**Knowsley/St Helens footprint - Mental Health Crisis Concordat Action Plan V2.02 October 23rd 2015**

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| **1. Partnerships to help develop and strengthen crisis care services** |
| **1a. Building and Strengthening partnership working across relevant agencies within Knowsley and St.Helens footprint area** |
| **2. Commissioning to allow earlier intervention and responsive crisis services** |
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| **4a. Improve NHS emergency response to mental health crisis** |
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| **4c. Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983** |
| **4. Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring** |
| **4e. Improved services for those with co-existing mental health and substance misuse issues** |
| **5. Quality of treatment and care when in crisis** |
| **5a. Service User/Patient safety and safeguarding****5b. Understand patient experience of mental health services** |
| **6. Workforce** |
| **6a. Ensuring the right numbers of high quality staff****6b. Staff safety****6c**. **Improved information and advice available to front line staff to enable better response to individuals in crisis** |

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| 1. **Partnerships to help develop and strengthen crisis care services**
 |
| **No** | **Action** | **Timescale** | **Led By** | **Outcomes** | **RAG** | **Progress** |
| **1a. Building and Strengthening partnership working across relevant agencies within Knowsley and St.Helens footprint area** |
| **1** | Establish improvement collaborative (steering group) within the 5BP/St Helens/ Knowsley footprint with terms of reference and appropriate governance to share learning and transform services. | April 2015 | Tom Fairclough/ John Edwards | * As a means of sharing good practice and joint working to enable a consistent and equitable approach to crisis care across the Knowsley and St.Helens 5 Boroughs footprint.
* Enhanced communication and relationships with Police, Social Services Departments and relevant third sector organisations
* Provide a cross borough forum to plan joint working and approaches
 |  | * Group established and meeting on a regular (monthly) basis
* Establish a governance reporting framework within the Trust for Patients with Mental Health Needs (Dec 2015)
* Compile inaugural STHK Annual Report for Patients with Mental Health Needs 2014/15 for Nov 2015
* STHK Terms of Reference of Mental Health Steering Group have been reviewed and membership extended (Sept 2015)
 |
| 2 | Map current Partnership arrangements across the various localities identifying links and synergies (meetings, governance etc) | April 2016 | Improvement Team | * All signatory organisations will understand existing arrangements and can identify their role within them
* Ensure that underrepresented groups – including younger people, older people are captured
 |  | * Current work with 5BPFT to map strategic and operational meetings (July 2015 Winwick Leisure Centre)
 |
| 3 | Develop partnership arrangements with key partners - CAMHS, NWAS and Primary Care (Not limited to these organisations) | October 2015 | Tom Fairclough/ John Edwards | * All partners are committed to work together to support people in a crisis situations partnership arrangements across all partners are established;
* Formal information sharing protocols in place so relevant information about people in crisis situations is shared
* Services are clear about their own roles and responsibilities and that these are well understood within their organisation;
* Services are clear about their partners roles and responsibilities and that these are well understood throughout their organisation
* Forthcoming evaluation of the current psychiatric liaison service provision at A&E considers the development of a RAID type model (aka Birmingham Hospitals model) and the impact of running separate a service provision for younger people, adults and older people
* All partnership working already established through scheme like Street Triage and the NWAS/5BP scheme are maintained and enhanced
 |  | * STHK Trust Mental Health Steering Group in place with TOR, monthly meetings and including all partners – STHK, Adult Liaison, LLAMS, CAMHS and Police with invitation to local Healthwatch
* STHK has commissioned liaison services in place for Adults, LLAMS, CAMHs and Perinatal Mental Health;
* STHK has an internal S136 Toolkit to support wider 5BPFT Multi-agency Policy and procedure
* STHK Proposed Security Meeting to be established which will include the interface between STHK, clinical, security and Police (Dec 2015)
* System pressures have meant involvement of NWAS in each concordat group has proved difficult
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| 1. **Commissioning to allow earlier intervention and responsive crisis services**
 |
| **No** | **Action** | **Timescale** | **Led By** | **Outcomes** | **RAG** | **Progress** |
| **2a. Matching local need with services** |
| 1 | Ensure, where possible, that all developments are evidence based. | Ongoing | Tom Fairclough/ John Edwards | * Where information is available ensure that such data is incorporated into baseline needs assessment for service development, identify gaps in data which may be useful in establishing a stronger picture of need.
