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| 1. **Commissioning to allow earlier intervention and responsive crisis services** | | | | | | | | |
| **No.** | **Action** | | **Timescale** | **Led By** | | **Outcomes** | | |
| **Matching local need with a suitable range of services** | | | | | | | | |
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| **54** | **Street Triage pilot project in Swindon** | | 7month extension to project- funding ceases March 2017 | Mental Health Joint Commissioner, CCG, AWP, Mental Health Liaison Officer, Swindon & Wilts Police,  Wilts Commissioner, | | * SWAST to be integrated in Comms plan list (Wilts police) * On-going feedback – overview of outcomes May 2016 * UWE commenced evaluation; full report July 2016, prelim available April * New working hours from 21.3.16 – 8.30-midnight 7 days. * S136 conversation rate for Wilts – up from 23% to 43% * Meeting 3.6.16 – agreement from Wilts, Swindon & PCC to fund 7 month extension Sept 16-April 17 to enable further detailed evaluation and mainstreaming into Contract. * 6.9.16. – potential for joint commissioning with Wilts CCG 17/18 onwards – not yet part of STP?- model will need to be decided – SWAST keen to be involved with ST if possible.   ACTION: SB check with CCG Transformation AD re ST and STP | | |
| **62** | **Identify/develop pathway for intoxicated/distressed presentations, avoiding unnecessary use of MHA/S136** | | December 2017 | CCG/SBC/providers/Police | | Prevent unnecessary use of MHA/S136 for presentations associated with intoxication/emotional distress, where a period of time to allow de-escalation and an element of monitoring could result in recovery with minimal intervention from services.  6.9.16 – Consultation process expected from AWP re new model of working for PoS which may provide opportunity for Urgent Assessment Area in Swindon  ACTION: CGL to be invited to next Concordat meeting – done SB | | |
| **65** | **Swindon Concordat support for joint funding bid for capital monies to support an ageless and non-diagnosis specific calming café/crisis lounge in Swindon** | | 23.09.2016 | Wilts CCG/Concordat; supported by Swindon CCG/Concordat | | * Provision of calming café to support people who are risk of mental health crisis * Provide opportunity for all services across Swindon to support people at risk of mental health crisis in an appropriate, safe and sympathetic environment * Provide opportunity to expand current integrated community working between AWP and MIND * Reduction in need for S136 | | |
| **Improving mental health crisis services** | | | | | | | | |
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| **Ensuring the right numbers of high quality staff** | | | | | | | | |
| **57 nursing and allied** September 2019 CCG/AWP clear forecast needed regarding future workforce; AWP  **health workers** Swindon has localised workforce recruitment and retention  (**The Five Year Forward** strategy  **View for Mental Health** 6.9.16 bursary training ends next year HEE indicate no problems anticipated in apposition to local perspective – local initiatives – AWP funding x6 places for 2 yr nurse training initiatives | | | | | | | | |
| **Improved partnership working in Swindon locality** | | | | | | | | |
| **15** | **Incorporate measures around Mental Health calls for SWAST to ensure PoE and compliance with Amber 19 minutes response times and appropriateness** | | December 2016 | Operations Locality Manager Wiltshire (SWAST) | | Assurance for new model and operations to comply with local ambition and national concordat  6.9.16 feedback at next meeting re pilot project and then close action if no further action required. | | |
| **66** | **Amalgamation of Swindon and Wiltshire Concordats into Wiltshire and Swindon Crisis Care concordat** | | 5 October 2016 | Wilts and Swindon CCGs | | * Efficient and effective partnership working across Swindon and Wiltshire to maximise use of resources and impact upon people experiencing a mental health crisis. * Reflected in STP * Retain opportunity for localisation and maximisation of participation via Swindon-based pre-meet and use of teleconference when appropriate | | |
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| **57** | **Perinatal Mental Health Pathway** | | June 2016 | SBC/AWP/CCG | | Working group meet regularly to develop pathway  Pathway will provide clear points of access between services to enable effective perinatal mental health interventions  6.9.16 7 June 2016 – launch date coincided with PNMH awareness week  Pathway complete – awaiting sign off by GWH – PNMH group continue to meet as networking group to monitor impact of pathway and review/update pathway. | | |
| **2. Access to support before crisis point** | | | | | | | | |
| **No.** | | | **Action** | **Timescale** | | **Led By** | | **Outcomes** |
| **Improve access to support via primary care** | | | | | | | | |
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| **23** | | | **Review service pathways between CAMHS and TaMHS to ensure seamless movement through services and address waiting times** | December 2016 | | Children & Families Commissioner, Service Manager, CAMHS, (Oxford Health), Swindon Borough Council | | * Improved waiting times and seamless flow through single point of access service * TaMHS is SPA – service under pressure – requires analysis to free up capacity * 17.02.16 – update – proposed CAMHS/TaMHS joint working – awaiting outcome of Transition group plan regarding patient flows   Action: update at next meeting from Transition Group work |
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| **Improve access to and experience of mental health services** | | | | | | | | |
| **3. Urgent and emergency access to crisis care** | | | | | | | | |
| **No.** | | | **Action** | **Timescale** | | **Led By** | | **Outcomes** |
| **Improve NHS emergency response to mental health crisis** | | | | | | | | |
| **Social services’ contribution to mental health crisis services** | | | | | | | | |
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See also number 63 - **Consultation document regarding changes to PoS across Swindon and Wiltshire**

