

HERTFORDSHIRE COUNTY COUNCIL

**HEALTH AND WELLBEING BOARD
WEDNESDAY, 14 DECEMBER 2016 AT 10:00AM**

MENTAL HEALTH CRISIS CONCORDAT UPDATE

*Report of Beverley Flowers, Chief Executive East and North Hertfordshire
Clinical Commissioning Group and Chair of the Crisis Care Concordat
Partnership*

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1. Purpose of report

- 1.1 To provide the Health and Wellbeing Board with an update on the work of the Crisis Care Concordat Partnership.

2. Summary

- 2.1 Progress has been made in a number of areas on the current published action plan.
- 2.2 The Hertfordshire Crisis Care Concordat Partnership has reviewed the priorities for 2016-18 and agreed to focus on three areas: Section 136 (S.136); Data Sharing and Housing and Accommodation Support.
- 2.3 A refreshed action plan is due for sign off at the December 2016 Partnership Steering Group.
- 2.4 Further detail about the priority areas is set out in the report.
- 2.5 National secretariat support for the Concordat has ceased and the Department of Health, the Home Office and NHS England will progress the Concordat going forward.

3. Recommendation

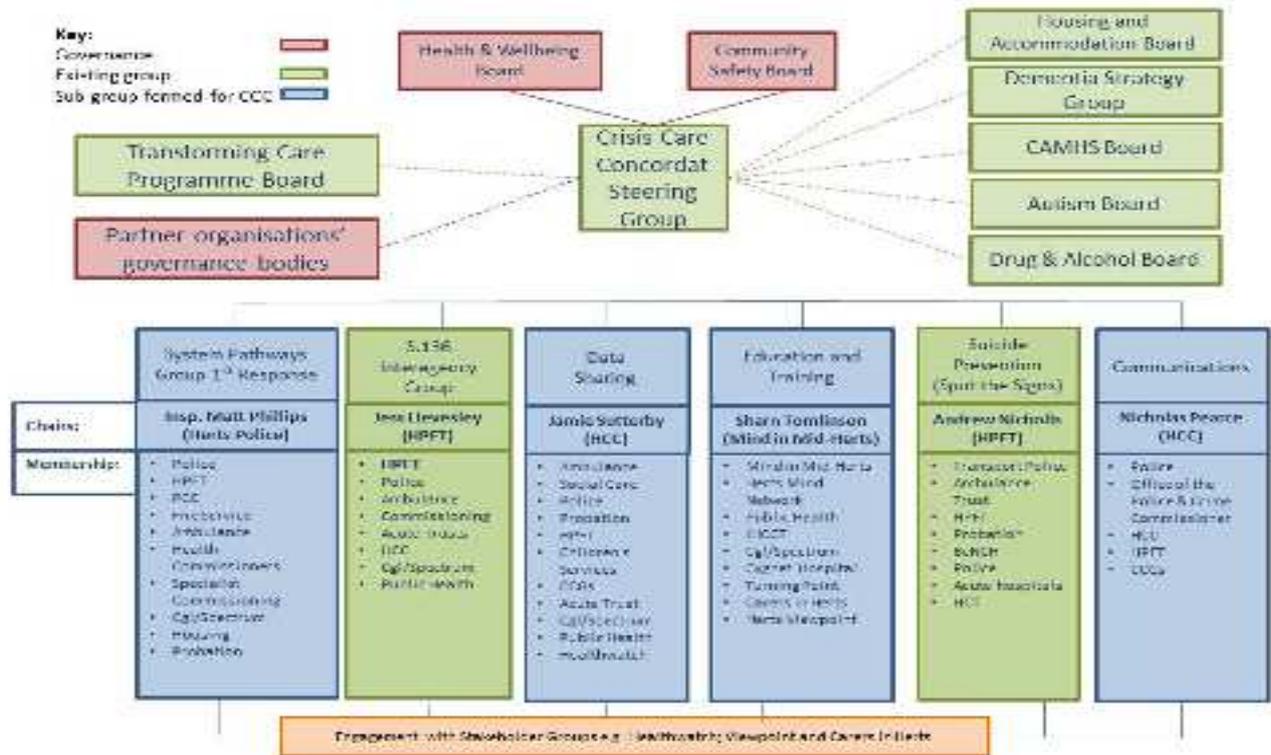
- 3.1 That the report be noted.

