**2014 CONTINUOUS ACTION PLAN TO ENABLE DELIVERY**

**OF SHARED GOALS**

**OF THE MENTAL HEALTH CRISIS CARE CONCORDAT**

**WITHIN GLOUCESTERSHIRE**

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|  EQUALITY ACT 2010 DUE REGARD ACTIONS (see attached Due Regard Statement, July 2014) |
| 1.1 | Engage BAME community in Mental Health Stakeholder Group including identifying issues that would make this Forum more attractive for the BAME community | By May 2016 | Zain Patel2gether NHSFT | * Commissioning of more culturally sensitive services
* BME community empowered to influence the nature of the local mental health services
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| 1.2 | To undertake a Mental Health Needs Assessment which includes the prevalence of mental health conditions and crisis which will link into the Joint Strategic Needs Assessment (JSNA)  | July 2016 | Jennifer TaylorGloucestershire County Council | * Improved useable data at a local level
* Improved mental health intelligence around which to plan, commission & provide mental health services & specifically crisis services
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| 2. COMMISSIONING TO ALLOW EARLIER INTERVENTION AND RESPONSIVE CRISIS SERVICES |
| **Matching local need with a suitable range of services** |
| 2.1 | Develop a local mental health information sharing and triage system between health services and the Police through the relocation of the Crisis Team within the Police Control Room at Waterwells  | April 2015Revised date:April 2017 | Karl GluckClinical Commissioning GroupLes Trewin 2gether NHSFT Steve BeanGloucestershire Constabulary | * Single point of access
* A minimum of an initial response to all crises as defined by the person experiencing the crisis/carer and referring agency
* Clear and concise pathways of care without ‘hand offs’
* Early involvement and intervention of the crisis team, with immediate access to patient history/intelligence and other NHS resources
* Minimising the use of Police presence/resources in any mental health crisis and reduce demand in the long-term for all services
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| 2.2 | Establish a Sub-group who will lead Phase 2 of the new Crisis Service to include Children and Young People aged 11/12+ | April 2016 | David PughIndependent ConsultantMartin Griffiths 2gether NHSFT Simon BilousGloucestershire County Council | * Equitable crisis provision for all ages and mental health issues
* Integrated response with Social Care
* Fewer young people in crisis at Emergency Department
* Reduction in numbers of Section 136
 |  |
| 2.3 | Based on a further 6 months Police Place of Safety data, review the need for a safe place for care/containment and subsequent mental health assessment for people who are too intoxicated to be interviewed  | April 2015Revised date:May 2016 | Steve O’NeilPublic HealthDavid PughIndependent Consultant | * Reduction in inappropriate use of S136 suite and Emergency Department, improved assessments
* Vulnerable people are assessed in a safe place
* Reduction in resources wasted by partner agencies ‘containing’ very intoxicated individuals
* Improved response to people lacking capacity with MH needs, but not needing the Emergency Department
 |  |
| 2.4 | Engage with the Mental Health Experience Led Organisation (MHELO) to develop a user voice in Gloucestershire | Ongoing | Karl GluckClinical Commissioning GroupJan MarriottIndependent Chair | * Working together in a genuine partnership to design and deliver services and support
* Review and evaluate how partners have influenced the way that services are designed, commissioner and delivered.
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| 2.5 | Following the introduction of new MHARS model:1. Ensure officers are working to the relevant operational protocols
2. Consider the involvement of the MHARS as an alternative to use of s136 powers
3. Standardised recording and reporting of cases where police cells are used as a Place of Safety including any refusals by the Maxwell Suite
4. Consider use of unmarked cars/plain clothes etc., in mental health situations
 | March 2015Revised date:April 2016 | Steve BeanGloucestershire Constabulary | * Less restrictive alternative for people in mental health crisis and reduction in numbers subject to S136
* Improved Police and 2gether NHSFT data collection and monitoring to inform monitoring/outcomes of service
* Consideration the involvement of the CRHTT as an alternative to use of S136 powers
* Standardised recording and reporting of cases where police cells are used as a POS including any refusals by the Maxwell Suite
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| 2.6 | Establish an alternative to admission where those in crisis aged 18 and upwards can receive support to help them stabilise themselves, ensure their safety and wellbeing and prevent deterioration into mental health crisis | Revised date:September 2016 | Les Trewin2gether NHSFT Karl GluckClinical Commissioning Group | * A reduction in hospital admissions
* Less stigmatising experience for people experiencing MH crisis
* Availability of a less restrictive alternative to hospital admission
* Choice of accommodation for people in a MH crisis
 |  |
| 2.7 | Scope the need for a safe place for people to turn if they need mental health support out of hours, in addition to the existing out of hours and crisis provision | December 2016 | Linda BuckleyClinical Commissioning Group | To be confirmed |  |
| 2.8 | Establish an alternative safe place/Place of Safety for Children and Young People (CYP) in mental health related crisis, including looking at how crisis situations can be prevented or de-escalated | December 2016 | David PughIndependent ConsultantLinda BuckleyClinical Commissioning GroupHelen Price/Simon BilousGloucestershire County Council | * A demographic /needs assessment of CYP Section 136, aged 16/17 who end up in the Emergency Department and Acute Hospital Wards and CYP 15 years and under who end up on paediatric wards
* A range of community multi-agency options for the accommodation of CYP in crisis including CYP on S136 with recommendations based on a cost/benefit analysis as part of the options being developed by GCC
* A policy and procedure to govern partner agency responses to CYP in crisis
* A recommendation for workforce development and training implications
* A communication plan that ensures all relevant staff, partners and carers are kept informed of developments and have the opportunity to influence.
