# Wandsworth Borough

# This is a strategic plan that sets out the most ambitious change for health and social care regarding mental health services in accordance with the Crisis Care Concordat, incorporating the pan London Crisis Care Concordat Commissioning guidance, and the Forward View into Action: Planning for 15/16

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| 1. **Commissioning to allow earlier intervention and responsive crisis services** | | | | |  |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** | **Update** |
| 1.1 | Creation of a crisis concordat forum to implement and monitor the crisis concordat action plan. The forum to have membership drawn from key crisis management agencies within the borough. | March 2015 | Operational Manager Wandsworth DESS)  Commissioning Manager (Wandsworth CCG) | Membership of the crisis concordat forum to include Met Police, DESS, Joint Commissioning Unit, IDAS, Wandsworth CCG, SWLSTG, Liaison Psychiatry. | Crisis Concordat (CC) membership outcome achieved.  Crisis Concordat meetings held on  23/02/2015  30/04/2015  Future meetings booked:  28th May – 1pm  25th June – 1pm  30th July – 1pm  27th August – 1pm  The Crisis Concordat will continue as a virtual meeting. The co-ordinators, DESS Operational Manager and CCG Commissioner will update the action plan on the basis of discussions with the partners. |
| 1.2 | Ensure Crisis Concordat Forum reports regularly on progress of Action Plan to the Wandsworth Health and Social Care Integration Group. | May 2015 (and thereafter every two months) | Operational Manager Wandsworth DESS)  Commissioning Manager (Wandsworth CCG) | Wandsworth Health and Social Care Integration Group to provide oversight of progress of Action Plan.H | CCG Commissioner will seek to place Crisis Concordat Action Plan on Agenda for Wandsworth Health & Social Care Integration Group. The next meeting of the group is11 November 2015. |
| 1.3 | Ensure links to the Mental Health Clinical Reference Group’s Suicide Prevention Group in order to develop and where necessary commission training in Suicide and Prevention for General Practitioners and practice teams | June 2015 | MH GP Leads/WCCG MH Commissioners/PH | GPs trained in the identification of mental health crisis | Public Health MH Lead has made a bid to Wandsworth CCG for GP’s to have suicide prevention training. This is likely to be delivered in 2016/17 |
| 1.4 | People, including young people, have access to all the information they need to make decisions regarding crisis management including self-referral | On-going | All | A range of self-referral and crisis management options should be available for people to consider | CCG Commissioner to liaise with YP CCG Commissioner to discuss delivery of this goal.  DESS Operational Manager to liaise with MH Trust Operational Manager to discuss delivery of this goal. |
| 1.5 | Map training needs within and across employment organisations and develop a clear programme of training options to support people in emotional distress, with mental illness, substance misuse and suicide awareness | March 2016 | Public Health/All | Improved quality of response for people with mental health needs across the borough | The DESS Learning and Development Dept. allows both statutory and third sector partners to have appropriate access to training courses which will improve their ability to identify crisis situations and negotiate the crisis care pathway. Specific courses include Mental Health Awareness, Signs and Symptoms in Safeguarding, joint s136 workshop with Trust, Met Police, DESS and LAS attendance. , |
| 1. Support before Crisis Point | | | | |  |
| 2.1 | Develop support for carers in line with changes to the Care Act | On-going | WCCG/WBC commissioning with Carers Providers | People will be protected when their circumstances make them vulnerable | DESS Operational Manager has met with a group of Carers at the Carers Centre. This will be repeated in the new year. |
| 2.2 | Use MH CRG and other available Forums to ensure that service users and carers are available and contribute in the developments of local solutions to support people in crisis | On-going | Mental Health Clinical Reference Group | Feedback given from patients and public regarding the potential effectiveness of the crisis Action Plan and commissioning decisions.  Local forums identified to support the achievement of the crisis declaration and Action Plan | The Crisis Concordat Action Plan is part of the CCG Workplan and is discussed as part of the CRG Agenda. |
