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| In Sheffield, the Health and Social Care Statutory Provider organisations with the support of the Third Sector, committed to work together to improve the system of care and support in the city for people in crisis because of a mental health condition. We committed to ensuring they are kept safe and helped to find the support they need; whatever the circumstances in which they first need help; and from whichever service they turn to first. We committed to work together with local organisations, to prevent crises happening whenever possible through prevention and early intervention and meeting the needs of vulnerable people in urgent situations. We committed to strive to make sure that all relevant public services support someone who appears to have a mental health problem to move towards Recovery.  In response to the publication of the Crisis Care Concordat (CCC) we developed a comprehensive and detailed plan which was uploaded to the national website for all to view. Our plan focussed on the following   * The availability of services offering access to support before crisis point * The availability of services enabling urgent and emergency access to crisis care * The availability of services ensuring the right quality of treatment and care when in crisis * The availability of services enabling recovery and staying well, and preventing future crises.   Our work since publication of the plan has focussed on the review and development of the services necessary to ensure that patients have or will have access to appropriate services and receive appropriate care. Our update reflects that approach.  We have RAG (Red, Amber, Green) rated our progress and the rating we have allocated reflects our assessment of progress to date. Whilst there are a number of ‘Green’ ratings, there are also a significant number of ‘Amber’ ratings. This is an honest attempt to recognise that many of the actions we set will have an ongoing requirement for improvement. In all cases work has commenced. The ‘Amber’ rated actions will attract a ‘Green’ rating when either   * we are confident that no further action is necessary, or * we are confident that the need for ongoing service evaluation is recognised and responded to by commissioners and/or providers and that within the inevitable resource constraints, we are offering the best service possible | | |
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| **Area of work and related actions detailed in the published plan** | **RAG rating** | **Supporting notes** |
| **1. Information and Advice Services** | | |
| All providers to be made aware of requirement to ensure positive impact and equality of service access to veterans, people with alcohol and drug misuse problems and the groups of people identified through the 9 Protected Characteristics |  | All information and advice services recognise this requirement |
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| Regularly review and update the information on the Sheffield Mental Health Guide, all the time looking for opportunities to make the information more accessible to protected characteristic groups |  | Mental Health Guide Webpage <http://sheffieldmentalhealth.org.uk> updated through Sheffield MIND who manage the guide on behalf of the city. The ‘I need urgent help’ button on the Sheffield Mental Health Guide on-line resource has been made more predominant in response to clinician and service user feedback.  A consistent message is now being given to the public through the promotion of a single crisis phone number. These changes have improved use of the advice service.  Further work is continuing on s135 & s136 and CAMHS information |
| Review and assess adequacy of current access to, availability of, advice and information relating to mental health. |
| Agree a consistent public message regarding where to get help in a crisis |
| Publicise availability of office hours Child and Adolescent Mental Health Service (CAMHS) ‘consultation line’ for parents and health care professionals |
| Review the content of the mental health guide to ensure it provides details on the professionals involved, use of sections 135 & 136, how they are carried out, and patient’s rights |
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| Publicise provision, accessibility and use of mental health support within the 3rd sector |  | Positive progress with publicity and support for campaigns.  2 public events held raising awareness of mental health early intervention, prevention and crisis, plus a VCF event attracting over 200 service providers raising awareness of prevention and managing a crisis.  Social media link. #Sheffieldmentalhealth created to promote mental health information and to better support users, carers and providers.  Mental Health week events in July and October supported with audience focus on users and carers  Positive start, message ongoing |
| All organisations support relevant city-wide initiatives and campaigns that promote mental wellbeing through advice and information including suicide prevention. |
| Promotion of the public health message of 5 ways to wellbeing |
| Increase communication to the public on myth busting of mental ill health |
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| Provision of mental health ‘master-classes’ for primary care providers |  | Masterclasses held for GPs and Practice staff. A total 25 GPs and practice nurses have engaged with the MH masterclass programme which involves six sessions on a range of mental health issues.  Further masterclasses under consideration |
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| Continued work with Building Successful Families, supporting specialist Mental health workers working within Children’s social care service providing and sharing mental health knowledge and skills |  | Work in progress |
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| **2. Services responding to need before a mental health crisis** | | |
| All providers to be made aware of requirement to ensure positive impact and equality of service access to veterans, people with alcohol and drug misuse problems and the groups of people identified through the 9 Protected Characteristics |  | All providers aware |