4 Background

- 4.1 The national Crisis Care Concordat (2014) has four main aims:

- Access to support before crisis point.
 - Urgent and emergency access to crisis care.
 - Quality of treatment and care when in crisis.
 - Recovery and staying well / preventing future crises.
- 4.2 The Concordat was introduced in order to improve outcomes for people with mental health needs in crisis, and required local partnership across the country to publish declarations and action plans. Hertfordshire partners' declaration and current action plan can be viewed here: <http://www.crisiscareconcordat.org.uk/areas/hertfordshire/>
- 4.3 The Hertfordshire Mental Health Crisis Care Concordat declaration, signed in 2014, brings together more than 20 organisations from all sectors across the county, to work in partnership to secure better care for those people suffering a mental health crisis, by delivering an agreed programme of work. Partners continue to sign up to the declaration, the most recent being Cygnet Hospital in Stevenage.
- 4.4 The partnership is governed by a Steering Group, chaired by Beverley Flowers (East and North Herts CCG Chief Executive) with six sub-groups:
- Education and Training
 - Data Sharing
 - Section 136 (S.136) Operational Group
 - System Pathways: First Responders
 - Spot the Signs: Suicide Prevention; and
 - Communications.
- 4.5 Countywide, there is a wider range of bodies that have an influence on the Concordat and a lead for specific client groups. Figure 1 shows the extended governance arrangements for the Concordat.
- 4.6 In agreeing the governance arrangements, the Steering Group did not wish to duplicate effort, while also wanting to ensure that activity was mainstreamed through existing bodies' workplans.

Figure 1: Governance of the Mental Health Crisis Care Concordat



5. Progress to date

5.1 Highlights of progress against the published Hertfordshire's Action Plan:

- Countywide street triage (live from August 2016)
- Public Health – Mental Health First Aid.(Training and awareness)
- Improved system working between Police and Ambulance Service, particularly for S.136 detentions.
- Extensive training undertaken by Spot the Signs (suicide prevention) including 29% of GPs across the county and 140 non-clinical practice staff and 160 of the community/voluntary sector workforce (end Sept 2016).
- Hertfordshire wide Suicide Prevention event in November 2016 attended by around 100 people to agree a local strategy.
- Updated Joint Strategic Needs Assessment.
- Improved focus on crisis care pathway in HPFT contract.
- Review of crisis care pathways for adults and children & young people, with recommendations for change.
- Development by Police and other Criminal Justice agencies of Safety Net database, focusing on vulnerable people.
- Led successful bid for development of a dedicated young peoples 136 facility for Hertfordshire.

5.2 At the June 2016 meeting, the steering group decided to prioritise three key areas for focus 2016-18:

- S.136
- Data sharing

- Housing and accommodation
- 5.3 Hertfordshire's action plan is currently being refreshed to reflect these priority areas (Appendix A) and is due to be signed off at the December 2016 Steering Group meeting. More detail about the priority areas is set out below.
- 5.4 Section 136 Detentions
- 5.4.1 There has been a marked increase over time in the number of S.136 detentions in Hertfordshire, complicated by closure of the S.136 suite at Lister Hospital. The focus of this work, overseen by the S.136 Interagency Sub-Group is to:
- reduce S.136 detention;
 - understand trends and causes of increased detentions;
 - identify improvements to crisis services to support people;
 - identify alternatives to detention (e.g. 25% of those detained have drug & alcohol issues, not MH; only c.30% of detentions require admission).
- 5.4.2 The innovative countywide Police Force Control Room (FCR) project and Street Triage initiative in East and North Hertfordshire have been reviewed, reconfigured and expanded. The initial one car Street Triage pilot has now (August 2016) been extended to two vehicles countywide, with a police officer and mental health clinician providing street-level support seven days a week from 5pm to 4am.
- 5.4.3 Moving the mental health clinicians working within the police force control room to supporting officers to make informed decisions regarding S.136 detention "on the ground" through Street Triage has helped to, where possible, reduce the number of people detained by ensuring that the action taken at the scene is the best pathway for them. This might be identifying alternative avenues of support or treatment for the person, for example through drug and alcohol services and the mental health crisis support services (statutory crisis teams and voluntary sector services). The mental health clinicians continue to be available to help give advice to other officers countywide through dedicated mobile phone numbers.
- 5.4.4 Hertfordshire is one of 27 CCG's areas that will benefit from the second wave of Department of Health capital funding to improve provision of mental health places of safety. In the second wave of bids, totalling £8.4 million, Hertfordshire's Crisis Care Concordat Partnership was awarded £590,000 to build a dedicated place of safety for children and young people. This new facility will be situated on the Hertfordshire Partnership University NHS Foundation Trust (HPFT) Kingsley Green, Radlett site, adjacent to the Forest House Adolescent Unit. The unit will be fully operational December 2017.

5.5 Data Sharing

5.5.1 The data sharing sub-group has been focussing on how to improve data sharing across the system, to drive improved responsive care for people in crisis and risk stratify the most vulnerable people in Hertfordshire likely to experience crisis episodes. Organisations involved include statutory agencies for health, social care, and criminal justice, plus third sector providers and community support providers. The group is considering the information governance requirements, confidentiality and consent issues and what training and tools are required to support data sharing by all people involved in responding to crisis.

