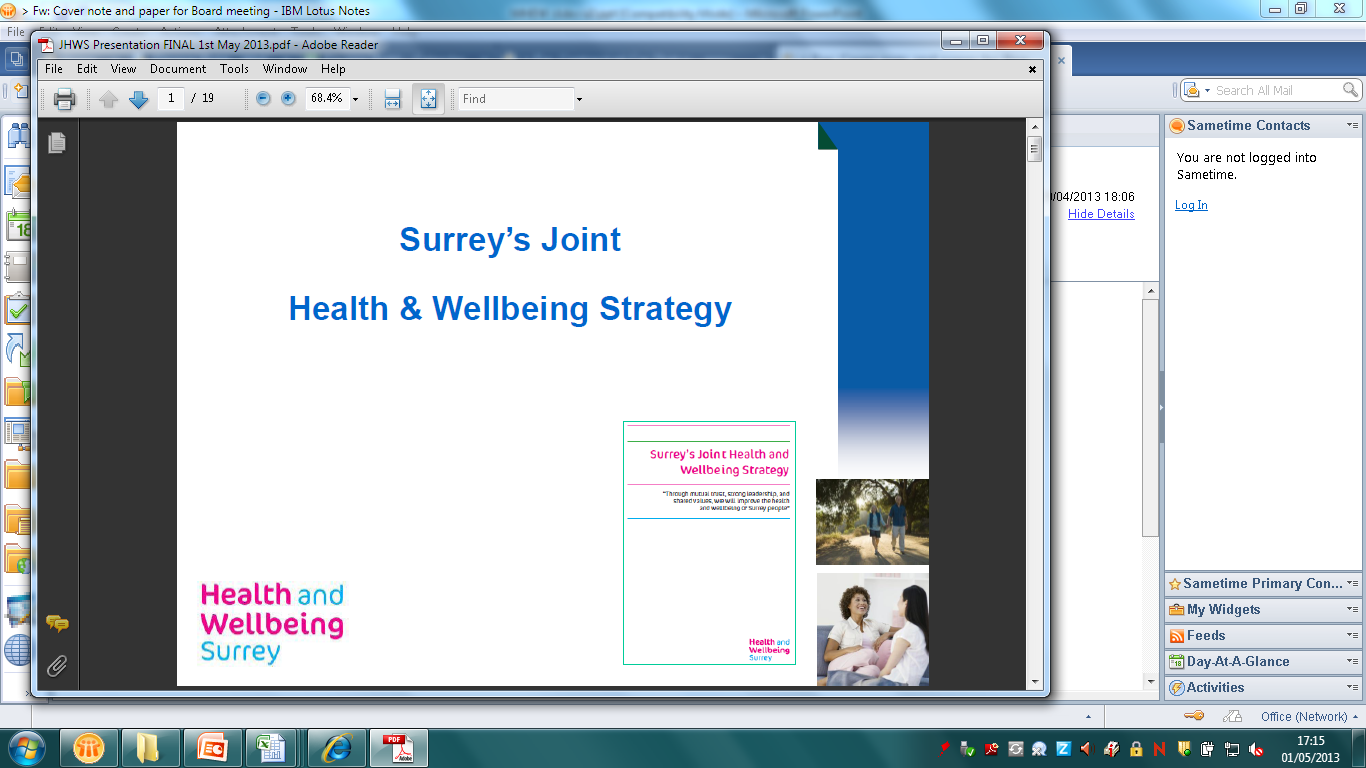
**Surrey Declaration & Action Plan**

**Mental Health Crisis Care Concordat**

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**Surrey mental health crisis care concordat:**

***our joint declaration***

‘We commit to work together in Surrey to improve the system of care and support so all people and their families in crisis because of a mental health condition are kept safe and helped to find the support they need – whatever the circumstances and time of day or night in which they first need help – and from which ever service they turn to first.

We will work together to prevent crises happening whenever possible through prevention and early intervention. We will make sure we meet the needs of vulnerable people in urgent situations. We will strive to make sure that all relevant public services offer high quality support to someone who appears to have a mental health problem to help move towards recovery.

Jointly, we hold ourselves accountable to enable this commitment to be delivered across Surrey’.

