# Sutton

# DRAFT SUBJECT TO SIGN OFF BY HEALTH AND WELLBEING BOARD

# This is a strategic plan that sets out the most ambitious change for health and social care regarding mental health services in accordance with the Crisis Care Concordat, incorporating the pan London Crisis Care Concordat Commissioning guidance, and the Forward View into Action: Planning for 15/16

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| 1. **Commissioning to allow earlier intervention and responsive crisis services**
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| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Progress** |
| 1.1 | Align Commissioning Intensions with Crisis Care Concordat  | April 2015 | Dr Chris Keers/Adrian Davey  | To ensure that contracting arrangements with health organisations reflects declaration  | * Street triage service in place
* Liaison Psychiatry service in place (24/7 non age-specific)
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| 1.2 | Establish Multi Agency Implementation Group  | June 2015 | Dr Chris Keers/Adrian Davey/George Platts  | To ensure that organisations are committed to the delivery of the concordat.  | * Multi agency steering group in place since February 2016, chaired by a Non-Executive Director from the Mental Health Trust.
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| 1.3 | People have access to all the information they need to make decisions regarding crisis management including self-referral | On-going | All | A range of self-referral and crisis management options should be available for people to considerMoving to a Single Point of Access for CAMHS services in Sutton in the Summer of 2015 which will look to bring together aspects of care. Targeting investment into Early Intervention into Psychosis, with work in the General Physical Health Hospital setting to ensure support around first episode for both the service users, their carers and staff | * Single point of access for working age adults – via Uplift service
* Single point of access for CAMHS in place
* Psychiatric liaison service
* Further investments in Early Intervention Service
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| 1.4 | Map training needs within and across employment organisations and develop a clear programme of training options to support people in emotional distress, with mental illness, substance misuse and suicide awareness | March 2016 | Public Health/All | Improved quality of response for people with mental health needs across the borough | * The Our Place - Embracing Mental Health Project commenced in January 2015 and aims to enhance our existing mental health recovery service by developing a more effective recovery and employment model for people with mental health conditions. The project is overseen by a board comprising the Clinical Commissioning Group, Job Centre Plus and the London Borough of Sutton. A number of other partners are referring to and supporting the project including; Improving Access to Psychological Therapies (IAPT), Imagine Mental Health, Mencap, Sutton Mental Health Foundation, Sutton Uplift and Sutton College. The referring partners signpost individuals, who are seeking competitive paid employment, to the project's Employer Engagement Officer. To date the Employer Engagement Officer has successfully delivered more than 23 placements (including an apprenticeship) had contact with more than 70 employers in pursuit of developing their well-being strategies and facilitated mental health training to 17 employers.
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| 1. Support before Crisis Point
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| 2.1 | Develop support for carers in line with changes to the Care Act | April 2015 | Sutton CCG/London Borough of Sutton | People will be protected when their circumstances make them vulnerable  | * Preventative carer support being jointly commissioned between SCCG and LBS for commencement in April 2016
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| 2.2 | Ensure that service users and carers are available and contribute in the developments of local solutions to support people in crisis | On-going | Mental Health Commissioning Advisory Group (Service Users)Commissioning Advisory Group (Carers)  | Feedback given from patients and public regarding the potential effectiveness of the crisis Action Plan and commissioning decisions.Local forums identified to support the achievement of the crisis declaration and Action Plan | * Active engagement with Sutton Clinical Advisory Group
* Carers engaged via Sutton Mental Health Foundation
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| 2.3 | A single MH support/crisis line to be available 24/7, 7 days a week 365 days a year | March 2015 | South West London and St Georges NHS Trust/NHS Commissioners in South West LondonSutton “Hope Line” Weekends (Voluntary Sector) | Establishment of a helpline which is well publicised among people with Mental Health problems, carers, health and social care professionals, emergency services and the wider public.The helpline will be profiled within the Directory of services and enabled to receive referrals from NHS111A helpline which is staffed by qualified, competent and compassionate mental health professionals who are appropriately trained, supervised and supported. | * Work done with NHS on Directory of services
* Patient Support Line is in operation 24/7 and is circulated and reviewed in service user and carer forums locally.
