

Cornwall and Isles of Scilly **draft pending formal approval master 301015**

Source documents:

[http://www.cornwall.gov.uk/health-and-social-care/cornwall-and-isles-of-scilly-drug-and-alcohol-action-team-\(cios-daad\)/about-cornwall-and-isles-of-scilly-drug-and-alcohol-action-team-\(cios-daad\)?altTemplate= Standard](http://www.cornwall.gov.uk/health-and-social-care/cornwall-and-isles-of-scilly-drug-and-alcohol-action-team-(cios-daad)/about-cornwall-and-isles-of-scilly-drug-and-alcohol-action-team-(cios-daad)?altTemplate= Standard)

<http://www.cornwall.gov.uk/media/3640180/Preventing-suicide-a-strategy-for-action-in-Cornwall-and-Isles-of-Scilly.pdf>

http://www.cornwall.gov.uk/media/3640168/LD_JSNA_Final-version-March-2012.pdf

<http://www.cornwallcypp.org.uk/media/7512377/Children-and-Young-Peoples-Plan-2014-15.pdf>



KCG MHNA 2014
Final (3).pdf


1. Commissioning to allow earlier intervention and responsive crisis services

No.	Action	Timescale	Led By	Progress	Outcomes	RAG rating
Matching local need with a suitable range of services						
1.1	Use all intelligence/ benchmarking to inform good practice, identification of gaps and support responsive multi-agency commissioning for 15/16 and beyond.	Ongoing	Kernow CCG/ Cornwall Council/, Isles of Scilly Council, Devon and Cornwall Constabulary	Public health continues to contribute to needs assessments, data and intelligence	Evidence based commissioning decisions to develop a range of service provision available in Cornwall and the Isles of Scilly.	
1.2	Ensure multi-agency strategic plan is signed off by Health and Well-Being Board(s)	April 2015	NHS Kernow/ Cornwall Council	Agenda item for 23 rd April informal HWBB meeting. IOS HWBB dates to be confirmed	H&WBBs fully supportive and engaged with high level plan. Ratified by Cornwall HWBB May 2015	
1.3	Ensure commissioning plans are person centred and reflect needs of experts by experience and carers.	Ongoing	NHS Kernow/ Healthwatch/Public Health	<ol style="list-style-type: none"> 1. Consultation process to be developed by end July 2015 2. Experts by Experience and carers are members of task and finish groups 3. Mental Health Expert Reference Group has 	Services are appropriate for the needs of the resident population. Services are fully co-produced with a range of users and carers. Healthwatch part of local steering group Public Health Contributions through the Zero Suicide Collaborative, strongly	

				oversight of commissioning plans and CCC action plan	influences by people with lived experience. Also the Self-harm Strategy was developed in consultation with experts by experience.	
Improving mental health crisis services						
1.4	In-patient-Review existing provision against annual JSNA and levels of demand	July 2015	NHS Kernow/ Public Health	NHSK data team reviewing activity	Demand profiled Bed management profiled. To include people with a Learning Disability and co-morbid mental health needs Benchmarked against national evidence Identification of patient pathways Public Health intelligence matching local work against national figures. Also, in patient suicide data within the Annual Suicide Audit report.	
1.5	Home Treatment Team- Benchmark against national standards	July 2015	CFT	Completed and has been incorporated into the work to redesign the service	HTT profiled against best practice guidance and national standards	

					Gaps identified in crisis pathway	
Ensuring the right numbers of high quality staff						
1.6	Continue analysis of safer staffing for statutory mental health services	Ongoing	CFT	Monitored via monthly performance meetings as part of contract requirements.	Adhere to Francis report requirements Ensure training programmes reflect statutory requirements and workforce	
1.7	Work with CFT to ensure workforce plans and training requirements are robust.	Ongoing	NHS Kernow/ Cornwall Council	Assess impact of 15/16 national standards Monitor use of targeted resilience funding to support Employment Support workers in EIT via monthly contract performance meetings.	High quality well-trained staff available to deliver NICE compliant services. Improve EIT interventions Deliver national target Improve individual outcomes	
1.8	Work with other providers, RCH and PCH, to ensure front-line staff are trained, experienced and supported to deliver crisis intervention	Ongoing	NHS Kernow	Work with contract leads and clinical staff	Identify strategic opportunities to implement 'No Health without Mental Health' across all providers in CIOS. Identify key front line	

					staffing areas within other provider networks where specific MH crisis training will have the biggest impact. Assist training delivered by public health (Currently 200 persons per annum but will increase. Targeted to front line staff).	
Improved partnership working in Cornwall and Isles of Scilly						
1.9	Criminal Justice MH & LD multi-agency steering group established. Quarterly meetings taking place.	Ongoing	CFT	Analysis of patient pathways and good practice Oversight of peninsula liaison and Diversion service performance Receive highlights from s136 multi-agency group Direct link with Peninsula Criminal Justice Agencies meeting	Understanding of organisational issues Sharing of information to improve joint commissioning opportunities Gap analysis	
1.10	S136 quarterly meetings established	Ongoing next December 2015	NHS Kernow	Receive reports and issues stakeholders Analyse s136 activity and performance	Identify and consider patient pathways as part of wider MH and LD local	

