Cambridgeshire & Peterborough

A. System wide collaborative working and relationship building to improve outcomes for those in MH crisis						
I want the crisis care system to carry the momentum created in developments to date through to further implementation. The wide spread collaboration that has been established to date needs to continue so we – 'the system' - can overcome challenges together.						
No.	**Action**	**Timescale**	**Led By**	**Outcomes**	**Mitigating Actions & Incentives**	**Completion Date**
1.	Further development is required to enable information sharing to allow for more effective coordination of crisis responses between partner agencies - develop protocols between statutory and voluntary sector organisations. To convene a multiagency workshop with practitioners from all organisations to explore and identify barriers locally to information sharing and produce a system wide ISA.	End-September 17	All agencies	All Information Sharing Agreements are in place in line with the Cambridgeshire & Peterborough Information Sharing Framework. Build and improve current information sharing protocols and communication between partner agencies who come into contact with people in mental health crisis to reduce deficiencies.	Caldicott Principle 7 - The duty to share information can be as important as the duty to protect patient confidentiality Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies	
2.	On-going engagement with the third sector, service users, carers and Health Watch.	On-going	SUN Network & other agencies	Develop a system for service user and carer feedback on experience of using mental health crisis services, for evaluation of mental health crisis response and to inform commissioning and progress in achievement of concordat declaration Ensure effective use of existing forums.		

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3.	Map all services (pathways if possible) across the mental health crisis support system - consider how to embed 'no wrong door' approach. Link the above with MiDOS & MyHealth applications.	End-January 18	All agencies	Clearer understanding by all agencies of the services available across the whole county to support people at the right time Through everyone agreeing a shared care pathway to safely support, assess and manage anyone who asks any of our services for help in a mental health crisis. All pathways out of MH crisis services links to the wider MH system so there is a consistent flow.		
4.	Develop a communications plan around crisis concordat work with input from all agencies, carers and service users to ensure effective communication around the development of crisis services and existing pathways.	End-July 17	CCG, CPFT, LA's, Police, EEAST, COMMS teams	Front line staff up to date with the local crisis MH offer to patients enabling them to provide co-ordinated support across providers to people in mental health crisis Link to all local campaigns activity i.e STOP Suicide, Stress LESS etc.	'Officer and Staff understanding of the functions of the IMHT, the purpose of First Response, the Sanctuary and the new College of Policing APP was inconsistent. Communication is currently delivered through E-mail, Nimbus (Intranet) articles and Yammer. Working in conjunction with Corporate Communications, it is felt that the Force Mental Health Co-ordinator would benefit from developing a strategy to provide the most effective means of communication to deliver important Mental Health information.' IMHT Pilot – Six Months Report.	
5.	Further development of the MH Vanguard projects (adult & CYP). Supported by the service user and carers.	On-going	CPFT	Further savings to UEC system, in particular via: ambulance diversions, ED diversions, reduced pressure on GP OOHs, reduced hospital admissions		

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	Key areas of work are: • Explore models of support from voluntary and community organisations to provide in-reach to 'communities' that disproportionately engage support through MH Crisis Services, especially within targeted groups e.g. BME • Patient flow/links to wider MH system – e.g. (dual-diagnosis) – protocol in place for those people that do not meet thresholds for secondary care; PRISM; Housing • Further work to evaluate and strengthen the roles of the Crisis Resolution Home Treatment Teams (CRHTT) & explore the utilisation of the MH Inpatient wards. • Further develop the directory of services that are available to support people in mental health crisis – MiDOS & MyHealth • Further explore the functionality of safe places (non-health based) for people in mental health crisis in partnership with MIND and other third sector partners to support people in crisis			CRHTT, inpatient wards – reduced pressure, increased capacity to provide treatment Increase community resilience and early identification of crisis to facilitate early interventions Instant access to 'real-time' mental health crisis care capacity information Improved service user experience and increased staff efficiency Increased service user engagement and improved recovery rates Support network for BME communities and stronger multiagency working Outreach function – to support frontline police officers, engaging with communities Increased mental health post discharge support from our voluntary organisations.		
6.	Police Use of Restraint in Mental Health and Learning Disability Settings Memorandum of Understanding – local procedures developed and/or reviewed.	End-April 17	Police & CPFT	All operational police officers who may respond to requests for support from in-patient mental health and learning disability services and health based Places	Healthcare providers must recognise the need to have safe systems of staffing which allow them to address	

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				of Safety are cited on MOU All healthcare staff who work in these settings understand the various parameters within which police officers operate	concerns for patient welfare which relate to the application of the Mental Health Act 1983, protecting vulnerable people from the unnecessary involvement of the police.	

B. Access to support before crisis point

When I need urgent help to avert a crisis I, and people close to me, know who to contact at any time, 24 hours a day, seven days a week. People take me seriously and trust my judgement when I say I am close to crisis, and I get fast access to people who help me get better.

