FOR FINAL APPROVAL BY 31st MAY

2015 CONTINUOUS IMPROVEMENT ACTION PLAN TO ENABLE DELIVERY OF SHARED GOALS

OF THE MENTAL HEALTH CRISIS CARE CONCORDAT

WITHIN DEVON

This action plan:

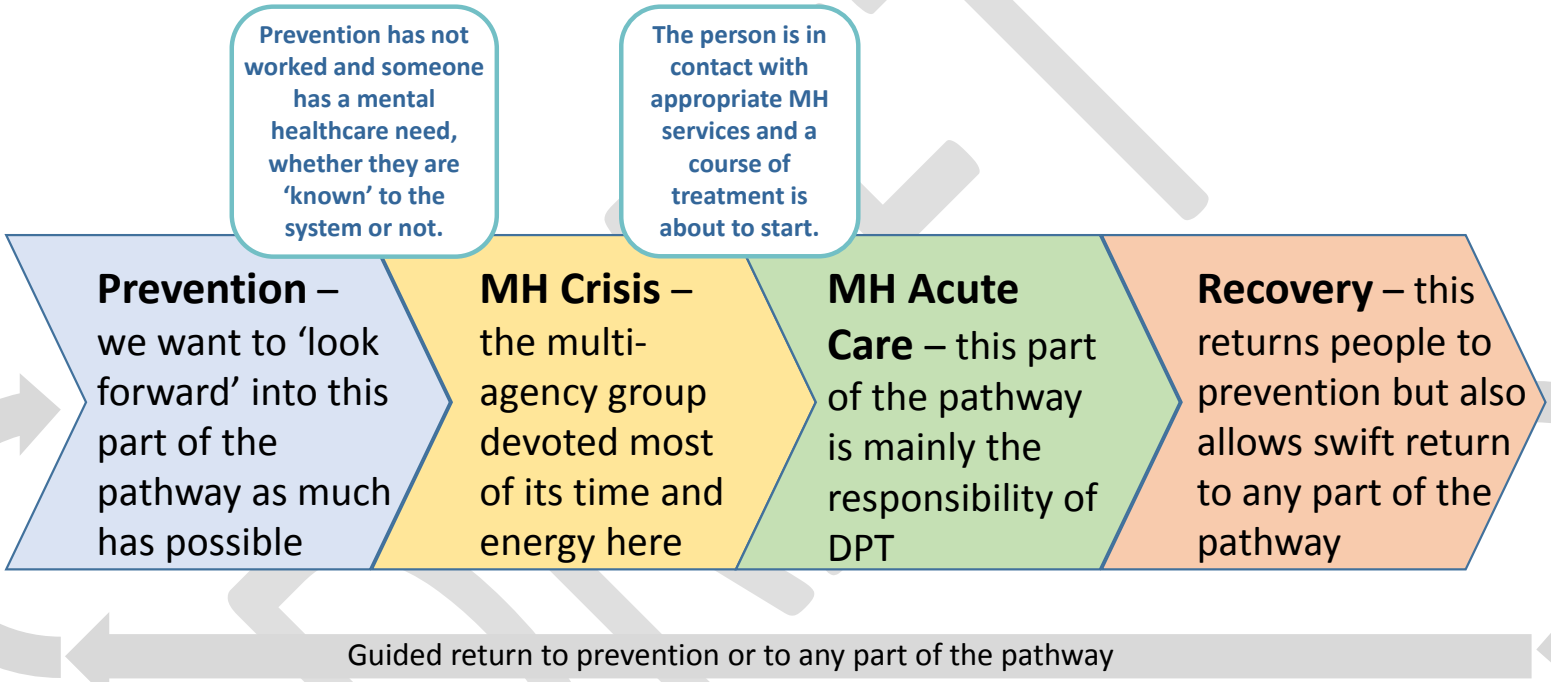
1. **Is a local plan developed by the local Devon system. The things we need to do have been identified locally through a dialogue between users and professionals from all agencies. They have been informed by inspection reports of our local system and reinforced by our own findings. In addressing Devon's issues we have built the national 'must dos' into our local plan. This is shown in the plan highlighted in yellow in Sections 3, 9a, 9b, 9c, 9d, 9f and 10.**
2. **Is informed throughout by the views and ideas of those with lived experience.**
3. **Is focussed on improving care, outcomes and experience for people in Devon who are facing MH crisis[1].**
4. **Is jointly owned by the public service organisations in Devon[2].**
5. **While it is submitted by NEW Devon CCG on behalf of the Devon public service system, seeks to cover the whole of geographical Devon and those people who live on the geographical margins of Devon (recognising local reality).**
6. **Will be continuously updated and improved.**
7. **Covers principally those actions that can only be taken forward on a multi-agency basis. It does, however, refer to other work.**
8. **Follows on from the Peninsula Declaration Statement of December 2014.**

