

Crisis Concordat Action Plan

Commissioning to allow earlier intervention and responsive crisis services					
No.	Action	Timescale	Led By	Evidence	Outcomes
Matching local need with a suitable range of services					
1	Demand Analysis based on local Mental Health	31 st December 2013	CCG	Complete Demand Analysis of 2012/2013 2013/2014 informing new model – new model design complete	Enhanced understanding of local need for mental health services
2	Complete Mental Health re-design workshop in Swindon	20 th June 2014	CCG	Complete x 2 June 2014 Follow-up workshop November 2014	Engage all stakeholders in the creation of a local vision for Mental Health Services Gain feedback on the overall provision of Mental health Services in Swindon to be able to inform future direction of care and focus
3	Complete follow-up workshop with all stakeholders to incorporate national best practice and model	19 th November 2014	CCG	Completed in presentations and national best practice incorporated into model	Gain assurance that direction of travel articulated by all is clear Further feedback on proposed model and future direction

	based on local stakeholders feedback and combined vision				
4	Complete best practice review nationally	1 st September 2014		Complete – TK completed within	Incorporate new and innovative practice and best practice from national models of care
Improving mental health crisis services					
5	Re-design of local Mental Health Services model to make service more responsive in line with local and national drivers	Initiated February 2014. Due January 1 st 2015	Swindon CCG	Completed design August 2014, Front door re-designed Response augmented and transitions re-designed. Pilot Feb 2015	Change response times for Emergency MH within resources to 30 minutes Change response times for routine Mental Health to make response possible within 30 minutes
6	Implementation of new model	January 2015	AWP	Feb 2015 – slipped and asked for extended deadline by AWP – permission given	Changes response time and response ethos to all referrals coming through to adults of working age services and functional illness
7	Change category response from	November 2014	SWAST	Completed September	Brings response times for ambulance service for Mental Health for S136

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	ambulance service to Green 2			2014	conveyance and response to Mental Health emergencies into compliance with 30 minute local target
8	Change category for non-emergency Mental Health situations – post assessments / transfers to Green 4 category	November 2014	SWAST	Completed September 2014	Tailors response times for ambulance service for Mental Health services for non-emergency situations to ensure appropriate use of health system resources.
Ensuring the right numbers of high quality staff					
9	Review of new model capacity and implementation	30 th April 2014	Swindon CCG AWP		Ensure that right response is being received by patients an predications of demand levels have remained stable
Improved partnership working in Swindon locality					
10	Incorporate measures around Mental Health calls for SWAST to ensure compliance with G2 / G4 response times and appropriateness	31 st January 2014	SWAST	TBC	Assurance for new model and operations to comply with local ambition and national concordat
11	Emergency response times to Mental health situations to be monitored as a	31 st January 2014	Wiltshire Police Service	TBC	Assurance for new model and operations to comply with local ambition and national concordat.

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	separate report for local area by Wiltshire Police Service				
12	Response measurement within new model for Mental Health acute Services	30th March 2015	AWP		Assurance for new model and operations to comply with local ambition and national concordat.

Access to support before crisis point					
No.	Action	Timescale	Led By	Evidence	Outcomes
Improve access to support via primary care					
13	Faster response for routine referrals which exceeds national targets significantly	31st August 2014	AWP	Model designed and for implementation routine referrals moving from 28 day target to 24hrs (fastest response model we are aware of nationally for routine MH referrals)	Implementation of the new model and best practice will allow same day assessment of routine referrals, faster support to primary care and patients and intervention at the earliest point to avoid escalation
Improve access to and experience of mental health services					
14 repeat of (6)	Implementation of new model	Feb 2015	AWP	Feb 2015 – slipped and asked for extended deadline by AWP – permission given	Changes response time and response ethos to all referrals coming through to adults of working age services and functional illness
15	Integration of IAPT services to	April 2014	AWP	Being agreed	Implementation of the new model and best practice will allow same day assessment of routine referrals, faster support to