| 2.3 | A single MH support/crisis line to be available 24/7, 7 days a week 365 days a year | March 2015 | South West London and St Georges NHS Trust/NHS Commissioners in South West London | Establishment of a helpline which is well publicised among people with Mental Health problems, carers, health and social care professionals, emergency services and the wider public.  The helpline will be profiled within the Directory of services and enabled to receive referrals from NHS111  A helpline which is staffed by qualified, competent and compassionate mental health professionals, who are appropriately trained, supervised and supported. | The Mental Health Support Line is in place. |
| 2.4 | Provide ‘crisis’ mental health awareness training to other local agencies including front line police, acute trust staff and custody suites | September 2015 | WBC/WCCG MH Commissioners / SWLSTG | Improved mental health awareness across stakeholder group and agencies | All partners have access to DESS and Mental Health Trust training as appropriate. DESS have invited Custody Suite triage staff to attend training, and the AMHP Forum to improve their identification of service users in Crisis and promote partnership working. |
| **3.Access to Crisis Care** | | | | |  |
| 3.1 | St. Georges hospital to have access to on-site liaison psychiatry services 24 hours a day, 7 days a week, 365 days a year | October 2014 | WCCG Commissioners/  South West London and St Georges NHS Trust/St. Georges Hospital FT | People presenting to A&E in mental health crisis should be seen within 1 hour of referral ensuring timely assessment and risk minimisation  Liaison psychiatry in St. Georges Hospital which is staffed by qualified, competent and compassionate mental health professionals who are appropriately trained, supervised and supported. | St George’s Hospital Liaison Psychiatry operates 24 hours a day 365 days of the year. This will be further assured against Core24 standards through System Resilience Group. |
| 3.2 | St. George’s hospital to have a dedicated area for mental health assessments which reflect the needs of people experiencing a mental health crisis. | March 2016 | WCCG Commissioners/  St. Georges Hospital FT | Dedicated areas within St. Georges Hospital which are designed to facilitate a calm environment while also meeting the standards for the safe delivery of care | St George’s Hospital has a dedicated area for Mental Health clients presenting in A&E. These arrangements to be discussed in the Crisis Concordat. CCG Commissioner and DESS Operational Manager to meet with Psychiatric Liaison Consultant to discuss developing a written protocol between Wands AMHP Service and Liaison Psychiatry and area’s for future development within the service. This to take place in January 2016. |
| 3.3 | Systems to be in place to ensure that people who regularly present to emergency departments in crisis are identified and their care plans appropriately reviewed | October 2015 | South West London and St Georges NHS Trust | Care plans identify triggers and treatment options to avoid inappropriate A&E attendances (or) divert/transfer people from A&E in a timely manner into appropriate services. | The Liaison Psychiatric Dept. at St Georges Hospital has identified the 10 most frequent attenders at A&E. A decision will be taken as to the most appropriate response to be taken – frequent attenders group, care plans for each person etc. Currently an alert flashes when there record is accessed. |
| 3.4 | Mental Health Act Assessments undertaken in emergency departments should be completed within 4 hours of the person’s presentation in order to ensure parity of esteem. | March 2016 | WBC Commissioners (AMHPs)/South West London and St Georges NHS Trust | Parity of esteem for people who require an assessment under the Mental Health Act 1983 | From 5th May 2015 Mental Health Act assessments at St George’s Hospital to be monitored with a view to identifying the elements preventing the 4 hour target being achieved with a view to achieving this outcome by March 2016.  . |
| 3.5 | People detained under Section 136 will be taken to a NHS designated place of safety. Under no circumstances should police custody be used as an alternative. If custody is used a full partnership review must take place to understand the issue and avoid further incidents occurring | April 2015 | Police/Ambulance/WCCG MH commissioners/South West London and St Georges NHS Trust | Stop people who are experiencing a mental health crisis being placed in custody.  Improve patients experience and treatment outcomes | All cases where a Section 136 service user is detained in a police station instead of being taken to the designated place of safety to be treated as a serious untoward incident.  The Liaison Psychiatric Dept. at St Georges Hospital has identified the 10 most frequent attenders at A&E. A decision will be taken as to the most appropriate response to be taken – frequent attenders group, care plans for each person etc. CurrentThe Liaison Psychiatric Dept. at St Georges Hospital has identified the 10 most frequent attenders at A&E. A decision will be taken as to the most appropriate response to be taken – frequent attenders group, care plans for each person etc. THERE HAVE BEEN NO REPORTS OF 4+ HOUR WAITS ATTRIBUTABLE TO WANDSWORTH AMHP SERVICE |
