North Somerset Crisis Care Concordat

Action Plan – March 2015

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**Glossary of Acronyms:**

AMHP – Approved Mental Health Practitioner

AWP – Avon and Wiltshire Partnership Trust

BME – Black and Ethnic Minority

BPD – Borderline Personality Disorder

CCG – Clinical Commissioning Group

CAMHS – Childrens and Adolescent Mental Health Service

CCG – Clinical Commissioning Group

CPA – Care Programme Approach

CQC – Care Quality Commission

CQUIN – Commissioning for Quality and Innovation

CSU – Commissioning Support Unit

ED – Emergency Department

EDT – Emergency Duty Team

IAPT – Improving Access to Psychological Therapies

IST – Intensive Support Team

LD – Learning Disability

MH – Mental Health

MHA – Mental Health Act

NSC – North Somerset Council

NSCP – North Somerset Community Partnersip

OOH – Out Of Hours

PCLS – Primary Care Liaison Service

PCC – Police and Crime Commissioner

SWASFT – South West Ambulance Service Foundation Trust

TBC – To Be Confirmed (due to changing personnel involved in current projects)

WAHT – Weston Area Health Trust

**RAG RATING** (for work yet to be started this has been left blank)

Green – Action complete or good progress towards action and on track to deliver on time

Amber – Action partially complete with some progress towards delivering

Red – Action not completed on time or at risk of not completing on time based on progress to date

