

# BERKSHIRE ACTION PLAN

Updated June 2015

1. Commissioning to allow earlier intervention and responsive crisis services					
No.	Action	Timescale	Led By	Outcomes	Progress/RAG Rating
<b>Matching Local Need with a suitable Range of Services - Commissioners</b>					
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	All referrals at A&E will be assessed within 4 hours, subject to their referral within 2 hours of attendance and the patient being medically fit for assessment.	£400k Parity of Esteem funding has been agreed by Berkshire East CCGs. BHFT is now recruiting staff. Regular meetings established between CRHTT and A&E Consultant Mental Health Lead.
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.	BE CCGs have reported there had been recruitment issues which had delayed this pilot project and therefore to date there has not been enough operational time to evaluate the service, which is funded with winter resilience monies.  Berkshire West CCG will share the RBH pilot

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					evaluation report when this is complete
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	Improve capacity of the MH urgent care services to deal well with crises. This will meet the parity of esteem investment plan and improve mental health service across Berkshire.	Parity of Esteem funding have been approved by both Berkshire East & West CCGs in EIP, CRHTT, CAMHS & A&E Liaison Service(East Berkshire only)
4.	A mental health specialist will work jointly with the police in the West of Berkshire to assess individuals who come to their attention as presenting with possible mental health issues	June 2015	Berkshire Healthcare Trust	Fewer individuals will be detained by the police, in the West of Berkshire, under the mental health act and taken to a place of safety. The most appropriate response to the situation will be made at the first point of contact and consequently individuals will have a better experience when they are seen by the Police in a crisis.	Berkshire West Street Triage is due to go 'live' from 24 <sup>th</sup> July 2015; most preparatory work has been completed, one staff has been appointed awaiting police clearance. Operational Group will meet monthly to monitor progress; Street Triage Steering Group will meet quarterly.
5.	Ensure that same day access to primary care is available for patients needing this in crisis.	Autumn 2015	CCG West & East Primary Care Programme Board	Timely assessment, de-escalation or referral for all those in crisis.	BE CCGs will include this as part of their MH Strategies; BW have invested additional resources to increase capacity in primary care
<b>Mental Health Crisis Services Response Times</b>					
6.	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.	Implemented and on-going, reported on quarterly to CCGs with one month data as part of [Quality Schedule 15/16]
7.	Crisis calls received directly by CRHTT from	On-going	Berkshire Healthcare	Patients and carers will feel supported	Implemented and on-going,

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	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.		Trust	by the service because they know what service they can expect to receive.	reported quarterly to CCGs with one month data as part of [Quality Schedule 2015/16]
8.	Royal Berkshire Hospital 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 presenting with mental health problems at RBH are receiving timely and appropriate care for their mental health need whilst in A&E.	Fully 'RAID' compliant Psychological Medicine Service is now operational at RBH
<b>Responsive Ambulance Times</b>					
9.	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	There is now an establish process in place to monitor compliance with the commissioned service specification for SCAS.	SCAS Clinical Lead have confirmed that there is now a facility to produce data on response time which is then submitted to SCAS contract lead as part of the 2015/16 contract agreement
10.	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	An agreed protocol between SCAS & TVP is now in place.	Leads from SCAS & TVP have confirmed that there is a joint protocol in place to manage demand to convey patient to PoS (Place of Safety)
11.	Review and update contracts as appropriate when they are renewed to include specific standards on	commenced August 2014 the	South Central Ambulance Service -	Patients will receive appropriate and timely transport to support their mental	Compliant and is monitored monthly during contract

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	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	action is ongoing	Chief Operating Officer	health needs as outlined in the NHS Standard Contract	performance monitoring meeting
12.	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	SCAS Clinical Lead advised that a mental health protocol has been introduced; there have been difficulties with recruitment and sourcing a suitable wheelchair accessible vehicle. Further work needs to be done to reduce unnecessary police call-out to convey mental health patient to hospital. SCAS are rolling out mental health training to all their front line staff

No.	Action	Timescale	Led By	Outcomes	
<b>Improve Access to Support via Primary Care</b>					
13.	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	Berkshire East & West GPs have received core MH awareness training at different level, this is being rolled-out to

