| **No** | **Theme** | **Objective** | **Action / data collection** | **Progress to date** | **Timescale**  | **Led By** | **Outcomes** | **RAG** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | **Access and promotion** | Equality Assurance. All user groups have access to services. | Equality issues – access for BME groups.* Provide self-help guides and other practical resources.
* Signpost people to related services.
* Number of referrals.
* No. of service users supported.
* No. of people whose WEMWBS score improves whilst engaged with Community Development Worker (CDW) service.
* Recovery star model developed.
 | From 1st July – 30th September 2015:* 351 resources and self-help guides distributed to individuals and groups (these include translated documents into Punjabi, Urdu, Arabic, Chinese, Polish, Czech, Hindi, Guajarati and Hungarian)
* 25 individuals signposted to Trust and other statutory services.
* 49 referrals received by the Walsall CDW team.
* 24 individuals supported.
* 8 WEMWBS scores collated.
* 7 individuals completed recovery star showing a positive improvement with mental health and recovery.

 | April – Sept 2015 | **Paul Singh**Community Development Workers Team,Dudley & Walsall Mental Health Partnership Trust**Pat Nye**Walsall Service User Empowerment | * Ensure access to all service provision is equitable for whole community.
* Success criteria measured against % of staff employed from hard to reach groups against % of population.
 | G |
| 2. | **Access and promotion** | Deliver promotional material and training for local community, including mental health awareness. | Signposting people to local expert patient programme, mental health first aid, services at the recovery college, expert carers programme. | Carers are routinely referred for or signposted to appropriate programmes at duty points or following carers assessments.*(Stats required)* | April – July 2015 | **Paul Calder**Dudley & Walsall Mental Health Partnership Trust**Angela Aitken**Public Health Department | * Increased awareness of mental health symptoms and support available across the borough
 | A |
| 3. | **Access and promotion** | Mental Health First Aid (MHFA) Delivery* Target Carers.
* Target GP’s.
* Target Ambulance personnel and A&E staff.
* Target Police personnel.
* Target Housing Officers.
 | General Mental Health training for all services, e.g. mental health first aid (MHFA),understanding self-harm.Identify who MHFA is KPI’s -Evidence of effectiveness to be collated through feedback forms.Promotion to the target areas stated above and collate uptake.Targeting of MHFA delivery to those who will most benefit. | Lifestyle services provide four training sessions for adult MHFA and three sessions for youth MHFA, details attached. The sessions would be continuing, with a view to integrating them into the workplace. This may link with the Suicide Prevention Strategy. * *Target Carers* – details sent to mental health carers’ support team and EPP co-ordinators.
* *Target GP’s* – not currently specifically targeted to GP practices.
* *Target Ambulance personnel and A&E staff* – no contacts for ambulance personnel. A&E staff had STORM (suicide risk assessment) within last 2 years.
* *Target Police personnel* – no contacts for police.
* *Target Housing Officers* ***–*** some housing personnel have attended.

 | April – September 2015 | **Angela Aitken**Public Health DepartmentWalsall Council**Vicki Fox**Kaleidoscope Plus Group**Anne Pledger**Lifestyle Services | Participants will have:1. increased knowledge of different mental health issues.
2. increased confidence in supporting those in distress resulting in less restrictive interventions.
3. increased awareness of how to support, and improve their own mental well-being.
4. greater understanding of support networks in the area and who the current referral agencies are.
* Avert a crisis.
 | A |
| 4. | **Access and promotion** | Telecare and Telehealth services. | Establishing a baseline for packages of healthcare that exist for Telecare and Telehealth. Ensure promotion of services within community and referring agencies.Success measured by increase in referrals for telecare/health packages as a result of this activity. | Awaiting further information. | April – September 2015 | **Kate Houghton**West Midlands Fire Service**Sara Naylor-Wild**Accord Group**Lloyd Brodrick**Service ManagerWalsall Council | * Increase chances of supported and independent living and avoidance of potential crisis situations.
 | R |
| 5. | **Access and promotion** | Improve access to talking therapies for hard to reach groups. | Improve access to IAPT Service.* Maintain/improve referral rates for different BME groups.
* Increase referral rates for older persons.
* Delivered through promotion and engagement in community settings.
* Current baseline for over 65’s is 7% of the 15% population. Target 10% by June 2015.