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| **Doc ref** | **Principle** | **Current offer** | **Gaps** | **Actions** | **Lead** | **Time frame** | **Progress against action as of June 2015** | **RAG** |
| A1 | Early intervention - protecting people whose circumstances make them vulnerable | 24/7 mental health service with single point of access via PCLS 8am - 8pm (IST out of hours) Community teams in place with clear pathway to step people up or down within services to ensure appropriate clinical response to need.  Learning Disability early intervention available, and enhanced by new intensive support team.  Liaison and diversion service in place | Respite | Individual placement project, to include in scope need for short stay 'crisis' and respite beds. | CCG (Angela Kell) NSC (Alison Stone) | Apr 16 | Project held due to capacity |  |
| Access for those with dementia - particularly to support inpatient stays and facilitate earlier discharge, ambulance crews often have little choice but to take to ED | Reconfiguration of later life services to allow community response before crisis and prevent admission | CCG (Angela Kell) | Oct 15 | Bed review completed.  LL IST to be implemented Jan 16. |  |
| Dementia liaison post at Weston Hospital to enhance dementia care for those experiencing mental health crisis alongside physical health crises | CCG (Angela Kell) AWP (Suzanne Howell) | Dec 14 | Completed |  |
| Joined up approach towards suicide prevention | North Somerset Suicide prevention group reviewing and updating local action plan, to include adults and children.  Action plan been developed. | NSC (Helen Yeo) | April 15 | Local group (NS Zero Suicide Collaborative) have met and developed action plan. This will link with this action plan.  To add document from Zero Suicide steering group. |  |
| Scoping feasibility of 'postcard scheme' locally for people presenting with self harm | AWP (Suzanne Howell) | Sept 15 | Funding by NSC and CCG secured. Scheme started Sept 15. Measures to be put in place to monitor impact. |  |
| Direct access for SWASFT into MH services is inconsistent | Review access routes into all services to identify opportunities to streamline / simplify access and address training needs | AWP (Suzanne Howell) SWASFT (David Partlow) | Oct 15 | Training an issue for SWASFT. No outstanding access issues by SWASFT into MH services. |  |
| Access for those with dual diagnosis | Implementation of a pilot (via a CQUIN) mental health nurse into the drug and alcohol service. This will include development of a dual diagnosis passport and a more integrated approach. Evaluation from this pilot will inform future development of this service | NSC (Ted Sherman) CCG (Natalie Huggens) AWP (Suzanne Howell) | Apr-16 | CQUIN is now in place and joint working has already started within the IAPT service.  AWP & Addaction exploring clinical pathway to enhance service delivery. |  |
| Peer support in crisis | Work with Service User Groups and voluntary sector (including Advocacy Services) to identify local need and opportunity for offering peer support to people in crisis. | CCG (Natalie Huggens) AWP (Stephen Budd) | Mar-16 | Meeting arranged with Mary Adams on 9th October to discuss how to progress this. |  |
|  |  |  | Easy access for 16-18 year olds to IAPT services | New IAPT pathway from April 16-18 targeting 16-18 year olds, with development of a ‘specialist’ younger persons IAPT worker. This is part of the Send agenda | CCG Angela Kell,  AWP – Ted Riley | July 15 | Pathway in place.  Action completed |  |
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| B1 | People in crisis are vulnerable and must be kept safe, have their needs met appropriately and be helped to achieve recovery | 24/7 services available – with PCLS, IST, AMHP and EDT services  Community and hospital based services available | EDT cover anecdotally reported to be inadequate at times | North Somerset AMHP team and EDT to jointly develop an improved model for out of hours response to MHA assessments. This will include a review of current AMHP / EDT activity / demand. | NSC (Amanda Ralph) | March 16 | Business case being developed to explore options for different ways of working to improve current offer. |  |
| Limited community services for people with dementia in crisis | Options appraisal for community based Later Life/Dementia Intensive Support Team | CCG (Angela Kell)  AWP (Suzanne Howell) | Oct 16 | Investment secured for start in Jan 16. Model and service specification being developed. |  |
| Access to inpatient beds not always available in area due to bed pressures | North Somerset bed review to full scope issue and identify service improvement options | CCG (Angela Kell) | March 16 | NS bed review completed, with recommendations to be implemented during 15/16. |  |
| B2 | Equal Access | BME access is not considered to be an issue in NS.  Good access for LD with IST  Good local advocacy services |  | This can be validated by local Service user forums  Compare access BME data to population BME data |  | March 16 | To be reviewed as part of JSNA |  |
| B3 | Access and new models of working for children and young people | CAMHS services available up to age of 18 with shared care protocol in place for people aged 16-18 with mental health needs.  Access to S136 bed or 16-18 year olds  Delayed response times reported | Lack of services specifically for 14-25 year olds. | Options appraisal for reconfiguration of services for 0-25 year olds, with any service changes to be included in the re-procurement of CAHMS. | CCG (Mark Hemmings)  CAMHS (TBC)  AWP (Andy James) | April 16 | Procurement process ongoing. |  |
| Options appraisal for a strengthened response for children and young people in mental health crisis | CCG – Mark Hemmings, CAMHS -  Trish Tallis | March 16 | Money secured for improved CAMHS crisis response. Recruitment underway |  |
| B4 | All staff should have the right skills and training to respond to mental health crisis appropriately | SWASFT have clinical guidelines for patients presenting with MH problems  Police offer 1-2 training days per month, which will include key topics such as Mental Health  AWP working in partnership with Weston Hospital and North Somerset Community Partnership to up skill more staff in recognising and supporting the management of mental health problems. | Limited multi-agency training | Develop a plan for local multi-agency training programme in mental health | AWP (Anita Hutson) | April 15 | Plan in development.  SWASFT has limited capacity for training.  AH put together training package on mental health & happy for this to be shared.  No existing training taken up by Police. |  |
