**Somerset Local Action Plan: Version 3 Mental Health Crisis Care Concordat**

**This action plan to be read in conjunction with the Somerset Mental Health Crisis Concordat Declaration**

**This plan will enhance the response of partner organisations and improve the experience and outcomes of people in mental health crisis by ensuring services in Somerset are appropriately commissioned and resourced to deliver 24/7 crisis response for patients and carers in the most appropriate settings, including their own homes**

|  |  |
| --- | --- |
| 1. **Commissioning to allow earlier intervention and responsive crisis services**
 |  |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Progress Updates/Comments** |
| **Matching local need with a suitable range of services** |  |
| 1.1 | Evaluate SWASFT /DPT Pilot Scheme for provision of mental health nurse in the Clinical Hub.  | April 2016 | SWASFT | Assess effectiveness of pilot in helping to avert crisis and in responding to crisis more effectively. Gather evidence for possible permanent incorporation into service and to share with other areas.Assess suitability for combining with street triage pilot (see action no. 3.10)Consider most appropriate geographic coverage and potential collaborations across Counties. | In progress.Newcastle University are now undertaking a review of the pilot.SWASFT lead to keep group updated.Decisions waited re. Triage pilot update, being led by Avon & Somerset Constabulary. |
| 1.2 | Improve information sharing from emergency services to primary care and secondary care health services including substance misuse service and vice versa, taking existing protocols and agreements and adapting them for use in mental health crisis situations. | May 2016 | Somerset CCG | Dissemination of overarching information sharing protocol. Agreement of local information sharing protocols to support timely and useful sharing of relevant information concerning individuals, including crisis plans for those with complex needs including access to Adastra. | CompletedTo be started.To address at sub group on Information Sharing. |
| 1.3 | Improving NHS 111 Mental health Support by working with NHS 111 Provider to facilitate fast access to telephone support for people in crisis, including links with 999 where possible.While links are in place with both providers, group to invite both providers to next Group to review that these arrangements are working.  | October 2016 | Somerset Partnership NHS FT | Immediate access to advice and signposting via NHS 111, including the facility for telephone support from a trained mental health nurse.Review links and effectiveness of support.  | In progress.Links in places. Somerset Partnership NHS FT to resend link information as a reminder for providers.Invitation to providers to attend first Group meeting of 2016 to review effectiveness. |
| 1.4 | Develop and implement plan for awareness raising and training on equality issues for frontline staff, with particular emphasis on vulnerable groups who may otherwise be disadvantaged in their interactions with services e.g. people with limited capacity or with a recognised Learning Disability. | April 2016 | All partner agencies | Improved outcomes for vulnerable individuals with protected characteristics who are in mental health crisis.Improved flagging of people with Learning Disabilities on patient information systems. | To be started.Joint Head of Mental Health Services to discuss with Joint Head of LD prior to the 2016 Group meeting. All agencies are agreed on a joint approach. |
| 1.5 | Evaluate potential for a dedicated home treatment / rapid response intermediate care team for older people with dementia.  | July 2016 | Somerset Partnership NHS FT & Somerset CCG | Maintain independence, treatment and care/support in home environment where possible, avoiding of institutional care and potential dependence. Map existing situation and develop proposals for emergency/urgent support e.g. emergency respite or rapid response. Facilitate options for Independent Living Teams to access. | To be started.Chair to meet with Somerset Partnership NHS FT to discuss and to include Service Development and Clinical Engagement Manager (CCG), who is supporting work around dementia. |

|  |  |
| --- | --- |
|  **2. Access to support before crisis point** |  |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** |  |
|  **Improve access to support via primary care** |  |
| 2.1 | Develop schematic resource describing mental health pathways, referral and signposting options for people in mental health crisis, for inclusion on GP Navigator App in Somerset. | October 2016 | Somerset Partnership NHS FT and Somerset CCG | Improved primary care practice in referral and signposting, reduced level of inappropriate referrals and of secondary care referralsEasy access for GPs to existing information resources e.g. Somerset Choices. | To be started.CCG lead GP for Mental Health & Somerset Partnership NHS FT to be engaged in this work. |