* Gather % of team, from hard to reach groups and speech and language skills.
 | Access for BME groups increased form 20% Q1 in to 22.3% in Q2.16% of staff from BME background (1 tempt staff member)13% of staff can speak other languages. (1 temp staff member).Older adult access rate = 7%.target= 10% Q1 referrals = 134Q2 referrals = 158Number of referrals in Q2 has increased for all age groups access rate decreased to 5.3% despite more 65+ being seen.Numbers of 65+ increase for completing treatment Q1 = 4.1%Q2 7.3%.Number of referrals for 56-65 age groups = 9.6%Over 50’s Group at age concern. Psycho-educational course in mood management and overcoming anxiety delivered at Age Concern Aldridge X 2 per week. Staff delivered mental health awareness session to age concern staff. Direct referrals open to age concern staff. Self- referral promoted.Continue to deliver presentations to individual GP surgeries to encouraging referrals for older adults. Working with secondary care older people psychology to step people down to primary care.   | April – June 2015 | **Jacky O’Sullivan/Lesley Burton**Dudley & Walsall Mental Health Partnership Trust | * Enable greater access for those under represented within the service.
* Explore Business case for additional funding to improve access/increase treatments, for older peoples’ service.
 | A |
| 6. | **User experience** | Obtain user experience of crisis services, e.g. police, ambulance, mental health crisis team, A&E, and psychiatric liaison. | Carer’s team to work closely with user groups and collect feedback.User experience feedback - Leaflets from triage team.Complaints and compliments desk.Questionnaire for patients using crisis intervention team service.Access service role – to assess appropriateness of services for clients. | Meeting scheduled to draw together feedback collected from service line (services are currently under review). | April – October 2015 | **Paul Calder**Dudley & Walsall Mental Health Partnership Trust**Jacky O’Sullivan**Dudley & Walsall Mental Health Partnership Trust**Pat Nye**Walsall SUE | * Identify weaknesses and areas for improvement across a whole range of services provided to those with a mental illness.
 | A |
| 7. | **Service development and improvement** | Assessing opportunity for improvement in advocacy (IMHA and IMCA services). | Monitor data collected on use of advocacy and promotion/training.Assurance that all relevant staff are aware of IMHA and IMCA and users have easy access to these services. | Wolverhampton City Council (host authority) commissioned this service on behalf of partner authorities including Walsall.  VoiceAbility - Black Country provide IMHA services in Walsall. In total 119 users have made use of IMHA services in the last 12 month period (data extracted from contract monitoring report 14/15.  Contract monitoring information is provided quarterly.  However, we have not yet received the latest data for quarter 1 (15/16).  In the meantime, the existing IMHA contract expires March 2016 & is in the process of being re tendered. IMCA reports to be received.Integrated contracts across services and the Black Country. | April – June 2015 | **Mark Williams**Joint Commissioning, Walsall Council/Walsall Clinical Commissioning Group**Paul Calder**Dudley & Walsall Mental Health Partnership Trust**Pat Nye**Walsall Service User Empowerment | * Ensure access to advocacy both in the community and acute settings.
* Ensure appropriate services and support for those who experience mental ill health.
* Reduce DOLs issues.
 | A |
| 8a. | **Service development and improvement** | Improve user experience of younger adults’ Mental Health Liaison Team | Mental Health data collection.Analysis over a 2 month sample period –* Number of referrals.
* Waiting times.
* Appropriateness.
* Intervention required.
* Service required post treatment.
* Outcome of assessment.
* Group to identify themes and possible earlier interventions.
* Potential reduction of further A+E admissions.
 | Audit has been completed by DWMH and results will be shared with CCG in due course | April –September 2015 | **Bev Williams /Jacky O’Sullivan**Dudley & Walsall Mental Health Partnership Trust | * Identify gaps and weaknesses within current arrangements.
* Group to identify themes and possible earlier interventions.
* Reduce demand within acute setting through utilising preventative services.
 | A |
| 8b. | **Service development and improvement** | Improve user experience of Older People’s Mental Health Liaison Team | Mental Health data collection.Analysis over a 2 month sample period –* Number of referrals.
* Waiting times.
* Appropriateness.
* Intervention required.
* Service required post treatment.
* Outcome of assessment.
* Group to identify themes and possible earlier interventions.

Potential reduction of further A+E admissions. | Awaiting information | December 15 – May 16 | **Debbie Shaw**, Walsall Healthcare NHS Trust/**Michael Hurt,** Walsall CCG | * Identify gaps and weaknesses within current arrangements.
* Group to identify themes and possible earlier interventions.
* Reduce demand within acute setting through utilising preventative services.
 | A |
| 8c. | **Service development and improvement** | Improve user (all age) of mental health psychiatric liaison service | Performance information to be collected as per the spec for new short term core24 service. | Service to be implemented 18/12/15 | December 15 – May 16 | **Bev Williams** Dudley & Walsall Mental Health Partnership TrustPartnership Trust | * Identify gaps and weaknesses within current arrangements.
