This action plan reflects actions which are live. Actions which have been achieved are listed in Appendix one

**Key**

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|  | Significant delay to action or significant barrier to achievement. Requires partnership discussion |
|  | Minor delay to action for noting by partnership |
|  | action on track for completion/action for ongoing monitoring |
|  | Action complete |

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| 1. **Commissioning to allow earlier intervention and responsive crisis services**
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| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Summary progress against actions (include outcome measures where relevant)** | **Red/Amber/Green (RAG)** |
| **Matching local need with a suitable range of services** |
| **1.1** | **Bristol Primary Care agreement will include support to raise awareness of MH for GPs** | October 2014 Onwards | Bristol CCG | GPs are better informed and supported to manage people presenting with MH needs at primary care level. | There is a named GP Mental Health lead in every practice in Bristol and they attend a bi annual education event for MH. There have been events for PD and Autism for GPsEach Practice has a named consultant psychiatrist to refer to/liaise with over MH patientsWe are exploring the possibility of enhanced mental health support within primary care as part of our Sustainability and Transformation Plan (STP). |  |
| **1.2** | **Review IT systems across the Crisis Care pathway to look at where shared access can be made available to frontline staff more readily**  | ongoing | All Partners | Appropriate information will be available to support people in crisis as long as they have chosen for this to be shared |  “Connecting Care” in Bristol supports improved information sharing and communications with all agencies and has presented to the Concordat partnership who will influence future mental health developmentsThis has also been partly addressed through street triage and control room triage in Bristol  |  |
| **1.3** | **Street Triage (MH professional working with Police) pilot to be made permanent** | April 2017 | Bristol CCG AWP Avon and Wiltshire Constabulary Bristol City Council | Reduction in inappropriate use of the S136 suiteBetter outcomes for service usersReduction in stigma experienced by service usersReduction in police time taken up with conveying people to 136 suiteBetter involvement of ambulance service in section 136 process | We launched a control room triage service in across BNSSG (Bristol, North Somerset & South Gloucestershire) in September 2016 basing mental health professionals within police control rooms. We are examining the impact of thisOur street triage service has averted 74% of the potential 136 incidents it has been involved with. The pilot has now been extended until March 2017 with hours extended from 8am – midnight. Bristol CCG have asked Local Authority and police partners to contribute to the cost of the service so that it can be permanently established from April 2017 onwards  |  |
| **1.4** | **Investigate ways that BME communities are informed and supported around early intervention regarding MH** | February 2015 onwards | CASS | Carers/Family/Friends/lay people from the BME community better able to * Recognise and deal with the onset of a crisis through having a greater understanding of the conditions affecting the person they care for
* Respond to changes in the person’s condition knowing what is normal to expect and when to alert others

Ask questions that might otherwise not be able to ask | We want to continue to monitor access to mental health services from BME communities and work to improve this where there is a disparity in access |  |

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| **2. Access to support before crisis point** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Summary progress against actions (include outcome measures where relevant)** | **Red/Amber/Green (RAG)** |
| **Improve access to support via primary care** |
| **2.1** | **Extend the Crisis Sanctuary service** | July 2017 | Bristol CCG | Providing a safe space out of hours for those who are experiencing high levels of emotional distress or “pre-crisis”  | Following interim evaluation the contract will be extended for a further year until March 2018. We are exploring if the service can be extended from 4 to 7 days a week and have medical input to form a ‘crisis café’ model |  |
| **2.2** | **Ensure high quality information about crisis services is available** | Ongoing | AWP/MH Bristol | Higher levels of service user and carer satisfactionReduces risk of crisis escalating  | OngoingTo support 24/7 access Bristol stakeholders have been re-developing the crisis line to improve access to advice and support for those in urgent need. Bristol is also piloting a crisis card and working to redevelop the MH website to provide more virtual information for people in crisis |  |
| **2.3** | **Continued Commissioning of Court Assessment and Referral Service** | Ongoing | NHS EnglandAWP | Diversion of individuals with mental health needs who commit offences into treatment or other alternative interventions.  | This service continues to be commissioned and has moved into police stations. Performance of this service is considered by partners in the criminal justice liaison service. |  |