 |  | * Through individual performance and service reviews, relevant data and information is being requested and, in most case supplied, to support evidence based change
 |
| 2 | Ensure there is appropriate engagement and consultation in the development of service models and services | Ongoing |  | * Ensure that service users and carers are engaged in and feel represented in the needs baseline of Mental Health Crisis provision for both St Helens and Knowsley;
* Ensure that the needs of different groups such as those who may feel excluded from mainstream service provision are consulted around their needs
 |  | * Healthwatch attend Concordat meetings and these links (plus others) are valuable in ensuring engagement systematically built into individual service changes
 |
| 3 | Using the findings of the Commissioned Mental Health System Review, identify the existing services across the 5 Borough Partnership footprint to support people in crisis. | December 2015 | Tom Fairclough/John Edwards | * Establish a baseline of existing services which will enable gaps to be identified and which will inform developments;
* St Helens CCG, Knowsley CCG & 5BP to have a local report highlighting their gaps in provision, recommendations and financial implications of any future models of delivery
 |  | * Some delay in report production resulting in slippage of timescales
 |
| 4 | Develop sustainable service model(s)  | March 2016 | Tom Fairclough/John Edwards | * Service model to be agreed and business cases developed for consideration by local reference groups and commissioning leads with relevant governance based upon needs assessment and evidence based solutions.
 |  | * STHK has commissioned services in place with work outstanding on developing greater integration and working between those commissioned services (Mar 2016)
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| 1. **Access to support before crisis point/ Recovery and staying well/preventing future crisis**
 |
| **No** | **Action** | **Timescale** | **Led By** | **Outcomes** | **RAG** | **Progress** |
| **3a. Improve access to support via primary care** |
| 1. | Develop a programme to support primary care to work collaboratively with other services, facilitating and co-ordinating access to specialist expertise pre and post crisis for individuals. | April 2016 | Tom Fairclough/John Edwards | * GPs will shape and develop the pathway and will have a greater understanding of availability of support pre and post crisis.
* Evaluate the GP psych liaison (Knowsley)
* Consider is there a role of GP Psychiatric Liaison service in St Helens based on evaluation of the Knowsley model
* Consider other mechanisms for the provision and availability of specialist crisis advice for General Practices/Primary Care
 |  | * STHK suggests the analysis of the ED Acute Liaison data to determine appropriateness of assessments within an Acute emergency Department and outcome;
* Issues raised with Knowsley Primary Care Quality network (GPs) to ascertain requirements from primary care.
 |
| 2. | Incorporate a self-referral process into existing IAPT provision | October 2015 | Tom Fairclough/John Edwards | * To ensure accessibility for service users to the IAPT service and to prevent crisis scenarios developing
 |  | * Self-referral process in place (Knowsley) work continuing around embedding with Primary Care and ensuring risk issues are addressed.
 |
| 3. | Provision of guidance developed with input mental health leads from all organisations | October 2015 | Tom Fairclough/John Edwards | * To provide information about options available including access to options that can precipitate crises such as debt advice, substance management, environment issues, so that crisis situations are managed earlier;
* To provide clear information of what to do; who to contact in crisis situations
 |  | * Ongoing in both Boroughs
 |
| 4. | Consider development of an effective mental health helpline | October 2015 | Tom Fairclough/John Edwards | * For service users, carers to speak to someone when need help and advice regarding mental health.