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| Review and develop multi-agency crisis response within 999 and 111 systems |  | Generally services developing. Street Triage successfully reviewed. Now a permanent feature of service model, supported by NHS Sheffield CCG (SCCG) investment.  South Yorkshire Police (SYP) have developed a ‘Management of Mental Health Crisis Interagency Partnership Agreement Between South Yorkshire Police And Health and Social Care Agencies’ which is out to consultation within and beyond the CCC group. |
| Review provision of Street Triage service providing police with dedicated access to mental health support |
| Ensure best value and responsiveness from existing MH Triage resources |
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| Review response by all ‘first point of contact’ services to approaches for support, to ensure that Directory Of Services (DOS) /Scripts used, are appropriate and respond to need |  | The DOS has been updated with more relevant crisis information. |
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| Review provision and availability of accessible and appropriate psychological therapies. |  | Improving Access to Psychological Therapies (IAPT) review undertaken. Direction agreed for future service delivery. New investment secured for the service within 2015. Improved access and waiting times have been delivered in Sheffield over the last 6 months |
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| Explore options to facilitate easy access to IAPT Services from Sheffield Teaching Hospitals (STH) Psychological Services through a protocol with agreed clinical criteria |  | Work in progress |
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| Ensure the needs of patients with mental health co-morbidities presenting at STH Accident & Emergency (A&E) and the Medical Admissions Unit (MAU) are included in the forthcoming review of emergency care and facilities in STH |  | Outcome of review awaited |
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| Commence provision of and monitor the enhanced Liaison & Diversion service within the national liaison and diversion programme |  | The previously provided Liaison and Diversion Service has now been enhanced through the award of wave 2 pilot status by NHS England. The new service is configured to comply with the nationally mandated service specification and is successfully providing access to mental health assessments and advice across the criminal Justice system and police custody. (The NHSE component of funding is currently non-recurrent). |
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| **3. Services responding during and after a mental health crisis** | | |
| All providers to be made aware of requirement to ensure positive impact and equality of service access to veterans, people with alcohol and drug misuse problems and the groups of people identified through the 9 Protected Characteristics |  | All providers aware |
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| Review adequacy of the adult acute hospital Liaison Psychiatry service to identify the gaps in provision of the current service as currently commissioned and pending the outcome, maintain current extended provision for adult A&E Liaison, through extra resources between 4pm-midnight Monday-Friday and all day Saturday/ Sunday. |  | Service reviewed. Extended liaison and out of hours capacity with particular focus on older adult clients, people with personality disorders and primary care interface (GP interface) has continued, supported by SCCG Systems Resilience and Prime Ministers Challenge Fund non-recurrent funding investment. Business case drafted for further development of the service with an outcome anticipated at the beginning of December 2015 |
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| In light of the Children’s Mental Health Task Force report, review the adequacy of liaison psychiatry services for patients presenting to Sheffield Children’s Hospital (SCH) |  | Adequacy reviewed. Service development required. Need for linkage with adult service recognised |
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| In response to “Transforming Care, and work on the Winterbourne Concordat, Sheffield City Council (SCC), Sheffield City Housing team and SCCG will work together on improving access to appropriate accommodation and support for people at risk of out of city placement.  Pathways into and out of hospital care will be revised. |  | Capital bids have been developed by CCG and SCC to deliver better accommodation for people with a Learning Disability (LD) and complex needs. An accommodation strategy has been jointly developed led by SCC.  Increased levels of working together and integrated commissioning have resulted in improved levels of community facilities |
| Ensure that through ‘Integrated Commissioning’, people are kept well in their community through independent living solutions, implementation of the short breaks strategy facilitating active recovery and support and long term high support |
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| Support the delivery of ‘needs led care’.  Consider the benefits and feasibility of introducing a single point of access (SPA) to manage all adult referrals to Sheffield Health & Social Care Trust (SHSC) for a mental health assessment. |  | Work in progress. SPA pilot commenced in conjunction with STH SPA, aiming to introduce mental health presence at fixed times of day to support improved liaison, advice and signposting  Users of Adult Social Care provider services have crisis contingence plans and are clear about how they access help before a crisis happens.  Further work is on-going to find the optimal method of managing people who are aggressive and/or under the influence of substances. |
| Review and revise relevant mental health protocols used by STH SPA for intermediate and community services to ensure that information, care pathways and referrals support patients with mental health needs. |
| All SCC contracted providers of mental health services will display and provide ‘what to do in a crisis’ information to their clients and/or work with individuals to create crisis contingency plans. |
| Review response to people in mental health crisis where the individual is intoxicated or under the influence of drugs and in need of co-ordinated dual diagnosis support.. |