| **3. Urgent and emergency access to crisis care** |  |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** |  |
| **Improve NHS emergency response to mental health crisis** |  |
| 3.1 | Develop proposal and business case for 24/7 community crisis resolution and home treatment service. | July 2015 | Somerset Partnership NHS FT andSomerset CCG | Extension of working hours of existing community crisis provision (was until 10pm only, although there are Night Assessor roles), enabling fast access to assessment and support 24 hours per day, 7 days per week by ensuring services in Somerset are appropriately commissioned and resourced to deliver 24/7 crisis response for patients and carers the in the most appropriate settings including their own homes. Includes liaison with ambulance crews to reduce inappropriate conveyance to A&E. Reduces need for psychiatric assessments via A&E departments. Develop and disseminate agreed definition of revised model. | CompletedGroup to receive information on revised model at next meeting.NB posts advertised and are being recruited to. |
| 3.2 | Review Mental Health Acute Care Pathway: Organise local conference of partner agencies and service users to consult on gaps, pathway changes and improvements. | October 2016 | Somerset CCG | Prioritisation of changes and improvements to pathway and evidence of potential outcome improvements for inclusion in business planningNB: Liaise with SW SCN to avoid duplication of planned events.Involve service users and carers. | To be startedJoint Head of Mental Health Services to contact SW SCN to discuss and agree date. |
| 3.3 | Develop business case and proposal for crisis/recovery house/sanctuary provision in Somerset, providing step up and step down residential facilities to avert admission to hospital and to provide a supported return to home following a period of in-patient treatment. Works alongside crisis resolution and home treatment service. | July 2016 | Somerset Partnership NHS FT, working with third sector partners and Somerset CCG | Reduced need for admissions to hospital. Reduced length of stay for people who do need admission. Improved recovery outcomes and reduced re-admissions.  | In progress.Mind Taunton and West Somerset also getting views on this from service users. |
| 3.4 | Review and develop business case for specialist CAMHS outreach response for young people experiencing a mental health crisis, including out of hours crisis response protocols. | October 2016 | Somerset Partnership NHS FT and Somerset CCG | Reduced admissions to local CAMHS unit and to out of area provision. More young people supported at home and in the community. Reduced pressure on the on-call psychiatrist cover at night | In progress.Business case completed and funding agreed. Initial meeting to develop service specification took place on 27/10/15 and to be completed by 31/12/15. |
| 3.5 | Clarify pathways for urgent assessment of children and young people, including management arrangements for out of hours/on call arrangements. | October 2016 | Somerset Partnership NHS FT | Clarity across partners agencies and avoided delays for Children and Young People in mental health crisis.Establish / map operational working links with Children’s Social Care.Tie in with current work in Somerset on developing a 0-25 youth service | In progress.Head of Adult Inpatient Services (Somerset Partnership NHS FT) to liaise with Head of Division – Children (Somerset Partnership NHS FT) to arrange for this work to be taken forward. |
| **Social services’ contribution to mental health crisis services** |  |
| 3.6 | Improve collaborative arrangements in deciding whether an individual requires a Mental Health Act Assessment.  | July 2016 | Somerset County CouncilSomerset Partnership NHS FTAvon and Somerset Constabulary. | Reduce inappropriate use of police cells and arrest powers | In progress.Decisions waited re. Triage pilot update, being led by Avon & Somerset Constabulary. |
| 3.7 | Disseminate agreement between police and ambulance services to ensure ambulance service is always called to red flag incidents by police. | March 2015 | SWASFT | Improved emergency response and arrangements for conveyance. | Completed |
| **Emergency Services contribution to mental health crisis services** |  |
| 3.8 | Review arrangements for out of hours AMHP provision and ensure that it is effective and sufficient to meet need. Explore potential for collaboration with NHS mental health out of hours services. | October 2016 | Somerset County Council | AMHP provision available and able to respond within required timescales agreed locally between agencies. | In progress.Initial review completed. AMHP hubs now in place. Service Operations Manager Mental Health - Adult Social Care to review with Head of Division – Adults (Somerset Partnership NHS FT) opportunities for greater collaboration with Crisis Response and Home Treatment Team. |

