

BERKSHIRE ACTION PLAN

1. Commissioning to allow earlier intervention and responsive crisis services

No.	Action	Timescale	Led By	Outcomes
Matching Local Need with a suitable Range of Services - Commissioners				
1.	Frimley Health Care NHS Trust and BHFT to produce a joint business case for investment to improve access to Liaison Psychiatry Service for all ages at Wexham Park Hospital in Berkshire East.	June 2015	Frimley Health NHS Foundation Trust/BHFT/East Berkshire CCGs	When a person present at Wexham Park Hospital with mental health needs, they will have access to a mental health assessment.
2.	Evaluate CAMHS Psychological Medicine service pilot at Royal Berkshire and Wexham Park Hospital, this will enable rapid response and assessment to those aged under 18 years presenting at A&E with self-harm. Any Lessons learned will shape future commissioning intentions and service configuration.	May 2015	East Berkshire Clinical Commissioning Groups	Children and Young People access multi agency assessment and CAMHS help in a timely manner. Fewer admissions, reduced length of stay. Information gathered from the pilot will help understand how the service has helped and supported children and young person.
3.	Parity of Esteem Business Cases is being developed by both East Berkshire & Berkshire West CCGs for investment in 2015/16.	June 2015	East Berkshire and Berkshire West CCGs	This will meet the parity of esteem investment plan and improve mental health service across Berkshire.
Mental Health Crisis Services Response Times				
4.	All patients referred urgently to our Berkshire Crisis Response Home Treatment Team [CRHTT] from the Trusts Common Point of Entry [CPE] service (our referral service) are contacted within 4 hours.	On-going	Berkshire Healthcare Trust	Patients will be contacted within four hours improving patient and relative satisfaction.
5.	Crisis calls received directly by CRHTT from patients or relatives will be responded to within 1 hour by the service and where a visit is clinically required this will happen in 2 hours.	On-going	Berkshire Healthcare Trust	Patients and carers will feel supported by the service because they know what service they can expect to receive.

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6.	A&E - referrals from A/E staff to the Mental Health A/E Liaison team will be assessed within two hours of referral providing the patient is well enough to undertake the assessment.	1 April 2015	Berkshire Healthcare Trust	All patients will receive timely and appropriate care for their mental health need whilst in A&E.
Responsive Ambulance Times				
7.	The current South Central Ambulance Services (SCAS) contract is being reviewed to agree on data sets in transporting mental health patient to a place of safety	April 2015	SCAS Contract Lead CSU	Work is underway with SCAS to measure and identify these patients more accurately as part of contract negotiations for 2015.16. This will enable quality monitoring of response times to patients and compliance with the commissioned service specification.
8.	To review current demands and arrangements in place to support mental health patients under section 136, (urgent) 135 (planned) to be taken to a place of safety by Ambulance Services within the Thames Valley Region SCAS to work with Thames Valley Police and Mental Health Trusts via the Protocol In Partnership Group to agree a joint protocol on the above	April 2015	South Central Ambulance Service - Chief Operating Officer	A review process to be agreed by all parties
9.	Review and update contracts as appropriate when they are renewed to include specific standards on mental health responses based on the national guidance, this will ensure that there is specific reference to the standards and measures recorded formally in any relevant contracts that SCAS is party to	commenced August 2014 the action is ongoing	South Central Ambulance Service - Chief Operating Officer	Patients will receive appropriate and timely transport to support their mental health needs as outlined in the NHS Standard Contract
10.	SCAS to review and agree with Berkshire Healthcare the demand and capacity required to enable SCAS to plan sufficient and appropriate resources. SCAS to agree a local protocol for response to different situations i.e. protocol for non-emergency transfers and, emergency transfers, HCP response	January – March 2015	South Central Ambulance Service -Regional Operations Director North	Patients will receive mental health services which are appropriately resourced with a joined up service approach

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2. Access to support before crisis point				
No.	Action	Timescale	Led By	Outcomes
Improve Access to Support via Primary Care				
11.	Develop a comprehensive training package for General Practitioners in Mental Health.	Autumn 2015	Health Commissioners	GPs will be better equipped to understand patient's mental health condition so that they can support and sign-post patients to most appropriate services.
Social Services Contribution to Improved Emergency Duty response Times				
12.	<p>The emergency duty service will respond within 4 hours in line with the Joint Working Protocol. Response times will be monitored.</p> <p>During the working week, any social care response would come from the relevant community mental health team for the locality.</p>	On-going	Bracknell local authority on behalf of all six unitary authorities	Patients will receive appropriate care in a timely basis. If response times exceed four hours then appropriate actions will be taken to ensure that it is reduced.

