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| **Access to support before crisis point** |  |
| **No.** | **Current position/gap analysis** | **Action/outcomes** | **Lead** | **timescales** | **Progress** |
| 1.1 | Aligning specialist mental health support to NHS 111 The mental health telephone helpline is limited in its capacity to take multiple calls, and there is some confusion over what it is intended to provide and to whom.Accessing NHS 111 could provide decision support to people who are at risk of, or are, experiencing a mental health crisis. However, where the national pathway algorithm delineates a mental health disposition, suggest service options are often thwarted by lack of access and availability. Consequently, default options usually result namely GP or A&E | Align a telephone based advice and support service with a possible co-location of the current patient helpline with NHS 111. **Outcome**: **A patient focussed telephone service that provides patients with support, advice and guidance, to help protect people whose circumstance makes them vulnerable** | Joint Commissioning Unit in conjunction with Kent and Surrey | From Sept 2015 – Sept 2016 | **Progressing to plan**Currently exploring options for NHS 111 and SPFT system linkage |
| 1.2 | Roll out of mental health training packages to all public facing agenciesWest Sussex County Council (WSCC) Public Health, in partnership with commissioners of child and adolescent and adult mental health services, recently commissioned a Training Needs Analysis (TNA). The analysis focused on training needs in relation to: emotional wellbeing awareness, mental health awareness, self-harm awareness and suicide prevention awareness. Gaps identified in the TNA include:* Need to co-ordinate training
* Excess of demand over supply for training
* Suicide awareness and prevention training for many staff groups
* Lack of choice and range of opportunity for training
 | Support the implementation of findings from the mental health needs assessment for adults, and realign commissioning intentions for Emotional Wellbeing, including a website for signposting and on-going supportImplement the West Sussex Suicide Prevention Strategy and Action plan and implement the recommendations from the Training Needs Analysis for mental health awareness and suicide prevention.**Outcome: All new staff have mental health awareness training and existing staff have mental health skills and personal resilience training, and we aspire to ensuring all staff have had mental health awareness training** | West Sussex CCG’s, West Sussex County Council (WSCC) and partners in the mental health training development group | From March 2015 | **Complete**Evaluation report shows > 900 people trained in line with the TNA from a range of 3rd sector and statutory organisations (including schools) – Further training planned |
| 1.3 | Rolling programme of mental health awareness and training for GP’s GPs vary in their knowledge and skills in relation to assessing mental health problems, both in terms of severity and urgency, and it may be expected that there will be some variation in how presentations are interpreted and responses provided. Gaps include:* Training
* Level of third sector support
 | Guidance is being developed for patients with mental health problems, who may find accessing primary care difficult. This will be displayed prominently in GP surgeries, and within a welcome pack given to patients when they go to a 3rd sector provider. Development of further GP training and awareness of Mental Health issues. A CWS CCG ENCIRCLE event to be held in June to begin the process**Outcome: Improve care and experience for patients accessing primary care** | Coastal West Sussex (CWS) CCG training board and Horsham and Mid Sussex (HMS) CCG and Crawley CCG’s – training programme | March 2015 – March 2016 | **Complete**Further GP training provided, including through ‘encircle events’. Information and other resources provided. Further training planned |
| 1.4 | Strengthen access to tier 2 targeted mental health support for both primary and secondary careCurrently the 3rd sector provide a range of services, this includes social inclusion, peer support, supported housing, daytime activity and community outreach.There is some overlap in provision and an uncoordinated approach to meeting a holistic range of needs, including meeting a range of needs around the wider determinants of poor mental health.Mental Health Liaison Practitioners (MHLP) are attached to each practice throughout West Sussex to offer assessment , short term interventions, consultation for GPs * Service provision is variable and the specification of the service no longer meets the needs for more localised delivery
 | Development of a new ‘Tier 2 – Targeted Services’ service specification. This will support equitable access to 3rd sector support across West Sussex, meet gaps and reduce duplication of provision.Re-design or re-procurement of 3rd sector services depending on the outcome of the analysis/planning phase.**Outcome: Improved access to prevention and earlier intervention services to support better mental health and wellbeing**Comprehensive review of the MHLP role across West Sussex and formulation of new role.**Outcome: Improved access to specialist mental health support in primary care.** | CCG led by Mental Health Commissioners | Analysis, planning and engagement from February 2015, implementation of new service specification from April 2016 | **Progressing to plan**Implementation programmes in place across West Sussex with multi-stakeholder engagement and sign-up |
| 1.5 | Widen access to psychological therapy services in primary care through self-referralReferral to primary care based psychological therapy services provide an effective option to support early intervention and expert treatment in emerging and often complex common mental health problems  | The Introduction of self-referral for IAPT services will:* Provide patients with greater choice and flexibility contributing to increased motivation to utilise therapy appropriately.
