

Development of this Mental Health Crisis Care Concordat Action Plan has been part of strategy development reflecting the joint intentions of the Cumbria Clinical Commissioning Group (CCCG), Cumbria County Council (CCC), and other partners in relation to how mental health services and other resources to support good mental health will be commissioned and delivered over the next 5 years. A Mental Health Partnership Group (MHPG) has been established to oversee the development and delivery of the 'Joint Mental Health Commissioning Strategy in Cumbria 2015-20' which includes the shared goals of the Crisis Care Concordat as a core theme.

This Mental Health Crisis Care Concordat Action Plan must be seen as a component part of this Commissioning Strategy and not considered in isolation. The actions contained within this document should be seen as 'work streams' of the wider Strategy, and is incorporated into the mandate for 'People who require urgent need'. The actions have been identified as key to improving the interagency response in relation to people in crisis because of their mental health condition.

The Cumbria Mental Health Crisis Care Concordat Action Plan will be an evolving document. These actions are the initial priorities which have been identified and are in line with the ones agreed at the MHPG, so that progress on the most important issues will be monitored. Once specific actions are finalised, new actions will be added, as identified by the MHPG and by the Cumbria Criminal Justice and Mental Health Steering Group, to ensure continuous improvements in service responses.

1. Cumbria Triage Arrangements				
No.	Action	Timescale	Led By	Outcomes
<b>Develop Cumbria Triage model to provide a service available to all parties, patients (of all ages and diagnosis), carers and service providers which is available 24/7 to provide access to mental health professional advice and support.</b>				
1.	Establish Triage Development Group to undertake and oversee the actions included below	April 2015	Tania Desborough (Cumbria CCG)	Active involvement of key agencies in triage development. <ul style="list-style-type: none"> <li>• CCG</li> <li>• CPFT (CRHT/ALIS/CAMHS)</li> <li>• Adult Social Care (Cumbria County Council)</li> <li>• Cumbria Constabulary</li> <li>• North West Ambulance Service</li> <li>• Carlisle and Eden MIND</li> <li>• Children's Services</li> </ul>

				<ul style="list-style-type: none"> <li>• Cumbria Acute Trusts</li> <li>• Service User and Carer involvement</li> </ul>
<b>2.</b>	Undertake baseline assessment of current provision and gap analysis of all existing mental health crisis contact points (including CPFT's SPA, NHS 111, Mind's Helpline etc) and also current and potential funding streams.	June 2015	Tania Desborough (Cumbria CCG)	Development of a clear picture covering geographic and time specific availability of current resources.
<b>3.</b>	Develop needs analysis for Cumbria (continuing work established during NHS 111 Funding bid) in order to develop a fully functioning Crisis Helpline provision.	June 2015	Tania Desborough (Cumbria CCG)	Cross agency agreement on appropriate triage model to be developed in Cumbria, so as to drive improved service provision and encourage a consistent approach across the county.
<b>4.</b>	To review all current IT systems currently used in Cumbria (including ERISS) for accessing patient information and explore ways to amalgamate these into a single system	July 2015	NECS Business Intelligence Department	<p>To have a defined system to access patient information</p> <p>To facilitate effective information exchange in line with existing Cumbria protocols.</p> <p>To eradicate reliance of paper based systems</p> <p>To reduce risks to patients, carers and staff by ensuring necessary information is available 24/7.</p> <p>To reduce inappropriate patient outcomes.</p>
<b>5.</b>	Conduct an options appraisal which establishes any funding deficits, and propose alternative models for consideration by Partnership Group	August 2015	Tania Desborough (Cumbria CCG)	<p>Multi-agency agreement as to proposed Triage/helpline model for Cumbria.</p> <p>Funding secured to facilitate this model.</p> <p>CCG to consider future funding arrangements if required.</p>