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| 2.9 | In the light of the development of a MH congruent and sensitive NHS111 service and MHARS service with a 24 urgent response team, assess the need for a stand-alone 24/7 free telephone helpline | October 2015Revised date:September 2016 | Karl GluckClinical Commissioning GroupOutcomes Managers Gloucestershire County Council | * Improved access to support for people experiencing mental health crisis
* Extent to which NHS111 and future CRHTT urgent response team meet need for 24/7 helpline established
* Any outstanding 24/7 helpline need established
 |  |
| **Ensuring the right numbers of high quality staff** |
| 2.10 | Develop a multi-agency, multi-professional co-produced recovery focussed workforce development and training strategy for the new mental health crisis pathway to include both single agency and multiagency training needs | September 2015Revised date:July 2016 | Angela WillisGloucestershire County CouncilDavid PughIndependent ConsultantGuy Undrill2gether NHS FTPoliceGHNHSFTSWAST | * Individual partner agency training needs identified
* Multi-agency training needs identified in order that partners who need to work together understand how to access the pathway, each other’s role and responsibilities within the pathway, mutual expectations and any constraints partners operate
* Resource implications identified
* Strategy to implement identified training needs
* A positive recovery approach is embedded within the pathway with clear evidence of co-production in both the design and delivery of the strategy
 |  |
| **Improved partnership working in Gloucestershire** |
| 2.11 | Rethink Mental Illness will work with Gloucestershire Constabulary to delivery two workshops to control room staff to support improved understanding of self-harm and suicide and how best to support the person affected and their family | From July 2014Revised date:September 2015 | Rethink | * Better experiences of emergency response in relation to calls about self-harm or suicide reported as recorded by people who have been supported
* Increased confidence and competence of police officers attending self-harm or suicide related incidents evidenced through course feedback
 |  |
| 2.12 | To explore the development of a multiagency service for ‘hoarders’ who present a fire risk to the health of themselves and others | September 2015Revised date:February 2016 | Sally WaldronGloucestershire Fire & Rescue ServiceSarah JasperSafeguarding Adults Service | * Therapeutic response to people who hoard from medical/psychological intervention to practice assistance
 |  |
| 2.13 | Review Gloucestershire Suicide Prevention Strategy and Action Plan to identify areas of alignment with or duplication of the Concordat and agree method for managing the relationship between the two | May 2016 | Jennifer TaylorPublic Health | * The Suicide Prevention Strategy and Crisis Concordat through their respective action plans will be aligned to ensure duplication is minimised and that priorities are addressed through the most appropriate route
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| 3. ACCESS TO SUPPORT BEFORE CRISIS POINT |
| 3.1 | Ensure simple access to Samaritans by systematic availability of Gloucestershire Samaritans Referral Form by Declaration signatories especially GPs, Emergency Department, Police, Ambulance Services and 2gether NHSFT | From September 2014 | Garth BarnesSamaritans  | * Improved early access to listening service
 |  |
| 3.2 | Extend the work of Samaritan Volunteers within identified vulnerable areas and/or Self Harm helpline as area (to explore further) | From September 2014 | Garth BarnesSamaritans Alice Brixey Self-Harm HelplineJennifer Taylor Gloucestershire County Council  | * Additional support to the Suicide and self-harm strategy through early intervention.
 |  |
| **Improve access to and experience of mental health services** |
| 3.3 | Produce a report each quarter based on Wellbeing Plus client’s experience of what works well and what could be improved in a crisis. Content will be based upon ongoing monitoring | July 2014Ongoing 1/4ly reportingRevised date:March 2016 | Cynthia KerrIndependence Trust | * Contribution to the client voice element of the review of the Mental Health Crisis Service in Gloucestershire.
* The report will be shared with the Stakeholder Group and the Crisis Project Group
 |  |
| 4. URGENT AND EMERGENCY CARE ACCESS TO CARE |
| **Improve NHS emergency response to mental health crisis** |
| 4.1 | Ensure as part of estate development, an appropriate space for mental health assessment room at Cheltenham General Hospital (CGH) is available 24/7 to ensure parity of esteem exists for mental health and physical assessments | Ongoing – when opportunity arises for redevelopment of CGH Revised date:April 2017 | E Gatling/A. Chandran/Space Utilisation Group Gloucestershire Hospitals NHSFT | * Parity of provision through appropriate space provision for mental health assessments
 |  |
| **Social services’ contribution to mental health crisis services** |
| **Approved Mental Health Professional sufficiency and competency** |
| 4.2 | Develop, formally agree and implement an Approved Mental Health Professional (AMHP) Joint Workforce Strategy | October 2014 onwardsRevised date:April 2016 | Karl Gluck Gloucestershire County CouncilSarah Bennion/Jane Hutchinson2gether NHSFT | * Sufficient number of trained and competent AMHPs
* AMHPs integrated with health colleagues in the mental health system
* AMHPs well managed and led
* Resources used efficiently and effectively
 |  |
| 4.3 | Ensure all Approved Mental Health Professional reports are of sufficient quality (audit) | Jan-Mar 2015Revised date:September 2016 | Sarah Bennion2gether NHSFTKarl Gluck Gloucestershire Clinical Commissioning Group | * All Approved Mental Health Professionals meet the legal competency requirements
 |  |
| 4.4 | A review of conveying/ transport arrangements for people assessed under or requiring conveyance under the Mental Health Act 1983/2007 in the South West of England in the context of the policy frameworks of the Crisis Care Concordat and ‘Parity of Esteem’ | January 2015Revised date:March 2017 | Linda BuckleyClinical Commissioning GroupDavid PughIndependent Consultant | * Agreed and appropriate level of triage, prioritisation and response for people experiencing a period of mental health crisis/acute psychological distress and people with planned mental health conveyance needs.
* The provision of a safe, cost effective, efficient (a proportionate response e.g. single paramedic attendance, use of 111 to prevent call out, use of unmarked cars etc) and least restrictive conveyance service with clear agreed operational policies and protocols in place in relation to access, referral to the service and the use of restraint.
* Identified pathways and a clear understanding with 111 that minimises unnecessary call outs.
* An all age service that provides parity of esteem for people with mental health needs, physical needs and people who need a combination of both.
* All relevant organisations work together accepting their organisational responsibilities and responsibilities under the Mental Health Act to facilitate the conveyance of people within the community.
* Improved individual experience (users, carers and professionals).