Surrey Mental Health Crisis Care Concordat – Action Plan to enable delivery of shared goals- Version 2- refreshed in December 2015-

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| **Commissioning to allow earlier intervention and responsive crisis services** | | | | | |
| **No** | **Action** | **Timescale** | **Led By** | **Outcomes** | |
| **GOVERNANCE** | | | | | |
| 4 | **Joint SI & Safeguarding Learning –**Triangulation of different agencies MH SI/Safe G reporting and review processes | June 2015 | Delivery Group | Shared learning from SI’s to improve future practice | |
| 5 | **Outcome Metrics –** An agreed joint data set to establish baseline and capture demand and responses for people in mental health crisis (SABP, EDT, Police, 136, Ambulance, A&E’s, 111)  Agreed data set is:   * Number S136 * Number S136 in custody Reasons for use of S136 in custody * Time to wait for S136 ass. * Reasons for Breach of Assessment Time * SECAMB S136 Conveying Response Time | July 2014 | NHSE & Delivery Group | Clearer evidence and a focus on outcomes on which to base local commissioning and ensure inequalities addressed | |
| 5.1 | **NEW ACTION: Need length of time from arrival at POS to assessment (AMPHS) 3 hours target. Plus any reasons for breach. Need to determine data source?** | May 2016 | AMHP’s/  SABP | Measure responsiveness of access to assessment in crisis pathway | |
| 5.2 | **NEW ACTION (Police)**   * **Informed decision making through introduction of triage. Will require evaluation** | ? | Surrey Police | Better identification of need and signposting to right pathway to improve experience for individual and ensure best outcome | |
| 5.3 | **S136 Waiting time**  **NEW ACTIONS – TBC**   * **Introduce dual assessments in ED, especially with reduction to 24hours with new Crime and Policing Bill.** | From April 2016 | Acute/SABP | Person centred approach to ensure appropriate use of police resource and more seamless pathway | |
| 5.4 | * **SLA agreed for AMHP attendance inclusive of requirement for more AMHPs required especially OOH.** | April 2016 | SCC/SABP | Timely response to assessment Improved and more efficient assessment process | |
| 5.5 | **NEW ACTIONS**   * **Establish if number of 136s in acutes is captured** | March 2016 | Collaborative |  | |
| 5.6 | * **To flag with SABP when individuals are on 136s multiple times** | From March 2016 | Surrey Police/SABP | To support information sharing and subsequent care plans. | |
| 5.7 | * **Determine POS pathway (‘holding room’) with SABP** | February 2016 | SABP (Helen Woods) | To improve patient experience, avoid inappropriate use of acute of police resource. | |
| 5.8 | * **Look into PoS in Sussex and how other areas address issue** | March 2016 | Collaborative | Ensure best practice is followed and innovative approaches explored to ensure best outcomes | |
| 5.9 | * **Include MISPER data in dashboard** | February 2016 | Collaborative/Police | To ensure that dataset is capturing full level of demand. | |
| 5.10 | * **Request formal data from SECAMB** | February 2016 | Collaborative | To ensure full data set from reliable source/reference | |
| 5.11 | * **DW to arrange a meeting with SABP (RH) to discuss S.12 rota/contract further** | March 2016 | Collaborative | To ensure timely availability and response from S12 Dr’s out of hours | |
| **RESOURCE** | | | | | |
| 6.1 | **NEW ACTION:**   * **Evaluation monitoring of pilot and sustainability plan for CAMHS respite beds and crisis pathway.** | May 2016 | CAMHS- Diane McCormack/ Jo Lynch (SABP) | | To monitor outcomes from this new resource. |
| **CONSISTENT RESPONSE** | | | | | |
| 8.1 | **NEW ACTIONS- TBC**   * **Review Conveyance Policy to make adjustments on attendance time, and address issues highlighted.** | April 2016 | SECAMB/Surrey Police/ SABP | To ensure appropriateness and compliance with policy | |
| 8.2 | * **Consider use of private Ambulance provider** | From March 2016 | AMHP’s | To reduce inappropriate use of secure police transport | |
| 8.1 | **NEW Linked Action:**   * **Review of application of protocols- MISPER/136/Conveying** | From Feb 2016 | ALL AGENCIES | To ensure delivery of intended outcomes | |
| 8.2 | * **Need to review signed off Local 136 policy –** * **S135 process, roles and responsibilities – a separate document is needed from the existing joint s135/s136 policy** | May 2016 | SABP/Surrey Police/?? | To ensure in line with national 136 protocol (which has been updated since original protocol was signed) and MHA code of practice. | |
| 9 | **Training**   1. Joint Training developed 2. delivered to increase mental health awareness and inform about local standards and protocols for frontline emergency service responders | Pack developed April – June 2015  Delivered  July 2015 – March 2016 | Joint Training Group | Staff are equipped to treat mental and physical conditions with equal priority | |
| 9.1 | **NEW ACTION:**   * **Agree joint training plan with acute trusts for MH** | March 2016 | Public Health/Acutes | Staff are equipped to treat mental and physical conditions with equal priority | |
| 9.2 | **NEW ACTION:**   * **Determine if SECAMB has any gaps around training?** | March 2016 | SECAMB | To ensure training needs are met | |