* Group to identify themes and possible earlier interventions.
* Reduce demand within acute setting through utilising preventative services.
 |  |
| 9. | **Service development and improvement** | Improve user experience of crisis service. | Crisis Team data collectionSee appendix 2Summary analysis–* Number of referrals.
* Waiting times.
* Appropriateness.
* Intervention required.
* Service required post treatment.
* Outcome of assessment.
* Ambulance service to cross reference frequent flyers with mental health issues.
 | Audit has been completed by DWMH and results will be shared with CCG in due course | April –September 2015 | **Bev Williams** Dudley & Walsall Mental Health Partnership Trust | * Identify gaps and weaknesses within current arrangements.
* Group to identify themes and possible earlier interventions.
* Reduction of future crisis interventions.
 | A |
| 10. | **Service development and improvement** | Identification of accommodation issues  | Accommodation.* Establish pathways and data collection where accommodation is an issue causing mental health issues.
* Obtain data on number of people requiring emergency respite services.
* Seek to identify those at with various social care crisis needs e.g. at risk of domestic violence, drug and alcohol abuse.
* Develop specification for social care crisis accommodation.
* Explore link in to 111 pathways.
 | Sara Naylor-Wild was looking at accommodation issues and influence on crisis situations. | April 15 –March 2016 | **Sara Naylor-Wild**Accord Housing Group**Mark Williams**CommissionerJoint Commissioning UnitWalsall CCG/Council | * Identify those who are vulnerable and at risk but, not currently open to mental health services and could be supported to avoid social care crisis occurring.
 | A |
| 11. | **Service development and improvement** | Deliver alternative emergency/crisis solutions to those suffering with mental ill health. Monitor **Street Triage Crisis Care** pilot service effectiveness. | Street Triage Crisis Care.* Collection of various data sets. Including use of s136 suite, avoidance of A+E admissions, avoidance of use of police/ambulance service time, outcomes such as prevention of suicide etc.
 | **April 2015**115 incidents dealt with by triage:74 Male, 41 Female89 from Police, 26 from Ambulance27 in public place,88 in private,4 detentions under s.136,8 prevented s.136 detentions. **May 2015**83 incidents dealt with by triage:38 male, 45 female52 from police, 31 from ambulance,14 in public place,69 in private,2 detentions under s.136,3 prevented s.136 detentions. **June 2015**74 incidents dealt with by triage:33 male, 41 female45 from Police, 29 from Ambulance, 19 in public place,55 in private,2 detentions under s.136,              5 prevented s.136 detentions. | April – September 2015 | I**nspector Amanda McPhee** West Midlands Police  | * Collection of data to enable a business case to commissioning crisis car on a longer term basis.
* Ensure a fast multi-disciplinary response to mental health crisis situations in the community and avoidance of hospital treatment.
* Deliver more effective and appropriate solutions to user needs.
 | G |
| 12. | **Service development and improvement** | To obtain mental health Joint Strategic Needs Assessment (JSNA).  | To explore the opportunity of having a new mental health JSNA completed. | Discussions had taken place with the Director of Public Health and Walsall CCG’s Accountable Officer. This wide area of work would include suicide prevention. An action plan, with ownership for actions will be developed, commencing in September 2015 with a view to completion of a first draft by March 2016. | Sept 2015 – March 2016 | **Angela Aitken**Public Health DepartmentWalsall Council | * To gain understanding future needs in relation to mental health in Walsall.
 | G |
| 13. | **Service development and improvement** | Monitor effectiveness of Tier 3+ pilot. | CAMHS Tier 3+.Obtain data on use of tier 3+ service including response times and avoidance of hospital or usage of tier 4 services. | Gained up to date data from D&WMHPT, WHCT and NHSE.Evaluation in progress to be completed by end September 2015.Service clearly impacted on:Reduction in length of stay – majority of cases discharged same or next day.Reduction in admission to tier 4 services: last year Walsall made 24 referrals into tier 4. To date this year 2.Neutral impact: use of adult inpatient services. No change.Evaluation to be circulated when completed. | April – June 2015 | **Alicia Wood** Joint Commissioning, Walsall Council/Walsall Clinical Commissioning Group | * Gather intelligence on potential gaps and weaknesses.
* Reduce admissions to tier 4 services.
* Reduce length of stays in hospital place of safety.