[1] When people – of all ages – with mental health problems urgently need help because of their suicidal behaviour, panic attacks or extreme anxiety, psychotic episodes, or behaviour that seems out of control or irrational and likely to put the person (or other people) in danger.

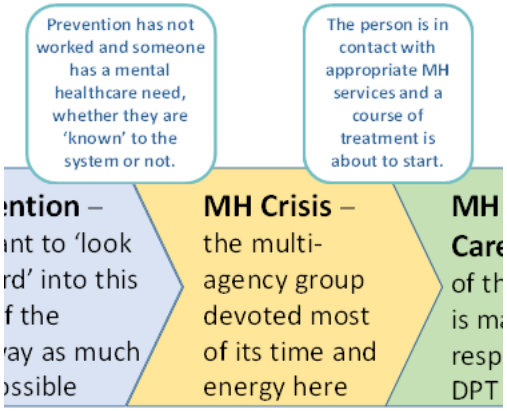
[2] The following individuals and organisations have contributed to the multi-agency work that has informed and shaped this plan: those with lived experience as patients and carers, NEW Devon CCG, South Devon and Torbay CCG, Devon CC, Torbay and Southern Devon Health and Care Trust, South Devon Healthcare NHS Foundation Trust, Plymouth Community Healthcare, Northern Devon Healthcare NHS Trust, Royal Devon and Exeter NHS Foundation Trust, Devon and Cornwall Police, South West Ambulance NHS Foundation Trust, Be Involved Devon, ExeterCVS.

	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
Essential pathway context for our work on MH Crisis				

The following pathway context was chosen for MH crisis, so that there was a shared approach to action planning:



Note: this extremely simplified schematic is intended only to show the context of our work

	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
	Governance and guidance			
1	Establish and sustain an influential and empowered pan-Devon, multi-agency MH acute care pathway group (MA MHACP WG), properly informed and supported by those with lived experience, to lead on understanding need and matching capability to need across Devon.	Mid 2014 – end 2016	Gavin Thistlethwaite NEW Devon CCG	▪ A shared Devon public service system approach to meeting the needs of people in MH crisis. This applies to the whole pathway, but particularly in that part of the pathway that starts where prevention has not worked and ends where an individual is in contact with professional MH services and is about to start a course of treatment. 
2	Develop an approach to governance that will: • Keep those with lived experience at the centre. • Support and assure delivery between organisations. • Facilitate joint working between organisations	Apr 15 – Jun 15	Paul O'Sullivan Multi-agency MH Acute Care Pathway Workstream Group (MA MHACP WG)	▪ Clear governance for getting things done and allocating organisational resources to system tasks.

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	recognising different ways-of-working. • Keeps leaders engaged and aligned.			
	Goals			
3	Establish and keep under continuous review a clear goal for MH crisis in Devon: 'what good looks like'.	Feb 15 to end 16	MA MHACP WG working with those with lived experience	▪ 'Good in Devon' seen through the person lens: **"When I'm in a pickle I will know who to call – or someone else will know who to call – so that I can receive the best help for me. I will have a consistent response, regardless of which service I contact, at a time which is right for me. I will get very good care, regardless of where I live or where I look for help. If I need to be admitted I will have a choice about the best place of care for me and be given the option of a non-hospital place of sanctuary, if I need it. Everyone who cares for me will do so in a compassionate way, treating me as a unique individual. Regardless of my age I will get very good care. There will be better public awareness of mental health problems and the general public will also know how to seek help if they are worried about someone's mental health. When I need to be moved this will happen in a vehicle that does not draw attention to me. If I have a relative or close friend in crisis I will know who to contact and who to discuss their situation with. I will be listened to and the person I am concerned about will be helped in a safe and appropriate way."** ▪ Consequently 'Good in Devon' is seen through the organisational lens: ○ Principles ▪ Equitable, safe, accessible, guided, consistently-applied high-quality care for those in MH crisis in Devon*, in accordance with the Crisis Concordat, for all ages at all times (24/7). ▪ A focus on individuals also includes their families, carers and their social networks (if individuals desire this).

