This plan sets out how Richmond CCG and its partner agencies will deliver improved outcomes for people experiencing a mental health crisis in line with the London Crisis Care Concordat Declaration and national guidance. The plan puts our approach to crisis care in the wider contexts of the prevention & recovery agendas; parity of esteem with physical health; outcome-based commissioning; local partnerships & integrated approaches (SWL/borough).

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|  | 1. **Commissioning to allow earlier intervention and responsive crisis services**
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| **No.** | **Action**  | **Timescale**  | **RAG** | **Led By** | **Outcomes** |
|  | **Matching local need with a suitable range of services** |
| **1.1** | Joint Strategic Mental Health Needs Assessment– a MH needs assessment reviewed patterns & effectiveness of MH interventions including early intervention & crisis support. This will be refreshed in 2015/16 to inform the Mental Health Strategy.  | Complete |  | Public Health - AK | Remodelling of MH community teams (including the EIP team): * Focused, specialist teams.
* Recovery & prevention approach.
 |
| **1.2** | MH Strategy & Implementation Plan 2014/16 MH Strategy to be refreshed in 2015/16 this stakeholder engagement and review of the need for crisis services | 2016-17 |  | RCCG - JW | New MH access standards (published Feb 2015) included. |
| **1.2A** | Refresh Child & Adolescent Mental Health commissioning strategy.  | 2015-16 |  | RCCG - DR | New commissioning intentions will include national CAMHS investment strategy.  |
| **1.3** | Develop all-age Suicide & Self Harm Audit & Framework that supports multi-agency early intervention & prevention approaches at strategic & practitioner levels for people at risk of suicide & self-harm. | 2015-2017 |  | RCCG/LBRuT/SWL | Effective crisis care supported by improved servicesUn-necessary admissions for people with MH issues reduced |
|  | **Improving mental health crisis services** |
| **1.4** | Engage with SWLSTG Trust Transformation Programme in regard to community, CAMHS and Older People’s work stream ensure they promote more effective crisis responses.* Engagement event information circulated to all MHCCP parties.

Develop clear and improved community crisis care pathway* Pilot Street Triage service
* Implement Street Triage service following successful pilot.
* Voluntary sector Crisis service in development to provide community place of safety alternative to A&E/inpatient provision.
* Increased investment in Crisis and Home Treatment Team
 |  2015-2017Dec 2015CompleteCompleteMar 2016Complete |  | RCCG/LBRuT/SWL RCCGRCCG/SWLSTGRCCG/SWLSTGRCCG – JW/DHRCCG - AMc | Effective crisis care supported by improved servicesUn-necessary admissions for people with MH issues reduced* The pilot resulted in 59% less detentions under the mental health act than estimated by the police for the period of the pilot and a reduction of 30% of S.136 presentations
* Only 14% of people seen by the street triage were placed on Section 136 of the MHA
 |
| **1.5** | Continue the delivery of RCCG’ programme of “No health without MH” training programme to be targeted at all workers who come into contact with people suffering from MH issues including those in crisis. Evaluate and map the need for continued training that supports staff working with people in MH crisis (front line non MH practitioners, including ambulance, police, housing workers)* All parties in MHCCP asked to supply list of MH training run within organisations
 | CompleteFeb 2016 |  | RCCG - AMcRCCG - JW | Staff in welfare organisations have an improved understanding of MH issues and where to access help. |
| **1.6** | Relevant crisis services to be included in the review of community services for people with mental health needs as part of RCGG Outcome Based Commissioning Approach.  | 2016-17 |  | RCCG/LBRuT | Person-centred crisis intervention outcomes included in the community mental health outcomes framework.  |
| **1.7** | People have access to all the information they need to make decisions regarding crisis management including self-referral* Establish start and finish group to map existing services and identify gaps in provision
* Review information and signposting currently in place
 | Ongoing Feb 2016Apr 2016 |  | RCCG/LBRuTRCCG - JWRCCG/LBRuT | A range of self-referral and crisis management options available for people to consider and make choices. |
|  | **Improved partnership working and governance** |
| **1.8** | Develop with Mental Health Crisis Concordat Partnership a set of outcome & performance metrics for services that support people in mental health crisis.* Establish Start/Finish group to establish which performance metrics are relevant/should be submitted to MHCCP
 | Feb 2016Feb 2016 |  | RCCG – JWRCCG - JW | Baseline data & reporting lines established to enable a local evidence based approach to monitor and improve crisis responses |
| **1.9** | Review Richmond secondary care MH Crisis Protocols to ensure fitness of purpose, integration of approach & comprehensiveness. Primary and Secondary mental health care providers to continue to meet monthly to review pathway and interface issues | Jan 2016Ongoing  |  | RCCG – JW/AMcSWLSTG/RWS | Local standards, response times, roles & responsibilities clearly understood by stakeholders. |
| **1.10** | SW London Commissioners Group will review crisis services and develop sector-wide commissioning intentions & plans that address gaps in services.* Demand and capacity modelling review to be undertaken as part of wider estates review
 | 2016-172016-17 |  | SWL CommissionersSWLSTG | Crisis service commissioning intentions established for SWL.  |
| **1.11** | Establish multi-agency Mental Health Crisis Concordat Partnership to include CCG, LBRuT, Achieving for Children, Police, Ambulance, et al Partnership will monitor progress and against and refresh Richmond’s Crisis Concordat Action Plan MHCCP will receive updates from * Homelessness and MH Housing Group
* Secondary MH safeguarding improvement panel
* Serious untoward incidents panel
 | CompleteOngoing |  | RCCG - AMcRCCG to feed back into MHCCP | Gaps in crisis plan highlighted & addressed. Improved intelligence, qualitative data and lessons learnt all used to improve services for people experiencing MH crisis |

