

**Joint Mental Health Strategy –Implementation Plan for Adults
IESCCG, WSCCG and SCC ACS
2016-2020
Version control**

Date	Version	Comments	Editor
30.09.15	V1	First draft	Alison Leather
12.10.15	V2	Comments SCC; PH; Suffolk Constabulary; MIND; Suffolk Health Watch; Ben Solway.	Alison Leather
27.10.15	V3	Comments: Jeff Stern Health Watch, Rosie Frankenberg SCC PH Jason Joseph SCC Karen Wood WSCCG	Alison Leather
28.10.15	V4	Comments/actions post meeting 27.10.15	Alison Leather
02.11.15	V5	Comments: Rosie Frankenberg SCC; Chris Galley Suffolk Constabulary.	Alison Leather
04.11.15	V6	Comments: Jason Joseph SCC	Alison Leather
06.11.15	V7	Comments: Richard Watson IESCCG	Alison Leather
03.12.15	V8	Final Comments: Anna Hughes MIND; Chris Galley Suffolk Constabulary	Amanda Dunn
08.01.15	V9	Final Comments: SCC	Alan Bramwell

1. Purpose

The Mental Health Action Plan 2016 -2020 sets out the priorities for mental health organisations over the next 5 years to secure improved outcomes in the mental health of the population of Suffolk.

The Action Plan has been developed following the successful publication of the Integrated Mental Health Strategy for Adults 2015 to 2020. The strategy is concerned with establishing more preventative and recovery based models of care and underpinned by evidence based pathways. Stronger integration is central- between primary and secondary care, and between health and social care and wider recovery and community support services.

The plan will ensure that the important improvements in mental health provision is achieved over the last few years are sustained. These improvements include increased access to psychological therapies through the Wellbeing Service, better outcomes for the people of Suffolk, as evidenced ultimately, by fewer people being treated in secondary mental health care as a direct consequence of successful early intervention, a reduction in attendances at Accident and Emergency and fewer contacts with criminal justice.

The plan will also ensure outstanding challenges are addressed, taking account of changes both local and national developments, particularly the tight economic constraints.

The Action Plan enables all key stakeholders (health and local authority commissioners, providers, service users and their families and carers and voluntary and community organisations) to monitor progress and to be held to account for delivery of defined commitments within governance frameworks.

2. Context

The Mental Health Action Plan takes account of important changes in policy, evidence and commissioning arrangements both nationally and locally.

Important national drivers include:

- No Health without Mental Health - February 2011: aims to improve mental health and wellbeing and to improve outcomes for people with mental health problems.
- Closing the Gap - January 2014: aims to bridge the gap between long-term ambition and shorter term action.
- Mental Health Crisis Care Concordat - February 2014: describes how we work in partnership with others to improve outcomes for people experiencing mental health crisis
- Five Year Forward View - October 2015: describes how over the next five years the NHS must drive towards an equal response to mental and physical health, and towards the two being treated together.
- Achieving Better Access to Mental Health Support by 2020 – October 2014: People of all ages with mental health problems should receive at least the equivalent level of access to timely, evidence-based, clinically effective, recovery focused, safe and personalised care as people with a physical health condition.
- The Annual Report of the Chief Medical Officer Public Mental Health – Investing in the Priorities – October 2014
- ‘Preventing Suicide in England’ September 2012: defined objectives and areas for action nationally, whilst highlighting the responsibility at Local level to coordinate and implement work on suicide prevention
- Future In Mind – July 2015 : aims to change the culture of services to young people and captures the transition to adulthood

The Action Plan is aligned to a number of related joint strategies that are helping to deliver improved outcomes for people with mental health care needs and their carers and families. It is essential partner organisations work collectively when implementing strategies to ensure co-production and joint working activity is maximised and not duplicated (eg conducting market engagement, procurement and service design) and when presented, they are delivered as transformational plans. These local strategies include:

- Health and Wellbeing Strategy
- Substance Misuse Strategy
- Suffolk-wide Health and Care review
- Suffolk Carers Strategy
- Joint Learning Disability Strategy
- Suffolk Childrens’ Mental Health Transformation Plan

Both the CCG’s and SCC are subject to financial challenges. The Action Plan brings together commissioning commitments on mental health within the existing resource framework.

3. The mental health profile of the residents of Suffolk

There are a number of major concerns relating to the pattern of mental health among the Suffolk population.

