



Somerset

Clinical Commissioning Group

Somerset's Crisis Care Concordat Update

**Deborah Howard - Head of Mental Health
Services, Somerset CCG & Somerset CC**

12 November 2015



Somerset

Clinical Commissioning Group

Summary

- Background
- Where we have got to
- What's going well
- Not so well
- Next steps

Background

- Crisis Care Concordat Action Plan developed in February 2015
- Time of staff changes (retirement/recruitment) & absence at CCG
- Pressures/competing demands on all agencies
- Timescales within the plan – needed to revisit and re-set. This has been a recent realisation!

Where we have got to 1/4

- Declaration now signed by all partners
- Quarterly multi-agency meeting chaired by Joint Head of Mental Health Services
- Very well attended by partners, membership broadly mirrors the S.135/136 monitoring group which is helpful
- Setting the tone/intentions for the each meeting - reminding us all of our purpose before we start

Where we have got to 2/4

- Regular update on Action Plan to Somerset SAB & LSCB
- Starting to do the same for Suicide Prevention Advisory Group
- Developed proposal & business case for 24/7 CRHTT - moving forward £ investment. SPFT at recruitment stage.
- Multi-agency groups meeting to review/learn/share - based on cases/what's happened. Reviewing incidents & complaints, service developments & care pathways. Regular case review group for multiple/repeated section 136 detainees

Where we have got to 3/4

- Agreement that education & training should be multi-agency
- V. helpful meetings with A & S Constabulary -control room based Triage solution business case
- Conveyance/transport being revisited. AMHPs booking private transport, due to concern re. waits, therefore difficult for provider to understand level of need etc.
- Passion and commitment in Group is evident + good relationships at a local level inc. Police and Wards

Where we have got to 4/4

- Updated and improved place of safety environment at Rowan Ward, Yeovil
- S.135/136 Policy review group – near to completion of review

Not so well

- Crisis/Recovery House or Sanctuary provision – large rural area, need to think through the best model for our population and unclear re. funding for this? VSO looking into needs too and reporting back. Keen to learn from other areas!
- Information sharing agreements across agencies – concerns re. duplication of work across a range of meetings, often involving the same people – working smart across our system
- TIME (huge issue) and sharing lead roles to take forward actions – but improving!

Next Steps

- Shared learning – across other areas, not duplicating effort esp. re. Crisis/Recovery houses or sanctuaries
- Re-look at needs in respect of POS – 2017 likelihood Adults will have to go to health based POS.
- Sub groups need to be set up to take forward actions so we can maintain growing momentum and take forward the actions within the newly set timescales