	 Draft S136 minutes 10092015.docx			issues/good practice Receive Health and Police reports	commissioning agenda Influence peninsula and national agenda Implement NHWMH	
1.11	Multi-agency local implementation plan is signed off	April 2015	NHS Kernow	Agenda item for 23 rd April 2015 Cornwall HWBB ratified IOS discussion	Concordat action plan is signed off by Health and Well- Being Boards	
1.12	Contribute to peninsula concordat work	Ongoing 31/3/15	NHS Kernow/ Area Team	Attend peninsula commissioners meetings Attend Strategic Clinical Network meetings GP Clinical lead is a member of the Action Learning set Peninsula declaration uploaded Upload local crisis action plan Priorities for joint strategic work agreed at local concordat multi agency planning	Contribute to the national agenda Sharing of best practice. Public Health contribution to work in partnership with the Peninsula Mental Health Leads suicide prevention initiative. Public Health to lead the development of a community action plan in response to a cluster of suicides or possible contagion following PHE guidance.	

				meeting 9/10/15		
1.13	Improved joint working with Voluntary sector	Ongoing	Pentreath/ CFT	Monthly vocational clinics are delivered in resource centres.	All resources centre host monthly vocational clinics from Voluntary sector. These sessions assess clients' whole life needs and identify appropriate services that promote recovery in the community. Raises the awareness of work and non-clinical services as a route to recovery.	
1.14	Review existing fora to align with Living Well structures for multi-agency collaboration and improved outcomes http://blog.good-governance.org.uk/living-well-in-cornwall-ingredients-for-	Jan 2016	NHS Kernow/Partners	Support enhancement of monthly living well practitioner groups as a means of identifying and ensuring improved health and social care outcomes as prevention and crisis avoidance for individuals	Interventions are appropriate to needs of individual to promote recovery and reduce need for crisis service intervention	

	integration/					
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			2. Access to support before crisis point			
No	Action	Timescale	Led By	Progress	Outcomes	RAG rating
			Improve access to support via primary care			
2	Review current 3 rd sector contracts to ensure early intervention and high quality responsiveness to need	Dec 2014-completed	NHS Kernow	3 rd sector contracts reviewed Contracts aligned with local needs and living well priorities	Services are commissioned that are needs-led and outcome based. Commissioned services maximise opportunities afforded by Living Well Commissioned services offer an alternative to individuals based on wrap around care plans	
2.1	Review with stakeholders acute pathway to identify gaps in commissioned services	Dec 2015	NHS Kernow/ Cornwall Council/IOS Council	Meetings held with Public Health Wider consultation planned	Services meet needs of population and offer early intervention and diversion from secondary care to prevent avoidable admission. Linked to 1.3 Public Health work with HNA and work with MHMDS.	
			Improve access to and experience of mental health services			
2.2	Continue to work with experts by	Ongoing	NHS Kernow/ Healthwatch	Survey stakeholders annually	Wide and encompassing engagement with all groups.	

	experience, carers and service user groups to ensure commissioned services provide outcome based NICE compliant services			Meeting arranged with CCG Engagement lead to communicate with 'hard to reach' groups Liaise with Community Development Workers about the most appropriate ways of consulting with BME populations	Service user and carer experience improved. All task and finish groups to include expert by experience and carer input and other stakeholder feedback.	
2.3	Analyse data from national benchmarking and meridian surveys	Ongoing	CFT/ NHS Kernow/ Healthwatch	Quarterly feedback via performance meetings	Commissioning decisions informed by service user and carer experience.	
			3. Urgent and emergency access to crisis care			
No	Action	Timescale	Led By	Progress	Outcomes	RAG rating
			Improve NHS emergency response to mental health crisis			
3.1	Assess impact of enhanced psychiatric liaison service at RCH and WCH funded	July 2015	NHS Kernow	Benchmarked against national standards and Best practice Receive reports via Whole System Resilience Group Linked with medically	Evaluated outcomes for patients in receipt of service Improved patient pathways and experience based upon evaluations. Responsive psychiatric liaison service commissioned.	

