service users

Are they suitable for assessing young people (who currently go to HRI A+E) | HFTHumber-wide | Q3 | Agreed protocol | Sept 15. Draft Protocol developed by subgroup. Currently out to consultation with range of providers until end Oct. Where it is identified that the agreed standards are not currently achievable this will lead to new MHCCC actions |
| 3.5 | Improve access to MH assessment and treatment for people presenting at A+E  | CCG, HEY, HFT | Q2 | 24/7 cover in place | Paper on 24/7 cover approved by Unplanned Care Board and ratified by SRG?Work underway to develop a ’police room’ at HEY which would facilitate assessment outside of A+E |
| 3.6 | Establish CAMHS Crisis Response Team with on call and call out facility | HFTCCGs | Q3 | Team in place | Now commissioned as ER and Hull service to improve cover: recruitment nearly complete and service to be on-stream by Q4 |
| 3.7 | Review working issues of AMHPs, esp* level of provision in and out of hours
* ‘cross border’ working
* S136 suites
 | ERYC, HCC, HFT | Q3 | Review considered by CCC action group | Current informal agreement in place between Hull and ER Councils. HCC AMHPs transferring to HFT in November. More formal description of agreements to be made |
| 3.8 | Review level of provision of HFT employed approved clinicians and S12 doctors in and out of hours. Access to S12 GPs willing to undertake MHA assessments.  | HFT, CCGs | Q3 | MHA assessments achieved within agreed timescales (as per protocol)  | Issue to be taken to HFT / CCG Commissioning and Strategy Group |
| 3.9 | Bench mark capacity of CRS and inpatient services with other areas | CCG | Q2 | Review considered by CCC action group | Limited benchmarking data available, to be included in report MHCCC |
| 3.10 | Undertake review of effectiveness of Crisis Resolution Home Treatment services | HFT, Hull CCG | Q2 | Review considered by CCC action group | Review undertaken by Hull CCG. Action group to identify further actions |
| 3.11 | Engage with NHS England Specialist Commissioners to ensure timely and effective pathways into CAMHS inpatient units and to assess the need for provision Humber-wide  | Humber-wide | Ongoing |  | Total additional CAMHS beds in Y&H 32, to give 90 in total. National CAMHS Tier 4 bed management system established |
| 3.12 | Review Care Pathways for people with mental health problems who are in police custody, subject to MAPPA or going through court proceedings | Humber – wideCCGs | Q1Slip to Q3 | Clear and agreed pathway | Diversion from Custody team in placePolice have had discussions with ProbationNeed Humber–wide discussion |
| 3.13 | Review transport and transfer arrangements to ensure they meet the recommendations of the MHCCC: work to achieve existing protocols and 30min timescales Need to engage YAS more proactively in MHCCC action group  |  | ongoing |  | National Ambulance CCC Action Plan in place. Regional group which was leading on this has been stood down. Need to engage YAS in local group |
| **4. QUALITY OF TREATMENT AND CARE WHEN IN CRISIS****Key Outcome**: I am treated with respect and care at all times. I get support and treatment from people who have the right skills and who focus on my recovery, in a setting which suits me and my needs. I see the same staff members as far as possible, and if I need another service this is arranged without unnecessary assessments. If I need longer term support this is arranged. |
| 4.1 | Develop multi-agency protocol to clarify roles and expectations of each agency based on revised MHA Code of Practice, including* Agreed service standards
* Ensure access to advocacy
* Support for maintaining contact with families
* Service standards to be age appropriate
* Compliance with MCA
* Acknowledgement of Greenlight Toolkit principles for people with a LD and MH issues
 | Humber-wideHFT | Q3 | Agreed protocol | Sept 15. Draft Protocol developed by subgroup. Currently out to consultation with range of providers until end Oct. Where it is identified that the agreed standards are not currently achievable this will lead to new MHCCC actions |
| 4.2 | Implement actions required as AIMS accreditation of Crisis Home Treatment service and inpatient units | HFT | Q4 2014/15 | IP units AIMS accredited CRHT HTAS accredited | Complete |
| 4.3 | Seek and evaluate service user and carer views of current services | All | ongoing |  | One piece of work exploring young people experience of crisis. HFT use F+F test. Work underway to gain views of patients attending A+E |
| 4.4 | Service user / carer engagement to support planning: seek support through Mind / Rethink | CCG | ongoing | Feedback from engagement | Initial work done gathering views of younger people in crisis |
| **5. RECOVERY AND STAYING WELL / PREVENTING FUTURE CRISES****Key Outcome:** I am given information about, and referrals to, services that will support my process of recovery and help me to stay well.I, and people close to me, have an opportunity to reflect on the crisis, and to find better ways to manage my mental health in the future, that take account of other support I may need, around substance misuse or housing for example. I am supported to develop a plan for how I wish to be treated if I experience a crisis in the future and there is an agreed strategy for how this will be carried out.I am offered an opportunity to feed back to services my views on my crisis experience, to help improve services for myself and others. |
| 5.1 | Risk / Relapse Plans to be developed in accordance with NICE CG 136 | HFT | Q1 | Agreed RRP format | complete |
| 5.2 | Increase Personalisation through encouragement of take up of Personal Budgets and Personal Health Budgets | Councils and CCGs | Ongoing | Increasing number of people receiving PB | Sept 15. 231 people with MH problems currently in receipt of PB (East Riding)  |
| **6. UNDERPINNING OUTCOMES** |
| 6.1 | **Informed Commissioning and Shared collection and understanding of data*** Agree Dashboard for Health and Wellbeing Board
* Agree report for SAB
* Share Crisis Activity data (including use of S136)
* Map resources against demand by location and times
 | MH CCC Action Group | Q4 | Dashboard reporting to HWB, SAB | Working with regional group to agree dashboardHave reviewed data sources but not been able to collate an overall picture |
| 6.2 | **Partnership Working: Arrangements to be in place for escalation to more senior staff in case of disagreement**Establish multi-agency Mental Health forum / Board procedure | All agencies to identify lead | Q2 | Clear escalation protocol in place | De facto escalation occurs but no written procedure. To be agreed within protocol |
| 6.3 | **Effective services: Information Sharing**Review multi-agency Information Sharing and Consent protocol Ensure front line staff understand the importance of sharing information to maintain patient, public and staff safety | Humber-wide | Q3 | Agreed standard report | To be clear in Multi-agency protocol |
| 6.4 | **Effective services – communication**Review access to interpretation and translation  | Humber-wide | Q2 |  | HFT use Global interpretation services, with full access 24/7 to support assessments and treatment requirementsERYC use AA Global services for the translation servicesOTHER AGENCIES USE:  |
| 6.5 | **Well-trained staff*** Review training and protocols
* Development of multi-agency training programme to include
	+ Mental health awareness / safetalk
	+ Knowledge of local MH and substance misuse services
	+ Knowledge of shared policies and protocols
	+ Understanding of other agency roles in responding to MH crises
 | Humberside Police | Q2 | Training programmes in place | HFT developing training programme for the police. HFT also delivering joint training to Police and ProbationERYC providing training to police re MCAHFT delivering MH training to A+E staffYMHFA training offered across agencies |
| 6.6 | **Well-trained staff**HFT developing Recovery College to promote more recovery focused training for staff from mental health services and partner agencies, as well as service users and carers  | HFT | Q1 ongoing |  | Board has been established to oversee the development of the Recovery College |