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| **Ref** | **Target/Outcome** | **Action** | **Who is responsible for the action** | **How will completion of the action be evidenced/****outcome measured** | **Date to be completed by** | **Progress on action** | **Intended Outcome Achieved**Blue = CompleteGreen = Begun/On TrackAmber = Risk of slippageRed = Overdue |
| The Hampshire & Isle of Wight Crisis Care Concordat is committed to improving service for people of all ages in, or at risk, of a mental health crisis. The actions listed on this plan will therefore apply to children, adults and older persons mental health services |
| **Over-arching** |
| 1 | End to end pathways for people of all ages in crisis will be written and shared across the multi-agency team | 1. We will articulate a co-produced recovery orientated pathway standards document. This will outline what is expected from a good pathway from a pre, during and post crisis perspective.
2. We will engage with local groups to assess key elements of the current pathway against the standards document.
3. Produce an easily accessible document for service users detailing what service users should be able to expect when in crisis based on the agreed pathway standards document.

  | Katy Bartolomeo/ Dan Meron/ Sue ForberLocal ChairsSonya Mclean | Pathway document produced, agreed and sharedLocal pathways written and plan to address gaps identifiedDocument agreed and made accessible to service users.  | 12 months(March 2018)12 months (March 2018)12 months (March 2018) | Business case and full project plan developed March’17 Crisis Care commissioning manager in post from July 17- Work has now begun |  |
| **Pre-Crisis** |
| 2 | Improved responsiveness of services to people approaching or undergoing mental health crisis - ensuring people get the right care at the right time through agreed pathway encompassing community and acute hospital care | LA & CCGs to ensure there are effective local facilities to support people who are approaching or undergoing a Mental Health Crisis. This could include safe waiting spaces, crisis cafes, wellbeing centres, CMHT and AMHTs. |  Lead commissioners for each LA/CCG in each locality.(Jason Hope, Steve Loe, Nick Parkin, Jess Berry, Linda Bryant, Jason Brandon, Katy Bartolomeo, Andy Spencer) |  Local action plan detailing local actions to address & Minimum Data set |  12 months(March 2018) | Consistent format to be agreed |   |
| 3 | Development and implementation of a preventative strategy, including substance & alcohol misuse, in line with the agreed STP crisis pathway standards  | A preventative strategy will be created and implemented with oversight by CCCThis will include analysis of current role and capacity of community teams and plans to strengthen the approach. It will also include a review and strategy for improving short term housing for people close to crisis. | Hilary Kelly-STP Prevention Board & MH Board | Prevention Strategy agreed & endorsed by STP | 12 months(March 2018) | Update required |  |
| **During Crisis** |
| 4 | Reduction in the use of s136 detention and increased appropriate use of s136Health based POS to be used in 100% of cases of all s136/135(1) (except in exceptional circumstances) by January 2018Improving the experience of young people when subject to s136/135(1) | 1.
2. Agree across STP footprint definition of exceptional
3. Agree an STP footprint s136 policy and process (Including guidance on where patients presenting in particular situations should be conveyed to and agreed maximum response times for each part of the pathway) which will be monitored via s136 pan Hampshire multi-agency group
 | Andy SpencerPaul Turner – through pan Hampshire s136 groupPaul Turner – through pan Hampshire s136 group |  As outlined in action plans136 policy and process to be written agreed and communicated with all member organisations | 3 months(May 2017)3 months(May 2017)6 months(August 2017) |  On trackWork on going to meet requirements of Police and Crime act |  On track  |
| 5 | Data quality and collection | 1. Minimum data set to be reported quarterly and monitored by Project Group/STP arrangements. Areas of concern to be raised to the project group/STP by relevant CCG lead.
2. Service User Questionnaires routinely completed and analysed to monitor progress alongside minimum data set and shape service improvement
 |  Simon BryantLocal Chairs |  Quarterly minimum data collected.Service User response to form part of quarterly minimum data review.Outcome of data analysis to aid understanding and development of key action areas |  First collection of revised data set due end Q2 (ie July 2017)6 months (August 2017) |  Review of first years data will contribute to development of data set. Working alongside HCC public health |   |
| 6 | A suitably skilled, trained, flexible and competent multi-agency workforce to deliver integrated outcomes for people in mental health crisis | a. Capacity will be assessed through STP data and exception reporting. Concerns and problems will be fed back to workforce stand of STPb. We will co-produce a document describing the minimum level of training required by any practitioner within the system knowing where to sign post people to in line with the National Mental Health Core Skills & Education Framework.c. Providers to report on crisis training provided to staff to ensure it meets the minimum standard agreed and ensure there is a consistent STP footprint wide approach. | Link with STP workforce strandLocal Chairs/Sonya McleanLocal Chairs/ Sonya Mclean | Reports to MHDBMinimum training document produced and updated annuallyTraining information provided by all member organisations and reviewed against minimum training document | 6 months/Ongoing12 months(March 2018)18 months(August 2018) | Links being made with HEE and will strengthen with appointment of project manager, due shortly |  |
| **Post Crisis** |
| 7 | Reduction in use of inappropriate urgent care pathways for people who are known and unknown to mental health services by 20% in 2 years such as 999/111 and ED by people in Mental Health CrisisIncrease the number of people known to services able to self-manage. | 1. Single operational policy to standardise HIUG pathway and outcomes for HIU, drawing on learning from the Blackpool model. To be monitored through local groups and exceptions to be reported to CCC SG
2. Delivery of CQUIN indicator 4 to be managed by the local groups and operationally implemented by HIUG
 | Steve LoeLocal Chairs | Policy written and agreed. Minimum DataProgress against CQUIN targets reported to Steering Group by Local Chairs. Targets met | 6 months(August 2017)12 months(February 2018) |  |  |
| 8 | Reduction in suicide by 10% over the next 5 years | Action plans to be provided by Suicide prevention groups |  Public Health Leads |  As per action plan |   | Meeting with LA suicide prevention leads |   |
| **Other** |
| 9 | Ensure clear governance and accountability of Crisis Care Concordat | Confirm the role and status of CCC within STP/MHA and ensure that it is sufficiently resourced to be effective | RC/KB/CB | Clear governance structure for CCC and STP/MHA to be agreed. | 3 monthsJune 2017) | Ongoing |  |