* NWAS/Merseyside police to be able to access this
* Requires a regional approach to be effective
 |  | * Ongoing but requires further consideration and buy in re implementation
 |
| 5. | Mental Health Street Triage workers working closely with police and ambulance staff to support patients in public places avoiding attendance to A&E department and escalation to crisis point. | December 2015 | Police/NWAS/5bp | * Scheme is currently being piloted for 12 months and will be reviewed within this timeframe
* Aim is to ensure that patients are support in a time of crisis in the most effect manner by all agencies
* Currently the pilot is focused on Adult provision. When the pilot is being reviewed further consideration to be given to including both younger people and older people in the future scheme
* Understand the impact of the project
* To evaluate the outcomes for people who have been assessed as part of the project
* To evaluate the impact on the organisations involved in the project (Merseyside Police/NWAS/5BP/LA’s/STH&K Hospitals)
 |  | * Police Street Triage Team is now established and works 2pm – midnight 7 days per week to provide specialist Mental Health support to police officers on patrol.
* Although primarily aimed at adults the practitioners will provide advice, guidance and signposting to CAMHS urgent response service within 5 Boroughs Partnership NHS Foundation Trust.
* A monthly meeting has been established, to monitor the triage car, around reduction of 136 & avoiding attendance at A&E. A proposal to extend triage beyond December 2015 has been presented and is currently being considered.  Pathways need to be developed in relation to pathways for CAMHS and LLAMS
 |
| **3b. Joint planning for prevention of crises** |
| 1 | Linking with existing work streams to inform crisis management e.g. review of frequent callers, the North Mersey Urgent Care Working Group/SRG/ Community 3rd sector  | On-going | All to consider | * A system wide plan for prevention of management and prevention of crisis which encompasses frequent callers and the development of safety plans.
 |  | * STHK represented on Cheshire and Merseyside MH Networks in Adult, maternity and children and young people workstreams;
 |
| 2 | Review of the identification of vulnerable people – specifically mapping the process of the VPRF1 and taking learning to improve provider processes | March 2016 | Hayley SherwenIan Mountain Phil DeardenRose BrooksMichelle Cohen | * Early identification of individuals in crisis.
* Agreed protocols in place and used effectively for identification of vulnerable people.
* Closer integration of EDT with Knowsley Urgent Response Team and the MASH will support early identification of individuals in crisis.
 |  | * STHK Safeguarding Adult and Children Policies in place;
* Electronic Alert Standard Operating Procedure in place for placing alerts in respect of vulnerable patients;
* STHK works with St Helens, Knowsley and Halton SABs and sub-groups;
 |
| 3 | All signatory organisations review their existing arrangements for * Identifying adults at risk
* those with additional needs
* adults who are regular attenders at service
 | March 2016 | ALL | * Organisations identify those at greatest risk and can manage them appropriately through multi-agency working
 |  | * See 6a3 above
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| 1. **Urgent and Emergency Access to Crisis Care**
 |
| **No** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **RAG** | **Progress** |
| **4a. Improve NHS emergency response to mental health crisis** |
| 1 | Using the information from the self-assessments and review of services, develop a plan to ensure consistency and manage identified gaps in service. | June 2016 | Tom Fairclough/ John Edwards/Phil Dearden/Ian Mountain | * Use the baseline of existing service to establish the current gaps in service
* Provide a consistent emergency response across the footprint.
* Establish an agreed set of standards and model of delivery agreed.
* A&E liaison services -consider A&E liaison services to keep best practice and identify any developments
* Home Treatment Services – clarity re the offer (24 hour service provided)
 |  | * STHK Trust Mental Health Steering Group is the vehicle for change within STHK and liaison services;
* STHK developing a business case for a Emergency Department Mental Health Lead Nurse (April 2016);
* Acute Liaison and STHK Emergency Department working with AQUA on best practice pathways for presentations with sole mental health needs (April 2016);
 |
| 2 | Audit of Mental Health assessment rooms in emergency departments. | *(Phil to update re timescales)* | Phil DeardenIan Mountain  | * Ensure that all Mental Health assessment rooms adhere to the required Royal College of psychiatry standards.