No.	Action	Timescale	Led By	Outcomes	Mitigating Actions & Incentives	Completion Date
7.	Further work on the STOP suicide campaign to aim for Zero suicide Link the Suicide Prevention Strategy work with the Crisis Concordat to inform the development of crisis services. Closer working relationships with British Transport Police Focus areas for 17/18 include: • Developing local support offer for post-suicide bereavement support. • GP suicide prevention training • Development of a responsive suicide surveillance system and cluster response.	On-going	Public Health & MIND	All agencies working together and accepting their responsibilities to reduce the incidence of suicide Reduction in the number of suicides in the county Better information for members of the public about how to help someone who is having suicidal thoughts Clear pathway for individuals to get help – development of the Suicide Prevention pathway from community to secondary care.	By Q4 17/18 reduction of 5% from 16/17 baseline By Q4 18/19 reduction of 10% from 16/17 baseline Use Suicide Prevention Implementation Group as focus for this activity	
8.	To better understand S136 arrests and	On-going	Police, CPFT	Reduction in the amount of time police	The Police and Crime Bill 2016	

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	associated healthcare pathways, practises and processes with a view to making improvements that, both, have a legitimate basis, and, deliver the right care, in the right place at the right time to vulnerable individuals suffering mental health crisis. Through a reinforcement of police officer training and through other means, to ensure that contact with a mental health professional (IMHT or FRS) is undertaken on all occasions when a S136 MHA detention / arrest is being considered. To explore and make recommendations for improved transportation options for patients in crisis attending health and/or social care support, particularly when they are compliant.			officers and staff spend dealing with incidents involving people with suspected mental health issues Improved confidence and skills of the first contact staff (within FCR, PSC and frontline) responding to people with suspected mental health issues Vulnerable individuals in crisis will receive the right care, in the right place at the right time when the Constabulary is the first point of contact. Delivery of alternative options for patient / individual conveyance.	places a legislative requirement on the police to consult a mental health professional where practicable prior to a detention under section 136.	
9.	Implementation of the Policing & Crime Bill changes to MHA: Key proposals to be adhered to: • The scope of s136 will be widened • Detention time will be reduced • The 'Place of Safety' definition will be restricted • Introducing a consultation requirement	End-September/October 17	CCG, CPFT & Police	To comply with law and legislation	http://www.legislation.gov.uk/ukpga/2017/3/contents/enacted/data.htm	

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C. Urgent and emergency access to crisis care

If I need emergency help for my mental health, this is treated with as much urgency and respect as if it were a physical health emergency. If the problems cannot be resolved where I am, I am supported to travel safely, in suitable transport, to where the right help is available.

No.	Action	Timescale	Led By	Outcomes	Mitigating Actions & Incentives	Completion Date
10.	Up-to-date list of a s12 doctors with their availability to address time-consuming efforts of AMHP's to secure s12 doctors attendance at MHA Assessments. AMHP day rota & EDT – transition between the two; system wide protocol in place Too many AMHP rotas across C&P – all condensed in three: Huntington/Fenland; Cambridge & Peterborough Closer working relationships with CPFT colleagues to provide health staff with AMHP training – currently majority social workers Recruit 3xAMHP's to FRS and establish a protocol re responsibilities	End-September 17	CCG, CPFT	Agreed minimum timescales for Mental Health Act assessments ensuring they are prompt and timely. Meeting NICE guidelines 4 hour target for an assessment in a 'place of safety' - When a service user is admitted to a 'place of safety' ensure they are assessed for the Mental Health Act (1983; amended 1995 and 2007) as soon as possible, and certainly within 4 hours. AMHPs in FRS team working together with the wider system		
11.	To review the multi-agency training needs requirements for mental health crisis care and establish cross-agency education and training programme for front line staff including: children and young people, dementia & autism.	End-September 17	All agencies	A formalised rolling training programme to ensure up to date knowledge, continuous improvement and training of staff.	'Officers commented that whilst their skills had not improved, with many referring to the lack of formal training, their confidence in responding to individual with mental health issues had improved	

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	Compare training programmes to maximise resources. Consider ASIST training for frontline staff				considerably.' – IMHT Pilot – Six Months Review.	
12.	Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care by further enhancement of Psychiatric Liaison services in the acute settings Clear clinical assessment pathway between FRS, Liaison & CRHT – system in place that supports direct admission to be explored Review all UEC MH service provision / resource - Emergency Department Liaison Psychiatry provision, CHRT provision, inpatient bed provision - identify gaps and resource implications.	End-November/December 17	Acute Hospital Trusts/CCG/CPFT	Implementation of core 24/7 psychiatric liaison within ED Departments – Cambridge & Peterborough Reduction in inappropriate general hospital inpatient admissions Improved discharge planning and coordination resulting in shorter lengths of stay and reduced general hospital readmissions for adults and, particularly, older adults (who account for 80% of inpatient hospital stays) who are admitted An overall improved experience of services resulting from care provided by well-trained and knowledgeable general hospital staff.	Q4 of 18/19 all acute hospitals have 24/7 core liaison psychiatry service, subject to national transformational fund	
13.	Review of the patient in MH crisis pathway so that conveyance to hospitals or other settings are handed over in a professional manner with the safety and dignity of the patient being of paramount importance An agreement in place that clearly defines ownership, responsibilities and delivery of appropriate patient handovers.	End-September 17	CCG, EEAST, MIND & Police	Reduced risk of poor care and clinical safety to the patient System wide support to the Ambulance Trust in providing a more efficient and effective environment in responding to patient needs Reduced performance risks to providers involved in the urgent care pathway All new recruit paramedics receive "Responding to Patients in Mental Distress" training. Extended to police.	NHS Providers are bound by a 'Duty of Cooperation' to work together to ensure optimum patient care for all patients. This duty extends to providers who are working under the pressure and consequence of ambulance delays. Delays in the transfer of care between providers must be addressed, with the ongoing support of commissioners.	

