

October 2015 Continuous Improvement Action Plan to Enable Delivery of Shared Goals of the Mental Health Crisis Care Concordat in line with the CQC Right Here Right Now Report.

This action plan is:

- Is locally developed by the Cambridgeshire & Peterborough Crisis Concordat Roundtable which is chaired by the Police and Crime Commissioner and the Chair of our Clinical Commissioning Group. This Group holds to account the Delivery Board which is co chaired by Cambridgeshire Constabulary, CCG and Mind.
- The implementation of agreed actions will be taken forward by each partner through its own decision making structures.
- Organisational agreement to be fed back to Delivery Board.
- Financial Strategy to be agreed by MH Roundtable to be fed back to MH Delivery Board
- Is informed throughout by the views and ideas of those with lived experience.
- Is focused on improving care, outcomes and experience for people in Cambridgeshire and Peterborough experiencing Mental Health Crisis.
- Is committed to delivering the Right Care at the Right Time in the Right Place at the first time of asking.
- Will be continuously updated and improved.

NO	RECOMMENDATION AND REQUIRED OUTCOME	ACTION NEEDED TO ACHIEVE THIS	LEAD AGENCY	TIMESCALE
Governance/Process/Management				
1.	Develop an approach to governance that will: <ul style="list-style-type: none"> • Keep those with lived experience at the centre of service and system improvement. • Support and assure delivery between partners. • Facilitate joint working between organisations recognising different ways of working. • Keep partners engaged and aligned 	Clear governance for getting things done and allocating organisational resources to relevant tasks. Delivery of actions ensuring: <ul style="list-style-type: none"> • The implementation of agreed actions will be taken forward by each partner through its own decision making structures. Organisational agreement to be fed back to Delivery Board. • Delivery Board will provide regular updates to the Mental Health Roundtable. • Partners will provide regular updates to their own organisations. • A set of task agreement, process and reporting documentation will be used for every action that becomes a work stream. 	Delivery Board	Ongoing

NO	RECOMMENDATION AND REQUIRED OUTCOME	ACTION NEEDED TO ACHIEVE THIS	LEAD AGENCY	TIMESCALE
Information Sharing -Enabling				
1.	Develop an Information Sharing Protocol for sharing information related to MH crisis, quickly, safely and efficiently.	To ensure that Information Sharing Agreements are in place in line with the Cambridgeshire & Peterborough Information Sharing Framework. <ul style="list-style-type: none"> • Integrated Mental Health Team – Force Control Room • Third Sector Organisations in line with CCG Commissioning • Information Sharing for 24/7 First Response Telephone Line to include acute trusts/third sector/East of England Ambulance Trust & Primary Care 	All	Ongoing
Matching local need with a suitable range of services				
1.	Develop a 24/7 integrated response service for people in Mental Health Crisis	First Response team to be developed. 24/7 telephone support and triage plus professional response to people in crisis and assessment or diversion for people in contact with the police. Links to other crisis and out of hours response services. The 24/7 First Response will include self referral from service users and carers. <ul style="list-style-type: none"> • Integrated Mental Health Team based within Force Control Room • No answerphones • Trained/expert call handlers • Promoted and published numbers, a comprehensive directory of services. • Channelled access to appropriate services – not just advice and handoff. 	CCG/LA's/Cambridgeshire Constabulary/CPFT	April 2016

NO	RECOMMENDATION AND REQUIRED OUTCOME	ACTION NEEDED TO ACHIEVE THIS	LEAD AGENCY	TIMESCALE
2.	S136 Mental Health Based Places of Safety to meet national guidance.	<p>S136 Suite to be able to safely support people for up to 72 hours (including access to a bed) for assessment under the Mental Health Act thereby reducing the need for police custody to a minimum.</p> <p>Ensure that S136 suite is adequately staffed to allow police to be released as soon as possible after they have delivered a person under S136.</p> <p>Agree a clear protocol on when police can be released.</p>	CCG/CPFT	Delivered
3.	Ensure speedy access to Mental Health Act Assessments	<p>Align existing AMHP resources so that key hours in the evenings and early mornings are covered with a duty AMHP</p> <p>Explore Options for an on call AMHP service for early hours assessments</p> <p>Agree minimum timescales for Mental Health Act assessments ensuring they are prompt and timely.</p>	LA's/CPFT	April 2016
4.	Improve the link between crisis services and the AMHP service	Duty day time AMHP's to be integrated within the 24/7 First Response Team	LA's/CPFT	April 2016