* Where this is not the case implement timescale for adjustments to be made
 |  | * Minor works required in STHK Emergency Department Assessment Rooms to meet Royal College Standards (September 2015)
 |
| 3 | Collaborative commissioning arrangements to support service development will be agreed.  | April 2015 and ongoing | Tom Fairclough/ John Edwards | * Where practicable/desirable produce a consistent equitable service across both Knowsley and St Helens CCG’s.
* Knowsley and St Helens to continue to develop the Crisis Care arrangements together
* Consider current arrangements where younger people, adults and older people are supported by different services
 |  | * STHK commissioned services already in place for Adults, LLAMS, CAMHS and Perinatal Mental Health
 |
| 4. | Provide a single point of access for paramedics to contact assessment teams regarding patients who are at crisis point for telephone screening and referral options.  | March 2016 | Tom Fairclough/ John Edwards/NWAS/5bp | * this model is already underway in other areas of the North West and requires evaluating
 |  | * 5 Boroughs Partnership NHS Foundation Trust have an arrangement with NWAS where they can seek real time advice and information 24hours a day via the Assessment Team based in Knowsley.
 |
| 5. | Review and revise current guidance for Conveyance and Transportation for patients detained under the Mental Health Act 1983 | March 2016 | NWAS/Police/LA leads/5bp/Commissioners | * Review multi-agency conveyance guidance for individuals detained under the Mental Health Act.
* Produce a clear defined policy is in place with regards to the transportation of patients with mental health needs in crisis, one which clearly defines the roles of Ambulance service, police and mental health teams with regard to ensuring that patients should always be conveyed in a manner which is most likely to preserve their dignity and privacy consistent with managing any risk to their health and safety
 |  | * The North West Mental Health Conveying Mental protocol is currently being reviewed (NWAS are the lead) . Consultation has been sought and the final document has been drafted, just awaiting sign off
 |
| 6. | Adapt NWAS ERISS system for mental health patients  | March 2016 | NWAS | * Adapt ERISS and offered to mental health trusts/LA departments. This system alerts attending Ambulance crews of care plans in place and appropriate contact numbers for patients in crisis, which can reduce Emergency Department attendances.
* This system can also be made available to all mental health care providers following a registration process
 |  |  |
| 7. | Consideration be given to co-location of some resources | March 2016 | NWAS/Police/LA leads/5bp/Commissioners | * Consider the value of a pilot project of locating mental health practitioners within Ambulance control rooms to effectively triage mental health related calls, provide advice and relevant patient history to crews in real time, and provide referral options to patients that are known to services and screening patients new to services.
 |  |  |
| 8. | Implement safe restraint techniques into Ambulance training | March 2016 | NWAS | * NWAS to implement safe restraint techniques into Ambulance training to promote good practice
 |  |  |
| **4b. Social services’ contribution to mental health crisis services** |
| 1 | Produce a baseline of existing social services contribution to mental health crisis services, including out of hours provision.  | October 2015 | St Helens –Stephanie Haddock (St Helens) | St Helens – * Understanding of the current daytime service provided by St Helens ASC&H department (including the provision of AMHPs and Appropriate Adults)-
* Identify gaps, risks or improvements that could be made
* Understanding current out of hours provision –
* identify gaps or improvements that could be made

Knowsley-* is working on a business case with proposals for a standalone OOH service; for review by Senior Management March 2015 with timescale for implementation May 2015.New model will provide enhanced AMHP service. This will ensure robust cover during identified pressure periods experienced during school holiday and bank holiday periods. Currently independent sessional AMHP’s support the rota.
* Greater integration of EDT with Knowsley Urgent Response Team, Hospital Discharge Team and Reablement service.
* Issue of cross border protocols, need consistent approach. This needs to be reviewed.
 |  | **St.Helens-*** St.Helens provides and social work and AMHP service from 8:45 to 5;15, Monday to Friday.
* Head of Operations has recently completed a review of the mental health team and am action plan has been generated for certain changes to practice.
* EDT operates an out of hours service during evenings and weekends.