5.6 Housing and accommodation

5.6.1 The landscape of housing and accommodation support across the county is complex. The focus through the action plan is to support and encourage closer working with housing and accommodation partners to ensure people at risk of mental health crisis have access to appropriate housing and accommodation support. This involves discussions with 10 District Councils, all with competing pressures and locality housing demand issues. Hertfordshire County Council Integrated Accommodation Commissioning Team (IACT) is closely involved with developing ideas and representatives attend the Sub-group Chairs meeting (there is no specific housing sub-group as there are existing housing forums).

6. **National Concordat secretariat and direction going forward**

6.1 In 2014, Mind was tasked with the national secretariat support for the Concordat. As planned, this role ceased 28 October 2016 and the Department of Health, the Home Office and NHS England will progress the Concordat going forward.

6.2 The Department of Health, Home Office and NHS England have reiterated their shared determination and commitment to the Concordat aims and principles to improve the outcomes of those who experience a mental health crisis. Improving crisis care is central to the successful delivery of transformation in two NHS priority areas: Mental health and urgent and emergency care.

6.3 In particular, NHS England is looking to Crisis Concordat partnerships to provide a central role in implementing the evidence based urgent and emergency mental health care pathways and will look to establish a bespoke national quality assessment and improvement scheme from spring 2017.

Report signed off by	Beverley Flowers, Chief Executive East and North Clinical Commissioning Group (CCG)
Sponsoring HWB Member/s	Beverley Flowers, Chief Executive East

	and North Clinical Commissioning Group (CCG)
Hertfordshire HWB Strategy priorities supported by this report	Identify which priority/ies: Improving mental health and emotional wellbeing
Needs assessment (activity taken) n/a	
Consultation/public involvement (activity taken or planned) n/a	
Equality and diversity implications none	
Acronyms or terms used. eg:	
Initials	In full
S.136	Section 136 of the Mental Health Act
NHS	National Health Service
CCG	Clinical Commissioning Group
HCC	Hertfordshire County Council
HPFT	Hertfordshire Partnership University NHS Foundation Trust
IACT	Integrated Accommodation Commissioning Team
FCR	Force Control Room
MH	Mental Health

HERTFORDSHIRE CRISIS CARE CONCORDAT ACTION PLAN - 2016/17

Health and Wellbeing Board
Hertfordshire


East and North Hertfordshire
Clinical Commissioning Group


Better Homes
Communities
Business

 BRITISH
TRANSPORT
POLICE


Hertfordshire


Carers
in Hertfordshire

Police and Crime
Commissioner
for Hertfordshire


Herts Valleys
Clinical Commissioning Group

National
Probation
Service


HERTFORDSHIRE
CONSTABULARY


mind
for better mental health
Hertfordshire

Making
Carers Count
charity registration number 1085491


viewpoint

Hertfordshire Community
NHS Trust

Bedfordshire
Northamptonshire
Cambridgeshire
& Hertfordshire
Community Rehabilitation Company