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| **3. Urgent and emergency access to crisis care** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Summary progress against actions (include outcome measures where relevant)** | **Red/Amber/Green (RAG)** |
| **Improve NHS emergency response to mental health crisis** |
| **3.1** | **Review with social services, police, and ambulance, what multi-agency training should be developed.** | March 2017  | AWP/MH Bristol |  | Crisis training is being considered in 136 operational pathway group |  |
| **3.2** | **Co-produce reviews of local crisis house provision to include quantitative data and experience information from users and stakeholders** | July 2017 | Bristol CCG in partnership with Missing Link and St Mungos Broadway | A safe, less restrictive, alternative to hospital admission for those in a mental health crisis. | Review to be completed between February – July 2017 This will consider how we can maximise our resource as part of our local crisis pathway including whether additional beds can be commissioned. |  |
| **3.3** | **Investigate the need for a safe place for care/containment and subsequent MH assessment for people in MH crisis who are intoxicated**  | March 2017 | Bristol CCG/Safer Bristol | Reduction in an inappropriate use of S136 suite and ED (Emergency Department), improves assessmentsReduction in resources wasted by partner agencies ‘containing’ very intoxicated individuals | This is being considered as part of the section 136 work across BNSSG (Bristol, North Somerset & South Gloucestershire) and Bath Swindon and Wiltshire. This work is expected to be complete by March 2017 but will in part be dependent on the availability of resources. |  |
| **3.4** | **Improving Acute services/ED response to mental health crisis by commissioning high quality extended hours liaison psychiatry services** | Ongoing with ambition for core 24 by April 2018 | Bristol CCG/UHB and North Bristol Trust | Promote parity of esteem by establishing a high quality response to mental health crises presenting in ED (Emergency Department) and Acute hospital wards.Services are of a high quality –accredited by PLAN (Psychiatric liaison network) | A bid has been made to start core 24 psychiatric liaison in April 2018 for UHB (University Hospital Bristol) and NBT (North Bristol Trust). We expect to hear the result of this in April 17 and use the intervening year to build up the service including improved data collection and crisis response in EDs (Emergency Department). |  |
| **3.5** | **Increase Paediatric Liaison to respond to mental health crisis**  |  |  |  | This is being considered as part of our CAMHS (Child & Adolescent Mental Health Services) transformation plan |  |
| **Improved quality of response when people are detained under Section 135 and 136****of the Mental Health Act 1983** |
| **3.7** | **Reduce delays for MHA assessments by analysing causes and addressing them in cross agency crisis concordat group** | March 2017 | Bristol CCG, AWP (Avon & Wiltshire Mental Health Partnership), MH Bristol, UHB and NBT. | Reduce delay in s135 and s136 assessments due to causes other than AHMP related | Being considered in 136 operational pathway group  |  |
| **3.8** | **Review Section 12 doctor availability and the systems surrounding this** | March 2017 | Bristol CCG, EDT, Bristol CC AMHP (Approved Mental Health Professional) service. | Reduce delay in s135 and S136 assessments due to causes related to Section 12 doctor availability | Included in the section 136 work described above is an option to fund a section 12 doctor based at the place of safety to ensure swift MHA assessments or to develop a section 12 rota |  |
| **Improved information and advice available to front line staff to enable better response to individuals** |
| **3.9** | **Improve police, ambulance, acute hospitals and non-statutory staff awareness of mental health** | Ongoing  | **Bristol Mental Health** | Service users experiencing a MH crisis are treated with greater sensitivity by all stakeholders involved in their pathwayProviders of services in crisis pathway are better informed and supported to deal with people experiencing a MH crisis | Crisis training is being considered ac part of the section 136 work.In addition Bristol Mental Health System Leadership have completed an initial evaluation of staff confidence and experience of crisis services and this could be repeated at a future point  |  |
|  **Improved services for those with co-existing mental health and substance misuse issues** |
| **3.10** | **Review training needs within access teams and links with specialist substance misuse services.** | April 2015  | AWP Safer Bristol  | Improve response to service users presenting with substance misuse or dual diagnosis crises. Reduce rates of inappropriate s136.Improve service user safety. | To be started Mental health commissioners are closely involved in the City council’s re-modelling and re-commissioning of substance misuse services and are looking at opportunities to commission an improved service for people with a dual diagnosis |  |