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				services.	receptionists, practice nurses etc.
14.	A specialist training programme will be provided to GP's and teachers which will help them spot emerging mental health issues in children and young people and give them the confidence to know how best to manage the situation.	April 2015	Berkshire Healthcare Trust and Commissioners	Mental Health issues in children and young people are more likely to be identified at an early stage in education and primary care settings and be dealt with appropriately.	<p>2 day week PPEP Care Lead appointed to roll-out the PPEP Care Training Programme to primary care and schools across Berkshire.</p> <p>The first train the trainer programme has been held to train CAMHS Staff who will act as the core training team.</p> <p>On-going train the trainer training is being developed for relevant Tier s and other colleagues who do not have a CAMHS core profession/CYP IAPT training who need some input to skill them up in CBT to become trainers. BHFT have a number of training events booked and the project lead is making contact with relevant colleagues in all localities to raise awareness of the training. This is being worked around clinical work capacity to reduce waiting lists and waiting times.</p>

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					Roll-out of this programme is in phase 2 of the CAMHS parity of esteem programme
<b>Social Services Contribution to Improved Emergency Duty response Times</b>					
15.	<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.	This is currently being reviewed by the Unitary Authorities across Berkshire.
<b>3. Urgent and emergency access to crisis care</b>					
<b>No.</b>	<b>Action</b>	<b>Timescale</b>	<b>Led By</b>	<b>Outcomes</b>	
<b>Improve CAMHs Alternatives to Admission and Access to Tier 4 Beds</b>					
16.	<p>Clinical Commissioning Groups to work with NHS England and BHFT to disaggregate the Berkshire Adolescent Service block contract into Tier 3 and Tier 4 activity</p> <p>NHSE to seek additional investment to enable Berkshire Adolescent Unit (BAU) to open 24/7</p> <p>NHSE seek additional investment to increase the</p>	<p>May 2015</p> <p>By summer 2015</p> <p>By March 2017</p>	<p>Clinical Commissioning Groups/Local Authority &amp; Education Department</p> <p>NHS England</p> <p>NHS England</p>	<p>Children and young person who are very unwell are placed in Berkshire and do not have to be in hospital long way from home.</p>	<p>Disaggregate Berkshire Adolescent Service Contract into Tier 3 &amp; 4 activity</p> <p>Additional investment for Berkshire Adolescent Unit (BAU) to open 24/7 – funding have been approved</p> <p>This is included as part of Parity of Esteem work for Berkshire</p>

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	number of Tier 4 beds in Berkshire				East & West and will be implemented
	CCGs to consider options for enhancing crisis care at Tier 3	March 2015			On-going discussion between parties
	CCGs and BHFT to evaluate the pilot projects funded by NHSE over the winter, additional CAMHS duty clinics at weekends and bank holidays, enhanced Early Intervention in Psychosis Service and a psychological medicines service for under 18's at Wexham Park Hospital	April 2015	Clinical Commissioning Groups Clinical Commissioning Groups	Every Acute Hospital in Berkshire will have an NHS Mental Health Worker who will be able to assess and triage children in crisis to appropriate management and care.	Awaiting evaluation report

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					
17.	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.	Bespoke training for different roles is underway for around 6,000 TVP Staff including police officers, PCSOs, station and duty staff, special constables; this will be on-

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					going in 2015/16
<b>Response from Community Substance Misuse Service Providers</b>					
18.	To continue to work with partners to reduce the likelihood of crisis interventions being required for individuals who use drugs and alcohol.	April 2015	Public Health DAAT Leads/Local Authority	To maintain a high return on investment in the prevention of drug and alcohol related hospital admissions.	This is work in progress based on funding allocation for DAAT in each Local Authorities in Berkshire



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4. Quality of treatment and care when in crisis					
No.	Action	Timescale	Led By	Outcomes	
<b>Review Police use of Places of Safety under the Mental Health Act 1983 and Results of Local Monitoring</b>					
19.	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.	TVP confirmed that numbers have reduced to 8.8% against a target of 5% but this is an improvement over the last twelve months; there are 3 places of safety assessment rooms across Berkshire, it is anticipated that street triage will support further reduction.
<b>Develop further Alternatives to Admission (NHS &amp; Local Authority)</b>					
20.	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.	Remains in place, this service are managed by Partnership in Care with full compliments of staff.
<b>Use of Restraint</b>					
21.	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.	Standards achieved – all staff facing mental health patient receive PSTS training and bi-monthly annual update. Those working in inpatient settings receive this via SMART week, PMVA or standalone courses; community staff will