TURNING
POINT
Inspired by possibility


mind
for better mental health
in Mid Herts




healthwatch
Hertfordshire

East and North Hertfordshire
NHS Trust


as one

Hertfordshire Partnership
University NHS Foundation Trust

West Hertfordshire Hospitals
NHS Trust



East of England Ambulance Service
NHS Trust


Cygnets
Health Care

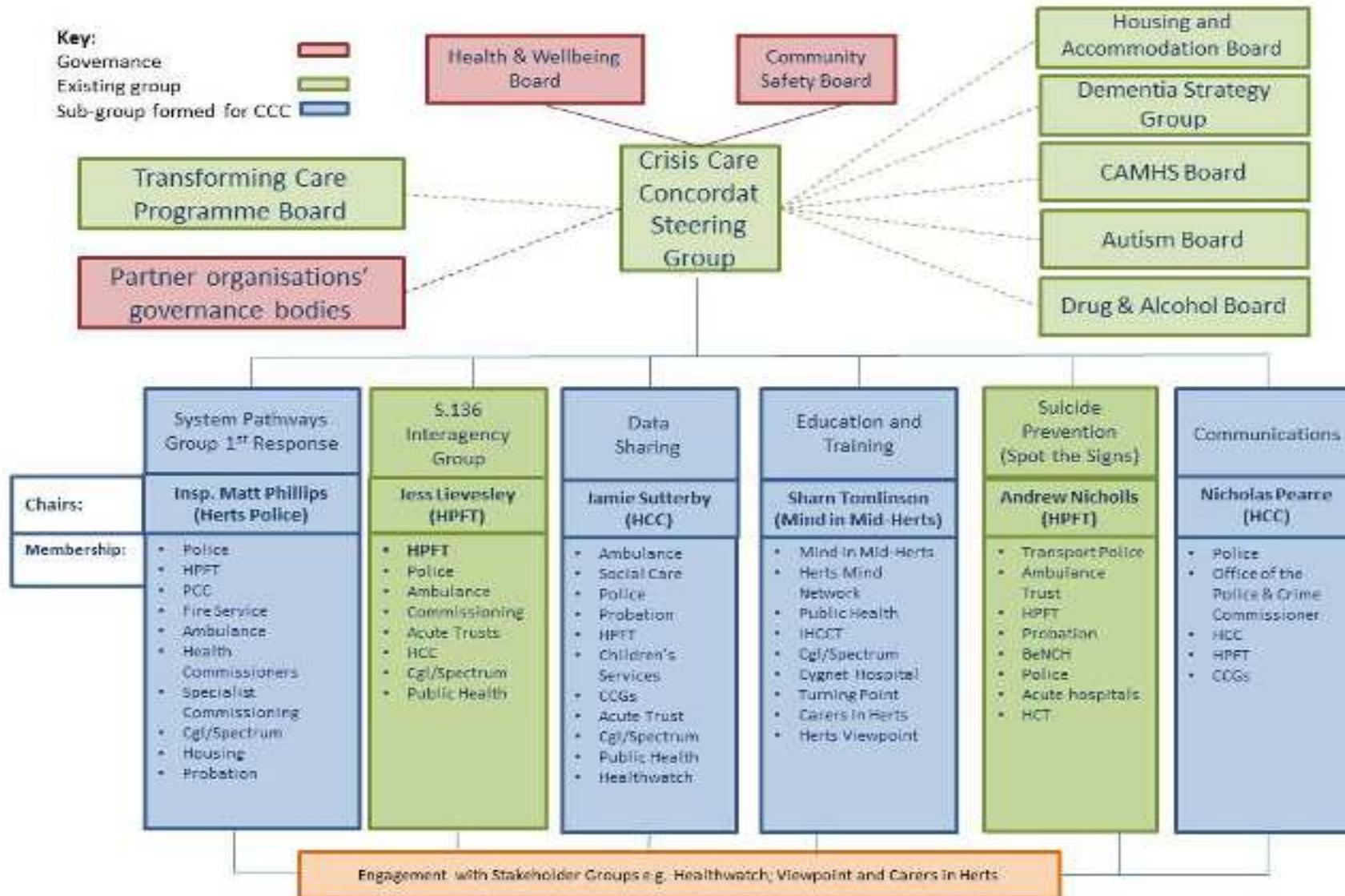
Hertfordshire Mental Health Crisis Care Concordat Declaration

We, as partner organisations, will work together to implement the principles of the national Mental Health Crisis Care Concordat and improve the care and support available to people in crisis because of a mental health condition, so that they are kept safe and receive the most effective interventions swiftly. We will work together to help people find the help they need – whatever the circumstances – from whichever of our services they turn to first and accept our responsibilities to reduce the likelihood of future crisis and to support people's recovery and wellbeing.

This action plan has been produced by the signatories of Hertfordshire's Mental Health Crisis Care Concordat with the overall aim of working together to make changes to systems and processes that reduce the numbers of people who experience crisis and to improve the outcomes for people who do use services.

We believe that this is most effectively done through partnership working and joint responsibility. At the heart of Hertfordshire's declaration and action plan is the principle that we will all work together to improve individuals' experience (professionals, people who use crisis care services, and carers) and reduce the likelihood of harm to the health and wellbeing of patients, carers and professionals

Given the scope of the Concordat, the action plan covers the period to 2017; this means that the content, funding and delivery are subject to prioritisation, change and further development over this timeframe.



Concordat key aims: -

1. Access to support before crisis
2. Urgent and emergency access to crisis services
3. Quality of treatment and care when in crisis
4. Recovery and staying well / preventing future crises

RAG Key: -

Red – Severe delay against timescale

Amber – Delays but progress being made

Green – On target to completion within timescale

• Hertfordshire Partnership priorities – 2016/17						
No.	Action	Timescale	Led By	Outcomes	Aim(s)	RAG
Section 136 Detentions						
1.1	Street Triage to operate across the county and evaluated to develop the evidence base for mainstream funding.	September, 2016	Sub-group: S.136 interagency group Commissioning: IHCCT Ops: HPFT, Police, EAAST	<ul style="list-style-type: none"> • Reduction in number of S.136 detentions • Right care, right time for service users • Reduction in Police time allocated to S.136 • Reduction in Ambulance call-outs for S.136 • Increased awareness by frontline Police officers of mental health 	2,3	A
1.2	Reduction in inappropriate S.136 detentions through: (a) drug & alcohol services more responsive, working with street triage service (b) training for frontline Police – mental health,	End 2017	Sub-group: S.136 interagency group Commissioning: IHCCT (MH); Public Health (D&A) Ops: HPFT, Police,	<ul style="list-style-type: none"> • Reduction in number/percentage of people detained who do not have a mental health need • Reduction in in-patient detox at HPFT 	1, 2, 3, 4	A