* A clear contract monitoring process
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| 4.5 | Identify and quantify the housing needs of people with mental ill health and those at risk of being homeless | To be confirmed | Outcome Managers Gloucestershire County Council | To be confirmed |  |
| 4.6 | Explore opportunities to link into the Building Better Lives Work stream for Housing | April 2016 | Outcome Managers Gloucestershire County CouncilSteve Strong | To be confirmed |  |
| **Improved quality of response when people are detailed under Section 135 and 136 of the Mental Health Act 1983** |
| 4.7 | Audit of experience of subjects of S136 of the Maxwell Suite | December 2015Revised date:September 2016 | Genevieve Riley2gether NHSFT David PughIndependent Consultant | * Detainee experience of Maxwell Suite established (note: research of Laidlaw, Pugh et al focussed exclusively on detainee experience of police stations)
* Opportunity to improve experience of S136 detainees
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| **Improved information and advice available to front line staff to enable better response to individuals** |
| 4.8 | Development of an equitable and integrated peri-natal specialist mental health service to ensure that women and families who need it receive an integrated plan and response in pregnancy and the postnatal period | September 2016 | Helen FordClinical Commissioning Group | * Integrated assessment and plan for women and families with mental health needs
* Women are aware of trigger points in order to receive rapid access to specialist knowledge to support early intervention to prevent crisis escalating
* Improved early detection of maternal mental illness
* Enhances parent/infant interactions strengthening the relationship between parent and child and parenting capacity
* Positive impact on child development and future mental wellbeing of both children and parents
* Sufficient skills across the maternity/HV community and mental health community teams to respond to families with MH needs
 |  |
| **Improved training and guidance for police officers** |
| 4.9 | Ensure all officers undertake mental health training within the context of a rolling programme to be agreed by the Development Unit | September 2014Revised date:July 2016 | Steve BeanGloucestershire Constabulary | * Increased awareness of mental health issues for police officers leading to more personalised and sensitive responses
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| 5. QUALITY OF TREATMENT AND CARE WHEN IN CRISIS |
| **Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring** |
| **Service User/Patient safety and safeguarding** |
| 5.1 | Scope the need within Gloucestershire, to review implications of Section C3 of the Crisis Concordat for practice in Gloucestershire within the context of the DH guidance ‘*Positive & Proactive Care: Reducing the need for restrictive interventions* (April 14) and Chapter 26 of the new MHA Code of Practice ‘*Safe & therapeutic responses to disturbed behaviour’* (Feb 2015) | Sept 2015Revised date: | Martin Griffiths2gether NHSFTSteve BeanGloucestershire Constabulary | * An understanding of any shortfalls around the practice of restraint in the light of national guidance
* A preliminary action plan to address any shortfalls
 |  |
| 6. RECOVERY AND STAYING WELL/PREVENTING FUTURE CRISES |
| **Joint Planning for prevention of crises** |
| 6.1 | Develop a service that will support carers of people with Mental health issues where there is a very significant impact on carers emotionally and/or physically due to repeated mental health crises.This is subject to a Big Lottery, Reaching Communities partnership bid currently being prepared. £300K over 3 years | Consult with MH Carers Dec 15 – May 16Bid Submission:June 2016Decision stage 1: August/September 2016 | Tim Poole/ Jacky MartelCarers Gloucestershire | * Carer has easy access to listen ear and support
* Practical help to access other support both before, during and after a crisis.
* Training in how to manage challenging situations and early recognition of signs of impending crisis
* Education programmes about specific conditions and crisis responses.
* Connecting carers to increase peer support.
 |  |
| 6.2 | Promote and extend the use of Crisis Plans, Advance Statements Decisions and Advance Decisions to refuse treatment for mental health patients including people with dementia | By end October 2014Revised date:September 2016 | Les Trewin2gether NHSFT Gloucestershire Hospitals NHSFT | * All known service users will have a future crisis plan that lessens the likelihood of a repeat crisis and ensures the wishes of the service user are taken into consideration
* Evidence that these plans are routinely part of the CPA process
* Clinical audit programme evidence that the plans exist are accessible 24/7 and that they are acted upon
 |  |
| 6.3 | Review frequent attendees in GHT Emergency Departments (ED) and repeat Sec 136 detainees in order to build an understanding of the key characteristics of these groups including any overlaps between the two groups with the view to reducing the frequency of repeat ED attendees and repeat 136 detainees. | Sept 2015 | 2gether & High Intensity Case Manager  (part of Psychiatric Liaison Team)Dr Delia Parnham-CopeGHNHSFT | * Better understanding of the demographics and nature  of repeat attendees
* Understanding of any cross over between S136 detainees and frequent ED attendees
* Reduction in repeat 136 detentions through meeting needs of S136 in less restrictive ways.
* Reduction in repeat ED attendances and length of stay through meeting needs through mental health pathway.