| SWASFT limited to 1 day training per year per staff member for all clinical areas | SWASFT scoping web based training as part of the introduction of their new electronic patient record to support delivery of additional training | SWASFT – (David Partlow) | March 16 | As above. |  |
| B5 | People in crisis should expect an appropriate response and support when they need it | IST 4 hour response target  Access to 24 hour support via PCLS and IST  Variety of acute beds available depending on needs of service user  Crisis plans are in place for known service users  Placements for patients younger than 18 are commissioned on an ad hoc basis according to need  LD IST in place | Limited step down beds for service users | Mental health placement project will incorporate need for step down facilities | CCG (Angela Kell  NSC (Alison Stone) | April 16 | Project currently on hold due to resource limitations |  |
| Under 16 response is poor locally due to Bristol centric OOH service | Review need for increase funding to CAMHS for crisis care and model – as part of procurement review | CCG – Mark Hemmings  CAMHS | Mar 16 | Funding identified for 15/16. Model being defined. |  |
| Cross – agency access to crisis plans is an issue | SWASFT to consider use of care summary record and enhanced care summary record | SWASFT – David Partlow | Mar 16 | Connecting Care available to be accessed by GPs, AWP, NSC, NSCP. |  |
| Availability of longer term placements for people close to 18 | Currently under review, with planned opening of additional beds over forthcoming year | NHS England | Mar 16 | Ongoing programme of work |  |
| B6 | People in crisis in the community where police officers are first point of contact should expect them to provide appropriate help. But the police must be supported by health services, including mental health services, ambulance services, and Emergency Departments | Place of safety - S136 Suite jointly commissioned at Southmead Hospital | SWASFT currently unable to report if meeting the 30 minute target for ambulance response for a MH crisis. | Manual work-around process in place to collect data, which is to be reported alongside other SWASFT metrics | SWASFT (David Partlow) | Mar 15 | Complete |  |
| The management of intoxicated patients is an issue when it may not be clear if there are mental health needs also | To scope feasibility of street triage project or direct access to dedicated mental health expertise to support emergency services by rapid mental health assessment and response  Work up and submit business case to PCC for additional funding | A&S Police (TBC) CCG (Angela Kell)  AWP (Suzanne Howell) | March 16 | Street triage project on hold until Avon and Somerset wide decision re commissioning control room triage. Monies identified and project plan to be developed |  |
| There is some 'hidden' demand - police will take people elsewhere rather than to SMH POS There are many cases where police are staying at POS | Evaluation of S136 suite within one year of implementation, and will include information on whether custody suites are still being used as POS in any circumstances and whether police are released promptly on handing the service user over to the S136 staff | CSU on behalf of CCG (Andew Keefe) | Oct 15 | Timeframe for evaluation has been slipped by CSU |  |
| B7 | When people in crisis appear (to health or social care professionals or to the police) to need urgent assessment, the process should be prompt, efficiently organised and carried out with respect | Community assessments in situ | Anecdotal reports that mental health act assessments are occasionally being delayed when local inpatient beds are not available. Currently this data is not collected or reported | Undertake review MHA assessment processes, response times, data capture, and reporting. Formulate an action plan based on outcome | Amanda Ralph – AMHP Lead | May 15 | Initial review complete. More formal report/ evaluation to follow by Sept 15 – latter not yet complete & to be part of EDT review. |  |
| Regional inconsistencies in S12 practice | Region wide review of S12 Doctors | CSU on behalf of CCG | June 15 | Evaluation / report awaited by CCGs.  Need up-date from CSU. |  |
| B8 | People in crisis should expect that statutory services share essential 'need to know' information about their needs | Information sharing protocols and information governance policies in place for each organisation  AWP is now part of connecting care, allowing NSCP and acute care providers to view basic patient information | Barrier to more efficient information sharing is use of different IT systems – GP (EMIS) system not yet linked in | Connecting Care programme of work underway. This currently includes acute trusts, community health and social services, GP, ambulance trust. This work is being progressed in 15/16. | Existing Connecting care programme  AK to be the link | April 17 | The timeframe for full roll out in NS is unclear but should be in 15/16. It is working well already in NSCP.  Need to establish link with Ambulance service |  |
| B9 | People in crisis who need to be supported in a health based place of safety will not be excluded | Health based place of safety is S136 suite at SMH Close links with alcohol liaison service and psychiatric liaison service with Emergency departments | Efficacy of pathway for intoxicated people is currently unclear and the use is inconsistent | Evaluation of S136 to include management of intoxicated individuals to ascertain extent of problem and need for service redesign. | CSU on behalf of CCG | June 15 | CSU evalutation to be completed. |  |
| No place of safety in Weston | Reconsider need for and viability of as part of the S136 suite review and NS bed review, and as part of the evaluation of the embedded MH expert project | CCG (Angela Kell) | March 16 | S136 evaluation awaited. Scope for safehaven beds will be considered as part of the bed review.  Details will need to come from S136 suite evaluation. |  |
| B10 | People in crisis who present in Emergency Departments should expect a safe place for their immediate care and effective liaison with mental health services to ensure they get the right on going support | Access to 24/7 psychiatric liaison service via ED (provided by IST out of hours).   ED staff offered training to ensure effective screening for MH problems |  | Provision of and access to services is reviewed on an ongoing basis as part of the contract management process. Where issues are identified, specific action plans will be developed and incorporated into this action plan if appropriate / necessary. |  |  | Extended psychiatric liaison operational hours, 7 days a week, in place from 1st July 2015 |  |
