Crisis Care Concordat

Mental Health

DRAFT OXFORDSHIRE ACTION PLAN

1. Commissioning to allow earlier intervention and responsive crisis services				
No.	Concordat outcomes	Deliverables/actions	Who	By when
Imp	proved partnership working			
1	 Reduction in use of urgent care pathways such as 999/111 and Emergency Departments in Oxford and Banbury by people in mental health crisis Improved responsiveness to people in mental health crisis by emergency services-ensuring people get the right care at the right time 	A local protocol that promotes and provides a coordinated approach across the urgent care pathways that reduces the risk of vulnerable groups being excluded from appropriate mental health crisis support. Where someone in mental health crisis seeks help they will be diverted to the appropriate services to meet their needs. This will include people of all ages with autism, personality disorder, alcohol or substance misuse issues, people who are homeless, people living with Learning Disability and those in contact with the criminal justice system	OCCG OH OUH SCAS OCC TVP	Mar 15
2	 Reduction in number of people in contact with mental health services using crisis services Improved responsiveness of mental health services to people in crisis 	Where someone has known mental health problems, partners will develop joint planning approaches that integrate crisis planning into care and assessment and share those plans with all agencies involved in the care of the individual	OH (lead) and partners	Mar 15
Mate	ch local need and resources			
3	 There will be better information available for all agencies and for patients and their carers to support effective responses to people when they experience mental health crisis Common understanding across agencies of what is available and how to access 	 OCC and OCCG to review information provision for people in mental health crisis OCC (Public Health) to review information that supports better understanding of mental health crisis amongst wider public and statutory and non-statutory organizations Concordat partnership to develop an information resource that can be used both within and outside the partnership by all relevant agencies, and the people they care for 	OCC OCCG OCC (Public Health) Concordat partners	Mar 15
Imp	proving mental health crisis services – Adults			
4	 Reduction in inappropriate use of S136 detention Improved response to people who are in contact with 	Concordat partnership will conduct a joint review street triage pilot	OCCG OH	Dec 14
	police services at times of mental health crisisImproved service user experience	Commissioners to consider the business case for the retention and/or extension of the Street Triage Service	SCAS TVP	Jan 15

Oxfordshire CC Action Plan – DRAFT – v9 29.10.2014

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	• Imp	prove clinical and staff effectiveness			
5	hea	proved response time to crisis and emergency mental Ith situations in the community and in the acute pitals in Oxford and Banbury	 There will be revised targets for community responsiveness and agree in new mental health contract There will be a pilot improved and extended service to Emergency Departments over weekends if MH Resilience Funding is agreed 	OCCG OH OUH NHSE	Jan 15 Dec 14 (TBC)
Imp	roving r	mental health crisis services – Children and `	Young People		
6		ter joint understanding of needs of young people in crisis and the desired outcomes	• A workshop in December 2014 for the key stakeholders who work with under 18s to scope a delivery plan for young people, including those transitioning into adult services	OCCG OCC	Dec 14
			Adoption of delivery plan within Concordat Action Plan	Partnership	Jan 15
			Ipport before crisis point – operational services		
Imp		ccess to information, & support via prima			
7		proved <i>public</i> knowledge of MH problems and lerstanding of needs of a person in MH crisis	 We will review what MH information is available to the public in GP surgeries and other locations We will run a campaign to support implementation of the Crisis Concordat 	OCCG OCC (Public Health) Partnership	Dec 14 Feb 15
8	nee prin • App • Imp	prove clinical and practice staff understanding of eds of people experiencing mental health crisis in nary care propriate signposting by clinical and practice staff proved service user and carer experience	 Review with Local Medical Committee of resource gaps in primary care around management of mental health crisis OCCG locality development of mental health crisis management package as part of GP training events Development of a training package for practice staff 	OCCG OH	Jan 15 Mar 15 Mar 15
9	 and Implation Complete the indicated on the ind	uced number of inappropriate ambulance journeys Emergency Department attendances. roved process of shared 'need to know' information and a person in crisis mon understanding across agencies of the needs of individual, their plans and wishes and the services people that may best support them proved appropriate service user and carer experience	 We will review information sharing processes and protocols between all partners to ensure all front line staff have access to relevant information and enable a more consistent response for people who are known to MH services; this will include ability to: Access to patient records Access to ambulance anticipatory care plans Access to MH service user crisis plans Access service information at all times 	OH OCC OUH SCAS TVP OOH	Feb 15