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| COMPLETED ACTIONS |

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| NO | ACTION | TIMESCALE | LED BY | OUTCOMES | RAG |
| 1.1 | Data:* Commence data collection on ‘Protected Characteristics’ not currently collected
* Review quality of existing data
* Improve collection of qualitative data around crisis care experience of patients from BME community
 | October 2014Revised date:June 2015 thenOn-goingOctober 2014Revised date:June 2015 thenOn-goingOctober 2014Revised date:June 2015 thenOn-going | Les Trewin2gether NHSFT Steve BeanGloucestershire Constabulary2gether NHSFT2gether NHSFT | * Improved demographic data on the people using crisis services from protected characteristic groups to inform service development
* Improved understanding of how patients from the BME community experience crisis services
* Improved and more sensitive services for people who belong to ‘protected characteristic’ groups
 |  |
| 1.2 | Independent Mental Health Advocacy contract monitoring meetings to focus on Protected Characteristic Groups with a specific focus on the in-patient community | 6 monthly | Karl GluckGloucestershire County Council | * The Independent Mental Health Advocacy service is more accessible to members of ‘protected characteristic groups’ both in-patients and people living in the community
* A more sensitive Independent Mental Health Advocacy service for people who belong to ‘protected characteristic groups’
 |  |
| 1.3 | County Community Projects to develop interface with Crisis Resolution Home Treatment Team and explore with users of the Teams if they see a need for an Independent Mental Health Advocacy in this context | October 2014 | Leonie SeabourneCounty Community Projects Karl GluckGloucestershire County Council | * An understanding of the relevance of the Independent Mental Health Advocacy service to people in contact with the Crisis Resolution Home Treatment Team
* Improved access if service agreed to be relevant
 |  |
| 1.5 | All partners to consider making *‘reasonable adjustments’* to enable marginalised people to articulate what they want | December 2014 and on-going | All partners to the local Declaration | * All partner services are more sensitive to the particular needs of members of ‘protected characteristic’ groups & make ‘reasonable adjustments’ where required
 |  |
| 1.6 | 2gether NHSFT Crisis Resolution Home Treatment Team’s (CRHTT) to engage with their local BME communities through developing their outreach capacity e.g. visit local Mosques, invite local Imam into the CRHTT | December 2014 and on-going | Martin Griffiths2gether NHSFT | * CRHTT’s have a better understanding of any specific mental health needs of their local BME community
* BME communities have a better of understanding of what their local CRHTT can offer the community
* The CRHTT is more accessible and sensitive to the needs of its local BME communities
* Earlier intervention preventing situations developing into crisis and subsequent admission
 |  |
| 1.7 | Development of the cultural competency of CRHTT staff at a clinical level through a rolling programme of training | April 2015 | Martin Griffiths2gether NHSFT | * CRHTTs have a better understanding of any specific mental health needs of their local BME community
* The CRHTT is more accessible and sensitive to the needs of its local BME communities
 |  |
| 1.8 | Development of the Sheffield ‘Crisis Support Centre’ type model within the Gloucester Friendship Cafe, a base for networking with specialist Mental Health services | April 2015 | Les Trewin and 2gether NHSFT Social Inclusion Staff | * The CRHTT is more accessible and sensitive to the needs of its local BME communities through the development of a base within the community
* Improved communication & mutual understanding between the BME community and the CRHTT
* Earlier intervention preventing situations developing into crisis & subsequent admission
 |  |
| 1.9 | Partner agency staff, particularly GPs aware of vulnerability and needs of people from transgender community | October 2014 | All partners | * A more sensitive mental health service to members of the transgender community, recognition of mental health needs
* Earlier intervention preventing situations developing into crisis & subsequent admission
* Transgender identity is not confused with a mental health problem
 |  |
|  | Deliver a new model of Crisis Service in line with commissioning expectations and specifications and exploring options for co-location with other emergency services | April 2015Revised date:April 2016 | Karl GluckClinical Commissioning GroupLes Trewin 2gether NHSFT  | * Single point of access
* A minimum of an initial response to all crises as defined by the person experiencing the crisis/carer and referring agency
* Clear and concise pathways of care without ‘hand offs’
* Standard response times, referral processes and quality standards to mental health crises delivered in response to Gloucestershire commissioning specification for 2015/16
* Skilled, competent and confident workforce
 |  |
| 2.1 | Explore funding possibilities to develop Positive Caring mental health specific courses to include different mental health conditions/strategies for coping with crisis provider information and input to Carer Support Groups about dealing with crisis | October 2014 | Tim PooleCarers Gloucestershire | Carers better able to:* Recognise and deal with the onset of a crisis through having a greater understanding of the conditions affecting the person they care for.
* Respond to changes in the person’s condition, knowing what is normal to expect and when to alert others.
* Flag up changes leading to crisis earlier
* Ask questions that might otherwise not be able to ask
 |  |
| 2.1b | Provide 1:1 peer mentoring support to carers to enable locally based non-judgemental support | October 2014 | Tim PooleCarers Gloucestershire | Carers better able to:* Recognise and deal with the onset of a crisis through having a greater understanding of the conditions affecting the person they care for.
* Respond to changes in the person’s condition, knowing what is normal to expect and when to alert others.
* Flag up changes leading to crisis earlier
* Ask questions that might otherwise not be able to ask
 |  |
| 2.2 | Following a review, commission a new model of Crisis and Home Treatment Service ensuring services and pathways are designed across the age transitions from under age 12 through to adulthood (14+ for early intervention clients for initial stage) | April 2015 | Eddie O’NeilClinical Commissioning GroupSimon BilousGloucestershire County Council | * New CRHTT service specification agreed and incorporated in 2gether NHSFT contract to commence delivery from April 2015
* Agreed performance indicators and reporting for new service
* Well planned and managed transition
* Clarity over criteria/thresholds and ways to overcome them
* Outcomes-led/ needs-led approach
* Age removed as a barrier to accessing appropriate support
 |  |
| 2.4 | As part of the commissioning of the revised contract for the CRHTT ensure 2gether mental health expertise and advice is available 24/7 for partner colleagues dealing with safeguarding situations for all ages and whether the case is ‘known’ or ‘not known’ | March 2015Revised date:June 2015 | Karl GluckClinical Commissioning Group | * Safeguarding assessments are informed by the best possible background mental health information and expertise
* Improved safeguarding decisions
 |  |
| 2.5 | Develop a Communication Plan targeted at:* partner agency staff
* the public for the future revised mental health crisis pathway utilising the resources of partner agency Communications leads and GCC Local Engagement Officers and Village Agents
 | June 2015Revised date:February 2016 | Cathie Hole2gether NHSFTand partner agencies Communications Leads | * Partner agency staff understand the core elements of the revised mental health crisis pathway
* GPs are clear about the eligibility criteria, access & their role within the pathway
* Members of the public understand how to recognise a mental health crisis in their community & how to engage a positive service response