- More people with depression and anxiety, particularly older people and people with long term chronic conditions, could benefit from access to psychological therapies in primary care.
- Many people have multiple long term physical and mental health problems that impact on their quality of life and health. People with serious and complex mental health problems die on average 15 years earlier than people without mental illness. Smoking, diabetes, high blood pressures and obesity are the main factors that cause these early deaths.
- Significant numbers of people with mental health problems also have substance misuse problems (alcohol and drugs) and a large number of acute hospital admissions are alcohol related.
- Severe mental illness which includes psychotic conditions and bipolar disorder which can cause significant distress are estimated to affect 0.4% of the population in real terms this is 2,000 to 3,000 people in Suffolk aged between 16-74 years old
- There are significant numbers of carers who are vulnerable to physical and mental health problems.
- There are around 1 million people with learning disabilities in England and estimates of prevalence of mental health problems vary from 25-40%, In Suffolk this would equate to between 3,500 and 5,500 people.
- Estimates of perinatal mental health suggest up to 1500 women in Suffolk per year may experience depression and anxiety during and after pregnancy. A further 40 will experience serious mental illness or psychosis.
- Increasing numbers of migrants, marginalised groups and ethnic minority groups.

4. Objectives and priorities

The Mental Health Strategy will be implemented over 5 years and includes a period of mobilisation that sets out these areas of commonality that are relevant to all the priorities:

- How the strategy will measure success: though the development of individual outcomes and a means of measuring these outcomes. Locally this will mean we need to break down barriers that currently prevent us from doing this. For example the different IT systems that exist in different organisations; lack of awareness and poor communications between organisations; and organisational blockages by the failure to design end to end pathways. We will work to break down seek practical solutions to reducing IT barriers achieving quick wins in year one followed by a longer term plan to support IT integration steps in later years. We will improve relationships and communication by developing joint training courses and workshops. Organisational barriers in care pathways will be addressed through co-production and design workshops for pathways to include all stakeholders.
- Delivery of the Strategy will be closely monitored by the Health and Wellbeing Board with specific outcomes developed in year one to monitor the progress in integrated working.
- The Mental Health Strategy action plan will develop mental health pathways that work to ensure patients recover from mental ill health & enjoy an improved quality of life, enabling patients to flow through pathways even if it involves crossing provider boundaries. It will expect all mental health and social care providers to work collaboratively for the best interest of patients, promoting innovation, offering added value whilst reducing barriers and silos.

- Recognition that there will be a shift from the current medical model to acknowledgement that social/behavioural/psychological model is the favoured approach unless there is a clinical reason for medical intervention. This will be achieved through the development of a high level theoretical framework for self-care and prevention across Suffolk including education, employers, SCC, CCG's using a common language and tools to increase ownership of emotional health and wellbeing by the population as a whole.
- Establishing Mental Health champions for Suffolk
- Ensuring the Mental Health Joint Commissioning Group has the appropriate membership to monitor the success and evolution of the strategy.
- Establishing a local review process that looks at best practice, NICE guidelines, feasibility studies and other areas of research to ensure this is continually reviewed and built into the Strategy.
- Ensuring that GP's and nurses operating within practices have a common understanding of Mental Health conditions.

Three overarching priority objectives will subsequently be the focus of delivery programmes for adults. The outcomes against each are noted below.

4.1 Tackling the causes, building community resilience and improving prevention:

Outcomes:

- Improved wellbeing, reduced mental ill health, healthier lifestyles
- Better understanding of how to meet the needs of individuals with emotional and mental health care needs across all settings.
- More self-care and support initiatives including carers to maintain wellbeing
- Reduction of mental illness and self-harm; reduction in suicide
- More early intervention for people with mental health problems

4.2 Primary and Community Care integrated with Social Care; less medical prescribing with shift towards social prescribing model:

Outcomes:

- More people including children and young people with severe mental health needs are able to access support in primary care settings
- More people recover from mild, moderate and severe mental illness in primary care settings
- More people with long terms conditions and medically unexplained symptoms are supported in primary care settings leading to fewer hospital admissions.
- More service users feel empowered and have greater confidence in managing their self-care
- Everyone with a common mental health problem can access the service that they need and no one falls outside of local pathways

4.3 Complex specialist population:

Outcomes:

- More community based solutions for those with complex specialist needs
- More people are able to access to support before crisis point
- Increased urgent and emergency access to crisis care
- Improved quality of treatment and care when in crisis
- Fewer people admitted to hospital whether that is secondary mental health care or an acute hospital.