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D. Quality of treatment and care when in crisis

I get support and treatment from people who have the right skills and who focus on my recovery, in a setting which suits me and my needs. I see the same staff members as far as possible, and if I need another service this is arranged without unnecessary assessments. If I need longer term support this is arranged.

No.	Action	Timescale	Led By	Outcomes	Mitigating Actions & Incentives	Completion Date
14.	Frequent attenders. Consensus on the multiagency working approach to address the needs of those that requires support from crisis response services the most – with emphasis on understanding patient's patterns/behaviours in particular of those with Personality Disorder. Gathering together senior management and representative senior clinicians from each of the three acute hospital liaison teams to compare practice relating to their frequent attender initiatives and identify any required work streams to coordinate these and develop a document annotating the different practices in the different areas to prioritise development.	On-going	All agencies	Relevant public services, voluntary and private sector partners will support people with a mental health problem to move towards recovery Improved response for those discharged in order to avoid 'revolving doors' or 'frequent attenders' A&E Liaison/Psychiatric Liaison NHS trusts providing acute hospital and specialist mental health services within a local area to work together to review the process for people accessing support following attendance at A&E and/or discharge from acute hospital to decrease the number of people re-attending A&E within 30 days Improved communication and support between different agencies supporting 'frequent attenders' on their way to recovery. Increased use of crisis/care plans by service users, ensuring that where	Mental health and acute hospital providers, working together and, likely also with other partners (primary care, police, ambulance, substance misuse, social care, voluntary sector) CQUIN For 2017/18: Reduce by 20% the number of attendances to A&E for those within a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions, and establish improved services to ensure this reduction is sustainable. For 2018/19: Sustain the reduction in year 1 of attendances to A&E for those within the selected cohort of frequent attenders who would benefit from	

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				appropriate carers have access to the crisis/care plan	mental health and psychosocial interventions. Reduce total number of attendances to A&E by 10% for all people with primary mental health needs	

E. Recovery and staying well / preventing future crisis						
I, and people close to me, have an opportunity to reflect on the crisis, and to find better ways to manage my mental health in the future, that take account of other support I may need, around substance misuse or housing for example. I am supported to develop a plan for how I wish to be treated if I experience a crisis in the future and there is an agreed strategy for how this will be carried out.						
No.	**Action**	**Timescale**	**Led By**	**Outcomes**	**Mitigating Actions & Incentives**	**Completion Date**
15.	Develop stronger links between MH crisis services and housing/homelessness services available across Cambridgeshire & Peterborough system Using the following strands, embed and develop links between MH and housing/homelessness services: 1. Monitor the MH needs of rough sleepers through the Street Outreach team. 2. Through the Trailblazer project, working across Cambridgeshire and Peterborough, monitor the impact of the homelessness prevention protocol and ensure Mental Health services are included as part of the system assets	End-November 17	CPFT, LA's, MIND, C33	Quarterly returns providing information relating to mental health needs of entrenched rough sleepers, including analysis of those known to mental health services. Through Trailblazer Steering Group monitor: • Development of Homeless Prevention Protocol and inclusion of mental health services • Inclusion of multi-agency approach • Training for frontline staff increasing awareness of homelessness; spotting signs of potential homelessness, and dealing with difficult situations of customers are under stress • Extending web presence to increase		

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	3. Through the introduction of the Dual Diagnosis Street Team address the substance misuse and mental health needs experienced by the street homeless population			knowledge and information for agencies and residents • Reported outcomes and evaluation of the impact of the project Through the Dual Diagnosis Steering Group monitor: • Multi-agency approach to addressing both substance and mental health needs. • Number of people supported by the service • Reported outcomes and evaluation of the impact of the project		
16.	Data collection and analysis from carers and service users, with special emphasis on patient reported outcomes: satisfaction & recommendation, timeliness of response of a new MH crisis care services – eg. FRS	On-going	Sun Network & Health watch, Public Health	Better informed decisions then commissioning future MH services based on carer and service user feedback.		
17.	Further promotion of the resources available for children and young people's mental health across Cambridgeshire and Peterborough (especially via schools): www.keep-your-head.com www.kooth.com Shelf-Help Promotion to include attendance at events, social media advertising and focus groups with young people to establish alternative methods of communication.	By end of March 2018, although promotion will be on-going beyond this.	CCG & Public Health	Targeted support to CYP that are hard to reach and do not engage with services through traditional routes Better information, advice and signpost to community resources.		

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