* There is a common understanding of mental health crisis care at every local community at Parish/Town Council level
* Reaches independent, private & voluntary sector
* Meets needs of BAME community
* Promotes role of 3rd sector e.g. Rethink, CCP, IT, Crisis Service
* Promotion of the Standards for Mental Health Assessment leaflet
 |  |
| 2.5 | Following the introduction of new MHARS model:1. Ensure officers are working to the relevant operational protocols
2. Consider the involvement of MHARS as an alternative to use of s136 powers
3. Standardised recording and reporting of cases where police cells are used as a Place of Safety including any refusals by the Maxwell Suite
 | March 2015Revised date:April 2016 | Steve BeanGloucestershire Constabulary |  |  |
|  | Audit/review the number of people in contact with the CRHTT who also have significant intoxication problems which means they cannot be worked with | April 2016 | Martin Griffiths2gether | * Understanding of numbers of people outside of S136 who have co-existing significant intoxication & mental health needs
* Data to inform service planning in relation to 2.7 above
 |  |
|  | Audit/review the number of people attending the ED with significant intoxication who also have an identified mental health need | April 2016 | Delia Parnham-CopeED Consultant | * Understanding of numbers of people outside of S136 who have co-existing significant intoxication & mental health needs
* Data to inform service planning in relation to 2.7 above
 |  |
| 2.9 | Review the Psychiatric Liaison Service to consider all age approach to include hours required within the Mental Health Liaison team to best meet patient need | Scoping by September 2014 (via Psychiatric Liaison Group)Revised date:September 2015 | Eddie O’Neil CCGSimon BilousGloucestershire County CouncilMaggie Arnold/Delia Parnham-CopeGloucestershire Hospitals NHSFT | * Age no longer a barrier to accessing appropriate support
* Crises responded to within standardised timescales and quality standards and with better outcomes
* Fewer admissions – to GRH, Tier 4 inpatient care, Maxwell Suite
 |  |
| 2.11 | Review commissioning implications of DH Review of Sec 135 and 136 (Dec 2014) and new MHA Code of Practice (Jan 2015) for Gloucestershire MH Crisis Care Declaration and Action Plan | June 2015 | Karl GluckClinical Commissioning GroupDavid PughIndependent Consultant | * Links made to any relevant local developments
* Future DH requirements anticipated and built in local developments
 |  |
| 2.14 | Subject to identification of additional need, establish preliminary resource implications for an extension of the availability of the Liaison Health Visitor post in order to ensure that all CYP aged 0 to 18 who attend ED and MIUs are reviewed.  | March 2015Revised date:May 2015 | Michael RichardsonGloucestershire Care ServicesVivienne MortimerGloucestershire Hospitals NHSFT | Effective liaison to universal public health nursing services particularly school nursing for the purposes of the concordat will aim to effect the following mental health outcomes:* Increase in CYP and families knowledge where to access emotional health and well-being advice
* Improved mental health and well-being leading to a reduction of onward referrals for mental health problems amongst CYP
* Reduction in incidence of deliberate self-harm amongst CYP
* Increase in CYP feeling safer from danger and able to protect themselves from harm
* Improved resilience in CYP
* Increase in proportion of CYP who enjoy good relationships with their family and friends
* Reduction in numbers of CYP who have experienced bullying
* Effective liaison will also ensure that public health nursing services will address emotional health and wellbeing up to tier 2 and work with level 2 Specialist Mental Health Services (CYPS) services (including BERS) to improve emotional health of children and young people with a focus on building resilience.
* All children and young people with emotional health, psychological wellbeing and mental health difficulties to be  offeredsupport from the Public Health Nursing service, or signposted to alternative services as appropriate
* Adhere to CQC 2014 recommendation following review of Safeguarding and Children in Care Services
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| 2.17 | Engage in Care UK (NHS111) South West short life group to develop a safe and effective working relationship between NHS111 and MH services for people with MH needs | September 2015Revised date:April 2016 | Maria MetherallClinical Commissioning GroupLes Trewin2gether NHSFT | * Improved access to support for people experiencing mental health crisis
* Interface between NHS111 and MH services
* Process for the management of MH patients to minimise ED referrals
* Referral process including direct booking from NHS111 to MH services
* Establish/improve messaging system from NHA111 to MH services
 |  |
| 2.18 | Include Triangle of Care standards in all MH provider contracts | April 2014 | Karl GluckClinical Commissioning Group Gloucestershire County Council | * Carers and the essential role they play are identified at first contact or as soon as possible thereafter
* All staff are ‘carer aware’ and trained in carer engagement strategies
* Policy and practice protocols re confidentiality and sharing information are in place
* A range of carer support services are in place
 |  |
| 2.19 | Ensure access to, and benefits of Rethink Mental Illness Self-Harm Telephone helpline in Gloucestershire as a means of supporting management and reducing incidence of self- harm and suicide  | From June 2014 | Rethink Mental Illness with commissioners and Glos Suicide Prevention Partnership Forum | * Higher levels of community awareness recorded through event and activity information presented in reports to service commissioners
* Reduced incidence of self-harm and /or suicide related admissions to hospital as evidenced by data provided by 2gether NHSFT NHS, police service and ambulance service
 |  |
| 2.20 | Increase early help-seeking behaviour of young people as a result of participation in specially developed workshops in 36 schools in the county by:* Developing a plan for equipping the helpline staff with the knowledge and skills required
* Reviewing staffing of the helpline in order to support the increase in calls
 | From July 2014Revised date:September 2015 | Rethink Mental Illness working with commissioners and local schools  | * Increase in use of the Rethink Mental Illness self-harm helpline by younger people (14-16 years) as evidenced by service statistics shared with commissioners
* Use of self-harm helpline documented as an integrated pathway of support in young people’s care plans
* Reduction in admissions from 14-16 year olds for self-harm and/or suicide attempts, as evidenced by data provided by 2gether NHSFT, police service and ambulance service
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| 2.21 | Commitment to participate in any future rolling programme of multi-agency, multi-professional mental health crisis pathway training | April 2015 | Steve BeanGloucestershire Constabulary | * Increased awareness of mental health issues for police officers leading to a more personalised and sensitive responses
* Improved understanding between operational staff in partner agencies leading to more joined up responses and less ‘hand off’s
* Direction and consistency of all aspects of policing and mental health via Mental Health Strategic Tasking and Co-ordinating Group
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| 2.22 | Provide ‘Crisis’ training as part of MH awareness training to GLOSSE providers (Gloucestershire Safe and Social Environments) which include café’s, museums, garden centres, libraries etc.This will include piloting Wellness Cards with some GLOSSE providers who chose to engage in the pilot ‘Preventing Crisis Scheme’ | October 2014Revised date:June 2015 | Jack BeechIndependence Trust with GLOSSE providers | * GLOSSE providers will know what to do and who to contact when a person presents with a crisis or a crisis is suspected.