6.	Conduct training needs analysis for all staff involved with the agreed model and undertake training provision accordingly.	By September 2015	Training Sub-Group	Support all front line professionals involved in the triage/helpline development by providing appropriate training, advice and support for their respective roles. Quality Statement 6 'Access to services', recommends that service users and GPs have access to a local 24-hour helpline, staffed by mental health and social care professionals.
7.	To implement and evaluate the agreed model	September 2015 – March 2016	Tania Desborough (Cumbria CCG)	To be evaluated taking account of; <ul style="list-style-type: none"> <li>Improved communication and coordination of services (including the real time advice and support to police and other 24/7 providers, when dealing with vulnerable people with mental health needs)</li> <li>Improved Service User satisfaction</li> <li>Improved quality of assessments of vulnerable people with mental health needs</li> <li>Reduce inappropriate patient outcomes by way of better identification of care pathways and interventions.</li> <li>Reduction in Section 136 detentions.</li> <li>Reduced use of Police Cells for Section 136 assessments</li> </ul>

## 2. Out of Hours Crisis Management

No.	Action	Timescale	Led By	Outcomes
<b>Action to capture the issues from RISCHES around what support the Trust resources will provide to patients and other agencies in crisis situations. Links to Community Services.</b>				
1.	To review the impact post RISCHES implementation.	June 2015	Andrea Greenwood / Julie Taylor	The NHS Mandate for 2014-15 contains an objective for the NHS to make sure that every community develops plans, based on the principles set out in this Concordat, that mean no one in crisis will be turned away. All referrals into ALIS where the primary problem acute mental health crisis will receive a comprehensive mental state assessment within 24 hours or 2 hours dependant on the time of the referral being received. All assessments will be reviewed for consideration of further 72 hour

				<p>assessment or alternative exit pathways i.e. home Treatment. Embed SBAR (situation background assessment recommendation) as part of evidenced based practice.</p> <p>Base line activity to support AAP (acute admissions pathway) implementation in line with acute care pathway.</p>
<b>2.</b>	<p>Improve Liaison capacity via additional funding yet to be released.</p> <p>Dedicated older adult services across the county of Cumbria. With specific skill to focus on moving the aging population of Cumbria through the system as seamlessly as possible.</p>	September 2015	David Storm/ Andrea Greenwood	<p>NHS England to ensure there are adequate liaison psychiatry services in Emergency Departments.</p> <p>Through the 5 year strategy liaison psychiatry will be a specific mandate that joins all partnership organisations together to develop most effective care streams across Cumbria.</p> <p>Liaison teams will be co-located within the acute trusts where possible. Currently Furness and WCH have not got capacity to co locate MH services.</p> <p>To continue to scope an enhanced service to meet current and expected demand.</p> <p>Adequate liaison across Cumbria to meet the needs of the population of Cumbria.</p> <p>All liaison practitioners will respond to A&amp;E with in specific time scales within two hours between the hours of 9am and 7PM.</p> <p>72 hour assessment pathway in place post assessment. Ensures people are referred through the appropriate pathways of care, untimely reducing risk of avoidable harm to self and others.</p> <p>Improve care of older people including delirium.</p> <p>Specific training in dementia screening.</p>
<b>3.</b>	Team to increase OOH	September 2015	Andrea Greenwood /	Quality Statement 6 'Access to services', recommends that crisis