| 3.6 | Organisations commissioned to provide places of safety should have dedicated 24 hours, 7 day a week 365 days a year services available and single telephone number available to phone ahead prior to arrival at any place of safety | April 2015 | South West London and St Georges NHS Trust | People can access a suitable place of safety at all times when experiencing a mental health crisis  Contingency plans must be in place in the event of multiple S136 assessments. If a Trust has no immediately available designated place of safety arrangements must be in place to access an alternative within the trust, or, by arrangement with a neighbouring organisation | Single point of contact available to DESS, St George’s Hospital, Mental Health Trust, Met Police and LAS.  Contingency plans to be developed with Mental Health Trust colleagues to escalate Section 136 capacity issues.  THERE HAVE BEEN NO REPORTS OF 4+ HOUR WAITS ATTRIBUTABLE TO WANDSWORTH AMHP SERVICE |
| 3.7 | Crisis and recovery beds will be in place as a standard component of the acute crisis care pathway and people should be offered access to these as an alternative to admission or when home treatment is not appropriate | October 2016 | NHS MH SWL Commissioners/SWLSTG | People who require an alternative to inpatient admission will be offered to access a crisis/respite bed when it is clinically indicated  People who require an alternative to home treatment will be offered access a crisis/respite bed when it is clinically indicated | Crisis Concordat to discuss the provision of Crisis & Recovery beds within the community with a view to promoting this alternative to admission if the provision is supported by the evidence. |
| 3.8 | Crisis Resolution Teams/Home Treatment Teams will be provided and accessible 24 hours a day, 7 days a week 365 days a year and meet the national safe staffing benchmark | October 2015 | WCCG MH Commissioners/South West London and St Georges NHS Trust | People who are experiencing a mental health crisis will access services when they need them which are staffed by qualified, competent and compassionate mental health professionals who are appropriately trained, supervised and supported. | The Mental Health Trust already provides a 24 hour 365 day a year service. |
| 3.9 | Assessment by the mental health Home Treatment Service following a crisis referral should take place within:   * 4 hours in an emergency * 24 hours if urgent | October 2017 | South West London and St Georges NHS Trust | People who are experiencing a mental health crisis will receive rapid assessment and access into services which achieve parity of esteem |  |
| 3.10 | People who require a mental health acute admission must be able to access this in a timely manner and as close to their home as possible | April 2015 | South West London and St Georges NHS Trust | People will be able to access acute in-patient services when this is clinically indicated | The Crisis Concordat to promote the provision of local inpatient resources with the CCG and Wandsworth CRG. |
| 3.11 | Develop a Street triage through CHTT that will be available to support police officers when dealing with people who are in crisis due to mental health problems | October 2015 | WCCG MH Commissioners / SWLSTG | Mental health practitioners will be available to accompany police officers to mental health related call outs and provide a telephone service to officers on the grounds who are responding to people in a crisis. The mental health practitioner will help officers by offering professional, on the spot advice and assessment thereby reducing the use of Section 136 and inappropriate A&E attendances | A street triage service has been piloted in the borough. The Crisis Concordat to review the evidence produced and promote the service if the evidence supports this provision. |
| 4.Recovery and Staying Well | | | | |  |
| 4.1 | All people under the care of secondary mental health services and people who have required crisis support in the past should have a documented crisis plan which is co-produced by the person with mental health problems, their carer and their mental health professional (Care co-ordinator) | In place | South West London and St Georges | People will be enabled to make advanced decisions about their care in times of mental health crisis.  Advanced directives will positively impact on clinical outcomes through an increase in provision of preferred services and improved engagement  Co-produced crisis plans empower service users while facilitating early detection and treatment of relapse | The Mental Health Trust already requires all service users to have Crisis and contingency plans. |