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|  | **2. Access to support before crisis point** |
| **No.** | **Action**  | **Timescale**  | **RAG** | **Led By** | **Outcomes** |
|  | **Improve access to support via primary care** |
| **2.1** | Continue to invest in Richmond’s IAPT and Primary Care liaison service Richmond Wellbeing Service (RWS) to support people experiencing MH needs in the community and reduce the need for crisis intervention.Additional recurrent investment in psychiatric liaison services RWS to continue to provide training and support to GP’s practice nurses and other community staff in working with people with mental healthRWS to continue to develop their website and on line resources for people and their families  | 2015-16CompleteOn going On going  |  | RWS/RCCGRCCG – AMc/DHRWSRWS | People with MH needs supported in community settings, reducing the need for crisis intervention.Primary care workforce better able to support people with mental needs and prevent crisisBetter informed clients and carers able to access support and help |
| **2.2** | A single MH support/crisis line to be available 24/7, 365 days a year  | Complete |  | RCCG/SWLSTG | A Helpline available and well publicised among people with MH issues, carers, health and social care professionals, emergency services and the wider publicA Help line profiled within the directory of services and enabled to receive referrals from NHS 111A helpline staffed by qualified, competent and compassionate mental health professionals who are appropriately trained, supervised & supported |
| **2.3** | Suicide & Self-Harm Framework will include multi-agency action plan that will improve management & prevention of suicide and self-harm with focus on high risk groups, including children & young people with emotional & behavioural disorders.  | Complete |  | Public Health | Improve prevention & reduction of suicide & self-harm.  |

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|  | 1. **Urgent and emergency access to crisis care**
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| **No.** | **Action**  | **Timescale**  | **RAG** | **Led By** | **Outcomes** |
|  | **Improve NHS emergency response to mental health crisis** |
| **3.1** | SWLSTG secondary care Single Point of Access allows a rapid response for professionals & carers dealing with a person in crisis  | Complete |  | South West London and ST George’s NHS Trust | Person in crisis triaged accurately & urgently by mental health professional into appropriate service.  |
| **3.2** | Street Triage will be available to support police officers when dealing with people who are in crisis due to mental health problems.* Recurrent investment to be confirmed for 2015/16
 | CompleteComplete |  | \*NHS CommissionersRCCG - AMc | Mental Health practitioners available to accompany police officers to mental health related call outs and provide a telephone advice service to officers on the ground who are responding to people in crisis. People experiencing a mental health crisis receive expert care and appropriate and timely treatment |
| **3.3** | Richmond is providing additional investment in our all-age Crisis and Home Treatment Team to ensure access 24 hours a day and 7 days a week and will meet national safe staffing benchmark.  | Complete |  | RCCG | People who are experiencing a mental health crisis will access services when they need them.Fewer people accessing inpatient treatmentLess disruption to people in a psychiatric crisisReduced length of hospital stay |
| **3.4** | Kingston hospital to have access to on-site liaison psychiatry services 24 hours a day, 7 days a week, 365 days a year. All-age service covering Older People, Adults & children/young people. * Core 24 Compliant psychiatric liaison service in place
 | CompleteComplete |  | Kingston Hospital FT/\*NHS Commissioners/SWLSTGRCCG/KCCG | * Patients with co-morbid conditions identified and MH needs met.
* People seen within 1-hour ensuring timely assessment & risk minimisation.

Example of some outcome metrics used to measure service:

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| Domain 4 | Access to service within 1 hour for A&E and 24 hours response forward response |
| Domain 5 | Reduced length of stay in hospital |
| Domain 6 | Partnership working with Community Services |

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| **3.5** | Hospital to have a dedicated area for mental health assessments which reflect the needs of people experiencing a mental health crisis | March 2016 |  | \*NHS Commissioners/Kingston Hospital FT/HRCH/WMUHT | * Calm environments available for patients experiencing stress & anxiety
* Safe delivery of care
 |
| **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 | Complete |  | South West London and St Georges NHS Trust | A suitable place of safety available at all times for people experiencing a mental health crisis Contingency plans 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] |
| **3.7** | Review need for crisis and recovery beds as a standard component of the acute crisis care pathway which would allow people an alternative to admission or when home treatment is not appropriate* Commission community vol. sec. Crisis House