|  |  |
| --- | --- |
| **Improved quality of response when people are detained under Section 135 and 136****of the Mental Health Act 1983** |  |
|  **Improved information and advice available to front line staff to enable better response to individuals** |  |
| 3.9 | Review and refresh the Somerset joint policy guidance for all staff involved in operational mental health crisis response. To include refresh of the joint section 135/136 operating protocol | January 2016 | Somerset Partnership NHS FT & Avon and Avon and Somerset Constabulary. | Ensure that the protocol reflects latest good practice and facilitates improved user experience and outcomes. Clarify agencies’ role when service users are inebriated and/or violent or pose a risk to staff. | In progress.Multi-agency review group in place. Meetings taking place from September to end of December 2015 to agree protocol. |
| 3.10 | Develop a proposal and business case for a section 136 triage pilot programme | April 2016 | Somerset Partnership NHS FT andAvon and Somerset Constabulary | More responsive triage and initial assessment of individuals involved in incidents. Reduced number of detentions under section 136 and therefore reduced demand for places of safety. Identification of multiple detainees enabling follow up work with these individuals.This project will look at potential collaborations between police and ambulance control rooms and coverage across multiple counties; and potential collaborations with other service areas such as substance misuse. | In progress.Police exploring a force wide control solution. Local Model also being explored. |
| 3.11 | Review current liaison psychiatry arrangements in Musgrove Park and Yeovil District Hospitals with a view to adopting RAID approach, incorporating facilities within A&E departments for mental health assessments to be managed appropriately by all agencies (whether under MHA provisions or informally) | September 2016 | Somerset Partnership NHS FT, Taunton and Somerset NHS FT, Yeovil District Hospital NHS FT, Somerset CCG | Extending psychiatric liaison to a whole hospital, multi-disciplinary approach enabling a holistic response to people experiencing mental health crises and averting crises for those at riskWhere physical space restrictions limit the availability of rooms, alternative solutions on site will be evaluatedIncludes identification and escalation of repeat A&E attenders with mental health problems.Awaiting outcome of business case of non-recurring funding. | In progress.Review of current provision and required model commencing in November 2015. |
| **Improved training and guidance for emergency services staff** |  |
| 3.12 | Incorporate mental health into workforce development and training plan for police officers | April 2016 | Avon and Somerset Constabulary | See 3.6 | In progress.Group wanting to adopt a multi-agency approach. |
| 3.13 | Source/develop a training module for roll out to police officers and other professionals, including A&E staff who might encounter people in mental health crisis, covering introduction to mental health conditions, Mental Health First Aid and knowledge of relevant provisions of the Mental Health Act | April 2016 | Somerset Partnership NHS FT and Somerset County Council Public Health October 2015 | See 3.6 | In progress.Public Health to commence attendance at Group to take forward action.College of Policing have revised training for Officers.Network training approach to be taken forward by Subgroup. |
| 3.14 | Establish mental health group within SWASFT. Role to include reviewing incidents and complaints, service developments and care pathways. Incorporate mental health training and education internally and within university provision | March 2015 | SWASFT | Increased skills and knowledge of mental health among ambulance personnel, improving patient experience. Opportunities for learning by experience | Group in place and ongoing. |
| 3.15 | Review of A&E facilities as designated places of safety | July 2016 | Somerset Partnership NHS FT, Taunton and Somerset NHS FT, Yeovil District Hospital NHS FT  | Improved understanding and response from A&E department to people in mental health crisisIncreased capacity for places of safety in Somerset – as adults stop being detained in cells from 2017.Evaluation of options for detention of children and young people | In progress.Subgroup to meet and explore options. |
| 3.16 | Review transport and transfer protocols for conveyance of mental health patients, or s136 detainees, including transfers between NHS facilities and transport of people from the community to NHS care, including places of safety. Also transfers of children and young people. | July 2016 | Somerset Partnership NHS FT, SWASFT, Avon and Somerset Constabulary  | Provides clarity to staff of all agencies, sets agreed response times and reduces delays Includes a review of operational information sharing between crisis service and ambulance crewsNB: Includes an evaluation of alternatives to current expenditure on private ambulances and other possible improvements to conveyance | In progress.Transport contract under review, SWASFT lead to keep group updated.AMHP hub to support review/establishing level of need with data provision.Review of Transport for Mental Health patients taking place on 17th December 2015. |