* Support line is staffed by trained staff
* If crisis intervention required contact is facilitated with Crisis and Home Treatment Team at point of need.
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| 2.4 | Provide ‘crisis’ mental health awareness training to other local agencies including front line police, General Practice acute trust staff and custody suites | Commence October 2015 | Public Health and Sutton CCG | Improved mental health awareness across stakeholder group and agencies | * Roll out of Diploma in Mental Health for GPs & Practice Nurses.
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| **3.Access to Crisis Care** |
| 3.1 | St Helier Hospital to have access to on-site liaison psychiatry services 24 hours a day, 7 days a week, 365 days a year | July 2015 | Epsom and St Helier NHS Trust/South West London and St Georges NHS Trust | People presenting to A&E in mental health crisis should be seen within 1 hour of referral ensuring timely assessment and risk minimisationLiaison psychiatry in St Helier Hospital which is staffed by qualified, competent and compassionate mental health professionals who are appropriately trained, supervised and supported.Targeted work in respect to Deliberate Self Harm with on site liaison serviceTargeting investment into Early Intervention into Psychosis, with work in the General Physical Health Hospital setting to ensure support around first episode for both the service users, their carers and staff | * on-site liaison Psychiatry services available 24 hours a day, 7 days a week, 365 days a year
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| 3.2 | St Helier Hospital to have a dedicated area for mental health assessments which reflect the needs of people experiencing a mental health crisis | In place  | Sutton CCG  | Dedicated areas within St Helier Hospital which are designed to facilitate a calm environment while also meeting the standards for the safe delivery of care | * Dedicated area within St Helier Hospital available.
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| 3.3 | Systems to be in place to ensure that people who regularly present to emergency departments in crisis are identified and their care plans appropriately reviewed | October 2015 | South West London and St Georges NHS Trust | Care plans identify triggers and treatment options to avoid inappropriate A&E attendances (or) divert/transfer people from A&E in a timely manner into appropriate services. | * Audit of people who present frequently and review of care plans undertaken in 2014.
* Work to be repeated in 2016
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| 3.4 | 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 | April 2015 | Police/Ambulance/NHS commissioners/South West London and St Georges NHS Trust | Stop people who are experiencing a mental health crisis being placed in custody.Improve patients experience and treatment outcomes  | * Street triage service in place.
* Crisis resolution service
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| 3.5 | 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 | April 2015 | South West London and St Georges NHS Trust | People can access a suitable place of safety at all times when experiencing a mental health crisis Contingency plans must be 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 | * S136 suite is designated place of safety and is fully operational.
* Informal “place of safety “arrangements being pursued via Crisis café model.
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| 3.6 | Crisis and recovery beds will be in place as a standard component of the acute crisis care pathway and people should be offered access to these as an alternative to admission or when home treatment is not appropriate | October 2016 | \*NHS Commissioners | People who require an alternative to inpatient admission will be offered to access a crisis/respite bed when it is clinically indicatedPeople who require an alternative to home treatment will be offered access a crisis/respite bed when it is clinically indicated |  |
| 3.7 | Crisis Resolution Teams/Home Treatment Teams will be provided and accessible 24 hours a day, 7 days a week 365 days a year and meet the national safe staffing benchmark | In place  | NHS Commissioners/South West London and St Georges NHS Trust | People who are experiencing a mental health crisis will access services when they need them which are staffed by qualified, competent and compassionate mental health professionals who are appropriately trained, supervised and supported. | Crisis and Home Treatment Teams in place although resourced primarily for Home Treatment . |
| 3.8 | Assessment by the mental health Home Treatment Service following a crisis referral should take place within:* 4 hours in an emergency
* 24 hours if urgent
 | October 2017 | South West London and St Georges NHS Trust | People who are experiencing a mental health crisis will receive rapid assessment and access into services which achieve parity of esteem.Specific work being undertaken with regards Transition to ensure crisis plans stay with the person | * Arrangements are in place for emergency and urgent assessment by Assessment service and or Crisis and Home Treatment Teams within timescales.