- More people recover and stay well thus preventing future crises
- Reduction in numbers of premature deaths for people with mental ill health
- Integrated physical and mental health care to reduce premature mortality

2015-2020 Adult Integrated Mental Health Action Plan

	Outcome(s)	Action	Milestones	Accountable Lead Organisation	Named Accountable Owner	Year
1	Priority one: Tackling the causes, building community resilience and prevention					
a	Improved wellbeing, reduced mental ill health, healthier lifestyles	Annual Plans for Mental Health including awareness campaigns based on identified needs, which may include, for example,	Publication of Annual mental Health Promotion Plan	SCC: Public Health	Rosie Frankenberg PH SCC	2016/17
b	Wider understanding of emotional and mental health	<ul style="list-style-type: none"> • Physical health and disability • Leisure and physical activity • Mental Health in the work place • Self-harm 				
		Ensuring pathways in place to support health improvement & health lifestyles including exercise, smoking, and substance misuse including alcohol for people with serious mental illness.	Healthy Lifestyle services commissioned including pathways.	Public Health	Lynda Bradford PH SCC	2018/19
		Integration of healthy lifestyle habits into existing mental health care pathways	Care pathways revised to reflect healthy lifestyle habits	NSFT/WSCCG/	NSFT Physical Health Care Leads/John Hague To be confirmed	

	Develop methodology including shared set of performance metrics to measure and provide evidence on progress of integration of health and mental health care provision & improved mental health related outcomes.	Publication of integrated Mental Health Outcomes Framework and Performance Indicators	IESCCG / WSCCG/SCC ACS/SCCPH	Alan Bramwell/Ben Solway	2016/17
	Publication of Marginalised Vulnerable Adult JSNA and re-procurement of MVA Contract to support targeted marginalised groups access physical and mental health care.	New MVA service operational	IESCCG - Redesign	Alan Bramwell/Ben Solway	2016/17
	Comprehensive access to simpler information on what is available for people to keep them well and safe in the community with universal take up of Suffolk Information Link which provides one place for general public and professionals to go to for information on local support / community groups. Dedicated resource to keep it up to date.	Mental Health information uploaded onto Suffolk Information Link	IESCCG/ WSCCG- COO / SCC	To be confirmed	2019/20
	Campaign to continue to highlight the mental health needs of UK Armed Forces Veterans including further development of Project Nova: Walking with the Wounded, Regular Forces Employment Agency and Norfolk and Suffolk Police aimed at supporting and diverting criminal acts or behaviours linking to other services. Further development of Criminal Justice Liaison and Diversion service (CJLD) working alongside partners Julian Support and Walking With The Wounded (military charity).	Veterans mental Health services are integrated into mainstream mental health services.	Suffolk County Council. Business Development.	Jim Brown	2016/17
	Undertake a project focusing on integrating sport and physical activity with the aim to pilot a project. The pilot will be collaboration between Suffolk County Council, Sport England and CLOA, it will a look to promote ways of using sport and leisure activities to manage stress and anxiety.	Pilot to promote ways of using sport and leisure activities to manage stress and anxiety implemented	Suffolk County Council. Adult Community Services.	Mark Crawley/ Jason Joseph/Adam Baker	2016/17

		Improved Community Resilience by developing closer links between organisations that are supported through the joint mental health funding budget.	Mental Health integrated into Community Resilience.	Suffolk County Council. Adult Community Services.	Mark Crawley/ Jason Joseph	2016/17
		Information, advice and guidance delivered through Suffolk Family Carers Mental wellbeing focus groups, increased community engagement through mental health supported housing outreach and development of new social media feeds through Suffolk Libraries Mental Health and Wellbeing Co-ordinator.	Mental Health and Wellbeing integrated into Suffolk Libraries.	Suffolk County Council. Adult Community Services.	Mark Crawley/ Jason Joseph	2016/17
b	More early intervention for people with mental health problems	<p>Early intervention in psychosis - the expansion of the coverage of early intervention services to all patients experiencing a first episode of psychosis.</p> <p>https://www.nice.org.uk/news/article/new-quality-standard-on-psychosis-and-schizophrenia</p> <p>https://www.england.nhs.uk/wp-content/uploads/2015/02/mh-access-wait-time-guid.pdf</p>	New psychosis care pathway.	IESCCG/ WSCCG Contracts/ NSFT	Jon Reynolds/Dr John Hague	2016/17
		Early detection services for patients with prodromal symptoms of schizophrenia.	New care pathway for schizophrenia in place.	IESCCG/WSCCG	To be confirmed	2018/19
		<p>GP, Health Visitor and Midwifery training to reduce the impact postnatal depression.</p> <p>www.nhs.uk/download.ashx?mid=12432&nid=12455</p> <p>http://www.nice.org.uk/guidance/cg192/chapter/1-recommendations</p>	Training delivered.	CCG/SCC/PH	Eugene Staunton/others to be confirmed	2016/17