|  |  |  |  |  |  |
| **Improved services for those with co-existing mental health and substance misuse issues** |  |
| 3.17 | Refresh and roll out joint dual diagnosis strategy and protocol for people with co-existing substance misuse and mental health conditions, to include young people and adults | October 2016 | Somerset Drug and Alcohol Partnership via SCC Public Health, Somerset CCG, Somerset Drug and Alcohol Service (SDAS), Somerset Partnership NHS FT  | Improved outcomes for service users from better collaboration in case management and access to the right service at the right time and in the right place | In progress.Somerset Partnership NHS FT has agreed to support as part of a working group. |
| 3.18 | Review joint working protocols relating to conveyance of people under the influence of any substance (drugs / alcohol) | July 2016 | Somerset Partnership NHS FT, SWASFT, Avon and Somerset Constabulary,Somerset Drug & Alcohol Partnership via SCC Public Health | Clarity between agencies regarding responsibility for conveyance. Avoided inappropriate conveyances to custody, A&E or places of safety. | In progress.To review as part of S.136 protocols and conveyance policies. |
|  |  |  |  |  |  |
| **4. Quality of treatment and care when in crisis** |  |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** |  |
| **Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring** |  |
| 4.1 | Review alternative section 136 places of safety for children and young people | Oct 2016 | Somerset Partnership NHS FT | Provision of more suitable separate place of safety arrangements for under 18 year olds, leading to improved user experience | In progress.Head of Adults Inpatient Services (Somerset Partnership NHS FT) to liaise with Head of Division – Children (Somerset Partnership NHS FT) to arrange for review.Place of Safety subgroup to also explore options. |
| 4.2 | Update and improve place of safety environment at Rowan Ward, Yeovil | April 2015 | Somerset Partnership NHSFT | Improved environment for users, ensuring better separation from ward | Complete.Joint Head of Mental Health Services visited POS after last meeting. |
|  **Service User/Patient safety and safeguarding** |  |
|  |  |  |  |  |  |
| 4.3 | Sharing and dissemination of each agencies protocols and sharing of best practice for the use of restraint in relation to mental health patients.  | October 2016 | Somerset Partnership NHSFT, SWASFT, Avon and Somerset Constabulary 2015 | Shared understanding of guidance and limitations on each agency. Dissemination and lesson sharing between agencies and common understanding of DOH guidance on restrictive practice. Avoidance of potential dangers to patients and reduction in complaints.Sharing of approaches on restraint and restrictive practice. | In progress.National College of Policing reviewing protocols.Somerset Partnership NHS FT have a protocol and a Positive and Proactive Care Group in place.Joint Forum to be explored. |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **5. Recovery and staying well / preventing future crisis** |  |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** |  |
|  **Joint planning for prevention of crises** |  |
| 5.1 | Establish mechanism for routinely recording advance wishes within service user’s crisis plan. To be used to avoid future crises occurring and/or to improve the response of services when a crisis has happened. | April 2016 | Somerset Partnership NHS FT and Somerset County Council | Established mechanism in place, understood and used by mental health service users, for recording and sharing advance decisions with Police, mental health services and other agencies. To be developed with user. Participation.Somerset Partnership NHS FT leading. | In progress. |
| 5.2 | Establish regular case review group for multiple/repeated section 136 detainees, including agreeing follow up appointments for joint intervention, with consent of individuals concerned | October 2015 | Somerset Partnership NHS FT and Avon and Somerset Constabulary and Somerset County Council | Reduced repeated detentions under section 136. Improved recovery outcomes for individuals | In place and on-going |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5.3 | Explore multi-agency approaches to specific groups including Veterans including Military Police. | April 2016 | Public Health Somerset CCG Somerset PartnershipNHSFoundationTrust | All services are sensitive to mental health and wellbeing needs and issues.More people have access to appropriate mental health training | To be started |