	<p>provision to improve accessibility 24/7 with a review on impact.</p> <p>Introduction of county wide Care home evaluation service.</p>		<p>Julie Taylor</p>	<p>resolution and home treatment teams are accessible 24/7, regardless of diagnosis. Working group: Continue and review current staffing establishment out of hours in relation to qualified practitioners. Joint working with county council OOH services. Joint working policy's between ALIS and police. Assess people in safe environments such as A&amp;E, and local MS sites. Joined up working with 3<sup>rd</sup> Sector providers. Continue to review and lessons learned for 136 assessments. Agree with police response time to police station for assessment of MH patients. ALIS to accept self-referrals from SU, cares police probation for all individuals previously known to MH services with the last 3 years. Having an impact on the portion of individuals needing to present to A&amp;E departments.</p> <p>County wide services working into nursing homes across Cumbria to provide support and education to prevent unnecessary admission and re admission into Mental Health and Acute hospitals.</p>
4.	<p>Maintain and develop further local forums for agencies working in urgent care services, so that they can understand pathways between services and ensure any blocks to access are removed.</p>	<p>September 2015</p>	<p>Andrea Greenwood / Julie Taylor</p>	<p>Police officers responding to people in mental health crisis should expect a response from health and social care services within locally agreed timescales, so that individuals receive the care they need at the earliest opportunity. Develop a joint service agreement to ensure all agencies work collaboratively, with a specific aim to ensure all potential blocks on all parts are identified and minimised.</p>

**3. Section 136 Arrangements**

No.	Action	Timescale	Led By	Outcomes
<b>Actions to review and amend the Cumbria Section 136 Protocol and working arrangements in the light of local and national developments.</b>				
1.	Establish Section 136 Protocol Review Group (as sub-group of the Cumbria Criminal Justice and Mental Health Steering Group) to undertake and oversee the actions included below	April 2015	Dave Eldon (Head of Mental Health Legislation Unit, CPFT)	Group established to include representatives from the following; <ul style="list-style-type: none"> <li>• Mental Health Legislation Unit</li> <li>• CPFT Inpatient Services</li> <li>• CPFT Access and Liaison Service</li> <li>• Psychiatrists</li> <li>• Cumbria Constabulary</li> <li>• Urgent Care Team (AMHP)</li> <li>• North West Ambulance Service</li> <li>• Acute Trust A&amp;E Departments</li> </ul>
2.	Group to identify emerging issues from recent reports, publications and audits that need to be included in, or addressed through, the review of the Cumbria Section 136 Protocol.	April 2015	Dave Eldon (Head of Mental Health Legislation Unit, CPFT)	Literary Review to include the following; <ul style="list-style-type: none"> <li>• Concordat</li> <li>• Section 136 Review</li> <li>• Code of Practice (Revised version April 2015)</li> <li>• Cumbria Audit (Nov 2014-Jan 2015)</li> </ul>
3.	Group to develop and implement processes which ensure an improved use of the power by police in Cumbria.	April 2015-March 2016 (outcome measures to be audited)	Dave Eldon (Head of Mental Health Legislation Unit, CPFT)	Group needs to establish links to Triage and Training work streams in relation to this work; Outcomes; <ul style="list-style-type: none"> <li>• 100% contact with CRHT before or at time of detention</li> <li>• Further reduction in the inappropriate use of Section 136 with the target of 0 as determined by the audit process</li> <li>• Reduction in number of S136 discharges where no mental health interventions identified.</li> <li>• Elimination of 'non-assessment' A&amp;E S136 cases</li> </ul>
4.	Group to develop and implement processes which ensure an increased use of ambulances for the conveyance of Section 136	April 2015-March 2016 (outcome measures to be audited)	Gordon Rutherford (Chief Inspector Cumbria Constabulary)	Group needs to establish links to Triage and Training work streams in relation to this work; Outcomes; <ul style="list-style-type: none"> <li>• Elimination of use of police vehicles except in exceptional cases (which audit shows are justified)</li> </ul>