* Clients involved in the pilot will carry the pocket size ‘Wellness Card”
 |  |
| 2.23 | Review skill mix, competency and training needs of staff, volunteers and peers within Wellbeing Plus, Occupation Plus, Community Health Trainers, Families First. Develop guidance and access to specialist training  | October 2014 | Jack BeechIndependence Trust  | * Ensure there is a consistent approach to Crisis across the organisation
 |  |
| 2.25 | Link 2Gether NHSFT with the Central Southern Commissioning Support Unit to participate in the roll out of the Shared Care Records project | April 2015 | Karen TaylorCCGCathie Hole2gether NHSFT | * Better information sharing across partner organisations
* Fewer A&E attendances
* Fewer emergency admissions
* Improved medication management
 |  |
| 2.26 | Produce a local mental health information sharing/triage system for the Police/NHS in order that the service/ professional dealing with a crisis knows what is needed to manage the crisis/risks to the distressed person or to others | April 2015 | Steve BeanGloucestershire ConstabularyEddie O’NeilClinical Commissioning Group | * Information sharing enable people known to services to get the treatment they need quickly and where applicable, services are aware of their crisis plan and any advance statements no matter at what point they re-enter the mental health system
* Improved quality of assessments
 |  |
| 2.28 | Explore opportunities to use the centralised Custody Suite at Quedgeley to improve the service to mentally ill people in crisis on the explicit under-standing the Maxwell Suite remains the Place of Safety of choice for the overwhelming majority of S136 detainees | November 2014 | Steve BeanGloucestershire Constabulary | * Improved and more sensitive less stigmatising service to mentally ill people in contact with the Criminal Justice Service
* Healthcare professional available to assist with initial assessment and triage of anyone presenting with healthcare issues.
 |  |
| 2.29 | Critical review/analysis of partner agencies mental health crisis related policies, procedures and protocols | February 2015 | Jim SymingtonSymington-Tinto Health and Social Care ConsultancyDavid PughIndependent Consultant | * Reflects best practice as evidences by analysis of national documentation including NICE guidance
* Evidence of a personalised approach
* Involvement of carers/friends and ‘protected characteristic groups’
* Consistent with service specifications
 |  |
| 2.30 | Amend current contract specification to include standardised response times, from Psychiatrists to referrals for inpatients with mental health crisis | By April 2015 | Maggie Arnold Gloucestershire Hospitals NHSFTEddie O’NeilCCG2Gether NHSFT | * Scoping exercise completed
* SLA response times to requests for Consultant review agreed
 |  |
| 2.31 | Explore opportunities for partnership working around the planning and targeting of Community Fire Safety initiatives | January 2015 | Sally WaldronGloucestershire Fire & Rescue Service | * Targeted prevention work will focus on risk factors using an evidence-led approach
 |  |
| 2.34 | Establish the scope of Gloucestershire Young Carers and 2gether NHSFT in identifying and meeting the needs of young carers in mental health crisis situations | June 2015 | Mandy BellGloucestershire Young CarersLes Trewin2gether NHSFT | * To meet the information needs of young carers if a parent is not physically or emotionally available to them e.g. mental health crisis
 |  |
| 3.3 | Review information provision and pathway for patients who attend following self-harm, who are not admitted | September 2014 | Delia Parnham-Cope, Gloucestershire Hospitals NHSFT2gether NHSFT | * Pathway reconsidered
* Patients are identified, and managed to prevent crisis and attendance at Emergency Department
* GP informed of outcome
 |  |
| 3.4 | Establish a Gloucestershire link with the British Transport Police to involve them in prevention projects to tackle mental health and suicidal behaviour challenges | December 2014 | David PughIndependent Consultant | * Prevention of people seeking to harm themselves on the railway
 |  |
| 3.5 | Develop interface with CRHTT and explore with users of the Teams if they see the need for an Independent Mental Health Advocacy in this context | October 2014 | Leonie Seabourne, CCP Independent Mental Health Advocacy Service Karl Gluck Gloucestershire County Council  | * Clarity of relevance of statutory advocacy to users of CRHTT
* Subject to above, service users empowered through access to appropriate advocacy in crisis
 |  |
| 4.2 | Local implementation of the Association of Ambulance Chief Executive national S136 guideline for transportation of people under Section 136 detention | From April 2014 | David PartlowSouth Western Ambulance Service NHSFT | * All Section 136 requests for ambulance transportation would be categorised as a Green 2 (30 minutes emergency response).
