

Ref:	Actions	Lead	Timescales	2015/16 – Q4 Update
2.1	<p>SPFT clinical managers are working with South East Coast Ambulance services which provides 111 in Sussex, to develop protocols / pathway algorithms via which callers can be triaged and provided facilitated access to suitably proportionate responses. These might include transfers to national counselling / mental health advice lines, as well as potentially to the new SPFT provided rapid response services (see 10.3.3).</p> <p>This could provide a more clearly defined replacement to current arrangements and a more patient focussed telephone service that provides not only support, advice and guidance, but also directed access to mental health services based on presenting needs.</p>	<p>Sussex Partnership Foundation Trust (SPFT) (RB) and South East Coast Ambulance Service (BB)</p> <p>SPFT and CCG Commissioners</p>	<p>Protocol Development – Q2 Adoption of Protocol – Q3</p> <p>Possible consultation on future arrangements / impact on MH Line – Q3/Q4</p>	<p>Development of more effective protocols to assure proportionate responses has been delayed although 111 continues to operate with accurate information on current access arrangements to mental health services.</p> <p>Health-Watch East Sussex has completed a consultation and report on the MH Line across Sussex, which reached conclusions similar to those identified in the Crisis Care Concordat Gap Analysis about its effectiveness. This suggests a reconsideration of its role within first access points as proposed, is likely to be supported.</p>
3.3.5	<p>A new set of response time standards for GP referrals to SPFT was launched in East Sussex from October 2014:</p> <ul style="list-style-type: none"> <li>• Emergency – 4 hours</li> <li>• Urgent – 5 days</li> <li>• Routine – 4 weeks</li> </ul> <p>Levels of demand and responsiveness have been evaluated and reviewed in a facilitated workshop held between CCG clinical commissioning leads and Trust medical and nursing staff.</p> <p>Further identified actions include more widely promoting the availability of the 5 day response standard and adoption of electronic referral forms.</p> <p>The outcome is anticipated to be a further increase in the use of this referral option and consequent release of CRHT capacity to better respond to emergencies within 4 hours.</p>	<p>Sussex Partnership NHS Foundation Trust (SPFT) with CCG clinical commissioning leads</p>	<p>Introduced from Q3 2014</p> <p>Workshop and further actions identified Q4 2014 for action from Q1 2015.</p>	<p>GPs have been engaged and are aware of the new range response times for referrals of different levels of urgency.</p> <p>These are promoted on the GP information system 'DXS' for example, together with an electronic referral form on which level of urgency can be indicated.</p>

	CRHT capacity is also being enhanced by deployment of new staff to provide a rapid response service – see 10.3.3.			
3.3.6	One of the aims of the enhanced psychiatric liaison service is not only to attend within 2 hours, but also to assess patients presenting in A&E with a mental health crisis and enable decisions to be taken on admission or discharge within 4 hours – see 6.2.	Sussex Partnership Foundation Trust	New enhanced psychiatric liaison service effective from Q1	<p>New enhanced psychiatric liaison service was in place from Q1.</p> <p>Baseline numbers of A&amp;E attendances for mental health reasons in 2014/15 and involvement of liaison, as well as 4 hour breaches data is being consolidated by local CSU Business Intelligence.</p> <p>Quarterly monitoring reports for 2015/16 performance are also being generated.</p> <p>An ‘urgent care lounge’ in the Department of Psychiatry in Eastbourne has also been created, to which patients can be transferred from A&amp;E (or directed) which aims to improve experience by providing a calm space whilst waiting for assessment.</p> <p>This is an initiative which addresses concerns raised in stakeholder consultations undertaken prior to development Concordat Action Plans.</p> <p>The use of Urgent care lounge continues to have a positive impact on enabling decisions to be taken on admission or discharge within 4 hours from A&amp;E and A&amp;E colleagues are pleased with the impact.</p>