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| **Improved quality of response when people are detained under Section 135 and 136**  **of the Mental Health Act 1983** | | | | | |
| **38** | | **Monitor police response to Children and young people under section and ensure that they are taken to a place of safety – agreed process following changes to S 135/36** | December 2016 | | Mental Health Liaison Officer (Wiltshire Police) and Service Manager, CAMHS (Oxford Health)Wilts/Swindon CCGs | Ensure children and young people under MHA Section are taken to an appropriate place of safety and not police custody  \*Govt driven changes to MHA Section 135/136 zero tolerance to under 18s in police custody  Currently occasional admissions to custody when extreme agitation/threat of violence + ability present.  Concerns re safety of all if exceptional custody option removed – no apparent easy solution via current local services  Wilts Police MH to gather intelligence re actions from other forces/providers  CAMHS OSCA = source of support/assessment + Swindon can also access Wilts or BaNES via CAMHS coordination centre – ST has contact details.   * + 1. update:   If PoS full, adult will moved to accommodate YP; Ambulance response times – green 2 = 30 mins (blue light) – PoE – via ambulance response programme  6.9.16 neither CAMHS or AWP commissioned to support under 16 yrs in PoS – appears to be gap in commissioning – Oxford Health –no cross boundary agreement for under 16s  ACTION SB to email Wilts/Swindon CCGs re Concordat concerns (M E and TK) – not commissioned to staff unit |
| **63** | | **Consultation process regarding proposed changes to PoS across Swindon and Wiltshire** | August 2016 – revised to October 2016 | | AWP – Interim MD/Director of Ops | A robust consultation process to ensure engagement of all stakeholders regarding potential changes to provision of PoS in Swindon and across east of area.  ACTION: SB direct communication with AWP Director of Ops re lack of Consultation document or planning around process. |
| **64** | | **Ensure Section 140 of MHA upheld (CCG responsibility to ensure provision of psychiatric beds)** | December 2016 | | Swindon CCG/AWP | 6.9.16 Mike Hughes raised concerns regarding situations when psychiatric beds not available .eg. August 3 out 4 between 2-5 hours – x1 20 hours – frustrations regarding process, or lack of  NA confirmed that there had been no OOA acute beds for 20 months – SB confirmed that CCG commission adequate provision.  ACTION: SB to email Mathew Page re PICU provision and process for identifying/timescale, etc.- done |
| **Improved information and advice available to front line staff to enable better response to individuals** | | | | | |
| **55** | | **Divert repeat DSH attendances away from GWH A&E, calls to SWAST & Wilts Police** | December2016 | | CCG MHPB – AWP, CAMHS, GWH, SWAST, Wilts Police Liaison Officer | CCG to obtain data regarding repeat DSH attenders & make available to providers  Actions to be managed via CCG MHPB meetings  AWP & CAMHS to develop individualised action plans to prevent/manage crises presentation  17.2.16 – update – FM – Swindon DSM admissions disproportionately high (2014/15 data); CAMHS individualised care plans confirmed; AC reported good results from BaNES  6.9.16 - AWP awaiting written confirmation from GWH re £200k proposal for nurses in ED – to also ‘capture’ repeat attenders. CAHMS – anonymised care plans - small reduction – unsure whether outcome due to intervention or move to adult services. Public Health – Swindon high for DSH by O/D  ACTION email Wendy & Leighton & Jonathan re revisiting data – done SB |
| **58** | | **Alert cards** | December 2016 | | CCG, SEQOL, AWP, CAMHS | People with mental health needs will have the opportunity to develop and carry Alert Cards, assisting with effective engagement at point of crisis by overcoming communication difficulty, and will include young people and people with autism and learning disability, although not exclusively.  6.9.16 – Swindon Autism – re-launch 29th November 2106. ACTION: Paul Hawkins to send contact details  ACTION : Alex Chesterton agreed to provide examples  And report back at next meeting 6.12.2016  ACTION: Suzanne Baxter – to look into MIND initiative and report back at next meeting 6.12.2016 |
| **59** | | **Police Welfare Checks** | December 2016 | | Wilts Police/AWP/CCG | Clear protocol for requesting Police Welfare Checks used by all local services to avoid unnecessary use of police resources and ensure individuals are not subject to unnecessary police intervention, whilst maintaining safety.  ACTION – Newlands Anning following up with Mark Dean and report back at next meeting on 6.12.2016 |
| **Improved training and guidance for police officers** | | | | | |
| **41** | | **Training for Wiltshire Police & SWAST from AWP and SBC for Acute presentation and MHA and MCA** | March 2017 | MD (AWP Swindon)  Mental Capacity Act Project Lead (SBC)  MIND Swindon | | Improved relationship and joint training programmes to improve consistency of response and understanding of management of mental health issues and local pathways  MH liaison officer:   1. Producing basic guidance for officers re MCA. 2. Awaiting MH package from College of Police 3. Forwarding number of aide memoirs 4. Liaise with Street Triage service for learning and awareness raising    * 1. - National training package in February 2016 + smart phones for police offers to enhance potential for training/awareness   6.9.16. Police MHL officer identified difficulty releasing officers to complete training.  Public Health (Frances Mayes) ASSIST (suicide) training remains available – ongoing training being rolled out another 4 courses expected  MIND (Suzanne Baxter) - first aid light training available  ACTION: SBC contact needed re MCA/MHA training - SB |
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| **Improved services for those with co-existing mental health and substance misuse issues** | | | | | |
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| See also Number 62 - **Identify/develop pathway for intoxicated/distressed presentations, avoiding unnecessary use of MHA/S136** | | | | | |