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	Early Intervention in Psychosis Service and a psychological medicines service for under 18's at Wexham Park Hospital			
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Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983				
Improved Ambulance Response Times for S135 & S136 Detentions				
Improved Training and Guidance for Police Officers				
14.	Thames Valley Police will ensure that all frontline officers and staff who may deal with people with mental health problems, receive updated training by Autumn 2015	Autumn 2015	Thames Valley Police	5,000 Thames Valley Police officers and staff will receive training to improve their ability to support persons suffering a mental health crisis
Response from Community Substance Misuse Service Providers				
15.			Public Health/Local Authority	

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4. Quality of treatment and care when in crisis				
No.	Action	Timescale	Led By	Outcomes
Review Police use of Places of Safety under the Mental Health Act 1983 and Results of Local Monitoring				
16.	Thames Valley Police will work with partners to ensure that custody is only used as a place of safety on an exceptional basis (below 5%)	Summer 2015	Thames Valley Police	The use of police cells as places of safety falling to below 5% of Section 136 detainees ensuring patients are accommodated in an appropriate health facility.
Develop further Alternatives to Admission (NHS & Local Authority)				
17.	We have established three crisis beds at Yew Tree Lodge in Reading run by Care UK as alternative to hospital admission.	September 2014	Berkshire Healthcare Trust	The facility will offer residents of the West of Berkshire a more personal, less institutional alternative to hospital admission when in crisis.
Use of Restraint				
18.	Our staff at Prospect Park Hospital who has direct contact with patients will receive Promoting Safer & Therapeutic Services (PSTS) training.	September 2015	Berkshire Healthcare Trust	The training will mean that our staff will use different techniques to reduce the use of restraint in the wards. This will improve patient experience.
19.	Calming (de-escalation) areas will be introduced to all mental health ward environments.	June 2015	Berkshire Healthcare Trust	Patients who are very agitated and who potentially might be violent and aggressive will have a dedicated area on each ward to receive individual care. This will promote privacy and dignity, reduced the use of restraint and an overall improved patient experience.
20.	All mental health inpatient and crisis response home treatment team staff will be trained in Breakaway techniques so that they are able to safely manage situations where an acutely unwell patient may be a risk to staff and others.	December 2015	Berkshire Healthcare Trust	Staffs are supported to maintain both their own personal safety and that of their patients.

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21.	On the rare occasions when restraint is used, our staff will only use techniques and interventions that are designed not to cause pain or injury and maintain the principles of dignity and respect for patients. All patients will receive a de brief following such an event.	April 2014	Berkshire Healthcare Trust	Patients will be helped to understand the reasons why restraint was used. Patients will also tell staff how it felt to be restrained and together they will agree a joint plan of what to do should another incident occur to try and avoid the use of restraint in the future.
22.	Police officers should not be deployed to restrain persons suffering mental illness unless there is a serious and imminent risk of harm to any person or serious damage to any property.	Spring 2015	Thames Valley Police	The use of police to restrain persons in mental health crisis, both in a health care setting and in the community, is significantly reduced.
Primary care response				
23.	<p>Improve Primary Care response to Mental Health Crisis by providing education to GPs in all 7 CCGs in Berkshire so that each GP knows who it is appropriate to refer and to phone for urgent referrals</p> <p>Provide increased Primary Care education in Mental Health issues – i.e. Mental Health Masterclasses in Berkshire west and Berkshire East. On-going support from Mental Health Qualified Clinicians into GP Practices.</p> <p>Establish DXS system in Primary Care Computer IT systems to guide GPs in Berkshire West to support better management of Mental Health</p>	<p>September 2015</p> <p>September 2015</p> <p>November 2015</p>	<p>Clinical Commissioning Groups (CCGs)</p>	<p>Improved timeliness and quality of referrals to CPE Better training are available for GPs in primary care to support clinicians to manage mental health patients who present in crisis</p> <p>Support GPs to have better understanding of mental health conditions and the use of appropriate treatment packages to prevent mental health crisis in primary care settings</p> <p>Deliver an enhanced level of IT software system to support access to patient records</p>