* Increases access to psychological support to many people who would not otherwise access timely help.
* Potentially releases time at a GP practice level.

**Outcome: To reduce number of people referred into the service and fail to engage, without reducing the number of people accessing the service (need into treatment)** | Sussex Community Trust (Time To Talk)  | Phased from Sept 2014 – May 2015 with on-going monitoring and review |  **Complete**Self-referral initiated following successful pilot. Unexpected impact on 1st appointment DNA rate currently being explored |

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| **Urgent and emergency access to crisis care** |  |
| **No.** | **Current position/gap** | **Action** | **Lead** | **timescales** | **Progress** |
| 2.1 | Develop a single point of access 24/7 to mental health information, advise and support for agencies working with people in a mental health crisisIn West Sussex, GPs do not have direct access to CRHTs. Since April 2014 however, GPs do have direct access to a mental health referral coordinator within SPFT. The service is commissioned to operate during GP practice hours, and provides a clinician to clinician conversation regarding anyone the GP is concerned about. An immediate assessment of their needs and risk is followed by an agreed response plan, ranging from an urgent 4 hour response, to a priority referral seen within 5 day. However further gaps identified include:* Patients experiencing a mental health crisis enter the system via a variety of routes with no quick access to mental health support
* The service Out of Hours can take time and is often difficult to access
* Urgent referral telephone triage is only currently available to GPs, but the need for advice and support has been identified by the police, ambulance, IAPT and other professional groups
 | Develop a Single point of access and assessment service for all professionals to use when a crisis occurs, on a 24/7 basis. This will include a review of access and provision of CRHT services.**Outcome: A clearly defined service for support, advice and onward referral for all professional staff to use when encountering a person experiencing a mental health crisis.**  | A multi-agency West Sussex wide Task and finish group, led by joint commissioning unit.  | April 2015 – March 2016 | **Progressing to plan**CQUIN agreed and in-progress to explore options and recommend implementation in line with plan |
| 2.2 | Providing adequate and effective mental health liaison services in Acute HospitalsPsychiatric liaison teams provided by Sussex Partnership foundation trust (SPFT) are in place at St Richards, Worthing Hospital and Princess Royal Hospital, and by Surrey and Borders NHS Trust at East Surrey Hospital. There is also a 24/7 service provided at the Urgent Treatment Service in Crawley.These services are available to A&E (as well as wards) for specialist consultations and assessments, and for making arrangements as necessary for admission or onward referral to other services. Gaps identified:* Services are not provided equitably across the Acute Hospitals
* Response times vary between liaison services
* There is no 24/7 provision of liaison services
* There are a relatively small number of people who have frequent admissions associated with their diagnosis of personality disorders, as well as high levels of community services’ contacts
 | Assess the need and provision of mental health liaison services across all Trusts in West Sussex and develop a detailed investment and action plan. To include:* 1 hour response to A&E referral
* At least a 14 hour response time for ward referrals
* Increased and detailed understanding of patient need.