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	initial referral for primary care on same day				primary care and patients and intervention at the earliest point to avoid escalation
Urgent and emergency access to crisis care					
No.	Action	Timescale	Led By		Outcomes
Improve NHS emergency response to mental health crisis					
16 repeat of (6)	Implementation of new model	January 2015	AWP	Feb 2015 – slipped and asked for extended deadline by AWP – permission given	Changes response time and response ethos to all referrals coming through to adults of working age services and functional illness
17 repeat of (7)	Change category response from ambulance service to Green 2	November 2014	SWAST	Complete September 2014	Brings response times for ambulance service for Mental Health for S136 conveyance and response to Mental Health emergencies into compliance with 30 minute local target
18 repeat of (8)	Change category for non-emergency Mental Health situations – post assessments / transfers to Green 4 category	November 2014	SWAST	Complete September 2014	Tailors response times for ambulance service for Mental Health services for non-emergency situations to ensure appropriate use of health system resources.
Social services' contribution to mental health crisis services					
19	Integration of social care and	December 2014	SBC AWP	DTOC meetings re-designed.	Avoids unnecessary delays and will decrease some LOS in acute environments within inpatient care both acute and

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	stream lining of DTOC process protocol and avoidance of "grey areas" within conveyance of needs in acute environments			DTOCs decreasing in Swindon December 2014	mental health inpatients
20	IDT closer working with Mental Health Liaison	30th November 2014	AWP	Not complete – For update from AWP	Refined localised focus on better management of MH inpatient care in GWH as a CQUIN 2014/15 within intended better outcomes for patients – reduced ALOS / Less admissions

Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983

21 repeat of (6)	Implementation of new model	January 2015	AWP	Feb 2015 – slipped and asked for extended deadline by AWP – permission given	Changes response time and response ethos to all referrals coming through to adults of working age services and functional illness
22 repeat of (7)	Change category response from ambulance	November 2014	SWAST	Complete September 2014	Brings response times for ambulance service for Mental Health for S136 conveyance and response to Mental Health emergencies into compliance with 30 minute local target

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	service to Green 2				
23 repeat of (8)	Change category for non-emergency Mental Health situations – post assessments / transfers to Green 4 category	November 2014	SWAST	Complete September 2014	Tailors response times for ambulance service for Mental Health services for non-emergency situations to ensure appropriate use of health system resources.
Improved information and advice available to front line staff to enable better response to individuals					
24	Create integrated Complex patient review board across providers to review multiple attendances at acute environments in a short period of time for joint care planning	1st February 2014	ALL – coordinated by AWP	Update required	Coordinated response for complex patients creating more consistent approaches and clinical decisions which are supported by all clinical stakeholders.

Improved training and guidance for police officers					
25	Re-introduce training for Wiltshire Police from AWP and SBC for Acute presentation and MHA and MCA	1 st February 2014	AWP SBC	Update required	Improved relationship and joint training programmes to improve consistency of response and understanding of management of mental health issues and local pathways
26	Review of current training programme and communication of further needs assessment	1st April 2015	Wiltshire Police Service		Increased understanding and engagement with Police stakeholders and identification of needs for future support
27	Baseline of S136 incidents and avoidances by engagement with MH services	1st April 2014	Wiltshire Police Service		Baseline understanding of improvements of the above intervention and a way of demonstrating improvements / consider including patients experience after acute episode
Improved services for those with co-existing mental health and substance misuse issues					
28a	Committed membership of quarterly dual diagnosis meetings to develop,	1 st April 2015	CRI; AWP; CCG & SBC	Complete January 2015 – Jen Laibach	Reliable membership at all meetings – representation mandatory Improved pathways, training and joint working

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	implement and monitor pathways				
28b	Key stake hold meeting with drug and alcohol services locally to improve understanding and working practices	January 2015	CCG, SBC, AWP & Substance misuse stakeholders	Complete January 2015 – Jen Laibach	Address key issues, improve understanding and identify gaps.
29 repeat of (24)	Create integrated Complex patient review board across providers to review multiple attendances at acute environments in a short period of time for joint care planning	1st February 2014	ALL – coordinated by AWP	Update required - 2015	Coordinated response for complex patients creating more consistent approaches and clinical decisions which are supported by all clinical stakeholders.

Recovery and staying well / preventing future crisis					
No.	Action	Timescale	Led By	Evidence	Outcomes
Joint planning for prevention of crises					
repeat of (24)	Create integrated Complex patient review board across providers to review multiple attendances at acute environments in a short period of time for joint care planning	1st February 2014	ALL – coordinated by AWP		<p>Coordinated response for complex patients creating more consistent approaches and clinical decisions which are supported by all clinical stakeholders.</p> <p>Join care planning between secondary care and 3rd sector step down services to ensure swift access to secondary care advice and support to prevent crises</p>
repeat of (6)	Implementation of new model	January 2015	AWP	Feb 2015 – slipped and asked for extended deadline by AWP – permission given	Changes response time and response ethos to all referrals coming through to adults of working age services and functional illness