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| **4. Quality of treatment and care when in crisis** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Summary progress against actions (include outcome measures where relevant)** | **Red/Amber/Green (RAG)** |
| **4.1** | **Continue to develop our local crisis team through analysis and action planning from user experience work** | Ongoing | Bristol CCG and MH Bristol  | A safe, less restrictive, alternative to hospital admission for those in a mental health crisis. | OngoingThe Concordat partnership will consider user experience information relating to the crisis team and identify actions. This should include the level of self or carer referral. |  |
| **4.2** | **Continue work with CCG in reviewing the current in-patient provision and use, for mental health crises in AWP.** | Ongoing | AWP (Avon & Wiltshire Partnership)/MH Bristol | Less people have to go out of area to receive treatment Better experience for service users and carersBetter outcomes for service users and carers | Avon & Wiltshire Partnership is continuing work to review and redesign their acute care pathwayBristol CCG has opened an acute step down ward ‘Larch’ which is designed to support improved flow through acute wards and improved capacity.In addition the CCG will be completing a project to reduce Delayed Transfers of Care for people leaving hospital to improve the number of beds available |  |

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| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes** | **Summary progress against actions (include outcome measures where relevant)** | **Red/Amber/Green (RAG)** |
| **4.3** | **Assessment and Recovery teams to ensure all service users are offered time to complete a crisis, relapse and contingency plan or re-access plan.** | April 2015 | MH Bristol | Improve interventions to prevent crises. By providing good quality Recovery orientated care crises will be reduced in frequency and/or severity. By intervening effectively in the pre-crisis stage mental health crises will be avoided | This is monitored on a monthly basis. Those on CPA (Care Programme Approach) have crisis plans and the teams are working to address those not on CPA (Care Programme Approach) now.We are expecting to be able to launch crisis cards for those within secondary services that will allow people to record information about what keeps them well, who supports them and who they can go to when they need help. |  |
| **4.4** | **Psychiatric Liaison to develop personal support plans which are given to patients and sent to GPs** | April 2015 –March 2016 | Psychiatric Liaison services at UHB (University Hospital Bristol) and NBT (North Bristol Trust)  | Improve opportunities for self-help for those using psychiatric liaison servicesProvide potential of improved follow up for those using crisis services | Work is ongoing as part of our review of mental health in EDs (Emergency Department). In addition we have been implementing specific support plans for repeat attenders at A&E in conjunction with the sanctuary and street triage services.  |  |

**Appendix one: Actions achieved**

* We have established a robust local crisis concordat working group including service users, carers and a wide range of professional stakeholders from both statutory and non-statutory services
* Bristol CCG have-commissioned mental health services to form Bristol Mental Health a partnership between statutory and third sector organisations
* Partners have Establish access to MH first aid training across a wide range of stakeholders in Bristol
* The Community Access and Support Service has worked to raise awareness to mental health services including support in a crisis with communities in Bristol including people from BME services and carers
* Our local crisis team have been rated excellent by the Royal College of Psychiatry Home Treatment Team Accreditation Service
* We have implemented new roles in our crisis services of intensive support workers to provide non menial support
* Bristol CCG have commissioned a ‘Sanctuary’ service as an alternative safe space that can be used for people in crisis other than A&E.
* A Crisis Outreach and home treatment service for children and young people has been piloted
* Street and control room triage services have been piloted
* We considered the feasibility of a Health Based Place of Safety but opted to enhance our existing section 136 provision
* We have commissioned mapping our current section 136 pathway which has been completed. Work is now underway on designing a future state
* a Multi-agency agreed local protocol has been developed which describes the approach to be taken when a police officer uses powers under section 136 of the Mental Health Act