	dementia, drug & alcohol awareness (c) Trailing the development of a 3 way Police/Ambulance/HPFT Street Triage service in West Herts.		Spectrum Co-dependencies: First Responders; Education & Training sub-groups	<ul style="list-style-type: none"> Police officers more confident that alternatives to S.136 are available 		
1.3	Identify and analyse: <ul style="list-style-type: none"> system costs of S.136 detention system pathway for S.136 	End September 2016	Sub-group: S.136 interagency group Led by: IHCCT	<ul style="list-style-type: none"> Economic model enables better understanding of costs to organisations and to the system Enables cost/benefit analysis of alternatives to S.136 Enables organisations to identify where savings can be made and re-invested into better methods of supporting service users 	1, 2, 3,4	A
1.4	Develop alternative crisis support to prevent S.136 detention (a) Introducing Overnight Community responding Crisis Assessment & Treatment staff (b) Replacing and Enhancing	Scoping: end 2016 Implementation: 2017	Sub-group: S.136 interagency group	Mitigation of unnecessary section 136 detentions	1, 2, 3,4	A

	HPFT MH helpline to form part of a 24/7 SPA function					
1.5	<p>HPFT crisis CQUIN 2016-17 : analyse data from all points of entry into crisis services to:</p> <ul style="list-style-type: none"> • Pathways into/through crisis services • Analysis of people who repeatedly access crisis services from different entry points and improve support to those people • Improve business planning and risk stratification • Share findings with Concordat members 	Quarterly milestones CQUIN ends March 2017	<p>Sub-group: S.136 interagency group</p> <p>HPFT - delivery IHCCT – commissioning</p> <p>Co-dependency: Data sharing sub-group</p>	<ul style="list-style-type: none"> • Improved understanding of crisis patterns and behaviour • Improved cross-agency working to support people in crisis • Reduction in repeat crisis, due to improved circles of support • Improved business planning for HPFT and other agencies • Improved risk stratification, enabling better support for people at risk of crisis <p>From 2017-19 to be replaced with National CQUIN Improving services for people with mental health needs presenting to A&E</p>	1, 2, 3,4	A
1.6	<p>Changes to S.136 legislation:</p> <ul style="list-style-type: none"> • raise awareness across the Concordat partnership of changes and how they will affect operations • develop a briefing for 	March 2017	<p>Sub-group: S.136 interagency group</p> <p>Co-dependencies: First Responders sub-group; Communications sub-group</p>	<ul style="list-style-type: none"> • Improved understanding of legislation affecting people in crisis • Raise awareness of the Concordat with the general public 	2, 3	A

	<p>stakeholders</p> <ul style="list-style-type: none"> send press release and publish on the website 					
1.7	<p>DH Health Based Place of Safety Capital bid – dedicated place of safety for children and young people</p> <p>Funding approved October 2016</p>	Dec 2017	<p>Sub-group: S.136 interagency group</p> <p>Monitoring progress of capital development – SDIP</p>	<ul style="list-style-type: none"> Improved service user experience Release capacity in Adult PoS Impact on A&E and wider system efficiencies Continuity between PoS and inpatient environment 	2, 3	A
Data Sharing						
No.	Action	Timescale	Led By	Outcome	Aim(s)	RAG
1.8	Develop data sharing protocols to support advance directives for MH/crisis support plans	January 2017	Data Sharing sub-group HPFT (crisis plans) IHCCT (advance directive)	<ul style="list-style-type: none"> Service users are confident that their decisions about sharing their advance directive or crisis plan are respected and confidentiality maintained Carers are able to better support people in crisis and identify emerging crisis Professionals are able to better support people in crisis and identify emerging crisis 	1, 2, 3, 4	A
1.9	Review and formalise the Information Governance arrangements to support the multi-agency case	March 2017	Trudi Mount, Herts Valley CCG	<ul style="list-style-type: none"> Ensure information sharing arrangements are IG compliant Staff are able to confidently communicate to service users and 	1, 2, 3, 4	A

	<p>management arrangements for people identified at high risk of a mental health crisis or with multiple and complex needs.</p> <ul style="list-style-type: none"> Using best practice from current and emerging projects e.g. Adults with Complex Needs, Named Worker, Homefirst, MARACs) Details communicated to staff to allow them to gain user consent and feel in confident sharing data appropriately 			<p>carers the importance of sharing data to ensure those responsible for delivering services and support when they are in or approaching crisis are aware of their advance decisions and preferences, and the steps taken to protect the data</p> <ul style="list-style-type: none"> More effective joint planning for prevention and early intervention Less duplication and waste 		
1.10	<p>Secure appropriate access and use of Safety Net and PARIS systems.</p> <ul style="list-style-type: none"> Review and agree how they are to be used to record, store and view information about people's care plans and or details of a person's 'vulnerability' Ensure that IG processes are in place allow lawful 	August 2016	Michael Nadasdy, CCSU and Nikki Whiter, HPFT	<ul style="list-style-type: none"> Access to advanced decisions made by a person about their care will help services and support organisations to identify when that person is at risk of crisis or, if in crisis, reduce or prevent escalation To enable services to provide a joined-up approach to care and support for someone in crisis Service users are confident that their decisions about sharing their advance directive or crisis plan are respected and confidentiality 	1, 2, 3, 4	A

