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| 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** | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | The creation of a Mental Health Crisis Concordat with the engagement of key stakeholders has enabled a gap analysis and resulted in this action plan | | | | | This is an ongoing continuous improvement process. Action plans are updated as required and at least quarterly. | | | | | | Chair of Wiltshire Crisis Concordat action group | | | This action plan is a result of the Wiltshire Mental Health Concordat work so far; it augments a range of other activity already underway. We will continue to work together to prevent crises happening whenever possible through prevention and early intervention. Our objective is also to meet the needs of vulnerable people in urgent situations and provide the support to move to recovery. The action plan will be supported by a performance dashboard in order to evidence improvements. | | | |
| **Improving mental health crisis services** | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | Commission intensive support team to support people with LD & mental health problems in the community or as an inpatient. | | | | | Operational by June 2015. | | | | | | CCG | | | 1. To prevent the need for specialist, out of county, inpatient services by providing a strong community-based support to learning disabled service users with additional mental illness/challenging behaviour, their families and their providers. 2. To support service users who need (on rare occasions) to access local generic inpatient services when outreach is not appropriate for clear clinical reasons or is not working and a different approach is indicated, and ultimately to allow service users to successfully move back into the community as quickly as possible. | | | |
| **2. Access to support before crisis point** | | | | | | | | | | | | | | | | | | | | |
| **No.** | | | | | | **Action** | | | | | | **Timescale** | | | **Led By** | | | | **Outcomes** | |
| **Improve access to support** | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | Self-Harm, including Personality Disorder – to review local activity data & develop action plan based on gap analysis. This will include a locally developed protocol between Acute EDs and acute MH services. | | | | | | | | Data review completed by April 2015, commence action plan in June 2015. | | | AWP | | | | * To have established baseline data and have developed reduction targets (with extension of self-harm register to all acute hospitals). * Where appropriate, people with mental health problems are assessed by MH professionals within a local agreed pathway * People experiencing mental health crisis, who are exhibiting suicidal behaviour or are self-harming, are treated safely, appropriately and with respect by ED staff. Clinical staff identify mental health problems in people presenting with a physical health problem. * Clinical staff are equipped to identify and intervene with people who are at risk of suicide and communicate with other services so that people who are at risk are always actively followed up. * Screening will determine a person’s mental capacity, their willingness to remain for further psychological assessment, their level of distress and the possible presence of mental illness and need for referral and follow up. | |
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| 3a. | | | | Develop approach to Zero Suicide | | | | | | | | Data review completed by April 2015, commence action plan in Sept 2015. | | | Wiltshire Suicide Reduction Group  (public health lead Wiltshire Council) | | | | * Systematic use of an evidence-based suicide assessment protocol to identify suicidal ideation and risk in all patients. * A focus on reducing the number of suicides occurring within 72 hours of discharge and during the first few months following discharge, through greater attention to discharge planning and facilitation of each client’s engagement in post-hospital care and community living. * Improved communication and collaborative care between inpatient and outpatient settings for people at risk of suicide | |
| 4. | | | | Review single point of access (PCLS) & 24/7 Crisis Home Care home treatment teams | | | | | | | | Review complete by end of June 2015. Action plan complete by end July 2015 | | | Neil Mason AWP | | | | * A commitment to improve the single point of access for a multi-disciplinary team. * A commitment to scope and demonstrate the benefits of adequately resourced 24/7 crisis care home treatment team and bid for appropriate funds. | |
| **3. Urgent and emergency access to crisis care** | | | | | | | | | | | | | | | | | | | | |
| **No.** | | | | **Action** | | | | | | | | **Timescale** | | | **Led By** | | | | **Outcomes** | |
| **Improve NHS emergency response to mental health crisis** | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | Ensuring Adequate Hospital Place of Safety Capacity | | | | | | | | Significant progress has been made since 2012 with new adult and child capacity. This has resulted in a 31% reduction in 2013 in numbers using Police cells. The use of cell in 2014 remained stable, further improvement of ~30% expected when Street Triage is implemented in 2015. | | | AWP & Police.  Review complete by June 2015. | | | | Individuals in mental health crisis are taken to a health based place of safety rather than a police station. No patient (adult or child) is taken to a police cell unless there is significant violence or a crime has been committed. During 2014 there remained some use of Police cells because the health suites were fully occupied or unavailable for some other reason.  The 2015 review of capacity will compare the existing capacity that was put in place in 2013 and 2014 to current demand, to include best location and quality/safety/décor of suites. | |