* Avoid use of adult in patient services.
 | G |
| 14. | **Service development and improvement** | Increase co-working with partners to deliver improved outcomes for those misusing alcohol and substances | Explore the substance misuse pathway and identify potential barriers or improve connections to services. | There was a substance misuse drug and alcohol needs assessment in place. There were no specific barriers at present.Toxic Trio (MH, substance misuse and domestic violence)– ML now chairing a sub group to evidence MH users who could benefit from Toxic Trio work. | April – October 2015 | **Patrick Duffy**Public Health Department**Marcus Law**Joint Commissioning, Walsall Council/Walsall Clinical Commissioning Group. | * Identify gaps or barriers between services
* Identify gaps or barriers between services and link with children services
 | A |
| 15. | **Service development and improvement** | Assess potential for improvements to early intervention In first episode psychosis service.Measure against standards, 2 week referral to treatment. | Early Intervention linked to CQUIN 2014/15.1. Review of Pathways to Care. Measurement of Duration of Untreated Psychosis (DUP) Identify areas of high DUP. Develop and implement plan to reduce DUPJoint assessments in Access service are being introduced.* Embed collection of Pathway to Care to EI and DUP within EI teams.
* Physical Health – further development in screening and embedding physical health as a priority within care plans.
* Develop a carer group in Walsall.
 | DUP and 2 week RTT are 2 separate actions. DUP is the measurement of untreated psychosis which was a CQUIN for 2014/15. The Trust monitors this internally and is reducing DUPS by conducting joint assessments with EAS, EI and CAMHS. 2 week RTT pathway is currently being mapped to ensure there is an appropriate process in place. Work in on-going with a National programme supported by NHS England. There are resource implications and reporting structures which need to be addressed – this will be supported by an internal business case. Plan to start delivering a reduction in 50% of referrals by April 2016.Carer groups have been set up in Walsall and members attending. The group is in its infancy and is actively encouraging members to attend. Physical health is now embedded into care plans and is reviewed yearly for accuracy of information. | April – September 2015 | **Jacky O’Sullivan** Dudley & Walsall Mental Health Partnership Trust | * Early identification and treatment for those suffering with first episode psychosis.
* Develop support network for carers.
 | A |
| 16. | **Service development and improvement** | Delivery of the recent Suicide Prevention Strategy. | Identify owners and timescales for actions on the strategy. | To be discussed via the Memorandum of Understanding (MOU). | April – December 2015 | **Angela Aitken**Public Health DepartmentWalsall Council | * Reduce numbers of those contemplating and committing suicide.
 | A |
| 17. | **Service development and improvement** | Reducing/removal of blanket exclusion criteria to health based places of safety e.g. due to intoxication.  | Ensure all DWMHT services do not have unnecessary blanket exclusion criteria.Check individual services and specifications. | There are no blanket exclusions for the place of safety. The Trust has policy in place to ensure it is available to all users who require this support.  | April – June 2015 | **Jacky O’Sullivan**Dudley & Walsall Mental Health Partnership TrustWalsall Healthcare NHS Trust | * Increase access and improve outcomes for users.
 | G |
| 18. | **Service development and improvement** | Identify improvement in provision for those with learning disabilities and autism and their access to mental health services | Gather information on barriers to access and appropriateness of service delivery. | Accessibility is linked to implementation of the Green Light Toolkit across mental health services. Green Light Toolkit implementation.Equality Delivery System Plan. http://www.dwmh.nhs.uk/equality-and-diversity/equality-delivery-system-eds/Green Light Toolkit implemented within Dudley & Walsall Mental Health Trust – policy written and being used by Trust Staff. Audit will be undertaken to monitor usage of policy and access of the service.   | April – August 2015 | **Jacky O’Sullivan**Dudley & Walsall Mental Health Partnership Trust**Ian Staples/ Mandeep Jandu**Joint Commissioning, Walsall Council/Walsall Clinical Commissioning Group | * Deliver services that are timely, appropriate, and effective.
 | A |
| 19. | **Service development and improvement** | Identify any potential issues that exist in Adult Mental Health Practitioner (AMHP) response times. | Gather data on response times of AMHP’s and medical professionals and ascertain if any concerns exist. | Average response times for first quarter 2015 is 3.5hrs. This is within the guidelines. There are extremes outside of this at times which have exception reports attached. | April – June 2015 | **Paul Calder**Dudley & Walsall Mental Health Partnership Trust | * Ensure those requiring assessment are assessed timely and appropriately.
 | G |
| 20. | **Service development and improvement** | Gather information from items on action plan and decide if service changes are required that require amended/new specifications. | Amend any relevant specifications/SLA’s, within the third sector, DWMHPT and the council. | Information gathering in progress.- Rehab pathway redesign. | April 2015 – March 2016 | **Marcus Law**Joint Commissioning, Walsall Council/Walsall Clinical Commissioning Group. | * Design fit for purpose services to meet users’ needs.
 | A |

Appendix 1: Action Plan: West Midlands Ambulance Service NHS Foundation Trust