	by Resilience monies.			<p>unexplained symptoms pathway work.</p> <p>Multi-agency input to shape enhancement to psychiatric liaison service as part of the Pump priming investment 24/7 Liaison service response.</p>	Meets national and local requirements.	
3.2	Consider young people's pathways as part of the psychiatric liaison review	November 2015	NHS Kernow/ Cornwall Council	<p>Discussions ongoing with NHS England, Council and providers.</p> <p>Young people's crisis service response linked with CAMHs Transformation Plan</p>	<p>Ageless service improvement opportunities maximised.</p> <p>Appropriate early and robust intervention available to divert from crisis.</p> <p>Seamless and high quality response for young people experiencing crisis.</p> <p>Public Health contribution to self-harm strategy for children and young people.</p> <p>Mobilisation of 11+ contracts which include an emotional resilience service for young people ages 11-19 which</p>	

					encompasses the delivery of a blended (online and face to face) counselling and mentoring service which will also include the development of peer mentoring as part of the service to support young people on a 1-1 and group work basis. This work will be delivered in schools and community settings as well as online. This sits as part of a wider offer which includes headstart and CAMHs.	
3.3	Assess impact of 111 MH clinical floor walker 4 month pilot as part of whole system response	November 2015	DPT/ NHS Kernow/ CFT	III Pilot monthly meetings attended Monthly reports received. Evaluation report from Newcastle University awaited.	Identification of whole system pathway support Benefits identified for all agencies including police Improved access to MH specialist expertise Prevent admission Early signposting	
3.4	Ensure delivery of Early Intervention in	April 2016	NHS Kernow/CFT	Contribute to Early Intervention in Psychosis Preparedness Programme meetings.	Team visiting in December 2015 to assess progress and support implementation Mental health employment	


	Psychosis targets and improved outcomes				staff from Voluntary sector are co-located in EIT, improving cross sector working, information sharing, shared care plans and improvement in recovery and work.	
3.5	CDW are notified of any patients admitted from BME backgrounds	Ongoing	Pentreath/CFT	CDW attend in - patient services. Looking to roll out Cultural competence training to all staff.	Improves access and experience of patients, cultural needs are met, use of interpretation services increased. Increased cultural competence and awareness for staff at all levels in CFT through advice and training	
Social services' contribution to mental health crisis services						
3.6	Review in hours and out of hours AMHP service to ensure timely robust response to local need	September 2015	Cornwall Council	AMHP service located within HTT and OOH and within CMHT. Review to take into consideration opportunities linked with Psychiatric liaison funding, HTT investment and ageless service requirements	Integrated commissioning of statutory functions according to need. Seamless, integrated quality service response	
3.6 .1		Jan 2016	Cornwall Council	Improving Referral	Effective use of Care programme Approach	

				and Case Management: Outline the work with Access around understanding the roles and responsibilities of agencies to improve experience of care for adults with complex needs or diagnosis that challenges eligibility. Review of s117 arrangements		
3.7	Transition arrangements reviewed	Ongoing	Cornwall Council Childrens services/ NHS Kernow	Childrens Council lead attends s136 steering group Transition arrangements part of CAMHs Transformation plan	Improved transition arrangements for young people Appropriate, timely intervention for young people in crisis Improved understanding of stakeholders Reduction in admission Signposting to other services	
3.8	Integrated Commissioning Board	Monthly meetings	NHS Kernow/ Cornwall Council	S75 MH agreement under review S75 pooled budget arrangements in place Associated joint agency work plans agreed which	Integrated health and social care commissioning of pathways that reflect needs of resident population. Improved outcomes New s75 deed of variation in place.	

				includes this client group		
3.9	Long Term Accommodation strategy	July 2015	Cornwall Council	CCG represented at homelessness steering group and Long Term Accommodation strategy development meetings. Public Health rep sits on Mental Health Board Work with LTA team around offer for accommodation for adults with MH issues- particularly in terms of private letting schemes to give them a pathway into the community re-ablement.	Ensure the long term accommodation and homelessness strategies reflect the needs of vulnerable groups including young people, learning disability, adults and older people. Improved support and prevention of crisis	
3.9 .1						
3.9 .2	Prevention strategy development	Jan 2016	Cornwall Council	Ongoing review taking place in WUPEI for the MH/Complex needs preventative services	Services are aligned to support prevention	

Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983						
No.	Action	Timescale	Led By	Progress	Outcomes	RAG Rating
3.10	S136 Steering group meetings oversee performance and issues	Quarterly meetings ongoing. Next meeting December 2015	NHS Kernow	Meetings established Reports to Criminal Justice group which feeds peninsula criminal justice agencies	Identification of good practice Identification of issues Local solutions developed Wider Issues escalated to Peninsula Criminal Justice Agencies Group	
3.11	Establish s135 task and finish group with peninsula colleagues to ensure consistent approach	September 2015	NHS Kernow/CFT/Police	Issue discussed at peninsula and local meetings. S135 peninsula protocol in development and shared with partner agencies for comment	Establish task and finish group with peninsula colleagues to ensure consistent approach S135 policy reviewed and implemented	
Improved information and advice available to front line staff to enable better response to individuals						
3.12	Info sharing protocols and processes to be reviewed and agreed	Ongoing	Police	Protocols in development S136 apprehensions reducing and custody used as exception only.	Facilitate real time access to information for front line staff Review current protocols and processes Ensure individuals receive timely appropriate response Reduce s136	

					<p>apprehensions Signpost to appropriate services Consider outputs from 111 pilot (3.3)</p>	
3.13	Access to information for staff	Ongoing	Stakeholder group	<p>Develop on –line and pocket book list of available services</p> <p>Pocket size leaflets in development</p>	<p>Staff fully informed Reduction in s136 apprehensions Improved outcomes for individuals</p>	
Improved training and guidance for police officers						
3.14	Support police officers	Training programme commences May 2015	Devon and Cornwall Constabulary	<p>Increased awareness of MH and LD needs Improved delivery for individuals Reduction in numbers entering crisis Reduction in s136 apprehensions</p>	<p>Support implementation of police training programme across Devon and Cornwall NHS Training includes input from professionals and Experts by Experience Public health training for police, including call handlers, as part of mental health and suicide awareness.</p>	
3.15	Maximise co-location of Liaison and Diversion workers to support awareness	Ongoing	CFT/Police	<p>L&D workers providing early assessment and intervention Signposting to appropriate services Providing person centred approach</p>	<p>L&D staff physically available for advice in Custody and Magistrates Courts Officers feel supported and responses to individuals experiencing distress is timely and appropriate.</p>	

	raising of MH/LD			Reduction in 'repeat offenders'	 Neighbourhood LD (2015).pdf	
Improved services for those with co-existing mental health and substance misuse issues						
3.16	Dual diagnosis strategy to be developed to ensure effective partnership working and appropriate signposting to available services	December 2015	NHS Kernow/ Cornwall Council	Meetings established. 'Toxic Trio' factors to be included in strategy	Meetings established with Substance Misuse Commissioner Issues considered by appropriate Boards Patient pathways reviewed and communicated	

			4. Quality of treatment and care when in crisis			
No.	Action	Timescale	Led By	Progress	Outcomes	RAG rating
		Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring				
4.1	S136 steering group to receive activity and performance issues re police use of s136	Ongoing	Police	Cornwall has designated place of safety Accepts young people Exploring potential addition to PoS capacity with acute provider.	Improved response for all individuals who are apprehended under s136 Seamless service response Reductions in admissions Signposting to appropriate services Early intervention	
4.2	Review local flow charts as part of s136 group	Ongoing	NHS Kernow/ stakeholders	Cornwall and IOS flow charts reviewed For sign off at May s136 group. Protocol signed off and adopted.	Agreed local responses are appropriate to need Issues discussed at Peninsula group if requiring escalation	

				Service User/Patient safety and safeguarding		
4.3	Positive and safe outcomes for individuals requiring restraint	Ongoing	CFT/ Police		Improved individual experience Appropriately trained staff Practice meets national guidance	
4.4	Staff to be aware of Safeguarding processes and utilise systems	Ongoing	All agencies	Copies of local policies obtained from Adult Safeguarding Board and Children Safeguarding Board shared Training needs to be identified Audit of incidents to take place Reported via monthly performance meetings	Safeguarding incidents raised appropriately in line with agreed local policies and processes.	
				Staff safety		
4.5	Ensure staff remain safe in their line of duties	Ongoing	Organisations	CFT monitors safe staffing within its inpatient services. All community teams operate risk assessment and lone working procedures All services have access to LSMS to support security and safety issues and advice (green as relates to CFT)	Staff are safe Individuals receive timely assessment, care and treatment appropriately.	