A review of the EDT is currently on-going and the outcomes will be presented once completed along with any recommendations for improvement.**Knowsley-**Established OOH service remains unchanged, business case for a standalone OOH service under review.Established OOH service remains unchanged, integration with KURT, IDT and Reablement part of ongoing review of service delivery within Adult Social Care. |
| 2 | Use and share the outcomes of the Knowsley CQC Section 136 review to inform future AMHP developments  |  | Rose Brooks/Michelle Cohen (Knowsley) | * Improve response to individuals detained under Section 136.
* Revised Sec 135 Policy for 5BP, Knowsley and St Helens completed Jan 2015.
 |  |  |
| 3 | Use and share the outcomes from the St Helens and Knowsley Scrutiny Review to inform future practice |  | Stephanie Haddock (St Helens) | * Promote good response to individuals and their families/carers during a crisis situation
* Improved experience of individuals detained under Section 135 & 136 in St Helens
 |  | **St.Helens-*** St. Helens recently approved a joint Section 136 policy and this has been added to the Council’s Intranet so that it is available to all members of staff for reference.
* Regular bi-monthly AMHP supervision sessions are held to learn lessons from real case examples. These are minuted and distributed to the attendees

**Knowsley review in progress** |
| 4 | Local Authorities should satisfy themselves, in consultation with the police and mental health providers that AMHPs can be available within locally agreed response times. |  | Rose Brooks and Michelle Cohen (Knowsley);Stephanie Haddock/ Lynn Hughes/Sharon Keane (St Helens) | * Monitor that locally agreed response times are achieved.
* Ensure that locally agreed response times are met and that measures are in place to assure this provision
* Locally agreed response times are achieved, within 2 hours or as soon as practicably possible to assess person.
 |  | **St.Helens-**St. Helens has an AMHP duty rota which is always staffed and in addition has a back-up rota should additional referrals be made, St. Helens has an AMHP coordinator who will respond to additional requests for support in liaison with appropriate team managers. |
| 5 | Support local social services to review and plan contribution to local mental health crisis services |  | Rose Brooks and Michelle Cohen (Knowsley);Stephanie Haddock/ Lynn Hughes/Sharon Keane (St Helens) | * Ensure that both Knowsley and St Helens Social services departments are a key partner in service development and delivery.
* Ensure that both Knowsley and St Helens Social services departments are Representation in local senior operational and strategic forum.
* Knowsley LA represented in local and regional Crisis Concordat Action Planning Meetings to support coordinated regional Action Plan.
* Undertaking a review across partner agencies.
 |  | **St.Helens-*** The DASS meets with senior managers from 5bP
* The AD along with the Head Of Operations and the Service Manager attend regular Joint Operational Group meetings with the 5BP Business Managers. These meeting are on a quarterly basis.

In addition, monthly communication meetings are held between the Head Of Operations, the Service Manager, the Business manager for 5BP and the Matron |
| 6. | Provide timely and effective Mental Health Assessments  |  | Rose Brooks and Michelle Cohen (Knowsley);Stephanie Haddock/ Lynn Hughes/Sharon Keane (St Helens) | * priority given to patients at risk, or where Police/Ambulance are already in attendance
 |  | **St.Helens-*** St. Helens has an AMHP duty rota which is always staffed and in addition has a back-up rota should additional referrals be made, St. Helens has an AMHP coordinator who will respond to additional requests for support in liaison with appropriate team managers.