* Increase provision of services to evenings and weekends
* Improve the data recording and analysis of patient activity

**Outcome: Better service for patients access in A&E, with shorter waiting times and increased access to support** | Joint Commissioners, providers and acute trusts | From Dec 2014 – March 2016 |  **Progressing to plan**Additional investment made in 15/16 with further additional funding identified nationally. Progress made toward achieving the agreed standard for access and timeliness of assessment. |
| 2.3 | Develop business case for an alternative service model that diverts activity from acute psychiatric admissions and frequent A&E attendersAlthough there are local services in West Sussex specifically designed to meet the needs of people with personality disorders, namely Bluebell House and community based Stepps programme, a gap exists for a better psycho-social model of crisis support  | A review will be undertaken to understand the gap and formulate creative solutions.**Outcome: Options appraisal to assess different models of care** | Joint Commissioners across West Sussex | From Dec 2015 – April 2016 |  Progressing to plan CQUIN agreed and in-progress to explore options and recommend pathway improvement for implementation  |
| 2.4  | Develop information sharing programme across agencies involved in mental health crisisPolice Officers have access to information held by the Police regarding previous arrests or detentions but no direct access to information about the person held by the NHS, social care or other statutory agencies, although such information could be crucial for the officer when deciding the most appropriate course of action. This is also the case within the NHS, and can result in fragmented and inappropriate care.Crisis plans can only be accessed by SPFT staff and are not readily available to other agencies |  This is part of the implementation plan for the new Clinical Information System - Care Notes. There is a phased implementation plan roll out for Adult Mental Health services from November 2015 there will be information sharing interfaces in phases as implemented during the year 2016/17**Outcome: Information on patients will, through appropriate sharing protocols, follow them through the system and make sure that people known to services get the treatment they need quickly.**  | Sussex Partnership Foundation Trust (SPFT) | Nov 2015 | **Progressing to plan**Improvements achieved through implementation of Street Triage initiative. Further work progressing in line with SPFT information system roll-out**.** |
| 2.5 | Review Street Triage pilots in relation to reduced use of police custody and more appropriate use of health based places of safety in S136 pathwayThe significant pressures being placed on services by the numbers of people detained in West Sussex under S136 of the mental health act have been acknowledged along with the consequences – inappropriate detentions in police custody and delays in commencement and completion of assessments. Priorities in tackling this problem would suggest reducing demand at the start and increasing availability of health based S136 suites to cater for those that need it | Assess the success of the pilot Street Triage pilots in Worthing and Crawley in both reducing detentions, and potentially reducing the need for an additional s136 suite.**Outcome: A 50% reduction in the number of adults detained under a S136 by Sept 2015, and those who are detained are all in a health based place of Safety, except under ‘exceptional circumstances’ by March 2016.** | West Sussex multi-agency T&F group including police, commissioners and providers | From April/May 2015 – June 2016 | **Complete**Street Triage pilots evaluated and on-going provision funded on a recurring basis from April 2015.Additional investment in staffing for health based 136 suites in place from April 2015 |
| 2.6 | Ensure the appropriate use of ambulance and police vehicles as means of conveyance on S136 pathway‘NHS pathways’ protocols assign a low priority to police requests for attendance when a person is found in a public place to be mentally disturbed and consideration if being given to detention under s136 of the MH act and/or to requests from the police to convey a person detained to a place of safety. As a result police vehicles have been used for the purpose of conveyance. | Following a national decision by the Ambulance Service Chief Executive, South East Coast Ambulance Service has agreed to adapt ‘NHS Pathways’ protocols to increase the priority accorded calls from the police in respect of s136 detentions, and commit to attend within 60 minutes and convey persons as necessary to an appropriate place of safety.**Outcome: All patients detained under S136, are conveyed to a health based place of safety by ambulance, and that the call is responded to within 60 minutes** | Sussex wide agreement – led by Brighton Commissioners | From December 2014- April 2016 | **Complete** |

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| **The right quality of treatment and care when in crisis** |  |
| **No.** | **Current position/gap** | **Actions** | **Lead** | **timescales** | **Progress** |
