**BUCKINGHAMSHIRE Mental Health Crisis Care Concordat Action Plan Progress Update**

March 2016

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| **Action No.** | **Action** | **Progress Update** | **RAG status** |
| 1.1 | Commission services so that Liaison and Diversion Services and Street Triage refer individuals with coexisting mental health and substance misuse problems to services which can address their needs. | This action is being reframed to look at the development of a care pathway between mental health and substance misuse services. To be in place by the end of Sept 2015 | Amber |
| 1.2 | Develop a ‘street triage’ service in Buckinghamshire  Record, monitor and report on all uses of S135/136. Unless in emergency, S136 is used only when alternative forms of mental health assessment and support have been considered and precluded.  Buckinghamshire ‘Problems in Practice’ forum monitors and reviews all use of Police Custody as a Place of safety.  Contingency arrangements are considered and published to ensure that custody is used as a place of safety only in exceptional cases and the use of custody for under 18s is a NEVER EVENT  Develop model of joint agency response where individuals present to emergency and mental health services on repeat occasions | Street triage has been developed as part of a wider mental health urgent care pathway, including control room triage and psychiatric liaison in-reach to the Acute Hospital Trust.  Thames Valley Police routinely monitor and report on all use of S136/135  Significant cross-organisational working has taken place resulting in the decrease of S136 and a reduction in the use of police custody being used.  When fully commissioned the pathway will include a component of flexible support for those individuals who present repeatedly. | Green |
| 1.3 Local Authority AMHP Resource | Buckinghamshire county council to complete the remodelling of the AMHP service to maximise use of the current AMHP resource.  OHFT continue to support AMHPs contributing to the countywide AMHP service.  Buckinghamshire CC and OHFT continue to support staff members in undertaking AMHP training. | A new AMHP Manager is in post.  Agreement is being reached to review the pay enhancements for AMHPs and by doing so to give better coverage and resilience | Amber |
| 1.4 Crisis Accommodation | To undertake a review / audit of admissions to hospital to identify the need for a ‘crisis’ facility within Buckinghamshire and/or Thames Valley as a whole. | Meeting date agreed to look at the potential need for a crisis facility | Green |
| 1.5 Staffing levels | In-patient facilities are adequately staffed at levels that maintain patient safeguarding. | The Whiteleaf Centre staffing levels are in line with clinical requirements to provide safe and secure treatment services | Green |
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| 2.1 Public Facing  Information | Buckinghamshire Agencies / signatories of the concordat will develop information for service users and carers regarding resources available in a mental health crisis | To begin in the autumn |  |
| 2.2 NHS Social /Care Interface | Social Care Teams to have clear guidance regarding accessing mental health services in a crisis for service users who may present to Social Care in the first instance. | Service Director to decide on what further guidance may be required for social care teams | Amber |
| 2.3 Advanced  Statements / Anticipatory care plans. | For agencies in Buckinghamshire to develop information sharing and practice with regards to Advanced Statements and anticipatory care plans. | To begin in the autumn |  |
| 2.4 Criminal Justice Liaison and Diversion | For providers of Mental Health Liaison and Diversion services to link with OHFT / and or providers to ensure that clear pathways are in place to access appropriate mental health crisis services. | Protocols are in place to achieve access to crisis services when appropriate through the new single point of access to the Adult Mental Health Teams | Green |
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| 3.1 Conveyance | Work with SCAS and Commissioners (Mental Health and Ambulance) to ensure mental health emergencies, including patients detained under the MHA are responded to appropriately.  Appropriate health care transportation will be commissioned and provided for all mental health transport (this will include additional support for non-compliant patients and secure transport)  Police are requested to assist in only the most exceptional cases where there is no other safe means.  SCAS will comply with National protocol for the transportation of S136 patients, which provides agreed response times and a standard specification for use by CCGs | Considerable cross-organisation cooperation is now in place resulting in patients being transported in appropriate vehicles depending on the individual need at the time.  This action will continue to be monitored throughout the year | Green |
| 3.2 | Mental Health Practitioners to work as part of the team in the Emergency Operations Centre offering 24/7 assistance (ambulance control room; 999 and 111). | This new service has been commissioned with Oxford Health providing clinical input to the control room | Green |
| 3.3 Medical Input to Mental Health Act Assessments (MHAA) | For OHFT to produce a rota of Trust S12 doctors who are able to respond to MHAA out of hours.  For Trust doctors to prioritise attendance at MHAA for known patients.  NHS England to maintain a list of S12 approved Doctors, and distribute to relevant parties. | OHFT have a rota of S12 doctors in place. | Green |
| 3.4 Timely access to inpatient resource | S140 protocol developed which clarifies arrangements for the admission of patients where there is no local bed availability. To specifically explore the option of making an application to the relevant local mental health inpatient unit even if no identified bed.  This should include detained people under the sections 47/48/49 of the MH act and AMHP responsibilities under S13 MHA  Use of ‘out of area’ acute inpatient resource is monitored with regard to impact on service users and families.  Discharge pathway arrangements including for the funding and availability of aftercare services is clarified. | Out of area treatment beds are only used in extreme circumstances.  Further work is taking place to ensure that a robust S140 protocol is agreed and in place | Amber |
| 3.5 Mental Health / Acute Medicine interface | Psychiatric In Reach and Liaison Service continues to provide timely assessments for patients presenting to the Emergency Departments medical wards, and provides information and advice regarding relevant legal frameworks.  Adult Mental Health Teams continue to offer a crisis care home treatment service as part of the integrated health and social care teams | PIRLS is in place, providing a service to both Stoke Mandeville Hospital and Wycombe General Hospital.  The crisis team function now forms part of the remit of the Adult Mental Health Teams | Green |
| 3.6 Mental Health Training | All organisations within Buckinghamshire are able to access appropriate mental health training. | Statutory organisations have access to mental health training at various levels. A review of training availability for third sector organisations need to be completed | Green |
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| 4.1 Place of safety | Partners will work together to ensure that custody is only used as a place of safety on an exceptional basis (below5%) | We have seen considerable improvements with The Whiteleaf Centre being able to offer places of safety in the majority of situations | Green |
| 4.2 Restraint | All staff who have direct patient contact at The Whiteleaf Centre will have received training in restraint and breakaway techniques | Restraint and breakaway training is part of the routing training for all Oxford health frontline staff | Green |
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| 5.1 | For a local partnership to be formed to consider the co-production of a Recovery College within Buckinghamshire  Include where appropriate, those going through the criminal justice system | A recovery college has been commissioned by the CCGs to be provided through Oxford Health | Green |
| 5.2 | Develop and work in partnership with 3rd sector and MH service users to identify their needs | Partnerships with the third sector and service users form part of the remit of the Mental Health Partnership Board, where both are represented.  The new mental health joint commissioning strategy has a component theme looking at the inclusion of service users | Green |
| 5.3 | Develop relationships with resettlement prisons and community rehabilitation companies to ensure speedy information is passed to GPs and MH services for prisoners on release | To begin in the autumn |  |

**RAG rating: Green = On target to be achieved Amber = Behind target/no risk to outcome Red = Behind/outcome at risk**