		Improved Mental Health awareness training and skills for all front line professionals who work with children, young people and adults – to increase consistency of messages to services users followed up with tools and skills they can easily learn and use and see as relevant – not medical model.	Training delivered	CCG/SCC – Workforce Development	Amanda Lyes/Fiona Denny	2018/19
		GP, Health Visitor and Midwifery Training to reduce the impact of postnatal depression. <i>Organisations to comply with the principles of ACCORD, so that the safeguarding and development needs of children are taken into consideration by adult services when assessing and planning the care and treatment of adults with mental health needs and parental responsibility.</i>	Training programme developed Training delivered	CCG/SCC – Workforce Development	Amanda Lyes/Fiona Denny	2017/18
c	Reduction of mental illness and self-harm; zero tolerance of suicide	Development of a local Suicide Prevention Strategy and action plan including: <ul style="list-style-type: none"> ·Reduce the risk of suicide in key high-risk groups ·Tailor approaches to improve mental health in specific groups · Reduce access to the means of suicide ·Provide better information and support to those bereaved or affected by suicide ·Support the media in delivering sensitive approaches to suicide and suicidal behavior ·Support research, data collection and monitoring ·Incorporate learning from the Preventing Suicide in England and Annual Report (2014), and local data regarding current trends and new messages from research. 	Suicide Prevention Strategy published.	SCC: Public Health	Lynda Bradford Public Health	2016/17
		Continuing audit of suicide data and trends and messages for prevention	Annual Suicide Audit published	SCC: Public Health	Rosie Frankenberg	2016/17
		Police suicide overview and assessment and prevention training as included within Mental Health Awareness Training.	Training commenced	Suffolk Constabulary	Chris Galley	2016/17

		<p>Self-Harm in CYP</p> <ul style="list-style-type: none"> · Ensure NICE guidance for self-harm implemented and identify programmes to reduce actions of self-harm in young people. · Development of recommendations to reduce self-harm levels among young adults and inequality due to relationship with deprivation. <p>http://www.nice.org.uk/guidance/cg016</p>	Reduction of self-harm in children and young people	IESCCG/ WSCCG/SCC CYP	Eugene Staunton/ Richard Selwyn	2018/19
d	More self-care and support initiatives to maintain wellbeing	<p>Encouraging Public Sector employers to invest in workplace wellbeing programmes.</p> <ul style="list-style-type: none"> · NHS – IHT; WSH; NSFT; Community Provider & Primary Care; CCG's · SCC Time to Change 	NHS Workforce training delivered	CCG/PH	Amanda Lyes/Dan Chappelle Public Health	2016/17
		<p>Work Place Initiatives</p> <ul style="list-style-type: none"> · Workplace screening for depression and anxiety disorders. · Public sector employee investment in universal workplace depression and anxiety screening interventions. 	Work place screening in place	CCG/SCC/PH	Amanda Lyes/Fiona Denny/others to be confirmed	2019/20
		<p>Pooled Fund Projects</p> <ul style="list-style-type: none"> · Raising carer awareness for professionals, introducing an increased offer of carer assessments to achieve better outcomes for people caring for individuals with mental health. · Redesigning carer assessments in co-production with Suffolk Family Carers, focusing on delivering a tiered approach to help people to be more resilient and where appropriate allowing access to carers' budgets. · Continued development of an Employment support offer using the including an integrated mental health and housing pilot in West Suffolk. 	Local authority Pooled Fund interventions implemented	Suffolk County Council ACS.	Mark Crawley/ Jason Joseph	2016/17

	Increasing the person centered approach of individual placement support and closer working relationship with Department of Work and Pensions.		Department of Working Pensions Collaboration Group Suffolk County Council.	Mark Crawley/Jason Joseph	2016/17
	More widespread use of peer groups ensuring they are set up to run sustainably and usefully by ensuring that the majority of participants take ownership for a group and receive training on how to do this.		Suffolk County Council	Mark Crawley/Jason Joseph	2019/20
	Support of service users groups to develop user led initiatives to self-management including community based information & advice delivered through Voluntary and community sector organisations.		Suffolk County Council	Mark Crawley/Jason Joseph	2019/20

