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| **No.** | **Action** | **Lead Agency** | **Timescale** | **Performance Indicator / Product** | **Progress**   |  |  | | --- | --- | |  | Action not started yet | |  | Action underway on timescale | |  | Action completed | |  | Action overdue | | As at June 2016 | | |
| **Priorities identified at workshop held 27th May 2016 and ratified at MHCCC strategic group meeting 13th June 2016** | | | | | |
| **1** | **Development of crisis / short term accommodation and other supports to relieve crisis and to prevent admission to hospital beds: To include:** | HFT  TC | March 2016 |  |  |
|  | Identify opportunities to prevent admissions and facilitate earlier discharge by   * Map what services are available to support people in own accommodation when in crisis * identifying any gaps in accommodation provision which contributed to admission or delayed discharge * reviewing models of Crisis House provision and develop business case if it is identified that this would reduce demand on inpatient services and A+E * reviewing availability of telephone helplines and develop communication plan to ensure better use (Note impact of previous changes on Samaritans) |  | Business case  Sept 2016  Service development  April 2017 | * Proposal to be taken to HFT Board * Business case to be presented to MHCCC strategic group |  |
| **2** | **Ensure effective coordination and timely access to Mental Health assessments. To include:**   * Review HFT Crisis services and reconfigure as appropriate * Development of a single point of contact for mental health services across the agencies * Review level of provision of HFT employed approved clinicians | HFT  AE | October 2016 | * HFT Urgent Care Review | Proposal approved by HFT board |
|  | Update 111 Directory of Service to reduce proportion of patients signposted to attend A+E | HFT  AE | July 2016 | DOS update | 111 DOS updated  complete |
|  | Develop multi-agency protocol to clarify roles and expectations of each agency based on revised MHA Code of Practice  Arrangements to be in place for escalation to more senior staff in case of disagreement | All agencies | Sept 2016 | Agreed protocol  Clear escalation protocol in place report | Protocol developed and awaiting ratification |
|  | Increase access to S12 GPs willing to undertake MHA assessments by training and promotion. | CCGs | Nov 2016 | Reduction in delays for completing MHA assessments |  |
|  | Review multi-agency Information Sharing and Consent protocol so that agencies can share information about most regular users of crisis services | HFT  TC | Sept 2016 |  |  |
| **3** | **Development of coherent mental health and substance misuse pathways** |  |  |  |  |
|  | To hold a MH and SM ‘summit’ to review pathways and pressure points for people with a ‘dual diagnosis’ | Hull CC VH  ERY CCG PC | Dec 2016 | Strategic Group to review outcomes of ‘summit’ in Dec 2016 |  |
| **4** | **Development of multi-agency training programme** | Hull CC  AF |  |  |  |
|  | Well-trained staff   * Review training and protocols * Development of multi-agency training programme to include   + Mental health awareness / safetalk   + Knowledge of local MH and substance misuse services   + Knowledge of shared policies and protocols   + Understanding of other agency roles in responding to MH crises |  |  | Training programmes in place | HFT developing training programme for the police.  HFT also delivering joint training to Police and Probation  ERYC providing training to police re MCA  HFT delivering MH training to A+E staff  YMHFA training offered across agencies |
| *6.6* | HFT developing Recovery College to promote more recovery focused training for staff from mental health services and partner agencies, as well as service users and carers |  |  |  | Recovery College established |
| **5** | **Improve involvement of service users in service development and support co-production** | HEY Mind  DS |  |  |  |
|  | Provide support to workstream leads seeking to gain service user and carer views of crisis care models |  |  |  |  |
| **6** | **Review level of support offered to residential homes before and during management of crisis situations (Dementia)** | HFT / ERYC / HCC / CCGs | Dec 2016 | Clear and agreed criteria and protocols for accessing support | Revised models of care have been considered previously but project needs to acquire impetus |
| **7** | **Develop dashboard to monitor progress** | Humberside Police JT | Dec 2016 | Dashboard reporting to MHCCC Strategic Group | No national or regional dashboard |