 |  |
| 4.3  | Create multi-agency ‘Standards for mental health Assessment’ leaflet/information leaflet | Dec 2014Revised date:April 2016 | Karl Gluck Gloucestershire County CouncilDavid PughIndependent Consultant | * A set of multi-agency standards around MH assessment
* Shared understanding between key stakeholders
* Users/carers/public know what they can expect from key agencies in a MH assessment
* A timely and efficient assessment process
 |  |
| 4.4 | Creation of a set of evidence based actions that will improve Mental Health safeguarding responses in a mental health crisis  | Nov 2014 | Alison Feher Safeguarding Lead 2gether NHSFT | * All staff are aware of their safeguarding responsibilities
* Effective responses to all safeguarding situations for people whose circumstances make them vulnerable
* Effective sharing of information
* MH crisis responses aligned to Gloucestershire Safeguarding strategy and systems
 |  |
| 4.5 | Develop a safeguarding protocol for On-call managers within the 2gether NHSFT | June 2015 | Alison Feher2gether NHSFT | * On-call managers always consider safeguarding implications of any mental health crisis situations
* The needs of vulnerable individuals are always considered in a MH crisis situations
 |  |
| 4.6 | Develop a MH Crisis Specific Information Sharing Agreement/Protocol  | February 2015Revised date:September 2015 | David PughIndependent ConsultantInteragency Monitoring Group | * Information is appropriately shared in mental health crisis situations including safeguarding
 |  |
| 4.7 | Audit of Safeguarding referrals where the primary issue was wider mental health problems including carers | April 2015Revised date:June 2015 | Safeguarding Board Audit Committee via Sarah Jasper | * Improved understanding of mental health safeguarding situations
 |  |
| 4.8 | 2gether CRHTT staff and managers are fully aware of their safeguarding responsibilities in all crisis situations | September 2015 | Alison Feher2gether NHSFT | * The needs of vulnerable adults and children/young people in mental health crisis situations are always taken into account
 |  |
| 4.9 | Presentation to Adult Safeguarding Boards | November 2014 | Jim Symington/David Pugh | * Both Boards aware of work of mental health Crisis Task & Finish Group
* Any relevant synergies established
 |  |
| 4.11 | Review current model for ‘specialing’ to ensure it best meet the patient’s needs at all ages | By September 2014 | Sue Milloy/ Jon Burford Gloucestershire Hospitals NHSFT 2Gether NHSFT | * Closer observation of patient, best meets their clinical needs.
* Resource allocation is better managed
 |  |
| 4.13 | Ensure all AMHPs maintain competence through an agreed Continuing Professional Development programme (annual report) | April – onwardsAnnual report May 2015 | Jane Hutchison/Sarah Bennion 2gether NHSFT | * All Approved Mental Health Professionals meet the legal competency requirements
 |  |
| 4.15 | Review interface between daytime Approved Mental Health Professional and EDT (to include planned OOH Mental Health Act assessments) | End of October 2014 | Karl Gluck/Louise WestGloucestershire County Council | * Ensure that Mental Health Act assessments are undertake in a timely fashion in accordance with the legislation/Code of Practice
* There is a smooth and efficient interface between day time AMHP and EDT
* There are no unreasonable delays arising from this interface
 |  |
| 4.16 | Review system for requesting a Mental Health Act assessment by an AMHP | End of October 2014Revised date:June 2015 | Karl Gluck Gloucestershire County CouncilLes Trewin 2gether NHSFTDavid PughIndependent Consultant | * Clear guidance for Health and Social Care staff on how and when to request a Mental Health Act assessment
* All relevant parties are aware of Help Desk number and differential between Urgent Mental Health Assessment and Mental Health Act Assessment
 |  |
| 4.17 | Review role of AMHP within Crisis Resolution and Home Treatment Teams | January 2015Revised date:March 2015 | Karl Gluck Gloucestershire County CouncilSarah Bennion 2gether NHSFTDavid PughIndependent Consultant | * Options appraisal for commissioners on best practice
* The skill mix of re-commissioned Crisis Service is informed by this analysis
 |  |
| 4.19 | Review multi-agency Police assistance for Approved Mental Health Professionals policy | January 2015Revised date:June 2015 | David PughIndependent Consultant | * Revised multi-agency policy that meets the requirements of the revised MHA Code of Practice
 |  |
| 4.20 | Establish availability of emergency specialist foster care arrangements for children and young people when in significant mental and emotional distress and unable or unwilling to return to their home but who do not require hospital admission | November 2015Revised date: | Delia Amos  Fostering & Adoption Gloucestershire County CouncilSimon Bilous, Joint CommissionerGloucestershire County Council | * Quicker ‘step down’ arrangements
* Avoid unnecessary admission to Gloucestershire Royal Hospital
 |  |
| 4.22 | Review and consider combining s135(1) and s135(2) policies | June 2015 | Karl Gluck Gloucestershire County CouncilInteragency Monitoring Group | * Revised multi-agency policy and implementation plan that reflects best practice which meets the requirements from the revised MHA Code of Practice
 |  |
| 4.23 | Review of Gloucestershire multiagency S136 Policy, Procedure and Guidance following the outcome of the DH review of Sec 135/136 and revised 2007 Mental Capacity Act Code of Practice. This should include management of intoxicated detainees | June 2015Revised date:January 2016 | Les Trewin 2gether NHSFTwith Inter-Agency Monitoring GroupSupported by David Pugh Independent Consultant | * An improved common framework for operation of Section 136 where partner agencies roles and responsibilities are clearly understood and reflects best practice along with alignment of partner expectations
* Policy reflects current DH requirements including revised MHA Code of Practice and other key reviews/policy statements over the past 18 months
 |  |
| 4.25 | Independent Mental Health Advocacy service information material to front line staff | 6 months | County Community Projects Independent Mental Health Advocacy Service | * Improved awareness and understanding of the IMHA role. Increase in referrals for clients to the IMHA service ensuring service user involvement in decisions affecting their lives.
 |  |
| 4.28 | Establish a partnership between Mental Health Voice and Voices in Recovery Service User Groups and Carers | December 2014 (note in progress) | Leonie Seabourne County Community Projects Core Group led by Advocacy Service | * Ensuring a voice for service users
* To encourage and support service users for consultation towards improving services and shared needs for those with co-existing mental health and substance misuse issues
 |  |
| 4.29 | Through collaboration with the Recovery and Crisis Teams ensure Independence Trust receives a copy of Crisis Plan on referral and review and to ensure Independence Trust key workers are invited to reviews.  | December 2014Revised date June 2015 | Jack BeechIndependence TrustLes Trewin2GNHSFT | * Wellbeing Staff are less likely to get stuck ‘holding’ a person in a crisis
* Knowledge/interventions and trust built with client will be formally recognised as part of a crisis plan
* Clients will have a fast track access back to secondary care rather than via GP
* Recovery and Crisis Team will have access to Wellness plans enabling them to update crisis plans based on clients preferred options.