	patients.			<ul style="list-style-type: none"> <li>NWAS attendance within 20 minutes in 75% occasions when requested</li> </ul>
5.	Group to undertake a review of the current hospital Place of Safety provision to ensure it meets the requirements of local demand and national standards. To include review of staffing arrangements.	April 2015-March 2016 (outcome measures to be audited)	Dave Eldon (Head of Mental Health Legislation Unit, CPFT)	<p>Group needs to establish links to Triage and Training work streams in relation to this work;</p> <p>Outcomes;</p> <ul style="list-style-type: none"> <li>Better experience for patients/process resulting from increase/decrease of current provision</li> <li>Identification of suitable provision for U18s who might pose unmanageable high risk in current hospital suites</li> <li>maximum of 30 minutes handover period from police achieved in all cases where patients does not pose extreme risks</li> <li>All hospital staff involved in Section 136 suites appropriately trained in PMVA/PST controls</li> </ul>
6.	Group to review and refine operating practices where the Section 136 may pose unmanageable risks.	April 2015-March 2016 (outcome measures to be audited)	Dave Eldon (Head of Mental Health Legislation Unit, CPFT)	<p>Group needs to establish links to Triage and Training work streams in relation to this work;</p> <p>Outcomes;</p> <ul style="list-style-type: none"> <li>Continuing reduction in use of police cells for S136 detentions (Q4 2014 was 16 cases, 30% of total)</li> <li>Removal of cases where presence of intoxicants causes inter-agency conflict</li> </ul>
7.	Group to review and refine operating practices to reduce the time a Section 136 patient waits for the assessment to begin.	April 2015-March 2016 (outcome measures to be audited)	Dave Eldon (Head of Mental Health Legislation Unit, CPFT)	<p>Group needs to establish links to Section 12 and CAMHS work streams in relation to this work;</p> <p>Outcome</p> <ul style="list-style-type: none"> <li>All face-to-face assessments begin within 3 hours where patient clinical fit</li> <li>In the case of children and young people, the assessment team to have appropriate involvement by a child and adolescent mental health services (CAMHS) consultant, or an AMHP with knowledge of the needs of this age group.</li> </ul>

8.	Group to review and refine data collection processes to ensure easier monitoring.	April 2015-March 2016	Dave Eldon (Head of Mental Health Legislation Unit, CPFT)	Outcome; <ul style="list-style-type: none"> <li>Adopt provisions of national monitoring form in searchable format</li> <li>Monitoring to include information about reasons for any use of police custody.</li> </ul>
9.	Revised Cumbria Section 136 Protocol to be produced and published, taking account of any changes arising from this work stream.	March 2016	Dave Eldon (Head of Mental Health Legislation Unit, CPFT)	Group needs to establish links to Training work stream in relation to this work; Outcome; <ul style="list-style-type: none"> <li>Revised Cumbria Section 136 Protocol to be published by March 2016</li> <li>Training programme to be developed in conjunction with this publication.</li> </ul>

#### 4. Unscheduled Assessment Timescales

No.	Action	Timescale	Led By	Outcomes
<b>Action to capture the issues around delayed assessments, including S12 doctor rota, consultant rota, AMHP arrangements etc</b>				
1.	Establish Section 12 Working group (as sub-group of the Cumbria Criminal Justice and Mental Health Steering Group) to undertake and oversee the actions included below	April 2015	Suzanne Lofthouse (NECS)	Group established to include representatives from the following; <ul style="list-style-type: none"> <li>Mental Health Legislation Unit</li> <li>CPFT Access and Liaison Service</li> <li>Psychiatrists</li> <li>Cumbria Constabulary</li> <li>Urgent Care Team (AMHP)</li> <li>North West Ambulance Service</li> <li>Acute Trust A&amp;E Departments</li> <li>Section 12 Drs</li> <li>Commissioner of Section 12 (Cumbria CCG)</li> </ul> Membership will be revise when group is established
2.	Group to identify emerging issues from	April 2015	Suzanne Lofthouse (NECS)	Literary Review to include the following; <ul style="list-style-type: none"> <li>Concordat</li> </ul>