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| **Access to support before crisis point: –**  **“*know who to contact at any time, 24 hours a day, seven days a week”*** | | | | |
| **No** | **Action** | **Timescale** | **Led By** | **Outcomes** |
| 10 | Primary care support on early identification of mental health issues and referral points | Nov 14 | CCG’s | Early identification and crisis prevention  Providing updated information on new pathways as they come in (SPA and crisis safe haven café’s) |
| 11 | Development of local planning for integrated community hubs inclusive of mental health and responding to inequalities in access to services and aligning MH hours of service to those in primary car | CCG specific through 15/16 | CCG’s  Surrey Heath - OA | Improved outcomes and experiences of people with mental health needs accessing services meeting their whole needs and ensure services take account of the needs of diverse local populations when improvements are made |
| 12.1 | **NEW ACTION:**   * **All Safe Havens to be live by end of April 2016** | April 2016 | Safe Haven Steering Groups | Accessible, patient centred support in a crisis. |
| 13.1 | **NEW ACTION:**   * **Identify any gaps in take up of training- Public Health.** | March 2016 | Public Health | To reduce the number of suicides and attempted suicides across Surrey.   |  | | --- | |  | |
| 13a | Based on the results of an evidence review and audit of self-harm A&E attendances, develop actions that aim to improve the current management and prevention of self-harm. | Dec 14: Evidence Review  A&E Audit: TBC  Actions: March 2016 | Public Health- Catherine Croucher- New PH contact- HH | To prevent and reduce the impact of self-harm. |
| 13.1 | **NEW ACTION:**   * **Identify if we can access any Acute MH data on self-harm?** | March 2016 | Collaborative | To identify level of need   |  | | --- | |  | |

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| **Urgent and emergency access to crisis care: –**  ***“treated with as much urgency and respect as if it were a physical health emergency, travel safely in suitable transport to where the right help is available”*** | | | | | |
| **No** | **Action** | | **Timescale** | **Led By** | **Outcomes** |
| **DEVELOPING SINGLE POINT OF ACCESS:**  **Public Facing (111 & 999)** | | | | | |
| **DEVELOPING SINGLE POINT OF ACCESS:**  **Specialist MH Facing (SABP)** | | | | | |
| 15 | | Establish a 24 hour mental health crisis universal single point of access: | **Updated to April 2017 for delivery** | SABP | Culture change that will ensure appropriate response based on professional assessment and triage |
| 17 | | SABP to develop partnership with voluntary sector on the running of the crisis line that will be an integrated part of the SPA. | Dec 14 – Mar 15. | SABP | Voluntary sector involved in delivery crisis line within a whole systems response offering increased capacity, wider access to the public, less stigma and value for money. |
| 17.1 | | **NEW ACTION :**   * **To check what data is captured on the crisis line and if any links back to substance misuse** | March 2016 | SABP/Collaborative |  |
| 18.1 | | **NEW ACTION:**   * **Delivery of agreed plans through working groups. SABP and 111- SPA- need to determine link with 999 as separate service?** | Through 16/17 | SABP/111/999 | Functionality of SPA and crisis pathway |
| 19 | | Co-location with 111 / 999 | April 2015 | 111/partners | To support single point of access pathway |
| 19.1 | | **NEW ACTION**   * **To check if work remains ongoing with co-location plans.** | April 2016 | 111 (PS) / Surrey Police |  |
| 20 | | Identify and procure supporting IT and telephony systems | Dec 14 – Mar 15 | SABP | IT and telephony will facilitate call handling for the single point of access – these will facilitate quicker response; less duplications and hand-offs between services offering efficiencies, increased capacity and safer services |
| 20.1 | | **NEW ACTION**  **Map foundation work into timeline to evidence reasons for distance to go live date (April 2017)** | May 2016 | SABP | To support communication and transparency around development and implementation |
| **Crisis / Emergency Response** | | | | | |
| 21 | | Enhanced HTT- | 15/16 & 16/17 | SABP | More capacity for swift response/informing choice/home treatment especially OOH |
| 22.1 | | **NEW ACTION:**   * **Follow up with substance misuse and PLD integrated working** | April 2016 | SABP | Better communication and interagency working between community mental health teams and others    Least restrictive, most local and effective response to crises. |
| 22 a | | MH & Substance misuse commissioners to ensure that liaison and diversion services refer individuals with a co-existing MH and SM problems into appropriate services which can address their needs.  **Actions:**   * MH workforce development;  drug and alcohol awareness  screening and referral * MH and Susbstance Misuse liason; * Care coordination across MH/SM * SM advice, support consultation available to MH | Development and implementation Q3 and Q4 14/15  Delivery as core practice from Q1 2015/16 | Public Health | The needs of services users with co-existing mental health and substance misuse needs are better addressed in the development of services |
| 22.1 | | **NEW ACTION**   * **Talk to Public health/HWBB re: legal highs and potential impact on S136s.** | May 2016 | Collaborative | Enhanced understanding of pressures in the crisis pathway. |
| 23 | | Ensure there are adequate **liaison psychiatry** services in Emergency Departments | September 2014 | NHSE/RCP/CEM | Parity of urgent access standards for people experiencing MH Crises |
| 24.1 | | **RELATED NEW ACTION-TBC**   * **Access to MH assessment OOH – extension of CJLDS (this is a gap that is being felt in custody at the moment) need to determine commissioning responsibility** | Sept 2016 | To be determined?? | Reduction in delays experienced awaiting AMHP assessment |
| **Young Persons- 25** | | | | | |
| 25a | Development of a co-commissioning approach with NHS England to ensure local pathway and availability and access to in-patient beds when required | | April 2015 | CAMHS- Diane McCormack / Karina Ajaya | To ensure a local accessible pathway |