Review need for additional Crisis Café which would allow people in crisis who need someone to talk to/somewhere to go, but not necessarily admission. | October 2016Mar 2016Mar 2016 |  | \*NHS CommissionersRCCG/KCCGRCCG | People requiring an alternative to inpatient admission will be offered access to a crisis/respite bed when it is clinically indicatedPeople requiring an alternative to home treatment will be offered access to a crisis/respite bed when it is clinically indicated |
| **3.8** | Acute inpatient care will be made available in a timely fashion & as close to home as possible when community alternatives are not appropriate.  | OngoingDToC rates consistently low for LBRuT |  | South West London and ST George’s NHS Trust | People able to access inpatient services when this is appropriate for their needs.  |
| **3.9** | Systems to be in place to ensure that people who regularly present to A&E departments in crisis are identified and their care plans appropriately reviewed.* People regularly presenting to A&E and other acute wards identified
* Develop community crisis service to meet needs of regularly presenting patients without need for A&E or admission

  | Feb 2016Jan 2016Mar 2016 |  | South West London and ST George’s NHS TrustSWLSTG/RCCGRCCG | Reduced number of repeat hospital attendances and people diverted from A&E into appropriate services.  |
| **3.10** | Commissioners are reviewing with providers the need for a crisis response service to support people with co-morbidity around mental health and drugs and alcohol.  | 2016-17 |  | PH/RCCG | People joint MH/drug & alcohol conditions have crisis needs met.  |
| **3.11** | Review CAMHS approaches to young people in mental health crisis and develop new pathways addressing young people in mental health crisis (self-harm pathway; suicide management pathway).Implement Single Point of Access for children & young people with MH problems including crisis presentations.  | 2016-17 |  | CCG/Achieving for Children | Needs of young people in crisis are met using child-centred and age-appropriate resources including access to Paediatric Wards (NB children should not be placed on adult wards or be assessed in Police cells).Promotion and protection of emotional and social wellbeing/building resilience among young people and preventing risky behaviours. Effective triage & multi-agency pathways for early detection and management of emotional difficulties and specific conditions (including self- harm, depression, eating disorders) |

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|  | 1. **Quality of treatment and care when in crisis**
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| **No.** | **Action**  | **Timescale**  | **RAG** | **Led By** | **Outcomes** |
| **4.1** | Work with SWLSG and SWL Commissioners on planning and developing best practice modern in-patient facilities as part of SWLSG Estates modernisation programme  | 2015-19 |  | SWLSG/SWL Commissioners  | * Personalised care.
* Higher standard of built environment.
* Faster & more sustained recovery
* Reduced time in hospital
 |
| **4.2** | 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 | Complete |  | Police/Ambulance/NHS commissioners/South West London and St Georges NHS Trust | * Police custody no longer used for people experiencing a MH crisis.
* Improved patient experience & treatment outcomes.
 |
| **4.3** | Mental Health Act Assessments undertaken in emergency departments should be completed within 4 hours of the person presenting in order to ensure parity of esteem | Ongoing |  | Richmond CCG/LBRuT Commissioners (AMHPs)/South West London and St Georges NHS Trust | Parity of esteem & equity of response established for people with mental illness compared to people with physical illness.  |
| **4.4** | Transitions between primary and secondary care must be appropriately managed with clear criteria for entry and discharge from acute care* Develop as part of wider MH pathway review
* Regular provider collaboration meetings to be held as part of OBC
* Establish Task and Finish group RE pathways/interfaces
 | 2016-172016-172016-17Feb 2016 |  | Richmond Wellbeing Service/SWLSTGRCCG – Amc/DH/JWSWLSTG/RWSRCCG - JW | Clear protocols in place regarding access into secondary care from primary care and vice-versaFast-track access back to specialist care for people requiring this in the futureIntegration of care ensuring that a pathway of services is organised around the patient |
| **4.5** | Carers & families are supported and know who to contact at any time, 24 hours a day, seven days a week for fast access into services.  | Ongoing |  | SWLSTG | Carers offered a carers assessment and services established to meet their identified needsCarers receive information about, and referral to, services that will support the recovery and help the person they care for to stay well |

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|  | 1. **Urgent and emergency access to crisis care**
 |
| **No.** | **Action**  | **Timescale**  | **RAG** | **Led By** | **Outcomes** |
| **5.1** | Crisis plans to be made accessible to PG OOH & NHS 111.  | 2016-17 |  | RCCG and OBC Providers | Sharing of patient information & more joined up working.  |
| **5.2** | Work with MHCCP to progress and further improve services to adopt a holistic approach to the management of people presenting in crisis. This includes consideration of socioeconomic factors such as housing, relationships, employment and benefits*.* | Ongoing  |  | MHCCP | Improved experience of services for people experiencing a Mental Health Crisis Reduction in unnecessary admissions to inpatient services  |

 \* = jointly commissioned with Kingston CCG