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| 3.9 | People who require a mental health acute admission must be able to access this in a timely manner and as close to their home as possible | April 2015 | South West London and St Georges NHS Trust | People will be able to access acute in-patient services when this is clinically indicatedSpecific work being undertaken with regards Transition to ensure crisis plans stay with the person | * Admissions arranged when necessary
* Crisis Planning is core element of care planning and is accessible wherever people present including acute units.
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| 3.10 | Street triage will be available to support police officers when dealing with people who are in crisis due to mental health problems  | July 2015 | \*NHS Commissioners | Mental health practitioners will be available to accompany police officers to mental health related call outs and provide a telephone service to officers on the grounds who are responding to people in a crisis. The mental health practitioner will help officers by offering professional, on the spot advice and assessment thereby reducing the use of Section 136 and inappropriate A&E attendances | * Street triage service in place since December 2015
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| 4.Recovery and Staying Well |
| 4.1 | All people under the care of secondary mental health services and people who have required crisis support in the past should have a documented crisis plan which is co-produced by the person with mental health problems, their carer and their mental health professional (Care co-ordinator) |  | South West London and St Georges | People will be enabled to make advanced decisions about their care in times of mental health crisis.Advanced directives will positively impact on clinical outcomes through an increase in provision of preferred services and improved engagementCo-produced crisis plans empower service users while facilitating early detection and treatment of relapse | * Crisis Plan also contains any advance directive .decisions
* Crisis Plan facilitates service user choice and decision making in relation to all areas of need/wishes.
* Regular audit of Crisis Plans being undertaken and on-going training available to staff.
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| 4.2 | Arrangements should be put in place to ensure that crisis plans are accessible to GPOOHs and NHS 111 teams | April 2016 | NHS Commissioners | NHS 111 services out to tender and elements of the Concordat will be built in  | * The Sutton IDCR (Integrated Digital Care Record) will enable GP Practices, Social Care professionals, St Helier clinicians, Community Service professionals and GPOOHs access to Primary Care and Social Care data. The first launch phase will begin in December 2015
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| 4.3 | Transitions between primary and secondary care must be appropriately managed with clear criteria for entry and discharge from acute care  | TBC | \*NHS Commissioners/South West London and St Georges NHS Trust/Primary care | Clear protocols are in place regarding access into secondary care from primary care and vice-versa Fast-track access back to specialist care for people who may need this in the futureIntegration of care ensuring that a pathway of services is organised around the patient | * Transition Protocol in place for secondary care Children’s Services and CAMHS transitions to Adult Services

(Policy under review)* Transition protocol for CAMHS to primary care in development .
* Commissioning gap for this transition being managed locally but requires attention
* ADHD / ASD assessment services developed to enable transitions for people requiring this service.
* Crisis care pathways and transitions pathways to be developed and published
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| 4.4 | Joined up care for people who have experienced mental health crisis with co-existing substance misuse problems | October 2015 |  | People receive a joined up care pathway to meet their multiple needs | * Comprehensive review being undertaken by Sutton CCG, Mental Health Trust & London Borough of Sutton for people with dual diagnosis
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| 4.5 | Carers are supported and know who to contact at any time, 24 hours a day, seven days a week for fast access into services | October 2015 |  | Carers are offered a carers assessment and services established to meet the identified needsCarers are given information about, and referral to, services that will support the recovery and help the person they care for to stay well | * Information on carer assessments and access to support available on website
* Carer assessments in line with Care Act guidance offered by LBS
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