| 6. | | | | U16 Place of Safety. | | | | | | | | No children are now being taken to Police cells. Completed April 2014 | | | As above and with Oxford Health and Wiltshire Council, CCG. | | | | All children are taken to a health based place of safety rather than a police station, thanks to extensive earlier partnership working to address this issue. | |
| 7. | | | | Introducing Ambulance Conveyance to Place of Safety | | | | | | | | Completed February 2015. | | | SWAST | | | | Ambulance services will convey patients to a hospital place of safety with a 30 minutes response time. Conveyance will also be provided to the nearest clinically suitable inpatient bed should an admission be required. | |
| 8. | | | | Implement Street Triage | | | | | | | | Funding starts April 2015. | | | Pilot Funds held by Swindon CCG which will be used for a 12 month pilot across Wiltshire & Swindon. Led by MH Commissioners. | | | | A mental health professional will be on duty in the police control room providing real time advice to police officers on the street. When the police make contact with health services because they identified a person in need of emergency mental health assessment, mental health professionals take responsibility for arranging the assessment.  It is expected that this initiative will reduce S136 detention by 30%. | |
| 9. | | | | 24/7 Telephone Access to Crisis Teams or NHS 111 number | | | | | | | | Review complete by end July 2015 and action plan by end August 2015 | | | Julie Warner, AWP | | | | * A commitment to improve 24/7 telephone access to crisis teams/NHS 111 or a local dedicated mental health phone line. | |
| **Improved quality of response when people are detained under Section 135 and 136**  **of the Mental Health Act 1983** | | | | | | | | | | | | | | | | | | | |
| 10. | | | | Review Assessment Pathway, including S12 Doctor availability. | | | | Assessment pathway review completed by June 1st and S12 Doctor service specification by August 2015 and implementation by April 2016 | | | | | | | | CCG | | | | To provide rapid access to assessment and care for those in crisis, to be provided when and where the service user most needs it. |
| 11. | | | | To improve the availability of AMHPS. | | | | Review and proposals completed by end June 2015. | | | | | | | | Shirley Auburn, Wiltshire Council | | | | * A commitment to examine the causes of delays due to unavailability and describe a range of imaginative resource and non-resource solutions. * A commitment to improve the links between social services and crisis care. |
| **Improved information and advice available to front line staff to enable better response to individuals** | | | | | | | | | | | | | | | | | | | |
| 12. | | See item 7 Street Triage | | | | | |  | | | | | | | |  | | | |  |
| **Improved training and guidance for police officers** | | | | | | | | | | | | | | | | | | | |
| 13 | | Improving basic MH knowledge of Police personnel. | | | | | | Stage One – training for Police Control Room staff completed by June 2015.  Stage Two – begin 2 year roll-out for front line Police Officers | | | | | | | | Police with assistance from AWP with expert training. | | | | To ensure that control room staff and ultimately front line officers are equipped with a basic working knowledge of common mental health issues and support systems. This will help ensure that people who are experiencing a mental health crisis get the most appropriate response and access to care. |
| **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** | | | | | | | | | | | | | | | | | | | |
| 14. | | | Implementing Operational Joint Protocols for Place of Safety | | | | | | | | | | | Commenced April 2014 – reviewed as required as in continuous improvement | | Chair of MH Crisis Concordat. | * Continuous improvement based on learning mean that partner organisations are clear about respective roles and responsibilities and that responses are risk based, proportionate and safe. * Wiltshire protocols are updated as required. | | | |
| 15 | | | Introduce local data collection on Place of Safety (POS) usage. | | | | | | | | | | | Commenced Sept 2014 – ongoing. | | Chair of MH Crisis Concordat. Data provided by AWP/Police | Every POS usage is reviewed by the multiagency group, including response times, subsequent assessments and follow up actions. | | | |
| **5. Recovery and staying well / preventing future crisis** | | | | | | | | | | | | | | | | | | | |
| **No.** | | | | | **Action** | | | | | **Timescale** | | | | | | **Led By** | **Outcomes** | | | |
| **Joint planning for prevention of crises** | | | | | | | | | | | | | | | | | | | |
| 16 | | | To explore how a Crisis House might reduce the frequency and likelihood of acute breakdown and use of places of safety. | | | | | | | | Review to be completed by Sept 2015 in time for 2016/17 CCG Commissioning Intentions | | | | | Chair | Crisis houses and similar approaches to providing respite or sanctuary outside of hospital have been developing alongside CRHT and hospital approaches. They have strong support from service user groups.  These services are similar in many features to hospital based services although located within community settings. They provide residential services with staff onsite through the night and have a high level of clinical staff involved in providing onsite care. | | | |