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| **5. Recovery and staying well / preventing future crisis** | | | | |
| prevention of crises Joint planning for | | | | |
| **No.** | | **Action** | **Timescale** | **Led By** | **Outcomes** |
| **66161 (61re**661  **peat of66161656** | | **Integrated working between AWP Recovery team and MIND Wellbeing Coordinators**  **& CAMHS to develop Action and CAMHS** | **S** 2016  **To** | **AA**AWP/MIND  **WP Interim MDWP Interim** | * Mitigation of impact of closure of MIND Respite House by * implementing integrated working systems secondary and third sector services * effective intervention with service users progressing in their recovery or experiencing deterioration in their mental health * prevention and management of deterioration in mental health * improved confidence in MIND members * working systems that represent an improvement in mental health service provision, as compared to pre-closure.   6.9.16 - working with Ivor B in AWP - JD done – Newlands and Suzanne B to work together – meeting set up – approx. 4 staff – MIND providing presentation to AWP |

**Summary**

**As at 27.7.15, there were 52 Action points – completed actions that had been greyed-out were removed.**

**As at 28.9.15, completed actions 6 (Implementation of Street Triage), 7 (Re-design of MHSPA), 39(Alternative to admissions group), 17 (measurement of MHSPA), were removed; action 56 introduced (repeat of 55)**

**Therefore, for clarity, any new points from November 2015 will be 57 onwards.**

**As at 14.12.15 – Action 5 complete – CAMHS JSNA completed and signed off by HWBB; Action 21 – DST – complete – service implemented and outcomes measurement agreed**

**As at 17.02.16 – Action 19 complete – MOU between CARS and CAMHS in place; Action 38a – complete – future link back to 38 re PoS proposals; Action 56 absorbed into 55**

**As at 1.6.16 – Action 9 complete - Change category response from ambulance service to Green 2; Action 16 complete - Emergency response times to Mental health situations to be monitored as a separate report for local area by Wiltshire Police Service; Action 22 complete - Ensure service users with LD have access to services, including out of hours service New Actions: Action 60 alert cards; Action 61 integration of AWP Recovery Team/MIND Wellbeing coordinators; Action 62 pathway to avoid unnecessary use of S136 for intoxicated/distressed presentations**

**As at 6.9.16 – Action 24 complete - Continue to train more CAMHS practitioners in IAPT models of care and supervision – satisfactory level of training at around 90%**