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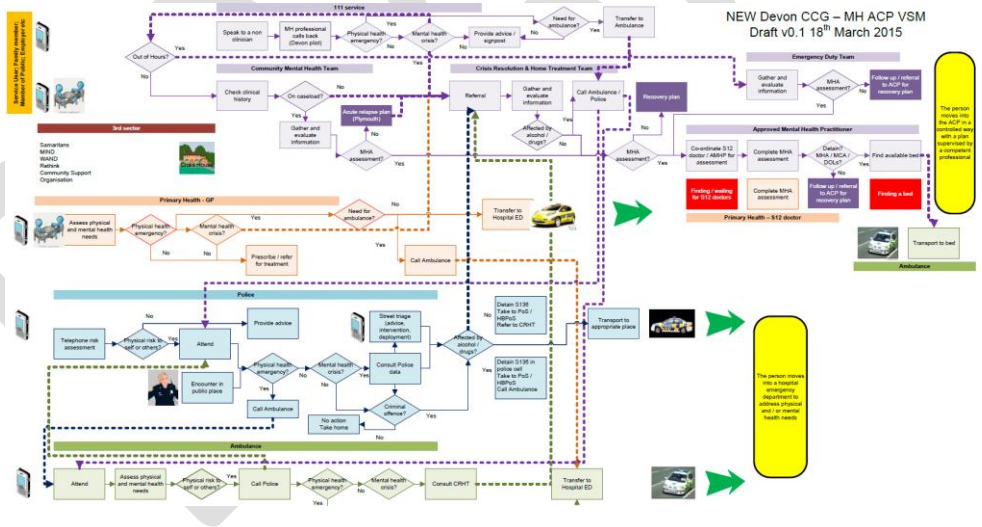
				▪ Everyone has a shared understanding of what 'in crisis' means and acknowledges the importance of swift multi-agency response to crisis. ▪ *Devon is a whole county, including Torbay, South Devon, Plymouth and those who live on (both sides of) the margins of the County. ▪ The benefits of good mental healthcare is recognised in the rest of the public service system. ▪ Commissioning, provision of care and sharing of responsibility recognises natural 'patient flows'. ○ Characteristics of the Devon system that responds to these principles: ▪ People are cared for close to home in Devon; and support is available for carers and families when people are staying away from their home locality in Devon, or out of the County. ▪ Crisis resolution is provided on a multi-agency basis and is available 24/7. National Essential: this addresses provision of 24/7 Crisis Care Home Treatment (see also Section 10 below). ▪ Appropriately staffed and designed health-based places of safety are available; and also 'safe places', where assessments may take place. ▪ There is a single point of contact to facilitate entry to the appropriate crisis response, with no hand-offs. ▪ MH crisis triage is available across the County and across partners, using local models that are based on evidence. ▪ 24/7 psychiatric liaison is available in physical acute hospitals. ▪ GPs know about their patients who may be in MH crisis. ▪ Allocation of beds at times of crisis reflects people's needs, not geography. ▪ Where conveyance is required it is in a non-stigmatising appropriate vehicle.