* A review of the EDT will make recommendations re Out of Hours provision
 |
| 7. | Review and report issues around partnership working between AMPHS and•Police•Home Treatment Team•North West Ambulance Service |  | All |  |  | **St.Helens-**Relevant representatives attend a Law Forum in which practical and strategic issues are raised and actions identified to progress to solutions. |
| **4c. Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983** |
| 1 | Provision of Places of Safety under s136Use the outcomes of the recent Section 136 review to inform future quality of response(Knowsley)  | March 2016 | Hayley Sherwen Michelle Cohen (Knowsley)Stephanie Haddock, Lynn Hughes & Sharon Keane (StHelens)Tom Fairclough/John Edwards  | * Improved experience of individuals detained under Section 135 & 136 in Knowsley
* Revised Sec 135 Policy for 5BP, Knowsley and St Helens completed Jan 2015 will improve experience of individuals detained under Section 3
* Review current arrangements for provision of Places of Safety
* Ensure that there are sufficient appropriate

 ‘places of safety’ for people detained under s136* Consider whether the current provision is fit for the role
* Consider what improvements can be made to existing provision
 |  | * STHK to review its local S136 Toolkit (Dec 2015)
* Audit of S136 Patients who attend initially at ED due to physical care issues undertaken May 2015;
* Ongoing consideration of Places of Safety
* Police will continue to flag issues to the relevant CCG and local Crisis Concordat Steering Group
 |
| 2 | Use and share the outcomes from the St Helens Scrutiny Review to inform future practice |  | Stephanie Haddock/ Lynn Hughes/Sharon Keane (St Helens) | * Improved experience of individuals detained under Section 135 & 136 in St Helens
 |  | St.Helens-* St. Helens recently approved a joint Section 136 policy and this has been added to the Council’s Intranet so that it is available to all members of staff for reference.

Regular bi-monthly AMHP supervision sessions are held to learn lessons from real case examples. These are minuted and distributed to the attendees |
| 3 | Review existing local Mental Health Act protocols and ensure they are relevant and updated. | March 2016 | Rose Brooks and Michelle Cohen (Knowsley)Stephanie Haddock, Lynn Hughes & Sharon Keane (StHelens) | * Review and update
* Ensure audit compliance
 |  | * St. Helens recently approved a joint Section 136 policy and this has been added to the Council’s Intranet so that it is available to all members of staff for reference.
* All local polices up to date
 |
| 4 | Use existing processes to review the use of S136/S135 identifying trends, issues and areas for improvement | June 2015 | Mental Health Law NetworksHayley Sherwen Michelle Cohen (Knowsley)Stephanie Haddock, Lynn Hughes & Sharon Keane (StHelens)Tom Fairclough/John Edwards | * The use of S135/S136within the area is understood and lessons are being learnt
* Review current procedures in order to improved processes and experience for people detained on a Section 135 (2)
* Ensure that dignity issues are covered
* 5BP Mental Health Forum reviewing Section 135 against the new Code of Practice.
* Evaluate the Street Triage for Knowsley and St Helens.
 |  | * Merseyside Police are currently liaising monthly with all Local Authorities to collate 135 numbers. A work stream will follow once we have gathered data
 |
| **4d. Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring** |
| 1 | Continue to monitor the existing good practice of using appropriate places of safety under the mental health act. | Ongoing | Ian Mountain | * The police continue to use the appropriate place of safety.
 |  | * Place of safety use in continually monitored via the 5 Boroughs Partnership NHS Foundation Trust law forum meeting.
* Place of safety use in continually monitored via the 5 Boroughs Partnership NHS Foundation Trust law forum meeting and local Crisis Concordat Steering Group
 |
| **4e. Improved services for those with co-existing mental health and substance misuse issues** |
| 1 | From the baseline identify any specific gaps for people with co-existing mental health and substance misuse issues. | September 2016 | Tom Fairclough/John Edwards (wider commissioning team) | * Establish a baseline for the services provided to people with co-existing mental health and substance misuse issues.
* Identify the gaps
* Consider options
 |  | * On going
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| **5. Quality of treatment and care when in crisis** |
| **No** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **RAG** | **Progress** |
| **5a. Service User/Patient safety and safeguarding** |
| 1 | Establish safety culture across 5BP in line with the “sign up to safety” initiative. |  | Ian Mountain  | * Continued reduction in the use of restraint.
* Increased patient safety.