| 3.1 | Develop an optimal service specification for mental health liaison services in acute hospitals that improves quality, experience and outcomeThe level of mental health liaison services varies between acute trusts meaning the service patients can expect to receive is inequitable.  | Review service specifications in place, and re-commission liaison services in Acute Hospitals where appropriate, including the Urgent Treatment Centre in Crawley, ensuring Key performance indicators for time and quality of service are appropriate and equitable. **Outcome: Service specifications for all mental health liaison services are completed and include clear quality criteria for referral, assessment and discharge.** | CCG quality and commission teams  | From Sept 2015 - Sept 2016 | **Progressing to plan****(see 2.2)** |
| 3.2 | Implement revised exclusion criteria from health based places of safetyIf there is no physical/medical emergency meriting conveyance to A&E but the person is excessively violent, then a police cell is probably appropriate for use as a place of safety for somebody detained under s136. It should never be the case however that someone is refused access to a health based place of safety due to insufficient staffing or because the person is displaying disturbed behaviour  | Define the criteria for ‘exceptional circumstances’ i.e. the level of disturbed and violent behaviour and intoxication, for people not being able to access a hospital based S136 suite**Outcome: People in crisis who need to be supported in a health based place of safety will not be excluded.** | Sussex wide definition – led by East Sussex Commissioners | Sept 2015 – Sept 2016 | **Progressing to plan**Planned evaluation of East Sussex pilot to inform West Sussex commissioning intentions and investment 16/17 |
| 3.3 | Review of discharge procedures and practice from A&E and health based place of safetyUser groups have highlighted poor discharges from both A&E and S136 suites over the County, particularly at night or in places where public transport is poor.  | Review policies, procedures and training, to include proper care for vulnerable people when being discharged.**Outcome: Patient experience of the pathway, including the discharge is as positive as possible.** | CCG quality teams | April 2015 | **Progressing to plan**(See 2.2) |
| 3.4 | Implement the mental health risk assessment tool throughout A&E departmentsPatients within general hospitals do not just have physical health problems; 80% of all hospital bed days are occupied by people with co‐morbid physical and mental health problems. | The development of a CQuin to implement the Kent and Medway Risk Assessment tool in all A&E departments in West Sussex**Outcome: To increase the parity of esteem between physical and mental health, within the acute sector**  | CCG quality teams | April 2015 – March 2016 | **Progressing to plan**For follow up October 2015 |
| 3.5 | Quicker access to treatment for first episode psychosisAchievement of the Parity of esteem target for mental health in the NHS planning guidance 15-16 | SPFT preparing report to determine current baseline of activity, waits, level of NICE compliance and agreed trajectory. **Outcome: Achieve target of 50% first episode of psychosis will receive treatment in 2 weeks** | SPFT | April 2015 – March 2016 | **Progressing to plan**SPFT have completed the ‘state of preparedness’ evaluation and action plan to deliver against the new standard |

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| **The recovery and staying well, and preventing future crisis** |  |
| **No.** | **Current position/gap** | **Action** | **Lead** | **timescales** | **Progress** |
| 4.1 | Support the further development of Recovery College in West SussexRecovery college has been rolled out, and is currently being promoted to GPs and interested patients | Evaluation will take place to assess the performance and impact of the Recovery College, and develop business case for continued development  | SPFT and Recovery College Partners  | December 2015 | **Complete**Successful implementation and positive evaluation of the first term delivery. Autumn term prospectus published and application underway. |
| 4.2 | Review pilot of dual diagnosis Multi-Disciplinary Team (MDT) in North WestSussex, and develop across CWS CCG | Inaugural meeting has been held for an MDT with Consultants from CRI (Drug and Alcohol), SPFT (Mental Health) – both inpatient rehab and an adult psychiatrist, and a GP. This meeting will be held monthly and will discuss patients, and help inform the need for the service. **Outcome: The** **development of appropriate pathways and communication protocols** | Joint Commissioners across West Sussex | June 2015  | Pilot reviewed, limited success. Further models being developed for local testing  |
| 4.3 | Promote use of advance statements with people using mental health servicesThere is a lack of understanding of the value of advanced statements written by the patients and care co-ordinator.  | Develop and promote the use of primary and secondary care plans, to be shared with all providers and to ensure that all services are aware of the existence of crisis plans and any advanced statements made pre-crisis – no matter at what point patients re-enter the mental health system.**Outcome: The response to a crisis is patient centred and is across all services.**  | West Sussex Joint Commissioners  | Nov 2015 - Nov 2016 | **Awaiting allocation** |