	access to the required data to effectively support these individuals			maintained		
1.11	Implement information sharing agreement between CGL-Spectrum and HPFT	September 2016	Data sharing sub-group Operations: HPFT; CGL [currently with HPFT for sign-off]	<ul style="list-style-type: none"> Service users feel that their needs are better met Improved support to service users through joint working 	1, 2, 3, 4	A
Housing & Accommodation						
No.	Action	Timescale	Led By	Outcome		RAG
1.12	Map housing/homelessness processes for each district		Heads of Housing Group	<ul style="list-style-type: none"> HPFT staff understand correct procedure for each district, reducing delays in processing applications and dealing with tenancy issues Reduction in delayed transfer of care due to housing-related needs 	1, 2, 4	R
1.13	Consider use of Individual Budgets for rent deposits and tenancy support		Heads of Housing Group	<ul style="list-style-type: none"> Reduction in delayed transfer of care due to housing-related needs Service users are able to access appropriate housing accommodation post-crisis 	1, 4	R
1.14	All front line staff within housing advice/options and homelessness and housing management to receive basic training on recognising and understanding mental health issues	December 2016	Heads of Housing Group Co-dependency: Education & Training sub-group	<ul style="list-style-type: none"> Reduction in rejected claims for people with mental health needs People with mental health needs are able to access appropriate housing Increased support for tenants with mental health needs, to maintain their tenancies 	1, 2, 4	R

1.15	Each Housing Authority to review the advice and information it or its agent provides on its website and in its publications to better support people with mental health needs, learning disabilities and Autistic Spectrum Disorders	December 2016	Heads of Housing Group Co-dependency: Education & Training sub-group	<ul style="list-style-type: none"> • Service users receive the correct information about how to access housing and homelessness • Service users feel supported by housing authorities • Professionals feel better able to support service users 	1, 2, 4	R
1.16	All housing advice/options/homelessness services will hold appropriate information about mental health support services that they can sign post customers to where a possible support need is identified	December 2016	Heads of Housing Group Co-dependency: Education & Training sub-group	<ul style="list-style-type: none"> • Service users receive the correct information about how to access housing and homelessness • Service users feel supported by housing authorities • Professionals feel better able to support service users 	1,2	R
1.17	Review of floating support services for people with a mental health issue (tenancy support), to identify levels of provision across the county; identify gaps in provision	March 2017	Integrated Accommodation Board	<ul style="list-style-type: none"> • Levels of provisions are identified • Levels of impact on individuals and organisations are identified • Existing services are like din to support service users and professionals • Professionals are supported to signpost services users to existing services 	4	A

1.18	Review of supported accommodation provision for people with mental health issues , to identify gaps in provision	March 2017	Integrated Accommodation Board	<ul style="list-style-type: none"> Levels of provisions are identified Levels of impact on individuals and organisations are identified Existing services are like din to support service users and professionals Professionals are supported to signpost services users to existing services 	4	A
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2. Education & Training Sub-group

MAPPING MENTAL HEALTH TRAINING & EDUCATION

No.	Action	Timescale	Led By	Outcomes	Aim(s)	RAG
2.1	Map training and education in Hertfordshire to identify good practice and resources, and undertake a gap analysis	Aug 2016 to Feb 2017	Sharn Tomlinson	<ul style="list-style-type: none"> Identify levels of mental health training and education, by a range of organisations Identify good practice, particularly resources that can be shared Identify gaps across the system Work with the Concordat partners to bridge gaps and share resources 	1, 2, 3, 4	G
DEVELOPING A VIRTUAL HUB						
2.2	Create a virtual Hub of mental health resources and information, linked to a	Feb 2017 to Aug 2017	Tbc Co-dependencies:	<ul style="list-style-type: none"> People in Herts are able to find comprehensive information and support around mental health and 	1, 4	G

	website		Data Sharing sub-group Communications sub-group	<p>wellbeing</p> <ul style="list-style-type: none"> • People in Herts are able to find training courses and educational opportunities in relation to mental health • Good practice co-production is further embedded in Hertfordshire • The Hub is easily updated and scaled • The Hub links to other Herts resources, such as New Leaf – the Wellbeing College, and Herts Directory 		
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3. System Pathways First Responders Sub-group

No.	Action	Timescale	Led By	Outcomes	Aim(s)	RAG
3.1	"Spot the Signs" Suicide Prevention Training in Police FCR	March 2017	Ruth McRoy, Hertfordshire Police Co-dependencies: Spot the Signs Sub-Group	For all police FCR staff to be able to identify those persons approaching and already in crisis and be able to provide support over the phone pending the arrival of Police / EEAS resources. Consideration of this training to be given to EEAS and Fire call centres should it be found to be beneficial.	1, 2, 3	A
3.2	Consideration of the	March 2017	DI Philips	Understanding of the Vulnerability	1	G