* Reduction of all harms to people using 5BP services.
 |  | * Clinical Holding Policy in place (August 2015)
* Level 2 Training took place April/May 2015
* Review of Customer Care/Conflict Resolution/Restraint Training (April 2016)
* STHK Sign up to ‘Sign up to safety initiative (May 2015)
 |
| 2. | Signatories to review data in relation to safeguarding incidents and concerns (including restraints) for patients with mental health needs who access their services | Dec 2015 | ALL | * Signatory organisations will understand the level of safeguarding incidents and concerns (including restraints) which relate to their care of patients with mental health needs
 |  | * Data already available and being used to drive strategy (April 2016);
* STHK current monitoring of all Safeguarding incidents;
* 5 Boroughs Partnership NHS Foundation Trust monitor all Safeguarding Incidents.
 |
| 3. | All signatories to review their involvement in their local MARAC/MAPPA processes and provide assurance to the Improvement Team that robust arrangements are in place within their organisation | September 2015 | ALLMental Health MAPPA/MARAC leads for Knowsley & St Helens | * All signatory organisations are confident that they provide robust representation within local MARAC/MAPPA processes
* Map the strategic and operational systems across the footprint e.g. MAPPA / MARAC.
 |  | * STHK is represented on St Helens and Knowslyy MARACS;
* STHK provides reports to Halton, Liverpool and Warrington MARACS by exception;
* STHK attends MAPPA by invitation only;
* STHK achieving a high level of compliance with NICE Guidance on Domestic Abuse;
 |
| **5b. Understand patient experience of mental health services** |
| 1 | Co-produce a consistent model of capturing patient/ person experience across services | December 2015 | Tom Fairclough/ John Edwards/ Healthwatch  | * Engage with Knowsley/St.Helens Healthwatch to support commissioners to develop a mechanism to best capture service user experience on an ongoing basis. One that will provide:
* Consistent approaches to gathering experience;
* Consistent measures and evaluation
* Reduced duplication for service user;
* Develop a model for feedback across the Mersey footprint that is utilised by all organisations so that all experience is captured.
* to support those organisations that are Mersey wide (Merseyside police/NWAS) to ensure consistency
* Ensure that underrepresented groups – including younger people, older people, BME Community, LGBT Community, Military Veterans, -are captured
 |  | * STHK Trust Mental Health Steering Group to include Healthwatch Members as an initial way forward (Dec 2015);
* Include in EDS2 work around hard to reach group sand the accessibility of STHK services (Dec 2015)
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| 6**. Workforce** |
| **6a. Ensuring the right numbers of high quality staff** |
| 1 | Each organisation involved in the delivery of Mental Health Care to produce a training needs analysis of own organisation includingProtocols, Mandatory training etc:  | October 2015 | Phil Dearden/ Ian Mountain/ Stephanie Haddock/ Knowsley Social Work Service Manager/ Primary Care lead for CCG’s/  | * Establish a baseline of mental health crisis expertise across organisations. This will enable commissioners to identify training needs
* Staff will have the required knowledge skills and competence to deliver care and support to people experiencing mental health crisis
* Staffing levels will be in line with declared safer staffing levels.
* Signatory organisations will understand the training needs of their organisation in relation to people with mental health needs who access their services
* Review existing training available to Merseyside Police.
 |  | * STHK Task and finish Mental Health Training Sub-group agreed between STHK and 5BPFT Liaison staff based on Acute Trust needs. TOR agreed and meetings to start September 2015 with TNA for Dec 2015 and roll out of plan Jan 2016;
* To include current Trust Dementia, MCA, DoLs, Customer Care training to be included and integrated into this plan;
* Staffing levels in STHK in line with agreed safer staffing levels (August 2015) Evidence available;
* 5 Boroughs Partnership Trust Street Triage Practitioner’s provide regular training on Mental Health matters to Merseyside police.