| B11 | People in crisis who access the NHS via the 999 system can expect their need to be met appropriately | Clear clinical guidelines and protocols in place within SWASFT for management of MH patients | No direct/embedded MH expertise in place with the emergency services | SWASFT - scoping development of in-house MH expertise in SWASFT.  Police – develop direct access/ embedded expertise model in year.  Submit business case to PCC for joint funding | SWASFT (David Partlow)  A & S Police (TBC) CCG (Angela Kell)  AWP (Suzanne Howell) | April 16 | MH practitioner now employed in SWAST to offer MH expertise where required  CCG funding agreed for control room/ street triage service – to be implemented by April 16 |  |
| B12 | People in crisis who need routine transport between NHS facilities, or from the community to an NHS facility, will be conveyed in a safe, appropriate and timely way | Protocol with police in situ Transfers to / from out of area placements and between inpatient facilities are via private ambulance with the appropriate escort arrangements |  | No specific actions required at present. Protocols and operational issues are monitored routinely. |  |  |  |  |
| B13 | People in crisis who are detained under section 136 powers can expect that they will be conveyed by emergency transport from the community to a health based place of safety in a safe, timely and appropriate way | Local protocols with police in situ for medical transportation, and ambulance response time stipulated to be 30 minutes for MH crises | Performance against target unclear due to SWASFT reporting | See B6 re action for capturing and recording information on response from SWASFT. | SWASFT (David Partlow) | March 15 | Action complete |  |
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| C1 | People in crisis should expect local mental health services to meet their needs appropriately at all times | Access to 24/7 service.  Commissioner led review of demand against capacity for local population for beds  Dignity policies in place within all provider organisations. |  | North Somerset Bed review to identify opportunities for service redesign to ensure optimal local access for beds  AWP undertaking trust wide bed review | CCG (Angela Kell) | March 15 | Completed. Approved by CCLG.  Completed. Recommendations to be rolled out during 15/16 |  |
| C2 | People in crisis should expect that the services and quality of care they receive are subject to systematic review, regulation and reporting | Provider self assessment of CQC compliance  Commissioner assurance visits  Robust local and trust wide performance and quality monitoring processes in place  AWP implementing safewards (incorporating least restrictive care strategies) | Access to local beds can be an issue with bed pooling arrangement in place | North Somerset Bed review to identify opportunities for service redesign to ensure optimal local access for beds | CCG (Angela Kell) | March 15 | Completed recommendations to be implemented in 15/16 |  |
| Recent AWP CQC inspection highlighted numerous local and trustwide quality concerns and with some compliance notices | Development of local and trust wide action plan to address areas of non-compliance and concern noted in partnership with CCG and Local Authority | AWP (Suzanne Howell) | Oct 14 | Action plan submitted. AWP feeding back on achievements to CQC |  |
| Implementation of Quality Improvement Group with strong North Somerset representation | AWP (Alan Metherall) and CCG (Liam Williams) | Oct 14 | This is completed and ongoing and considered part of ‘business as usual’ now from a contract monitoring perspective |  |
| C3 | When restraint has to be used in health and care services it is appropriate | AWP implementing ‘Safewards’ (incorporating least restrictive care strategies)  Clear provider protocols and policies in place  Staff training and supervision within main MH providers closely monitored by commissioners | Not known what policies and procedures are in place at Weston Hospital re restraint and managing difficult behaviour, or at other independent provider units. | Review policy for restraint and managing difficult patients with Weston Hospital, and work with them to develop an action plan if appropriate.  Review of security staff remit and role and WAHT to ensure minimal use of police service. Physical intervention used rather than ‘restraint’. | CCG- Angela Kell  WHAT - Beccie Watkins | June 15 | Restraint training has been rolled out across the trust. The security policy has been revised with contracted staff offered appropriate training.  Action complete |  |
| Restraint is an issue in ambulance service | National work happening with ambulance trusts to enhance knowledge, training around this issue | SWASFT – David Partlow | TBC |  |  |
| C4 | Quality and treatment and care for children and young people in crisis | CAMHS service in place, but under increasing pressure with increasing wait times for assessments | Responsive and flexible local response, particularly for those in crisis | Scope options for service enhancement to offer improved crisis response, in collaboration with adult services  Incorporate need to offer increased crisis response in CAMHS procurement | CCG (Mark Hemmings)  CAMHS (TBC)  AWP (Andy James) | March 16 | Enhanced psychiatric liaison at Weston will include mandate to see 16-18 year olds where appropriate. This is in place for 15/16. |  |
|  | | | | | | | |  |
| D | Recovery and staying well/ preventing future crises | Crisis plans completed on initial assessment.  Crisis plans reviewed at CPA  Care co-ordination in situ Strong partnerships with most relevant agencies in place  Frequent cross-agency discussions formally and ad hoc for service users where required  Care pathway meetings in place for review across in patient and community services. |  | Developing a BPD service to implement local BPD strategy and provide a more pro-active, co-ordinated and planned approach to people with personality difficulties  Develop an enhanced PTS service to increase capacity in service to offer increased ‘recovery’ work and prevent crises  Look at options for triangulating data on frequent attenders/service users, to understand impact of initiatives on other agencies (eg implementation of BPD service on police service)  All services are under constant review as part of quality assurance and contract monitoring processes | CCG – Angela Kell  AWP – Suzanne Howell | On going | Funding panel forum also being used for discussions re services users whose needs are changing  Newly funded arrangement for PCLS to attend weekly integrated meetings  Need to consider multi-agency approach for BDP service |  |