	Vulnerability Assessment Framework trial in Met Police			Assessment Framework and potential benefits of a similar scheme in Hertfordshire		
3.3	Closer working with Turning Point's Nightlight	Jan 2017	DI Philips Co-dependencies: Data Sharing sub-group; HPFT	To allow Police / EEAS / Fire to refer people approaching crisis who they come into contact with through daily duties, into the service with the aim of providing support and preventing crisis altogether.	1, 2, 4	G

4. Communications Sub-group

No.	Action	Timescale	Led By	Outcomes	Aim(s)	RAG
4.1	Develop web pages for Concordat on Herts County Council website, including: <ul style="list-style-type: none"> Blogs Achievements Action plans Minutes of meetings People's stories Information 	End October 2016	Nick Pearce	<ul style="list-style-type: none"> Raise awareness of the Concordat with the public Signpost people to more information and support Link to the resource Hub 	N/A	G

4.2	Create regular stakeholder newsletters for distribution across the partnership	End Sept 2016	Nick Pearce/IHCCT	<ul style="list-style-type: none"> • Raise awareness of the Concordat with stakeholders • Evidence progress against Concordat aims and Hertfordshire partnership action plan • Enable member organisations to tell people what they are doing to improve crisis care and support 	N/A	G
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5. Spot the Signs (Save a Life) Sub-group

No.	Action	Timescale	Led By	Outcomes	Aim(s)	RAG
5.1	Understand spread and coverage of GP awareness training across Herts and plan to ensure that any and all areas of low take-up are reviewed and rectified.	Oct 2016	AN	Parity of impact across GPs in Herts	1	G
5.2	Undertake scoping exercise with the largest employers in Herts and assess the viability of providing training	Dec 2016	AN	Deepening community impact and suicide prevention	1	A

	commercially.					
5.3	Conduct further scoping exercise around high-risk groups in the population, e.g. the LGBT community, the Veterinary College etc.	Dec 2016	Spot the Signs Team	Targeted impact on known high-risk group	1	R
5.4	Consider wider reach into the everyday community with more accessible advertising (buses, bus stops etc) and community-based awareness sessions. Cost a potential initiative.	Dec 2016	Spot the Signs Team	Further in-reach into Herts Community, especially beyond healthcare settings were majority of suicides occur.	1	R
5.5	Connect Spot the Signs with the soon to be re-launched Public Health Suicide Prevention Initiative.	Oct 2016	AN Piers Simey	Provide a leading edge to this initiative and a focus for on-going suicide prevention work.	1	A
5.6	Launch Children and Young Persons Spot the Signs, tie this in firmly with existing Adult initiative and ensure close strategic connection with voluntary sector initiatives such as Hector's House and OLLIE i) Recruit Young Persons' Co-ordinator ii) Develop Resource Pack	Into April 2017	AN Spot the Signs Team To be employed project co-ordinator	To work in integration across the system to continue the education and awareness raising aspect of the project, deliver further training in suicide prevention, and develop a bespoke approach to suicide prevention and self-harm for young people.	1	R

	<ul style="list-style-type: none"> iii) Co-ordinate a multi-agency working group including those in charitable sector iv) Develop bespoke media resource: website and educational material tailored to young people across the county, develop online resource pack v) Develop and evaluate focussed peer-led support programme for young people in secondary schools vi) Develop self-harm pathway for 0 – 25 in full collaboration with young people’s representatives, parents and carers. 					
5.7	Develop strategic position for both these strands of work within the Herts-wide Suicide Prevention Work Stream	From Oct 2016	All involved	This is an important caveat in considering all of the above actions.	1	R

6. Children & Young People						
No.	Action	Timescale	Led By	Outcomes	Aim(s)	RAG
6.1	RAID teams to assess 16-18 year olds presenting in A&E (when C-CATT are not available)	ASAP	Adult & Children Mental Health Crisis Pathway Group	[Recommendation from Resolving Chaos crisis review]	2, 3	A
6.2	Review of the crisis pathway in CAMHS	Completed October 2016	Integrated Health and Care Commissioning Team- CAMHS Commissioners	[Recommendations from report of Child & Adolescent Crisis Pathway Audit of Lister Hospital] <ul style="list-style-type: none"> • Fewer children & young people attend A&E in a crisis • Children & young people at risk of crisis are more effectively supported in the community • Children & young people in crisis are more effectively supported in the community • 	1, 2, 3, 4	G
6.3	Establish joint working group to between CYP crisis team and acute hospitals, including: <ul style="list-style-type: none"> • C-CATT to have a daily presence on the Paediatric Ward 	Commenced	Adult & Children Mental Health Crisis Pathway Group Operational: HPFT/ENHT/WHHT Monitoring: IHCCT	[Recommendations from report of Child & Adolescent Crisis Pathway Audit of Lister Hospital] <ul style="list-style-type: none"> • Children & young people in acute wards receive support when in crisis or at risk of crisis • Children & young people in A&E 	1, 2, 3	A