 |  |
| 4.30 | Engage with the County Homelessness Implementation Group (CHIG) to scope out housing issues in the context of mental health crisis | February 2016 | Karl GluckCCGLaura StephenChair of CHIG | Identification of housing issue that relate to people in mental health crisis |  |
| 5.1 | Review existing work of patient pathways in place for frequent attenders with mental health at Emergency Department and extend provision | April 2015 | Delia Parnham-CopeGloucestershire Hospitals NHSFT Natalie Sivell2Gether NHSFT | * Clarity of pathways in place for frequent attendees
* Plan in place to address needs of Frequent attendees
 |  |
| 5.3 | Formal review of policies in light of the critical review of partner agencies mental health crisis related policies, procedures/protocols carried out by the independent consultants Jim Symington and David Pugh (Action 2.27 Glos Action Plan V15):* CRHTT Operational Policy 2012 (2G)
* Advance Care Planning Policy and Advance Statements and Decisions Procedural Guidance (2G)
* Criminal Justice Services Gloucestershire Operational Policy (2G)
* Conveying Joint Protocol 2010 (GCC and 2G)
* Mental Health Helpdesk Guidance and Flow Chart 2011 (GCC)
 | June 2015 | Les Trewin2gether NHSFTKarl GluckGloucestershire County Council | * Partner agencies policies compliant with requirements of Crisis Care Concordat
* Staff have guidance that enables them to practice safely and in line with the requirements of the Crisis Care Concordat
 |  |
| 5.4 | Review Datix incidents where Emergency Department has been used as a place of safety | By April 2015Revised date:April 2016 | Gloucestershire Hospitals NHSFT (Psychiatry Liaison Group) | * List of incidents (via Datix) available for consideration, and to contribute to further discussions on use of S136 etc
 |  |
| 6.1 | Information pack for the Independent Mental Health Advocacy service and the Mental Health Voice Service User Group | Now available for distribution. On-going action. | County Community Projects Advocacy Service and Mental Health Voice Service User Group | * Opportunities to engage with other service users and play an active role in the forum, contributing in consultations etc., raising their awareness of existing or alternative services, increasing their choices and improving their knowledge of their rights
 |  |
| 6.2 | Work with carers to draw up and implement ‘Carer Response to Crisis’ plans bringing together relevant contact details, specific coping strategies etc. which are easily accessible when carer in the heat of the crisis and under stress | September 2014 | Tim PooleCarers Gloucestershire | Carers better able to:* Cope with a crisis at home without involving emergency services and escalating issue.
* Respond in a calm way helping to reduce the stress for the service user
 |  |
| 6.3 | Develop and deliver specific training to carers on managing challenging behaviours specifically related to Mental Health. To include exploring the potential for DVD/CBT training materials to better support carers | December 2014 | Tim PooleCarers Gloucestershire | Carers better able to: * Cope with more crises at home without involvement of emergency services.
* Handle situation reducing the risk of injury to themselves and/or the person experiencing carers the crisis.
* Deploy strategies that help them remain calm which will help person remain calmer
 |  |
| 6.5 | Provide coping with crisis and developing plans workshops through our A-Z recovery college options/prospectus “*What do you do in a crisis?”*  | September 2014& 3 times per year within each Recovery College (A-Z) prospectus | Jack BeechIndependence Trust | * All Wellbeing Plus clients will be able to attend workshops to develop their own personal plans (or review existing ones) and share strategies and techniques with other clients
 |  |
| 6.6 | Every client that needs a Wellness Plan will have one | September 2015 | Jack BeechIndependence Trust | * Clients who self-refer or are referred by GPs will have a Wellness Plan.
* Wellness Plan will be shared with GP (with client’s permission) in case of crisis.
* Wellness Plan will be shared with concerned others (with clients permission)
 |  |
| 6.7 | As part of the consultation for the development of the new mental health crisis pathway, to ensure the new service is accessible to all Independence Trust clients and can provide appropriate triage including 24 hour telephone contact to de-escalate crisis and provide support where needed | May 2015 | Jack BeechIndependence TrustCathie Hole2GNHSFT | * Clients can contact URT and receive appropriate triage and action based on their individual needs
* Existing helpline provided by the Independence Trust becomes redundant
 |  |
| 6.9 | Audit current use of Crisis Care Plans | By end October 2014 | Les Trewin2gether NHSFT  | * Establish current practice and standards related to crisis plans
* Establish what learning is required and promote a standardised approach to crisis plans
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| **NOT VIABLE ACTIONS** |

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| 2.5d | Consider the use of unmarked cars/plain clothes etc., in mental health situations | March 2015Revised date:April 2016 | Steve BeanGloucestershire Constabulary | * Less restrictive alternative for people in mental health crisis and reduction in numbers subject to S136
* Improved Police and 2gether NHSFT data collection and monitoring to inform monitoring/outcomes of service
* Consideration the involvement of the CRHTT as an alternative to use of S136 powers
* Standardised recording and reporting of cases where police cells are used as a POS including any refusals by the Maxwell Suite
 |  |
| 2.9 | Scope the need for the provision of a commissioned ward for patients with psychiatric/general care needs | Scope by April 2015Revised date:June 2015 | Gloucestershire Hospitals NHSFT 2Gether NHSFT Clinical Commissioning Group | * Scoping exercise completed
* Pending the results of the scoping exercise, make recommendations to Commissioners
* Review actions, depending outcome of the Scoping Exercise
* ‘Shared care’ model for patients identified with co-conditions of mental health and general
 |  |
| 2.10 | Scope the gap between need and current provision for children and young people (including those with behavioural problems) within GHNHSFT inpatient care and paediatric wards  | October 2014Revised date:June 2015 | Maggie Arnold/Delia Parnham-Cope/Vivien MortimoreGloucestershire Hospitals NHSFT | * Scoping exercise complete
* Recommendations made to Commissioning bodies
* Improved provision for children and young people with ‘behavioural issues’
 |  |