	recent reports, publications and audits that need to be included in, or addressed through, the review of the current Cumbria Section 12 Protocol.			<ul style="list-style-type: none"> <li>• Code of Practice (Revised version April 2015)</li> <li>• Royal College of Psychiatrists guidance on commissioning services for section 136 24</li> <li>• Cumbria Audit (Nov 2014-Jan 2015)</li> <li>• Operational issues reported by team members</li> </ul>
<b>3.</b>	Group to research and identify best practices to assist development of current Section 12 system to improved access to Section 12 Drs	April 2015-March 2016 (outcome measures to be audited)	Suzanne Lofthouse (NECS)	<p>Outcomes;</p> <ul style="list-style-type: none"> <li>• An appropriate commissioned service providing section 12 assessments within 3 hrs target 100%</li> <li>• Robust solution agreed across multi organisations for unscheduled assessments</li> <li>• Better experience for patients/process resulting from increase/decrease of current provision</li> </ul>
<b>4.</b>	Group to implement redesign of Section 12 processes which ensure unscheduled assessments are carried out within agreed timescales (3hrs)	April 2015-March 2016 (outcome measures to be audited)	Suzanne Lofthouse (NECS)	<p>Outcomes;</p> <ul style="list-style-type: none"> <li>• Reduce delays for section 12 assessments</li> </ul>
<b>5.</b>	Group to undertake a review of the training opportunities and encourage take up of section 12 Drs across Cumbria and arrange refresher training for Drs already registered.	April 2015-March 2016 (outcome measures to be audited)	Suzanne Lofthouse (NECS)	<p>Group needs to establish links to Triage and Training work streams in relation to this work;</p> <p>Outcomes;</p> <ul style="list-style-type: none"> <li>• Identify suitable training provider</li> <li>• Increased trained section 12 GPs across Cumbria</li> <li>• Increased trained section 12 Psychiatric Drs across Cumbria</li> </ul>
<b>6.</b>	Group to review and refine operating practices where the assessment may pose unmanageable risks.	April 2015-March 2016 (outcome measures to be audited)	Suzanne Lofthouse (NECS)	<p>Group needs to establish links to Triage and Training work streams in relation to this work;</p> <p>Outcomes;</p> <ul style="list-style-type: none"> <li>• Section 12 assessments out of hours, where Dr is then working the next day</li> </ul>

				<ul style="list-style-type: none"> <li>• Unsociable hours</li> </ul>
7.	Group to review and refine data collection processes to ensure easier monitoring.	April 2015-March 2016	Suzanne Lofthouse (NECS)	Outcome; <ul style="list-style-type: none"> <li>• Adopt provisions of national monitoring form in searchable format</li> <li>• Monitoring to include information about reasons for any use of police custody.</li> </ul>
8.	Revised Cumbria Section 12 System to be agreed and in place by March 2016. taking account of any changes arising from this work stream.	March 2016	Suzanne Lofthouse (NECS)	Group needs to establish links to Training work stream in relation to this work; Outcome; <ul style="list-style-type: none"> <li>• Revised Cumbria Section 12 System to be in place by March 2016</li> </ul>

### 5. Local Bed Capacity and Transport

No.	Action	Timescale	Led By	Outcomes
<b>Action to evaluate current bed capacity (especially PICU) in conjunction with patient transfers, OOA placements, use of NWAS and costs of alternatives.</b>				
The specifics of this action are on hold until the planned discussions between the Cumbria Clinical Commissioning Group and the Cumbria Partnership NHS Foundation Trust have established the strategic direction for the whole system provision within the county (to be included by May 2015)				

### 6. Child and Adolescent Mental Health Services

No.	Action	Timescale	Led By	Outcomes
<b>Action to capture the issues relating to crisis care arrangements for children and young people, and those in transition between services.</b>				
1.	<ul style="list-style-type: none"> <li>• Develop the capacity in the ALIS team to triage CYP</li> <li>• Explore a range of options to ensure Out</li> </ul>	March '15  Dec '15	Deb Hope  Greg Everatt, Lyn Moore, Surya	The needs of children and young people with mental health conditions, such as self-harm, suicidality, disturbed behaviour, depression or acute psychoses.  To achieve clarity around the triage pathway