	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
	Sound whole system improvement process and method			
4	Map the crucial elements of the MH Crisis 'As Is' pathway, that requires multi-agency collaboration and delivery.	Feb 15 to Mar 15	Gavin Thistlethwaite NEW Devon CCG MA MHACP WG	▪ A shared and clear understanding of the 'As Is' so that everyone knows what happens now, in order that improvement can be planned from a position of evidence. ▪ Populated with volume data and information so that priorities for quality improvement / cost reduction can be clearly seen. ▪ Illustrated with patient journey narratives. The diagram below shows the latest version of the MH Crisis part of the first part of the pathway – before ED (note that data / information points and patient journey narrative has been removed so that the 'flow' can be seen):



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5	Develop the MH Crisis 'To Be' pathway (focussed on delivering value and eliminating waste); plan to implement it using PDSA; review and agree options for implementation. It may be decided to pilot in a specific location / geography, having taken advice from key stakeholders, including DPT, Primary Care and the Police.  	Mar 15 to Jun 15 (develop 'To Be' pathway) Jun 15 to end 16 (PDSA implementation)	Gavin Thistlethwaite NEW Devon CCG MA MHACP WG	▪ A clear person-focussed view of a good pathway that delivers value without waste in MH Crisis. ▪ Into which possible solution elements can be incorporated in a coherent and efficient way, avoiding the re-creation of an inefficient patchwork of 'point solutions'.
	SMART Management and Information			
6	Develop a clear set of SMART outcome and process measures – drawing in the best from work being done in other parts of the country (including the North West) – that can inform effective management.	Apr 15 to Sep 15	Gavin Thistlethwaite NEW Devon CCG MA MHACP WG	The work of the MA MHACP WG has already produced valuable perspectives on patient experience measures. In parallel DPT has developed 5 specific measures. It is intended that, if possible, we will develop a single over-arching experience measure. See also 10 below.
7	Develop a Devon protocol for sharing information related to MH crisis quickly, safely and efficiently.	Apr 15 to Sep 15	Gavin Thistlethwaite NEW Devon CCG MA MHACP WG	A protocol that enables information to be shared swiftly and efficiently – observing regulatory and governance requirements – so that good care is facilitated.

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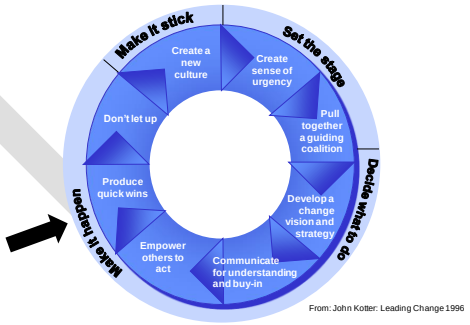
	Quick Wins			
8	In order to deliver early change and build confidence, look 'forward' into prevention. Select a number of 'quick win' changes that are 'upstream' of measures addressing MH crisis, so that we can prevent Devon becoming solely reactive in its approach to crisis. Implement those changes using PDSA.	Planning Apr 15 to Jun 15 Implementation Jul 15 to Dec 15	Gavin Thistlethwaite NEW Devon CCG MA MHACP WG	▪ Early success and confidence.  ▪ The following are early candidates for quick wins: ○ Vulnerable adults. ○ Frequent callers and attenders. ○ A single public POC. ○ Compassionate friends.
	Complimentary systemic and systematic improvement			
9	Consistent with a clear view of the Devon 'To Be' crisis pathway (see 5 above) plan and execute six prioritised changes in Devon that will make a significant difference to people in MH crisis (see below). Build and manage a goal-directed milestone-managed plan from this high	Apr 15 to Apr 17	MA MHACP WG Gavin	▪ A MH Crisis pathway that is efficient – focussed on people and value, with no waste.

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	level plan. Keep the six priorities under review. Design and implement a means of keeping those with lived experience at the centre of plans for continuous experience, learning from what has happened so far.	Apr 15 to May 15 Apr 15 to Apr 17 Apr 15 to Jun 15	Thistlethwaite NEW Devon CCG MA MHACP WG Paul O'Sullivan MA MHACP WG (led by those with lived experience)	▪ Programme management, control and assurance. ▪ Governance links to Section 2 above. ▪ Adaption, relevance and single loop learning. ▪ People remaining at the heart of change. The following is early advice from those on the MA MHACP WG, with lived experience, on what should guide this work: ○ Feedback makes a real difference – find better ways of getting feedback. ○ 'Asking for a ticket' is part of the service. ○ Continuously refine the questions. ○ Don't disband the Working Group – make it part of business-as-usual. ○ Make all complaints public.
9a	***Priority One.*** Plan and implement a **Single Point of Access** to MH crisis services in Devon. Features of draft goal: ▪ May be 111 (with revised referral arrangements) or a special number. If not 111, then it will be complimentary to the 111 service. ▪ Simplified access to services for	Phased implementation from 1st April 2016.	Devon CCGs DPT SWAST	▪ Equitable MH crisis provision for all ages and mental health issues. ▪ Less confusion. ▪ 90% calls of answered within 15 seconds. ▪ Understood demand. ▪ Measured and improved feedback from people. ▪ National Essential: this priority will secure the provision of mental health support as an integral / complimentary part of NHS 111 services.