| 4.2 | Explore the feasibility of arrangements to ensure that crisis plans are accessible to GP, OOHs and NHS 111 teams | September 2015 | WCCG Commissioners / SWLSTG | To ensure service users receive a joined up response when in crisis. | The Crisis Concordat forum to promote the appropriate sharing of crisis plans.  Currently DESS Out Of Hours staff, Psychiatric Liaison have access to RIO. Only the GP’s and 111. |
| 4.3 | Transitions between primary and secondary care must be appropriately managed with clear criteria for entry and discharge from acute care | January 2016 | WCCG MH Commissioners/South West London and St Georges NHS Trust/Primary care | Clear protocols are in place regarding access into secondary care from primary care and vice-versa    Fast-track access back to specialist care for people who may need this in the future  Integration of care ensuring that a pathway of services is organised around the patient |  |
| 4.4 | Joined up care for people who have experienced mental health crisis with co-existing substance misuse problems | October 2015 | SWLSTG/IDAS | People receive a joined up care pathway to meet their multiple needs | Pathway Meetings have been organised by the CCG to develop the pathways from primary care for dual diagnosis, WCDAS, Secondary Mental Health. |
| 4.5 | Carers are supported and know who to contact at any time, 24 hours a day, seven days a week for fast access into services | March 2016 | Wandsworth DESS / SWLSTG | Carers are offered a carers assessment and services established to meet the identified needs  Carers are given information about, and referral to, services that will support the recovery and help the person they care for to stay well | . |
| **5** | **Operational Development** |  |  |  |  |
| 5.1 | Identify the information (statistical, resource availability and procedural) to assess the level of local need for crisis care and develop a baseline assessment of current provision. This will include a gap analysis and monitor of the effectiveness of the response to mental health crisis including those who are assessed and detained under the Mental Health Act | January 2016 | DESS Operational Manager | Improved local date to inform operational practice and frameworks. | Crisis Concordat to identify the sources of information held in partner agencies with a view to improving the knowledge of how services are delivered in the borough and to develop on best practice. |
| 5.2 | To identify through the crisis concordat forum areas of procedural guidance requiring drafting or further development. | October 2015 | All | Implementation of the guidance | Procedural Guidance being drawn up by IAPT, CMHT, DESS, WCDAS . |
| 5.3 | Develop a programme of work to support IAPT services to work collaboratively with crisis care mental health and substance misuse services as required | June 2015 | DESS Operational Manager | IAPT services to have clear guidance as required pathway to mental health and drug and alcohol services when service users ae in crisis. | IAPT Services are drafting a pathway. |
| ath | To identify, review service users pathways to access drug and alcohol services in crisis | November 2015 | DESS Operational Manager  IDAS Representative | Pathway to drug and alcohol services to be agreed by crisis concordat partners. | DESS Operational Manager to draft the pathway with WCDASS |
| 5.5 | Discuss within the crisis concordat forum the appropriateness of a “Section 136” triage service as a means of reducing inappropriate use of the Section 136 suite within the Mental Health Trust. | July 2015 | All | Feedback to commissioners the appropriateness of having a Section 136 triage service. | S136 Triage nurse in place Thursday to Sunday. |
| 5.6 | Support, develop and improve GP’s knowledge and experience of referral of their patients in acute mental health crisis. | November 2015 | All | GP’s to have a referral pathway endorsed by the crisis concordat. | GP Acute Mental Health referral pathway is described in the CMHT Operational Policy. |
| 5.7 | Crisis concordat forum to monitor AMHP staffing levels | April 2015 | All | AMHP staffing levels to be maintained at an effective level. | AMHP staffing levels to be shared with the Crisis Concordat. |
| 5.8 | Crisis concordat forum to review 2010 guidance on responding to people with mental ill-health or learning disabilities | Feb 2016 | All | Crisis concordat partners to update their practice guidance as required |  |