	<p>of Hours cover for psychosocial assessments can be provided</p> <ul style="list-style-type: none"> <li>Promote training in MHA within CAMHS consultant workforce</li> </ul>	April '15	<p>Bhate</p> <p>Surya Bhate</p>	<p>Children and young people with mental health problems, including children in care, care leavers, and those leaving custody in the youth justice system, should feel supported and protected at all times as they are especially vulnerable. In particular, this group should have access to mental health crisis care.</p>
2.	<ul style="list-style-type: none"> <li>Liaise with NHS England Tier 4 specialised commissioners to ensure that children and young people from Cumbria have timely access to the in-patient services they require</li> </ul>	Ongoing	Greg Everatt	<p>For those cases where children and young people need to be admitted to hospital for mental health treatment, the Mental Health Act 2007/18 introduced new provisions, that took effect in April 2010, to help ensure that patients under the age of 18 are accommodated in an environment that is suitable for their age – that is, not on an adult ward, unless their particular needs made it absolutely necessary.</p> <p>Agreement of system-wide admissions pathways which include appropriate local interim arrangements prior to any Tier 4 admission.</p>
3.	<ul style="list-style-type: none"> <li>Review the effectiveness of transition planning systems currently in place and refine where necessary</li> <li>Liaise with adult services to ensure that they are fully engaged in transition planning</li> </ul>	<p>July '15</p> <p>October '15</p>	<p>Una Parker</p> <p>Surya Bhate</p>	<p>For young people in the 16 to 18 years age group, who are making transitions between services and need continuity of care, there is a risk of additional distress when they first come into contact with adult services. Adult systems and processes may not offer the level of support and care that adolescents are used to. It is important that all staff who work to support these young people should have the appropriate skills, experience and resources to support them effectively.</p>
4.	<ul style="list-style-type: none"> <li>Ensure that the transition planning process includes information for parents and carers</li> </ul>	July '15	Una Parker	<p>Parents who have been very closely involved in the care and support of their child can also face difficulties once their child is considered to be an adult. Parents can find themselves excluded from information relating to the young person's care unless there is consent. The need for early intervention and clarity about the role of parents in the young person's</p>

	setting out the legislative context of provision of adult services and the implications of this for parents and carers			care plan is critical. Staff should be willing to take the views of parents into account, as well as those of other people who are close to the young person.
5.	<ul style="list-style-type: none"> <li>Commission a Primary Mental Health Early Intervention Service to fulfil the function of interface between primary care and specialist CAMHS services</li> </ul>	September 2015	Greg Everatt, Una Parker	To help facilitate access, there needs to be robust partnership working and communication between organisations that offer primary care to children and young people and specialist secondary care services. The focus on the interface between specialist children and adolescent mental health services (CAMHS) and primary care therefore needs to remain a central policy issue in CAMHS planning.
6.	<ul style="list-style-type: none"> <li>Promote the use of Early Help assessments and Team around the family approaches to ensure that all services working with a child or young person have an understanding of their role in a crisis</li> </ul>	Ongoing	Greg Everatt, Lyn Moore, Una Parker, Surya Bhate	Other partners, such as schools and youth services, should also be fully involved in developing crisis strategies for children and young people as they may well be the first to identify the problems that a young person is facing. The best interests of the child or young person should always be a significant consideration when services respond to their needs. Children and young people should be kept informed about their care and treatment, in the same ways that adults are.
7.	<ul style="list-style-type: none"> <li>Ensure that there are sufficient AMHPS from Children and Young Persons Services in line with the agreed strategy (AMHP Strategy Board)</li> </ul>	July '15	TBC	In the case of children and young people, the assessment should be made by a child and adolescent mental health services (CAMHS) consultant, or an AMHP with knowledge of the needs of this age group.