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	people and professionals. ▪ A single number supported by clinicians and providers to provide care of crisis or signposting. ▪ Always delivers users to the right place. ▪ Equality of access for all people and all ages. ▪ Channelled access to appropriate services – not just advice and handoff. ▪ 24/7 service - no ansaphones. ▪ Trained and expert call handlers (Band 7 MH nurses?). ▪ Promoted and publicised numbers. ▪ Access to information on individuals if available. ▪ Drawing on the shared Devon definition of 'crisis' with defined thresholds. ▪ Learning from the experience of others e.g. Initial Response Team (Sunderland and South of Tyne).			
9b	***Priority Two*** Develop a **Shared Improved Protocol / Process for S136**.	Phased implementation from 1/4/15	Devon CCGs Devon and Cornwall Police Devon Acute Trusts DPT	▪ 50% reduction in S136 by 31/4/16. ▪ National Essential: no children, young people or vulnerable adults undergoing MH assessments in police cells from 30 Sep 15. ▪ No U18s in police custody.

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	Features of draft goal: ▪ Reduced S136 detention and implemented alternatives. ▪ Continued protection of people and carers from violence. ▪ All conveyancing in an appropriate multifunctional vehicle i.e. an ambulance or some other similar vehicle. ▪ Linked to appropriate health-based places of safety. ▪ Direct referral outside S136 process i.e. by ambulance directly to a place of safety.			▪ Measured and improved feedback from people.
9c	***Priority 3*** Improve the provision of **Health-Based Places of Safety** in Devon. Features of draft goal: ▪ Strong cross-Devon commitment to both principle, practice and function – a joint enterprise. ▪ Consistent, multi-agency approach across Devon, especially for complex cases.	Commencing Apr 15 (interim solution for C&YP open from 1/4/15).	Devon CCGs Devon NHS providers	▪ National Essential: no children, young people or vulnerable adults undergoing MH assessments in police cells from 30 Sep 15. ▪ Numbers going to police custody vs going to POS. ▪ Locations of assessments: numbers assessed in POS vs other locations. ▪ Increased availability. ▪ Decreased adverse media coverage. ▪ Decreased admissions to ED. ▪ Increased number of POS that are co-located with healthcare providers. ▪ Measured and improved feedback from people.

	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
	▪ Meets the needs of people / patients. ▪ Also meets needs of providers and their staff. ▪ Safe, open, staffed. ▪ Accessible to medics and AMHPs. ▪ Non-stigmatising. ▪ In Devon. ▪ For all ages (note: only POS for U18s is currently in Plymouth) at all times.			
9d	***Priority 4*** Develop and implement a consistent and equitable pan-Devon approach to MH Crisis Triage. This includes: ▪ What was previously known as 'street triage' and is now 'MH Crisis Triage'. ▪ Psychiatric liaison in physical acute hospitals with EDs. Features of draft goal: ▪ 24/7 psychiatric liaison in physical acute hospitals in EDs. ▪ An appropriate 24/7 response to a	Phased implementation from 1/4/15	Devon CCGs DPT SWAST Devon and Cornwall Police	▪ National Essential: no children, young people or vulnerable adults undergoing MH assessments in police cells from 30 Sep 15. ▪ 24/7 psychiatric liaison in physical acute hospitals with EDs by Mar 16. ▪ 50% reduction in use of S136 by Mar 16. ▪ Reduction in repeat S136 retentions. ▪ Positive change in 'conversion' (S136 >> S2/3) rates. ▪ Measured and improved feedback from people.