NO	RECOMMENDATION AND REQUIRED OUTCOME	ACTION NEEDED TO ACHIEVE THIS	LEAD AGENCY	TIMESCALE
5.	Establish safe places (non health based) for people in mental health crisis in partnership with MIND and other third sector partners.	<p>Support MIND/other third sector partners to set up safe places across Cambridgeshire & Peterborough for mental health service users in crisis to receive therapeutic or practical support as an expansion of their current services. Extended hours into late evening, this service will link to professional support from the 24/7 First Response and CRHT's health and social care staff.</p> <p>These safe places are non medical environments and in other areas offering someone in crisis a brief period of 'time out' is proving an effective alternative to an acute ward.</p>	MIND/Third Sector/Centre 33/LA's	April 2016
6.	<p>A&E Liaison/Psychiatric Liaison</p> <p>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</p> <p>Enhancement of Psychiatric Liaison</p>	<p>Implementation of 24/7 psychiatric liaison within ED Departments</p> <p>Establish a baseline for parity of urgent access standards for people experiencing MH crisis</p> <p>Establish a baseline for parity of urgent access standards for the ambulance service/police</p>	Acute Hospital Trusts/CCG/CPFT	April 2016

NO	RECOMMENDATION AND REQUIRED OUTCOME	ACTION NEEDED TO ACHIEVE THIS	LEAD AGENCY	TIMESCALE
Multi Agency Training - Enabling				
1.	Multi Agency Training <ul style="list-style-type: none"> • Mental Health Act • Mental Capacity Act • Serious Incident Protocol • Mental Health/Suicide Awareness Training 	Introduce a formalised rolling training programme to ensure up to date knowledge, continuous improvement and training of staff. Multi agency response	All relevant agencies	Ongoing
Multi Agency Data Collection - Enabling				
1.	S136 multi agency groups to bring together local data from ambulance, police, local authority and mental health trust partners to build end to end view of the operations of the S136 pathway in order to identify service improvements.	Royal College of Psychiatry S136 form to be completed by all partners: www.rcpsych.ac.uk Section 136 Multi Agency Issue Log	East of England Ambulance Service/Cambridgeshire Constabulary/CPFT/LA's	Ongoing
Service User/Carers/Patient/Client Involvement - Inclusive				
1.	Keep Service Users with lived experience at the centre of service and system improvement. <ul style="list-style-type: none"> • Set up Service User & Carer Forums • Establish a method in which Service User & Carer feedback is captured and used to inform partner organisations of their good and bad experience 	Walk through of individual experience of a MH crisis Inclusion of service users & carers at Delivery Board Visits and input into the 24/7 First Response Model Solution focused event to identify actions for partners about how to improve the service user and carer experience. An understanding of what 'good' looks like for both service users and carers.	SUN Network/CPFT/Carers Groups	Ongoing

NO	RECOMMENDATION AND REQUIRED OUTCOME	ACTION NEEDED TO ACHIEVE THIS	LEAD AGENCY	TIMESCALE
Service User/Carers/Patient/Client Involvement Continued – Inclusive				
1a.	<ul style="list-style-type: none"> Crisis/Care Plans 	<ul style="list-style-type: none"> Increased use of crisis/care plans by service users, ensuring that where appropriate their carers have access to the crisis/care plan to ensure clarity of service user wishes and shared decision making and consent agreement. For patients with a crisis/care plan this information is shared with the GP and kept in their primary care record (as recommend by the CQC Right Here Right Now Report) 	SUN Network/CPFT/Carer Groups	Ongoing
Improve Access to Support Via Primary Care - Preventative				
1.	<p>Suicide Prevention Strategy</p> <ul style="list-style-type: none"> 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. 	<p>Reduction in numbers of people dying in Cambridgeshire and Peterborough as a result of suicide.</p> <ul style="list-style-type: none"> All organisations working together and accepting their responsibilities to reduce the incidence of suicide. Stop Suicide Campaign <p>Clear pathway for individuals to get help – development of the Suicide Prevention pathway from community to secondary care.</p>	LA's/Mind	Ongoing