| Ensure service users are provided with information on how to support their recovery and cope in a crisis |
| Ensure all service users have a comprehensive recovery care plan that includes relapse prevention plans, staying well plans, an advance statement and evidence based interventions |
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| Increase current s136 service capacity (staffing) to ensure access to existing Health Based Place of Safety (HBPoS) (1 bed) |  | Additional funding has been offered conditional on submission of an appropriate plan for service development  SHSC intends to appoint additional nurses to enable the suite to be available at all times but recruitment remains a challenge. A protocol is in place to ensure that any decision to close the HBPoS is a managed decision over the 24 hour period.  Work with the SYP continues regarding future use of Police Custody as a designated Place of Safety. Data within Sheffield indicates that incidents of use of Police Custody due to lack of access to HBPoS are reducing, partly assisted by the locally established Street Triage Service run in conjunction with SYP.  Plans are being developed to identify appropriate HBPoS solutions for people aged 16/17 to be agreed by end December 2015 with an associated implementation plan. Interim arrangements have been agreed in principle. Working protocols between adult and CAMH services to be finalised.  Plans are in place to increase capacity of s136 beds to 2, expected from the end of this financial year although resourcing still to be agreed |
| Review current capacity and provision of HBPoS and agree city wide plan for future provision across whole age range. |
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| Increase responsiveness of the adult Early Intervention Service to ensure timely access to evidence based interventions |  | Development programme progressed since March 2015 to improve access to Early Intervention Services. 13 additional staff appointed to the service (8 case managers, 4 CBT therapists/psychologists, 1 Doctor). The number of people supported has increased from 169 in January 2015 to 257 in September 2015. Currently around 25% of new referrals are receiving access to evidenced based treatments within 2 weeks and the plan is to increase this to 50% by March 2016. (Supported by additional investment) |
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| Scope and review the pathway for out of hours Emergency Duty Team in relation to Crisis management for protected characteristic groups |  | Work in progress |
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| Review current alternatives to inpatient care (Home Treatment, Crisis House, Step Down) |  | Review of alternatives to inpatient care and broader working of the crisis care pathway has commenced. This is work in progress expected to conclude March 2016. |
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| Rationalise bed usage in line with the acute care reconfiguration project to improve service user experience and safety. |  | Acute care reconfiguration programme continues to be successfully progressed. Move from 24 bedded wards to 18 bedded wards implemented in April 2015. Some capacity issues as system adjusts, underlying progress remains positive. |
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| Continue implementation of the Ward Environment Programme offering improved ward design, therapeutic experience and activities. |  | Work in progress |
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| Increase Psychiatric Intensive Care Unit (PICU) capacity by 2 beds to improve access to local services and reduce need for out of town admissions |  | New PICU Unit with additional 2 bed capacity open December 2015. |
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| To review appropriateness and availability of transport for conveyance of patients with a mental health illness to and between mental health facilities |  | Work ongoing |
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| Ensure full compliance with the Care Act 2014 |  | Compliance with the Care Act 2014 assured. |
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| Review the Approved Mental Health Practitioner (AMHP) rota system |  | Review completed of the AMHP rota arrangements and final proposals for way forward being developed. High levels of staff engagement. Final arrangements expected in the very near future. (Note: The current AMHP rota arrangements are not considered to result in undue challenged to the system/undue impact on access to assessment) |
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| Develop, introduce and deliver consistency in the operational police response to requests for assistance within mental health units / wards, to include ongoing, historic and loss of control scenarios. |  | Work in progress |
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| **4. Systems and support structures and services** | | |
| Finalise the refresh of the Sheffield Adult Mental Health Strategy ensuring document reflects public health needs analysis and service user and carer feedback |  | Strategy updated. |
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| Seek commitment from health, social care and criminal justice services and 3rd sector providers to work towards delivery of the Adult Mental Health Strategy priorities and goals over the life of the strategy |  | All health and social care stakeholder organisations have set out the actions they will take to contribute to the delivery of the strategy. Those commitments have been published on each organisation’s website. |
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| Ensure linkage between Children and Young Persons strategies and the strategy for adults |  | Mental Health Partnership Board held a Joint Meeting with the Children and Young People Emotional Wellbeing Team to ensure linkage between Children and Young Persons strategies and the Strategy for Adults |
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| Review and develop SCCGs commissioning intentions to ensure alignment with local priorities and national guidance including the Crisis Care Concordat |  | Commissioning intentions aligned with aspirations of the Crisis Care Concordat |