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	Outcome	Action	Milestones	Accountable Lead Organisation	Named Accountable Owner	Year
2	Priority two: Primary and Community Care integrated with Social Care; reduction in medical prescribing with shift towards social prescribing model					
a	More people recover from mild, moderate and severe mental illness in primary care settings	<p>Mobilisation of new Primary Care Mental Health Contract</p> <ul style="list-style-type: none"> Review and Re-commission IAPT Model to achieve value for money cost efficiencies, opportunities for re-investment and identify and implement opportunities to improve patients related outcomes. Service providers should implement the Michael inquiry recommendations in mental health trusts as well as in acute hospitals and primary care. Review current commissioning model of the Community Wellbeing Service for patients who have more complex needs to achieve value for money cost efficiencies, opportunities for re-investment and identify and implement opportunities to commission GP training in mental ill health to include increasing their confidence to manage people at primary care level rather than referral into secondary care. 	New Contract is awarded and mobilised	IESCCG/WSCCG – Redesign & Contracts/ New provider TBC	Clare Banyard/Eugene Staunton/Jon Reynolds/John Hague/others TBC	2016/17
		General practices should ensure they have identified all people with learning disabilities on their register and offer appropriate health checks (which include mental health) and health action plans through regular audits to be shared with the local Health and Wellbeing Boards and CCGs.	All people with Learning Disabilities on GP Registers will have had a mental health check	CCG - COO	David Brown/Lorraine Parr	2016/17

b	<p>More people including children and young people with severe mental health needs are able to access support in primary care settings through the monitoring and delivery of the Suffolk Child and Adolescent Mental Health Transformation Plans</p>	<p>Development of Joint CCG and County Council Commissioning Intentions Delivery of the Suffolk Child and Adolescent Mental Health Transformation Plans including</p> <ul style="list-style-type: none"> ·Development of a community based Eating Disorder Service for East and West Suffolk which meets the requirements of the new national commissioning guidance · Maintain the strategic service transformation agenda of Increasing Access to Psychological Therapies (IAPT), for Children and Young People. Specifically embedding the principles of CYP IAPT across early support and intervention through to services for more complex and severe mental health need, looking at young people’s engagement, outcomes measures, integrated pathway and workforce development in line with national agenda of delivery by 2018. · Development of integrated perinatal and post-natal mental health care pathways across local acute providers and mental health providers in line with national guidance. 		West Suffolk CCG/SCC CYP	Eugene Staunton/Richard Selwyn	2016/17
		<p>Continued development of the service specification for emotional wellbeing and mental health services to support looked after children and their carers (CONNECT Service).</p> <p>Cross Reference: CAMH’s Transformation Plan 2015 Eugene Staunton</p>				


c	More service users feel empowered and have greater confidence in managing their self-care	Mobilisation of new Primary Care Mental Health Contract – please refer to 2a.	New contract mobilised	CCG/SCC	Clare Banyard/Eugene Staunton/Jon Reynolds/John Hague/others TBC	2016/7
		Increased use of peer support groups ensuring that there is access to appropriate training and adequate support from professionals on a regular basis to ensure sustainability of groups.	CCG'S/SCC	To be confirmed		2018/19
		Health and social care commissioners to ensure that all individuals receive personalised care and support in appropriate community settings as soon as possible. (The Winterbourne action plan stated that detailed personal plans for the return of all out of borough placements should be drawn up and presented to district and borough councils for approval by June 2014. Councils are to report to NHS England on progress by July.)		CCG'S/SCC	Mark Crawley Please refer to Suffolk Learning Disability Action Plan	2016/7
		Further support to patients support groups to design the best way to help people to help themselves through on-going co-production.	Co-production is embedded in commissioning cycles	CCG's/SCC	Mark Crawley/Eugene Staunton/Clare Banyard	2015-20
		Closer working relationship with User represented groups in including Suffolk User Forum (and associated User represented groups), developing further opportunities for service users to support the shape of commissioned services in the future.	Uplifted funding for user engagement and new agreement	Suffolk County Council – Pooled Budget	Mark Crawley/Jason Joseph	2016/7

		Greater focus on the importance of Individual placement support through Employment support programme. Detailed work to close the gap between people receiving Employment Support Allowance and the job market.	Extension of employment support contract	Suffolk County Council	Mark Crawley/Jason Joseph	2016/7
		Continued development of personal budgets in health and social care, investigation of appointments and other financial arrangements that support people in secondary care. Note: The social work S75 agreement between SCC and NSFT will be re-written in 2016.	Integrated Personal Budget accessible for people with mental health needs	SCC/CCG'S	TBC	2018/9
d	Everyone with a common mental health problem can access the service that they need and no one falls outside of local pathways	Mobilisation of new Primary Care Mental Health Contract – please refer to 2a. NB: new initiatives are due to be mobilised as part of the roll out of the five year (+2) contract so please refer to Contract & mobilisation plan	New contract awarded and mobilised	CCG/SCC	Clare Banyard/Eugene Staunton/Jon Reynolds/John Hague/others TBC	2016/7
Implementation of NHS Choice agenda in mental health services. https://www.gov.uk/government/news/more-choice-in-mental-health		People have access to Choice in Mental Health services	CCG	To be confirmed	2018/19	
Raise awareness of the information & advice that exists outside the NHS system through working with libraries and other community based organisations. Please refer to 1a			SCC	Mark Crawley/Jason Joseph	2019/20	
Targeted support to families and carers, ensuring the support system around people with Mental Health needs is complimented.		Targeted support in place	SCC	Mark Crawley/Jason Joseph	2018/19	