	<ul style="list-style-type: none"> C-CATT to be based in the ED and A&E departments with access to both PARIS and EPR (ENHT) Access to patient records (PARIS and EPR) for C-CATT and Acute/Paediatric staff 		Co-dependency: Data Sharing sub-group	receive support when in crisis or at risk of crisis		
6.4	<ul style="list-style-type: none"> Formalise and evidence Mental Health Training to be delivered by C-CATT to Acute/Paediatric staff 	Ongoing	IHCCT & Adult & Children Mental Health Crisis Pathway Group Operational: HPFT/ENHT/WHHT Monitoring: IHCCT Co-dependency: Data Sharing sub-group	[Recommendations from report of Child & Adolescent Crisis Pathway Audit of Lister Hospital]	1, 2, 3	A

7. Other Client Groups

No.	Action	Timescale	Led By	Outcomes	Aim(s)	RAG
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7.1	Crisis pathway, care and crisis plan for those with a dual diagnosis (mental health with co-existing substance misuse issues) should be reviewed to prevent further crisis and to consider how processes of assessment, care planning and interventions can be better coordinated for people with a dual diagnosis needs to support long term recovery.	March 2017	Integrated Substance Misuse and Mental health Governance Group	<p>Care for those with a dual diagnosis will be of an equal standard to care for those without substance misuse needs. Reinvigorating the quadrant based HPFT and CGL joint meetings to include;</p> <ul style="list-style-type: none"> • Requirement for CATT representation • Increase frequency of the meetings particularly in Watford and Stevenage where high numbers of Section 136 and Frequent attenders reside. • In line with NICE guidance, joint assessments and Case discussions for any new cases coming in from street triage via SPA or CGL 0800 (especially identified FA's) that need joint input- • Joint discussions and agreed plans in place for Service users already known to either HPFT or CGL that need a joint working 	1, 2	A
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				<p>approach</p> <ul style="list-style-type: none"> Re-invigorating Stevenage quadrant and other quadrants that are not well established <p>Services to have access to each other's case management systems to enable proactive approaches to the provision of best care</p>		
7.2	To review the number of those who have received the offer of post diagnostic support and an advance care plan in place including crisis care planning to increase the level of support to those who have a Dementia Diagnosis	2017-2018	Dementia Strategy Group	<p>Gaining commitment from key organisations to deliver the priorities of the strategy and updating the Dementia Action Plan to reflect these commitments.</p> <p>Monitoring progress on the implementation of the strategy through the Dementia Strategy Action Plan</p>	1, 2, 3, 4	A
	Develop clear and consistent pathways for diagnosis, and for assessment of needs, including offers of support, support in crisis: the right support at the right time	2017-2018	All Age Autism Board	To provide clear pathways of care from Diagnosis, crisis care planning and crisis support for families	1, 2, 3, 4	A
7.3	Work across health, social care and criminal justice services to ensure a good understanding of offenders with an LD and access and	April 2016 - 2018	Offending Behaviour Intervention Service monitored via Transforming Care Board	<ul style="list-style-type: none"> Appropriate reporting to police of criminal activity by service users. Probation and other criminal justice staff have skills in working with service users with a learning 	1, 3, 4	A

	involvement of appropriate services.			<p>disability.</p> <ul style="list-style-type: none"> • Agencies work together to reduce risk of offending and thus promote safety of service users, staff and the public. • Offense specific interventions available to service users with a learning disability. • Consultation advice readily available to professionals in mental health services, other health services, and the criminal justice service, to enable effective and appropriate work with service users with a learning disability. 		
7.4	Develop a proof of concept crisis prevention and response service to prevent placement breakdown / hospital admission for people with a learning disability and / or autism and behaviour that challenges. This will involve developing a Shared Lives Service as an alternative option for service provision; b) developing outreach services using	Phased implementation reflecting different aspects of service commencing Dec 16. 1 year proof of concept project.	IHCCT	<ul style="list-style-type: none"> • Prevention of crisis and placement breakdown leading to increase in numbers of people with behaviour that challenges living safely in the community. • Improved quality of life for service users and their paid / unpaid carers. • Prevention of and reduction in admission to specialist Learning Disability and Mental Health 	1,2,3	R

<p>independent local practitioners skilled in supporting individuals with complex needs and their paid /unpaid carers; c) proactive use of CTR contingency fund in service provision; d) providing creative options to support the service user or their family to move to a temporary location to prevent / resolve a crisis. Governance via Transforming Care Partnership Board.</p>			<p>hospitals.</p> <ul style="list-style-type: none"> • Contribution to achieving the 9 principles of Building the Right Support. 		
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