	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
	person in crisis that is informed by the involvement of a MH practitioner, through joint working. ▪ Joint use - accessible to all partners across the whole of Devon e.g. SWAST, Devon Docs. ▪ Multi-disciplinary model engaging all agencies with embedded MH expertise. ▪ Learning from initiatives such as street triage, 111 to determine best use of resources to deliver most appropriate models across urban and rural areas. ▪ Including appropriate training for e.g. police, SWAST and ED. ▪ Available for children. ▪ Single control centre for Devon (and possibly Cornwall). ▪ Access to drug and alcohol database.			
9e	***Priority 5*** Develop and implement an **Improved Approach to MH-related Conveyance:** Features of draft goal:	▪ New operational arrangements to start in 15/16 (young people from 1/3/15).	SWAST Devon CCGs	▪ Police cars never used. ▪ Measured and improved feedback from people.

	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
	▪ Non-stigmatising timely transport, appropriate to need. ▪ Best use of scarce resources. ▪ Improved understanding of volumes. ▪ No presumption that people must be conveyed – consider alternatives. ▪ Review of the basic model e.g. dedicated MH vehicles. ▪ Integrate mental health needs / commissioning into ambulance / SWAST contract (and commissioning board). ▪ Direct access for SWAST to MH services. ▪ Learning from the experience of others in using dedicated vehicles e.g. Lincolnshire Street Triage Car.	▪ Review contract volumes for 16/17.		
9f	***Priority 6*** Explore applicability of opportunities created in other places to meeting MH crisis needs in Devon e.g. ▪ Crisis houses. ▪ 'Safe places', as opposed to health-based places of safety.	Apr 15 to end 16	Gavin Thistlethwaite NEW Devon CCG MA MHACP WG	Once these opportunities are fully understood – in the context of the 'To Be' MH Crisis pathway – it is intended to: • National Essential: no children, young people or vulnerable adults undergoing MH assessments in police cells from 30 Sep 15. • Use these concepts as part of a systematic approach to reducing admission to mental health inpatient services and acute hospital beds. • Develop criteria for, and then implement, safe places in all

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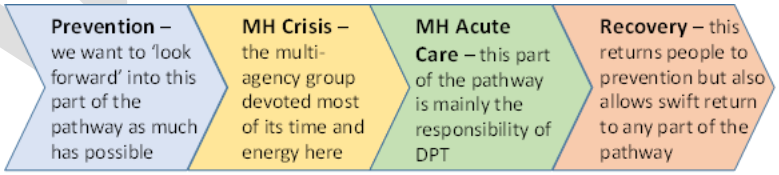
				EDs – safe environments are a pre-requisite for safe practice. • Monitor the activity and outcomes from the 'alternative to admission services' work in Torbay and East Devon and integrate it into the MH Crisis pathway. • Measure patient experience (see 6 above) feedback on both models.
	Coordination			
10	Maintain close coordination between this action plan and the DPT Wave 1 Quality Improvement Plan (QIP) so that there is no duplication of effort and so that multi-agency and single organisation responsibilities are complimentary. The QIP covers the following that are not including specifically in this action plan: ▪ Bed Management. ▪ Out of Hours Services. ▪ Section 12 Doctors. ▪ Psychiatric Intensive Care Unit (PICU). ▪ Individual Patient Placements. ▪ Integrated Psychological Therapies.	Ongoing	MA MHACP WG	▪ Action MA – ACO 00H1 of the QIP addresses the National Essential of 24/7 Crisis Care Home Treatment. This multi-agency action plan shares with DPT a single approach to the patient journey through the pathway:  A set of control measures will ensure that this action plan and the QIP remain coordinated and complimentary. This will include a common approach to outcome measures, based on feedback statements developed by DPT. DPT are now piloting the first five of seven statements that will be used to gather evidence of experience / outcomes: 1. The service has met my needs. 2. I did not have to wait an unacceptable time for my care.

	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
		9th April 2015	Paul O'Sullivan	3. I felt listened to. 4. I felt I was given clear information regarding my care. 5. I felt involved in the decisions being made about my care and was given choice. 6. I feel safe and secure in my treatment. 7. I understand what is going to happen next. Test a 'strawman' set of Devon MH crisis outcome measures at the Devon acute care pathway group.