7. Mental Health Training				
No.	Action	Timescale	Led By	Outcomes
<b>Action to improve the multi-agency response to people in mental health distress through better training and awareness.</b>				
1.	Maximise the opportunities for multi-agency involvement in the commissioned and planned 'Code of Practice' training .	May 2015	Paul O'Donnell Simone Eagling (Local Authority Mental Health Act Governance Office)	Invitations to, and delegates from; <ul style="list-style-type: none"> <li>• Approved Mental Health Professionals</li> <li>• Section 12 doctors (Trust and GPs)</li> <li>• Ward Staff</li> <li>• Cumbria Constabulary</li> </ul>
2.	In conjunction with the Learning Network, plan and deliver multi-agency Section 136 training, which takes account of the changes identified through the Section 136 work stream.	Autumn 2015	Phil Lea Andy Shaddock (CPFT)	Invitations to, and delegates from; <ul style="list-style-type: none"> <li>• Approved Mental Health Professionals</li> <li>• Section 12 doctors (Trust and GPs)</li> <li>• Ward Staff</li> <li>• Cumbria Constabulary</li> <li>• NWAS</li> <li>• CRHT/ALIS</li> </ul> <p>Funding via pooled MH Training Budget</p>
3.	Arrange training and awareness sessions around the Mentally Disordered Offenders Protocol for CRHT/ALIS within each locality.	Autumn 2015	Andrea Greenwood Phil Lea (CPFT)	Sessions to include all Team Leaders and as many staff as possible to ensure compliance with agreements included in the Protocol.
4.	Mental Health Training Plan to include ½ day session around bed identification processes (funded	Spring 2016	Paul O'Donnell Simone Eagling (Local Authority Mental Health Act Governance	Invitations to, and delegates from; <ul style="list-style-type: none"> <li>• Approved Mental Health Professionals</li> <li>• Consultant Psychiatrists</li> <li>• CRHT/ALIS staff</li> </ul>

			Office)	Funding via pooled MH Training Budget
<b>5.</b>	All existing MH training opportunities to be extended to all Section 12 approved doctors.	April 2015	Simone Eagling (Local Authority Mental Health Act Governance Office)	List of all current (and future) Section 12 doctors to be added to the Mental Health Training circulation list.  Link to Section 12 work stream.
<b>6.</b>	Plan and arrange a mental health training event which focusses on the issues relating to children and young people.	July 2015	Paul O'Donnell Simone Eagling (Local Authority Mental Health Act Governance Office)	Invitations to, and delegates from; <ul style="list-style-type: none"> <li>• Approved Mental Health Professionals</li> <li>• Section 12 doctors (Trust and GPs)</li> <li>• CAMHS</li> <li>• Consultant Psychiatrists</li> <li>• Cumbria Constabulary</li> <li>• 3<sup>rd</sup> Sector</li> <li>• Service Users and Carers</li> </ul> Event to link to CAMHS development work stream and facilitate re-configuration of associated pathways.
<b>7.</b>	Plan and arrange a mental health training event which focusses on the issues relating to Part 3 Mental Health Act.	September 2015	Paul O'Donnell Simone Eagling (Local Authority Mental Health Act Governance Office)	Invitations to, and delegates from; <ul style="list-style-type: none"> <li>• Approved Mental Health Professionals</li> <li>• Section 12 doctors (Trust and GPs)</li> <li>• CAMHS</li> <li>• Consultant Psychiatrists</li> <li>• Cumbria Constabulary</li> <li>• Courts</li> <li>• Probation Service</li> <li>• 3<sup>rd</sup> Sector</li> <li>• Service Users and Carers</li> </ul> Event to link to re-launch of Mental Health Training Sub-Group (see below)
<b>8.</b>	Through the Cumbria Criminal Justice and Mental Health Steering	April 2015	Andy Airey CCG	Identify suitable independent Chair to oversee this work and development. Sub-Group to have active involvement from representatives of all relevant training departments (Trust, Local Authority, Constabulary, Courts,