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		We will develop an appropriate response to the review		May 15
Earl	/ Intervention		I	
10	 Improved access to services for people detained with Mental Health problems Improved quality of care and experience 	We will roll out liaison and diversion services to Thames Valley by 2016 in line with the national framework ensuring 50% coverage	NHS England Area Team	Dec 15
	3. Urger	nt and emergency access to crisis care		
Imp	rove NHS emergency response to mental health cris	sis		
11	We will ensure that response to crisis should be prompt, efficient and respectful by	We will review the commissioning and organization of s12 doctors and Approved Mental Health Practitioners	OCCG and OCC	Jan 15
	Improving timely access to appropriate doctors and to Approved Mental Health Practitioners	We will Introduce MH practitioners in the SCAS operational centre	OH	Apr 15
	• Improving 999/111 response to calls from people in mental health crisis and reduced number inappropriate	We will keep under review the use of Places of Safety and access to mental health inpatient beds	OCCG, OH and TVP	Monthly from Dec 14
	 ambulance journeys Improving timely access MH inpatient beds, including Places of Safety Improved knowledge across partners of agreed approach & response times 	We will agree contractual response times to people in mental health crisis within mental health and urgent care services	OCCG, OH and SCAS	Apr 15
12	 Improved first up response to people experiencing mental health crisis Reduced use of 999/111 and emergency departments Improved access to services across all parts of the 	 All partners agree a protocol so that whichever service a person is in contact with first uses a common approach, in particular: Improved shared understanding of roles and responsibilities within conveyance policy 	Partnership	Mar 15
	community	 Improved equal access for those with protected characteristics 	Community organizations	
		Use of crisis plans and role of family and carers	Carers Reference Group	
Integrated Health and Social services' impact on mental health crisis				
13	 Reduced hospital admissions Increased personal resilience for people and their carers 	Where people do not need to be admitted to hospital we will assist people through assessment and care planning to identify	OH/OCC	Apr 15

	to enable them to manage crisis more effectively	 alternative forms of support We will work with people to improve their own understanding of their own needs and to identify resources that enable them to manage those factors that might lead to crisis We will embed these approaches into care planning tools within the Recovery Start 	OH/OCC	Apr 15 Apr 15
Staf	skills and training			
14	 Improve staff understanding of needs of people MH to support the delivery of better outcomes for people experiencing mental health crisis and those who care for them Identified mental health leads in all patient-facing organizations 	 We will improve MH education and awareness training in MH identification for all front line staff in partner agencies – (all age); these will be monitored through contract KPIs. We will improve training in physical restraint techniques We will develop a register of mental health leads to act as contacts around training and Concordat developments 	OCCG OH SCAS TVP OUH	Apr 15
Imp	4. Qualit roved services for those with co-existing mental he	y of treatment and care when in crisis		
16	Improved staff understanding of needs of people who substance misuse or present with suicidal ideation	 We will improve substance misuse and suicide prevention awareness training for appropriate staff in acute services We will monitor this training through contracts 	OUH Public health (OCC) OCCG	Apr 15 Monthly from Apr 15
17	 Improved pathways into crisis care and onward to recovery and/or management services for people who present with alcohol and/or drug problems 	 We will review & agree updated local pathways/protocols for people who are intoxicated as a result of alcohol and/or drug misuse to include people: who appear to have MH problem and are intoxicated and represent an immediate physical risk to themselves who are assessed as having a MH disorder or who are current MH service users who are intoxicated as a result of alcohol and/or drug misuse who do not appear to have a MH 	OH OUH TVP SCAS OCCG	Apr 15



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18	•	Improved quality of care and patient experience when under the care of services that are supporting them through crisis	 We will agree a protocol between agencies to ensure joint understanding of appropriate use of police time to manage patient behaviour and within a health or care setting We will ensure all partners have better training in, and understanding of the appropriateness of using physical restraint; in particular in ED and SCAS. We will survey patient and carer experience of crisis services 	TVP SCAS OUH OH OCC OCCG	May 15 May 15 and Dec 15
	5. Recovery and staying well / preventing future crisis				
19	•	Improved health and social care outcomes around recovery and well-being that support patient, carer and system resilience Reduction of impact of recurrent crisis	 Development of a Recovery College approach to support learning and confidence amongst patients, carers and professionals to help understand and manage crisis Use of the Recovery Star to support patient led approaches to the management of crisis Use of the Triangle of Care approach to support users and carers in developing appropriate care plans 	OH and partners	From April 15
20	•	Improve health and social care of outcomes of those in CJS, includes MH and physical health outcomes Prevent MH relapse when released from detention – reduce risk of crisis	 We will ensure all prisoners with MH needs have access to quality care whilst detained and access to local MH services when released We will review the likelihood of those who are discharged from prison needing to access social care services in line with the Care Act requirements 	OCC NHS England Area Team	From April 15

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Glossary of abbreviations:

МН	Mental Health
OCCG	Oxfordshire Clinical Commissioning Group
ОН	Oxford Health Foundation Trust
OUH	Oxford University Hospitals Trust
SCAS	South Central Ambulance Service
OCC	Oxfordshire County Council
TVP	Thames Valley Police
NPS	National Probation Service
ED	Emergency Department (Accident & Emergency)
KPI	Key Performance Indicator
CJS	Criminal Justice System