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| Review/update the Sheffield Suicide Prevention Strategy and audit group |  | There is work led by Public health on Sheffield Suicide Strategy. Links have been made with the Transport Police to look at this issue |
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| Develop multi-agency tiered case management systems, to identify early risks to victims, patients, offenders and locations – linked to Integrated Offender Management Programme Strategic priority 2 |  | Work in progress |
| Identify and review all joint policies, procedures, protocols and guidelines ensuring clear signed protocols showing effective mental health partnership working across all age groups and service providers |
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| 2Ensure that review of crisis management pathways and links to Emergency Duty Team (EDT)(i.e. carer breakdown) are reflected in the retendering of short term/respite dementia residential services. |  | The review of Rapid Response and EDT for dementia services as part of the retender of short term/emergency care ensured the pathway in to and out of the service is least restrictive and aids a return to the most independent setting. It also reviewed how Rapid Response and EDT work together, improving experience for service users. The short term/respite dementia service contract has been awarded which includes links to EDT within the service specification |
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| Engage with the newly formed GP Provider Board and seek its response to the Crisis Care Concordat |  | GP Provider Board engaged and now part of the Crisis Care Concordat working group |
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| Establish ‘task and finish’ groups with named leads, to take forward the actions detailed in the Crisis Care Concordat Sheffield plan |  | Some groups established, others to be established as required. Work signed off as completed. Ongoing work |
| Monitor and sign off delivery of the Actions in the Crisis Care Concordat. Continually review the shared goals of the Crisis Care Concordat to identify service areas requiring development in the future |
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| Through a Training Needs Analysis, review availability and adequacy of existing provision of mental health training including suicide training, across health, social care and criminal justice services. |  | Lead officers identified for S YP, STH, SHSC and SCC. |
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| Comprehensive training package to be developed, based around the continuous quality improvement approach and informed by service users, drawing on the knowledge, expertise and training resources of statutory and 3rd sector organisations  This includes Developing an ongoing training plan with annual review |  | Meeting to be held to bring together workstreams leads to identify needs/opportunities for service user and carer voice.  Research commenced into service user/carer experiences before and after crisis  Healthwatch Sheffield is carrying out a piece of work looking at what happens to people, before and after a mental health crisis. 3 surveys conducted – service user and carers, professionals and GP experiences (all closed November 2015).  The number of responses are as follows  • 117 responses from service users or their carers  • 297 responses from professionals (those that work in mental health)  • 13 responses from GP’s  A full analysis of the data is currently being undertaken with a report due in Jan/Feb 2015 |
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| The provision of Free of charge mental health training to the people of Sheffield including staff in provider services, volunteers, voluntary, community and faith (VCF) groups and SCC staff. |  | Six practice nurses have completed the mental health train-the-trainer programme and are now available as a resource for training other nurses.  Since January 2015 8 x MHFA courses held, approximately 110 people trained. A further 5 courses planned until 31 March 2016. VCF organisations engaged in discussion of training offer. |
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| Review data capture around demand for and response to people in mental health crisis |  | Work ongoing |
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| Continue a programme of reviews of commissioned NHS mental health services. |  | Work ongoing |
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| For Service users, Carers and Elected members to be involved and oversee this action plan’s ambitions |  | Engagement event to be arranged in conjunction with the CCG engagement team and Healthwatch. Sheffield Service Users and Carers and stakeholders to be invited to consider and comment on local plans  Presentation to Mental Health Partnership Network (22/09/2015) and Mental Health Partnership Board (10/09/2015) about the work of Healthwatch, work around Mental Health Crisis Care and involvement of users and carers |
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| Evaluate the effectiveness of the Vulnerable Adult Panel (VAP) and Vulnerable Adults Risk Management (VARM) to work across agencies in Sheffield with regard to the CCC |  | Work ongoing |
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| Establish a project to undertake a gap analysis to inform the need for and type of Personality Disorder clinical pathway & service for Sheffield |  | PD project commenced |
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| Contracts awarded through SCC will have additional monitoring attached which requires providers to  • develop crisis plans with service users and  • display what service users can do before or during a mental health crisis |  | SCC has awarded contracts to adult social care providers which have crisis planning as part of the monitoring. The contracts expect all providers to have 100% of clients with Crisis Contingency Plans and to ensure Clients know who to contact in an emergency. 7 contracts of this type have been awarded to providers, there is a commitment to continue this. This impact covers all of adult social care contracts not just Mental health service providers. |
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| Work closely with Yorkshire Ambulance Service (YAS) |  | Work ongoing |