			Primary care response			
4.6	Primary care to support parity of esteem	Ongoing	NHSE/NHS Kernow	Work with NHSE to identify training requirements Support primary care to provide appropriate timely response GP Clinical Lead for MH working with locality groups Link with National GP lead for MH Local GP Clinical Lead attends Regional Action learning set	Seamless integrated system in place for all requiring access to MH intervention and crisis prevention	

				5. Recovery and staying well / preventing future crisis		
No.	Action	Timescale	Led By	Progress	Outcomes	RAG rating
				Joint planning for prevention of crises		
5.1	Review work plan with stakeholders to ensure patient pathways are appropriate	October 2015	NHS Kernow/ Cornwall Council	<p>Crisis concordat reviewed at Mental Health Expert Reference Group (MHERG) MHERG Sub group reviewing physical health checks – work led by CFT.</p> <p>Engaged with commissioned Vol Sector provider to formulate a future plan to engage with wider Vol Sector network, utilising the VS Provider Forum</p> <p>Discussions with Cornwall Council regarding their Wellbeing, Early Intervention and Prevention (WEIP) strategy and workstreams</p>	<p>Ongoing commissioning review of commissioned wellbeing and prevention services to ensure they meet demand and interface with statutory services.</p> <p>Continued engagement in the Living Well programme in Penwith and the East of the county to ensure that MH is embedded into their</p>	

5.1.1	Integrated Personalised Commissioning embedded for	Ongoing	NHS Kernow/partners	Cohort of 10 individuals identified with MH needs and wrap around packages in place.	<p>workstreams and given parity of esteem with physical health.</p> <p>Engagement in other key workstreams such as Together for Families Programme and Transformation Challenge Award and ensure MH is embedded with a view to prevention across all services.</p> <p>Reduction on whole system use. Improved</p>	
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	individuals with MH needs. Linked to wider PHB work			Steering Group established.	well-being and empowerment.	
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			Healthwatch Cornwall	<p>Healthwatch Cornwall is currently engaged in a small scale study which is looking at the experience of people who have self-harmed or attempted suicide at discharge and beyond,</p> <p>Healthwatch Cornwall working with CFT to increase their direct contact with service users - including those with mental health issues, Learning disability or children with complex physical health issues. HC continue to collect patient feedback and have</p>	<p>To try and understand what may be required to always ensure this time is supportive and stops repeat behaviours.</p> <p>To gain independent feedback on services and support identifying issues that may not be</p>	
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		31 Dec 2015 for sharing with partners in January 2016		added a “Feedback Centre” for service users to review services through our website.	reported direct to providers.	
5.2	Review Primary Care psychological therapies contract	July 2015	NHS Kernow	Engagement plan in development Commissioned services monitored for access and recovery rates as part of national oversight Attendance at regional IAPT Expert Reference Group (ERG) to share learning. Contract and specification reviewed	IAPT services meet national standards and are appropriate for local need. Engagement process with stakeholders to shape future commissioning	

5.3	CAMHS multi agency strategy with multi-agency workplan	September 2015	NHS Kernow /NHSE	Multi-agency meetings established Reporting arrangements confirmed Ensure camhs tiered provision supports prevention agenda and strategic priorities CAMHS transformation plan submitted	Services are commissioned to meet local need Reduction of Tier 4 admissions Enhanced community support Engagement in the CAMHS transformation process. Multi agency strategy with involvement of public health consultant for children.	
5.4	Ensure dementia diagnosis rates meet national targets and deliver high quality response.	Ongoing	NHS Kernow	Working with localities to raise awareness Targets monitored against local and national targets Working with individual practices where required	Review dementia pathway Ensure timely appropriate response for individuals in crisis Work with Primary Care to ensure early	

					<p>detection and signposting to appropriate services Individuals and families supported Reduced admissions Public health investigating work with Penn Chord to look at dementia pathway</p>	
5.5	Investment into CFT Crisis Services and creation of a redesigned service	Ongoing	CFT/	<p>Investment monies approved, service redesign process and engagement have commenced. Business Case for new service has been submitted and pending feedback from KCCG</p> <p>Improved awareness of mental health and well-being</p>	<p>Enhanced service that delivers in line with national guidance</p>	

5.6	Creation of Mental Health Liaison and Assessment Clinics across the county	Ongoing	CFT/Primary Care	Engagement with GP locality groups in North Kerrier, Penwith and St Austell. Pilot to commence in November in St Austell with a roll-out in 2 other sites. Success will impact on further roll-out across the county.	All referrals to community. services will be seen within current urgent timescale	
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5.7	Ensure CCG staff receive awareness raising for mental health issues	ongoing	NHS Kernow	<p>NHS Kernow achieves Healthy Workplace status and has signed Mindful Employer charter</p> <p>Provides Mental Health First Aid Training for staff.</p>	<p>Improved awareness of mental health issues.</p> <p>Improved support in the work place.</p> <p>25 staff trained</p>	
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