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| **Quality of treatment and care when in crisis:-**  ***“I am treated with respect and care and receive support and treatment, without unnecessary assessments, from people who have the right skills in a setting that suits my needs. Staff check any relevant information about me and, as far as possible, they follow my wishes and any plan I have voluntarily agreed to. If I have to be held physically this is done safely, supportively and lawfully, by people who understand I am ill and know what they are doing. Those closest to me are informed about my whereabouts and timely arrangements are made to look after any people or animals that depend on me.”*** | | | | |
| **No** | **Action** | **Timescale** | **Led By** | **Outcomes** |
| 26 | An **integrated information** spine for crisis care plan information to be available across agencies | November 2015 | ECP Group | Prevent people escalating further in their crisis; ensure individuals preferences and their contingencies in their care plan are known and acted on where possible. This could avoid conveyance to A&E when not appropriate and reduce use of section 136, EDT and AMHPs. |
| 27.1 | **NEW ACTION:**   * **MISPER focus for 2016 in terms of compliance** | Through 2016/17 | Surrey Police/Acute | Protect those who are going missing |
| 29 | **Police Arrests/Custody**   * Better handovers from police to place of safety, detailing circumstances  1. 3hr assessment time limit (our protocols currently say 4hrs) 2. Develop information sharing with police when S136 assessment beds are full (ie surge times), so that custody suites/police can be ‘made ready’ | Sept 14 | Police  SABP  SABP/Police |  |
| 29.1 | **NEW ACTIONS**   * **Develop a contingency plan for when POS suites are full** |  | SABP/Surrey Police |  |
| 30 | **Restraint, Searching, Police attendance at MH wards etc**.   * Review and development of current SABP search policy, SABP/Police to jointly agree each agencies roles/requirements  1. Ensure agreement is reached and policy is clear on when Police will be called (ie crime committed) rather than heavy police involvement for a crisis that could be managed by staff 2. Positive Police action when called to criminal matters | Sept 14 | SABP/Police | To have a joint policy that reinforces this is a joint resolution |
| 32 | Accessible info on services and standards | Nov 15 | SCC/CCG |  |
| 33 | Transitions standards |  |  |  |
| 34.1 | **ACTION:**  **Review has been undertaken and it is has been identified that standards of environment for MH assessment in A & E needs to be improved** | 16/17 | Acutes |  |
| 36 | Develop resources to support safeguarding boards, specific to the circumstances and needs of, and responses to, people experiencing mental health crisis | Dec 2014 | SCC/ADASS | Ensure effective planning and monitoring and review of local safeguarding arrangements. |

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| **Recovery and staying well / preventing future crises:-**  ***“I am given information, and referrals about services that will support my recovery. I am supported to reflect on the crisis and develop a plan for how I wish to be treated if I experience a crisis in the future. I am offered an opportunity to feedback to services my views on my crisis experience.”*** | | | | |
| **No** | **Action** | **Timescale** | **Led By** | **Outcomes** |
| 37 | Repeat presentation prevention planning | 15/16 | SABP Primary care |  |
| 39 | To the attention of Health and Social Care services vulnerable people identified in the course of the day to day policing | Ongoing | Police | Prevention of crisis due to relapse in poor MH experienced by a vulnerable person |