	Implement Transitions Policy and protocols in all service areas and care pathways	Transitions protocol implemented	SCC	Esme Wilcox	2016/17
	Schools are supported to put in place stress management support for children and young people during exam periods.		SCC	Lynda Bradford /Sharon Jarrett/CYP	2016/17
	Parity of Esteem: People with mental health care needs are not discriminated against when accessing care.	Staff training implemented	CCG – workforce development	Amanda Lyes	2018/9
	Train all front line staff e.g. in A&E departments, surgeries, pharmacies in how to communicate effectively with people who present with Mental Health problems.				
	Develop support services for parents with mental health needs to break the cycle of generational mental health needs by prioritising parents linking to the CAMHS's Transformation plan.		SCC CYP /CCG	Richard Selwyn/Eugene Staunton	2016/17
	Review dual diagnosis protocols for those with substance misuse and mental health problems to improve collaborative and partnership working between services	Sign up to process Protocol agreed and implemented	CCG / SCC Public Heath / NSFT	Clare Banyard	2017/18

e	More people with long terms conditions and medically unexplained symptoms are supported in primary care settings leading to fewer hospital admissions.	Integrated care pathways for depression in individuals with Long term Conditions for example Type II diabetes, pulmonary & respiratory conditions and heart disease/heart failure.	New care pathways in place.	CCG – Redesign	To be confirmed	2019/20
		Integrated Neighborhood Teams trained to support people with mental health problems and long term conditions in primary care settings.	Integrated Neighborhood Teams operational	CCG's/SCC	Amanda Lyes/Fiona Denny/Clare Banyard/Sandy Robinson/Bernadette Lawrence/Peter Devlin	2016/17
		Integrated care pathways for people with medically unexplained symptoms and pain.	New pathways implemented	CCG	Clare Banyard/Eugene Staunton	2018/19
		Implement new improved pathways for patients with borderline personality disorder including recognition in primary care; assessment and management in community mental health services and inpatient services. https://www.nice.org.uk/guidance/CG78	New pathways implemented	CCG/SCC	Clare Banyard/Eugene Staunton/ Mark Crawley	2018/19

	<p>Primary mental health care pathways developed in partnership with GP's, Suffolk County Council including public health, housing and employment colleagues to address following:</p> <ul style="list-style-type: none"> ·Specialised needs including autism – see below ·Eating disorders (CAMHS' Transformation Plan) ·Peri-natal mental health – (CAMHS' Transformation Plan) ·Psychosis –see above 1b 	New pathways implemented	SCC/CCG	Clare Banyard/Eugene Staunton/ Mark Lim/ Mark Crawley/ Richard Selwyn	2016/7
	<ul style="list-style-type: none"> ·Attention deficit disorder ·Dual diagnosis (substance misuse) see 3d ·Depression ·Personality disorder – see above 2e. 				2018/9 2018/9 2019/20 2018/9
	<p>Re-procure and implement new improved pathways for patients with autism including recognition in primary care; assessment and management in community mental health services and inpatient services. Services should include the following recommendations:</p> <ul style="list-style-type: none"> ·An all-age approach · ASD strategy development and implementation ·Develop age inclusive ASD pathway(s) as per NICE guidance. ·Pathways do not need to be provided by a single service, but should offer equal access to services. ·Joint-working between partners should be improved. <p>https://www.nice.org.uk/Guidance/CG128 https://www.nice.org.uk/Guidance/CG142</p>	New contract in place for 2017	SCC/CCG'S	Clare Banyard/Eugene Staunton/ Mark Lim/ Mark Crawley/ Richard Selwyn	2017/8 <i>NB: Redesign work will need to commence Q3/4 2016</i>