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					receive this via standalone bespoke courses
22.	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.	All de-escalation areas open and in use
23.	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.	Ongoing training; CRHTT Staff are also allocated a lone worker device for their protection.
24.	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.	All patients are offered a post-incident review following a restraint event, either with ward staff or through SEAP
25.	Clinical Staff at the Royal Berkshire Hospital in A&E department and other relevant wards and departments will receive Conflict Resolution Training using a scenario based approach relevant to the patient cared for.	September 2015	Royal Berkshire Health Care Foundation Trust	The training will mean that our staff will use de-escalation techniques to minimise the need for restraint. This will improve patient experience.	80% of nurses in ED have undertaken a 5 hour conflict resolution training in the last year; an additional training for ED Consultants has been designed and will be delivered during Aug/Sept and the 5 hour training for ED Consultants will be

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					scheduled over the following year.
26.	Security Staff do not restrain patients unless there is a serious risk of them harming themselves or other people. They are trained in techniques and interventions that are designed not to cause pain, to maintain privacy and dignity and they work with clinical staff to ensure patient safety. Where ever possible the patient or their family is given an opportunity to discuss the reasons for using restraint and there is a team debrief to learn lessons.	September 2014	Royal Berkshire Health Care FT	Patients will only be restrained when it is absolutely necessary and when they are episode of restraint this will be looked at by the security, clinical and safeguarding team to learn lessons about avoiding using restraint whenever possible.	All security staff provided to the RBFT by Keyline Security Services are trained in techniques to restrain that are designed not to cause pain and to maintain privacy and dignity, however patient are only restrained when it is absolutely necessary.
27.	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.	TVP reported that there is a National Working Group looking at whether police should ever have to do this and if yes, how and if not, who should do it? It was noted that Police Officers are not trained to restrain MH patients
<b>Primary care response</b>					
28.	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	January 2016	Clinical Commissioning Groups (CCGs)	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	GP education programme is now fully rolled-out across Berkshire
	Establish DXS system in Primary Care Computer IT systems to guide GPs in Berkshire West to better signpost to appropriate mental health services.	November 2015		Deliver an enhanced level of IT software system to support access to patient records	Currently under review

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	Better GP signposting i.e. to Access to debt/welfare advisors in Primary Care Settings and support.	September 2015		Primary Care Clinicians can make direct referrals to debt/welfare advisors for those with finance problems	BW Clinical Lead advised that BW are working with RVA as CAB have capacity issues
	Explore increased use of Peer mentors & peer navigators to support access to services and decrease DNA rates.	June 2015		Mental Health patients have access to peer mentoring in the community via voluntary sector providers	BW are working with Reading Your Way and BE are working with Depression Alliance
	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.	November 2015		Better record sharing system are in place to allow emergency services to access patients records both for primary care and secondary care	This is being progressed through Programme Board

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5. Partnership Working				
No.	Action	Timescale	Led By	Outcomes
<b>Monitoring Progress and Planning Future System Improvements</b>				
29.	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	November 2014	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.
	Provide office accommodation for the new Acute Mental Health Liaison Service based at the Royal Berkshire Hospital	October 2014	Royal Berkshire Health Care FT	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 ED and newly commissioned Psychological Medicine Service at Royal Berkshire Health Care FT	October 2014	Royal Berkshire Health Care FT	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 addresses the knowledge and competencies of the work force in relation to care of mental health patients	April 2015	Royal Berkshire NHS FT	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

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	<p>who have acute and chronic physical health needs requiring admission to hospital.</p> <p>Royal Berkshire FT will be able to 'flag' individual crisis care plans shared by Berkshire Health Care FT on the A&amp;E electronic patient record system.</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 1<sup>st</sup> 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>April 2015</p> <p>April 2015</p> <p>April 2015</p> <p>April 2015</p>		<p>monitored and a culture of continuous improvement fostered. There is patient representation on the ED Clinical Governance Committee.</p> <p>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.</p> <p>Staff at A&amp;E will be able to understand what the most appropriate care is for an individual when they are in crisis.</p> <p>Concordat to be circulated to DASS in Berkshire for the attention of the Safeguarding Co-ordinator.</p> <p>All Unitary Authorities in Berkshire</p> <p>Concordat to be circulated to Health and Wellbeing Board Chairs in each of the 6 areas.</p>	<p>April 2015</p> <ul style="list-style-type: none"> <li>○ Individual patient crisis management plans can be flagged as a safeguarding concern on First Net, ED EPR before</li> </ul>
30.	<p>We will share individual crisis care plans with the police, ambulance service and acute hospitals regarding patients who are frequently in contact with our mental health and</p>	<p>September 2015</p>	<p>Berkshire Healthcare Trust</p>	<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>	<p>Being implemented; patient being identified through the Berkshire PIP (Protocol In Practice) as well as more</p>

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	emergency services.				locally amongst partner organisation
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