	Group, review and re-launch the Mental Health Training Sub-Group.			Probation).
<b>9.</b>	Mental Health Sub-Group to review and refresh all current training and awareness events and initiatives to ensure benefits are maximised for all.	Spring 2016	Mental Health Sub-Group	Undertake review of all current training and awareness inputs and initiatives to ensure benefits and outcomes are maximised; <ul style="list-style-type: none"> <li>• Mental Capacity Act Training</li> <li>• Best Evidence Course</li> <li>• Student Officer Training</li> <li>• Custody Officer Training</li> <li>• Mental Disordered Offenders Protocol Training.</li> <li>• Student Officer attachments</li> <li>• Bi-annual Carer's Conference</li> <li>• Training to 3<sup>rd</sup> Sector Providers</li> </ul>
<b>10.</b>	Explore opportunities provided through CLIC (Cumbria Learning Improvement Collaborative) to ensure wider awareness of, and attendance at, mental health training events in Cumbria and beyond.	July 2015	Simone Eagling (Local Authority Mental Health Act Governance Office)	Maximise the potential benefits, especially in the multi-agency context, of all mental health training events
<b>11.</b>	<ul style="list-style-type: none"> <li>• Commission and deliver suicide awareness and intervention training to community members and frontline workers, including GPs, A&amp;E and ward staff and</li> </ul>	Ongoing	Jane Mathieson (Cumbria County Council , public health) Juliet Gray (CE MIND)	<ul style="list-style-type: none"> <li>• Professionals and community members have increased knowledge of suicide, and are more confident in identifying people who may be at risk of suicide and helping them access the support they need using the Cumbria suicide prevention pathway</li> </ul>

<ul style="list-style-type: none"> <li>the police</li> <li>• Ensure all professionals understand key messages about suicide</li> <li>• Work with the Learning and Improvement subgroup (LIG) of the Cumbria Local Safeguarding Children Board to develop and roll out multiagency self-harm and suicide prevention training for the children's workforce</li> <li>• Disseminate the Cumbria guidance for professionals working with children and young people who self-harm</li> <li>• Co-develop, with children and young people, a 'public facing' self-harm pathway</li> <li>• Through the Morecambe Bay Better Care Together programme, agree a pathway for children presenting at hospital</li> </ul>	March 2016	Jane Mathieson,	<p>The following key messages are understood by all professionals:</p> <ul style="list-style-type: none"> <li>• <i>One Cumbrian dies every week by suicide</i></li> <li>• <i>Some suicides CAN be prevented</i></li> <li>• <i>Ask it won't harm. Listen it might help</i></li> <li>• <i>Most people with thoughts of suicide do, in some way, ask for help</i></li> </ul> <ul style="list-style-type: none"> <li>• A public health led multiagency group agrees a tiered training offer for self-harm and suicide prevention, to meet the needs of professionals working with children and young people, and recommends who, within LSCB member organisations, should receive this training.</li> <li>• Training providers are identified and commissioned to pilot and deliver the training programme (including piloting with paediatric ward staff, UHMB)</li> <li>• The LSCB LIG sponsors the programme and monitors its uptake</li> <li>• Professionals report increased confidence in supporting children and young people who self harm</li> <li>• 'Trusted adults' working with children and young people know what to do, who to contact, and where to get help when they have concerns about self harm and suicidality.</li> </ul> <ul style="list-style-type: none"> <li>• Children and young people, parents and carers can access appropriate and timely help, advice and information from the earliest sign of need. As a result, children and young people will receive the support that they need to stay safe, develop coping strategies and build their own resilience.</li> </ul> <p>Children and young people who present to UHMB following self-harm will receive optimal, evidence based care, in a therapeutic environment which facilitates their recovery and enables their discharge into the community with the support they need.</p>
	March 2016	Jane Mathieson, Louise Mason Lodge (Cumbria CCG)	
	May 2015	Jane Mathieson, Anne Sheppard (CCC)	
	Ongoing	Dr Pravin Sreedharan (University Hospitals Morecambe Bay, UHMB)	



	following self-harm		Jane Mathieson	
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