	Outcome	Action	Milestones	Accountable Lead Organisation	Named accountable owner	Prioritisation by year
3	Priority three: Complex specialist population					
a	More people are able to access to support before crisis point	Develop and implement an Integrated Mental Health Urgent Care Pathway including:				
		·Review pathways and referral criteria into each service within the health system to improve waiting times so that maximum waiting times are up to 4 hours (emergency), up to 24 hours (urgent) and up to 14 days (routine).	Mental Health waiting times are implemented in line with those in the acute sector.	IESCCG/WSCCG - Contracts	Jon Reynolds	2016/17
		Continued implementation of Crisis Care Concordat  2015-03-18 Final Draft Suffolk Concorc	Please refer to Crisis Concordat Action Plan	IESCCG/WSCCG Redesign/NSFT/Suffolk Constabulary/CC ACS/SUF/MIND	Clare Banyard/Eugene Staunton/Mark Crawley/Chris Galley/Jayne Davey/Jeff Stern/Anna Hughes	2016/17
		·Development of integrated perinatal and post-natal mental health care pathways across local acute providers and mental health providers - see above 2b.	See 2b	See 2b	See 2b	2016/17
		·Improve GP and other health professional's knowledge and experience of management of people who may be risk of crisis.	Crisis Care Update/training delivered to GP's	IESCCG/WSCCG – Workforce/COO	David Brown/Amanda Lyes	2016/17
		·Review social care urgent mental health care pathway reducing need of mental health admissions to A and E.	Care pathway review in place	SCC ACS	Mark Crawley/Jason Joseph	2018/19
		·Co-location of health and social care mental health services – commissioning & provider		SCC ACS/ IESCCG/WSCCG	Mark Crawley/Clare Banyard/Eugene Staunton	2019/20

		·Consider implementation of Choose and Book for mental health		IESCCG/WSCCG	Clare Banyard/Eugene Staunton	2019/20
		More emphasis on the importance of timely responses to service user needs at all points in the care pathway so that service users can rapidly step up or down according to their circumstances. This will maximise the opportunity to maintain mental wellbeing for each person while minimising overall cost to Health/Social Care by avoiding the development of more serious/expensive illness.		SCC ACS / IESCCG / WSCCG	Mark Crawley/Clare Banyard/Eugene Staunton	2019/20
		Further development of Criminal Justice and Liaison & Diversion services supporting vulnerable people including children and young people, veterans in police custody. Development is on-going in accordance with the NHS England Model and delivered by NSFT. Providing screening and assessment/identification of appropriate services and Pathways dependent on needs of person in custody. Delivery in partnership with Julian Support and veteran's organisation.		NSFT/Suffolk Constabulary/NHS England	Ian Trenholme/Chris Galley	2016/7
		Further investigation of Appropriate Adult services for vulnerable adults in line with the recommendations "There to Help" report commissioned by the Home Secretary. Improve links between Liaison and Diversion services and the Appropriate Adult service which also supports individuals who have been brought into Police custody.		NSFT/Suffolk Constabulary/NHS England	Ian Trenholme/Chris Galley	2016/7

		Use of alternative and respite beds in the community to prevent access to hospital and reduce instances of crisis. Continued learning from pilots to understand the impact of community support and implementation of new ideas into the service specification.		CCG'S/SCC	Eugene Staunton/Clare Banyard/Mark Crawley/ Jason Joseph	2016/7
b	Increased urgent and emergency access to crisis care	Further development & staff training of Psychiatry Liaison services for example in our acute hospitals and in the community supporting children, young people and adults with mental health needs on the wards and in their own homes.		CCG/NSFT/IHT/W SH	Clare Banyard/Eugene Staunton	2016/7
		Improve urgent care access to substance misuse services.		SCC Public Health	TBC	2019/20
		Review Urgent and Emergency Care, including specific reference to national models of care that work for people in mental health crisis to reduce number of people having to attend A and E.		CCG/NSFT/SCC ACS	Clare Banyard/Eugene Staunton/Mark Crawley	2019/20
		Out of Hours crisis response for under 18's - Belhaven		PH/SCC CYP/CCG	Eugene Staunton/Mark Lim	2016/7
		Evaluation and on-going delivery of ·Crisis Line ·Places of safety including crisis beds.		PH/SCC/PH	Mash Maidrag	2016/7
		Emergency Response Services ·Maintain current levels of approved Mental Health Professional provision – already linked with our Emergency Duty Service. ·Explore extension of police triage car scheme to include other blue light		CCG/Suffolk Constabulary	Clare Banyard/Eugene Staunton/Chris Galley	2016/7