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	<p>problems and monitor to see if response is improving</p> <p>Better GP signposting i.e. to Access to debt/welfare advisors in Primary Care Settings and support.</p> <p>Explore increased use of Peer mentors & peer navigators to support access to services and decrease DNA rates.</p> <p>Sharing of patient records with NHS Providers and Emergency Services so that when patients contact in crisis, their primary care records can be accessed easily.</p> <p>Better response time to GP referrals from Common Point of Entry and Crisis Resolution Home Treatment Team.</p>	<p>September 2015</p> <p>June 2015</p> <p>November 2015</p> <p>May 2015</p>		<p>Primary Care Clinicians can make direct referrals to debt/welfare advisors for those with finance problems</p> <p>Mental Health patients have access to peer mentoring in the community via voluntary sector providers</p> <p>Better record sharing system are in place to allow emergency services to access patients records both for primary care and secondary care</p> <p>Improved access to CPE and CRHTT for all primary care referrals</p>
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5. Partnership Working

No.	Action	Timescale	Led By	Outcomes
Monitoring Progress and Planning Future System Improvements				
24.	Expand the Emergency Department of the Royal Berkshire Hospital to provide a new Observation Unit. This will be made up of 8 beds (2 bays of 4 beds) to provide single sex accommodation and 5 ambulatory chairs. The facility will have a mental health assessment room that is compliant with National Standards, a side room with shower facilities	Autumn 2014	Estates and Facilities Director Royal Berkshire Foundation NHS Trust	To provide a ward environment for those patients requiring treatment within the Emergency Department post 4 hours with the expectation that they will be discharged home. Promoting privacy and dignity and an improved patient experience. A significant number of patients attending ED with mental health problems fall into this category. The Observatory Unit and Mental Health Assessment Room will improve the working conditions for both ED staff and the Acute Mental Health Liaison Team and support better care for their patients.
	Joint clinical governance arrangements for the Emergency Department and newly commissioned Acute Mental Health Liaison Service at Royal Berkshire Health Care Foundation Trust	March 2015	Emergency Department Matron, Clinical Lead and Clinical Governance Lead, Royal Berkshire Foundation Trust	Provide a forum for close partnership working where key performance indicators, clinical incidents, complaints and patient experience in relation to the care of mental health patients can be monitored and a culture of continuous improvement fostered.
	Provide office accommodation for the new Acute Mental Health Liaison Service based at the Royal Berkshire Hospital		Estates and Facilities Director, Royal Berkshire Foundation Trust.	A working environment, adjacent to Emergency Department colleagues and the Older Peoples Mental Health Liaison Team that will promote multidisciplinary, and partnership working and lead to improved holistic care of patients with mental health problems who attend the Emergency
	A comprehensive safeguarding training strategy that includes mental capacity assessment and mental health act training and		Senior Nurse Children and Safeguarding, Royal Berkshire Foundation Trust	A work force that has the knowledge and skills to support mental health patients with acute physical health needs, respecting their rights and recognising when and how to make reasonable adjustments to ensure they have access to appropriate care.

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	<p>addresses the knowledge and competencies of the work force in relation to care of mental health patients who have acute and chronic physical health needs requiring admission to hospital.</p> <p>The Crisis Care Concordat should be placed on the agenda of Local Safeguarding Adults Boards, which have a statutory basis under the Care Act 2014 from 1st April 2015.</p> <p>Mental capacity awareness needs to be supplemented by consideration of the potential for Deprivation of Liberty Safeguards to be applied, for example, in certain cases of informal admission.</p> <p>The Concordat will be of interest and relevance to the work of our Health and Wellbeing Boards, some of which may wish to endorse the concordat individually for their area.</p>			<p>Concordat to be circulated to DASS in Berkshire for the attention of the Safeguarding Co-ordinator.</p> <p>Concordat to be circulated to Health and Wellbeing Board Chairs in each of the 6 areas.</p>
25.	<p>We will share individual crisis care plans with the police and ambulance service regarding patients who are frequently in contact with our mental health and emergency services.</p>	September 2015	Berkshire Healthcare Trust	<p>The police and ambulance service will be able to understand what the most appropriate care for an individual is when they are in crisis.</p>