* All mental health training within Merseyside Police has now been mapped. A gap analysis is currently being undertaken
 |
| 2 | Where viable establish an offer to the partners to share training | January 2016 | Training dept leads for LA’s/5bp/StHK/Police/NWAS | * Promote learning and development across the whole group rather than in isolation
* Capacity and capability across the system is increased and people are supported in the most appropriate place
 |  | * See 6a1 above for collaboration between STHK and 5BPFT Liaison Services
* 5bp and Merseyside Police have jointly delivered training to triage officers. 5bp & Police have a future plan of training involving a Psychologist who specialises in Crisis
 |
| 3 | Where viable establish an offer to other partners - 3rd sector and smaller orgs - to share training and offer awareness etc. | March 2016 | Training dept leads for LA’s/5bp/StHK/Police/NWAS | * Promote learning and development across the wider health and care footprint so that more people are equipped with the knowledge base to support service users experiencing a mental health crisis.
* Mental health first aid is more readily available to individuals experiencing mental health distress.
 |  | * ongoing
 |
| 5. | All signatory organisations to devise and implement training plans with appropriate monitoring and review | March 2017 | Improvement Team to co-ordinate data from signatory organisations training leads | * Staff within signatory organisations will have an appropriate level of training to support people with mental health needs who access their services
 |  | * See 6a1 above
 |
| 6. | Improvement Team to identify existing core training materials and resources for sharing between agencies | March 2017 | Improvement Team | * The locality supports a collaborative approach in working towards all staff having an appropriate level of awareness and skills around mental health
 |  | * ongoing
 |
| **6b. Staff safety**  |
| 1 | Review existing protocols and processes around staff safety and training. | October 2015 | Phil Dearden and Ian Mountain  | * Safe working practice / safe workforce
* Need to define exactly which protocols, e.g lone working,
 |  | * See 6a1 above
* 5 Boroughs Partnership Trust have regular reviewed policies and procedures for staff safety.
* 5 Boroughs Partnership Trust record and analyse all safety incidents.
* 5 Boroughs Partnership Trust provide robust staff safety training which is monitored and to ensure all staff are up to date with training and that the training is in line with national guidelines.
 |
| 2. | All signatories review their risk assessment and management arrangements for ensuring the safety of their staff  | Jan 2016 | ALL | * Risks to staff are identified and managed safely
 |  | * 5 Boroughs Partnership Trust have regular reviewed policies and procedures for staff safety.
* 5 Boroughs Partnership Trust record and analyse all safety incidents.
* 5 Boroughs Partnership Trust provide robust staff safety training which is monitored and to ensure all staff are up to date with training and that the training is in line with national guidelines.
 |
| **6c**. **Improved information and advice available to front line staff to enable better response to individuals in crisis** |
| 1 | Support agencies sharing key information about a person in line with current information sharing guidance | TBC | Ian Mountain/Tom Fairclough/John Edwards | * An agreed information sharing protocol.
* Practitioners are confident in sharing information for the benefit of supporting people in crisis.
 |  | * 5 Boroughs Partnership Trust has agreed information sharing protocols in place with all significant statutory agencies.
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| 2 | Ensure information and advice is readily accessible 24/7 to all partners, including primary care. | April 2016 | Ian Mountain/Tom Fairclough/John Edwards | * All partners will have access to real time advice and support to manage an individual in crisis.
* Development of different ways of providing urgent responses to information and advice.
 |  | * 5 Boroughs Partnership Trust provides real time advice and information to statutory agencies 24hours a day via the Assessment Team based in Knowsley.
* 5 Boroughs Partnership Trust are currently working with NWAS to provide information into the ERISS.
* 5 Boroughs Partnership Trust have an arrangement with NWAS where they can seek real time advice and information 24hours a day via the Assessment Team based in Knowsley.
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| 3 | Consider introduction of a 5BP footprint Crisis Response Line 24/7 and explore any practical / potential links to development of 111 | April 2016 | Ian Mountain/Tom Fairclough/John Edwards | * Improved response to crisis.
 |  | * 5 Boroughs Partnership NHS Foundation Trust have an arrangement with NWAS where they can seek real time advice and information 24hours a day via the Assessment Team based in Knowsley
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