		services such as ambulance and fire services.				
		Development Crisis Support & Prevention – Ensure better communication between all the crisis services including shared records.		CCG/NSFT/SCC ACS	Clare Banyard/Eugene Staunton/Mark Crawley	2016/17
		Identify changes to the housing model in the procurement of new services. Designing a new integrated model to ensure that individuals' have a clear pathway to recovery. Identifying the right support at the right time.		SCC ACS	Mark Crawley/Jason Joseph	2019/20
c	More choice and improved quality of treatment and care when in crisis	Develop integrated crisis outcome framework and associated performance measures & KPI's to measure impact and success of crisis interventions.			TBC	2016/17
		Implementation of NHS Choice agenda in mental health services		CCG/NSFT/SCC ACS	Clare Banyard/Eugene Staunton/Mark Crawley	2019/20
		Continued implementation of the Crisis Care Concordat. See 3a		See 3a.	See 3a.	2016/17
		Development of police triage services in partnership with CCGs and NSFT. See 3b.		See 3b.	See 3b.	2016/17
		Academic and robust evidence based evaluation of proof of this concept and establish links to Liaison and Diversion to provide effective and efficient service to		See 3a.	See 3a.	2016/17

		those coming into contact with Police. See 3a.				
d	More people recover and stay well thus preventing future crises	Improving and increasing access through self-referral and direct access from primary care to Recovery Colleges.		SCC/CCG's	Mark Crawley/Clare Banyard/Eugene Staunton	2016/7
		Develop an integrated re-ablement and recovery pathway to promote independence, facilitate recovery and allow service users to transition from hospital to supported care in the community and to transition along the care pathway with a view to: <ul style="list-style-type: none"> · Preventing relapse and reducing re-admission · Facilitating step-down from in-patient, specialised and secure care · Consolidating commissioning approaches for people requiring continued support in supported housing, nursing and residential care · Developing care pathway approach into and out of hospital placements · Alignment with CPA review plans 		SCC/IESCCG's/WS CCG	Mark Crawley/Clare Banyard/Eugene Staunton/Amanda Jones	2016/17
		Review of current services for those patients with a Dual Diagnosis in partnership with Suffolk County Council and Suffolk Public Health. See http://www.dualdiagnosis.co.uk/uploads/documents/originals/Dual_Diagnosis_Good_Practice_Policy_Implementation_Guide.PDF		SCC ACS/SCC PH/CCG's	Clare Banyard/Eugene	2018/19

	Review of those mental health clusters & care pathways (mainly 8 & 11) who suffer long term enduring mental health illness to ensure that service users seamlessly transition along the pathways to aid recovery and keep them well & independent of care services.		WSCCG/IESCCG's	Eugene Staunton/Clare Banyard	2018/19
	Review function and form of pooled budget to : <ul style="list-style-type: none"> ·To increase capacity and capability to transition service users through the care pathway · Align with development of integrated neighbourhood teams and networks. ·Develop joint Business Case to increase value for money ·Inform service delivery with initiatives from Voluntary sector ·Clear aligning of Pooled fund services that fit within Crisis, prevention and self-management 		SCC/CCG's	Mark Crawley/Jason Joseph/Clare Banyard/Eugene Staunton	2016/7

<p>e</p>	<p>Reduction in numbers of premature deaths for people with mental ill health</p>	<p>Physical Health Care ·HCA/nurse training to highlight the physical health checks for those with severe and enduring mental illness. http://www.rcpsych.ac.uk/PDF/LesterUKAdaptation2014updateA5bookletversion.pdf ·Publication of physical health check information http://www.rethink.org/media/813628/Rethink%20Mental%20Illness%20Physical%20Health%20Check%20Flyer.pdf www.rethink.org/about-us/health-professionals/physical-health-resources ·Physical health check questionnaire/plan for patients https://www.rethink.org/media/1137219/Physical%20Health%20Check%202014.pdf</p>	<p>Annual Audit for national CQUIN</p>	<p>CCG Contracts /NSFT</p>	<p>Physical Health Care lead NSFT</p>	<p>2016/17</p>
		<p>Align with local Crisis Concordat and local needs across each of the National Suicide Prevention Strategy areas for action: ·Reduce the risk of suicide in key high-risk groups ·Tailor approaches to improve mental health in specific groups ·Reduce access to the means of suicide ·Provide better information and support to those bereaved or affected by suicide ·Support the media in delivering sensitive approaches to suicide and suicidal behaviour ·Support research, data collection and monitoring http://www.centreformentalhealth.org.uk/zero-suicides</p>		<p>SCC PH/CCG's/SCC ACS/ Suffolk Constabulary</p>	<p>Lynda Bradford/ Chris Galley/Eugene Staunton/Care Banyard/John Hague/Mark Crawley</p>	<p>2016/7</p>