4.3.1	<p>A Sussex-wide 'Section 136 Place of Safety Operational Planning Group' has been established led by SPFT, which meets fortnightly with attendance by Service Directors and Commissioners from East Sussex as well as senior officers from Sussex Police.</p> <p>The Group is planning operational responses to ensure detentions in custody are reduced, with a clearly defined target date of the end of 2015/16 for these to have been halved compared to 2014/15.</p> <p>The Group is also the forum in which SPFT and the police are working towards agreeing a definition of 'exceptional circumstances'. The process for achieving this is by jointly reviewing every custody detention over the last year to establish the circumstances that gave rise to this being used rather than a health-based s136 suite.</p> <p>The overall number of s136 detentions is reducing as a result of the introduction of street triage across East Sussex (see 10.3.6), taking pressure off the need for detention in any setting including custody. The positive benefits of this in terms of understandings between the police and healthcare agencies about what are 'exceptional circumstances' as well as the decision making process 'in the field' about where to take people who may be detained, is expected to improve joint working practices and reduce both numbers detained and detained in custody.</p>	SPFT-led S136 Place of Safety Operational Group	<p>Established from March 2015.</p> <p>Target agreed in March 2015.</p> <p>Audit completed by July 2015. Definition of 'exceptional circumstances' by August 2015.</p> <p>Street triage in place across all of East Sussex from April 2015</p>	<p>Established from March 2015.</p> <p>Target agreed in March 2015.</p> <p>Audit completed by July 2015 and definition of exceptional circumstances agreed by August 2015.</p> <p>Street triage was in place across all of East Sussex from April 2015.</p> <p>Section 136 detentions reduced in 2015/16 compared to 2014/15 – Q1 from 105 to 79; Q2 from 122 to 85; Q3 from 105 to 77.</p> <p>Section 136 detentions to custody reduced to zero in Eastbourne and in Hastings to only ten in the first two quarters of 2015/16, and in quarter three were one and three respectively.</p>
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	<p>The effect of reducing overall numbers detained under s136 will reduce demand and hence occupancy of health based suites, and arrangements are being put in place from April 2015, (when the availability of custody as a place of safety for s136 has been withdrawn by Sussex police), such that if the health-based suite is occupied, recourse will be made to the next most closely located / available health suite.</p> <p>Similarly from April 2015, no child under the age of 18 will be detained in custody, and protocols specifying how recourse is made to the most locally available health-based suite is always made are in place, with the additional option for their accommodation in the local tier 4 CAMHS in-patient facilities. Detention of children in custody as a s136 place of safety will therefore be treated as a never-event from April 2015.</p> <p>The 'Section 136 Place of Safety Operational Planning Group' is also exploring what role on-call duty psychiatrists can play in safely resolving police concerns about persons' mental state without the need for s136 detention, through voluntary conveyance to health facilities where an expert psychiatric determination can be made on the need for MH act assessments, as well as where a non-statutory assessment can be carried out by the new rapid response service – see 10.3.3. This has the potential to reduce demands on s12 doctor and AMHP and improved response times in circumstances when MH Act assessment is essential.</p> <p>Finally, options are being explored for an alternative location to health based s136 suites for those who are intoxicated to be safely cared for preparatory to their being fit for the undertaking of a MH Act assessment.</p>		<p>Target agreed in March 2015 – see above Protocol agreed for adults in Eastbourne March 2015.</p> <p>Protocol agreed for children across East Sussex in March</p> <p>Role determination by July 2015, with roll-out thereafter if confirmed for adoption</p> <p>To be determined July 2015 with options for location assessed if feasible and implemented before year-end.</p>	<p>Protocol agreed in March 2015.</p> <p>Protocol agreed in March 2015. No child under the age of 18 has been admitted to custody in East Sussex in 2015/16.</p> <p>Not pursued as necessary due to drastic reductions in numbers of s136 detentions.</p> <p>People who are intoxicated do now use health-based places of safety in line with a newly agreed joint protocol.</p>
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5.3.3	<p>Two senior clinical managers from with SPFT have been identified to lead a project to increase numbers of 'advanced care planning directives' uploaded on to IBIS. This will enable ambulance services to take suitable safe alternative action to dispatching an ambulance / conveying to A&amp;E those who are known to SPFT and can have their crisis addressed in other ways, including by accessing the new rapid response service – see 10.3.3.</p> <p>This will include a project to obtain (as necessary through pseudo-anonymised data analysis) those who most frequently call ambulance services when in crisis, outcomes from which can be used by SPFT to prioritise those most likely to benefit from being diverted to their services.</p>	SPFT (AB and LB) with South East Coast Ambulance Service (BB)	<p>Project established July 2015. Uploads on to IBIS from Q2 2015.</p> <p>Project established Q2 2015. Results from to inform upload priorities to year-end.</p>	<p>Training of SPFT staff in the use and uploading of IBIS was completed by mid-November 2015.</p> <p>Within Eastbourne the rapid response service is accepting direct referrals from Secamb. This avoids A&amp;E attendance when the person does not have a medical need. Such referral numbers are increasing with positive outcomes for patients and feedback from Secamb colleagues that they are find this a very helpful alternative to A and E conveyance.</p> <p>Criteria for identifying those for whom IBIS uploads would be most beneficial were discussed between SPFT and SECamb. Fifty-one of the highest users of ambulance services known to SPFT have had their details uploaded on to IBIS.</p> <p>Discussions between SPFT and SECamb are ongoing and are developing in to closer partnership working relationships particularly via calls into rapid response service.</p>
5.3.5	Following a national decision by the Association of Ambulance Service Chief Executives, South East Coast Ambulance Services have agreed to adapt 'NHS Pathways' protocols to increase the priority to be accorded calls from the police in respect of s136 detentions, and commit to attend within 60 minutes and convey persons as necessary to an appropriate place of safety.	South East Coast Ambulance Service	In place from December 2014.	In place from December 2014.

6.1	<p>SPFT offer training for A&amp;E staff which has been taken up by some staff but not all. Further offers of SPFT training of A&amp;E staff should continue to be made and rates of take-up monitored / kept under review.</p> <p>Options for how patients seen by or within the care of mental health services could have any necessary physical examinations completed will be explored as part of closer working between A&amp;E and liaison services, in which such liaison could be facilitated in both directions - see 6.3.1</p>	Sussex Partnership NHS Foundation Trust (SPFT) lead	On-going with review at end Q2 2015.	<p>Updated training plan agreed with East Sussex Healthcare Trust (ESHT) with roll-out from November 2015.</p> <p>Protocols governing responsibilities in relation to physical examinations agreed between SPFT SECamb and ESHT A&amp;E staff, including escalation procedures.</p> <p>Monthly management meetings between SPFT and ESHT are convened to review joint working and address any issues.</p> <p>ESHT team(s) will work across facilities' boundaries as necessary to ensure physical health and safety of patients transferred to and / or directed to urgent care lounge in Eastbourne. This work is ongoing.</p>
6.2	<p>Adoption of a formal triage tool by A&amp;E staff is being considered for inclusion as a CQUIN in contract negotiations with the East Sussex Healthcare Trust (ESHT).</p> <p>System Resilience Funds of £330,000 has been agreed for 2015/16 to increase Liaison psychiatry provision in the Conquest and Eastbourne General Hospital Accident and Emergency departments.</p> <p>The aim of specialist mental health assessment in A&amp;E is to identify needs and to either directly provide, or direct access to services able to meet immediate needs or make arrangements for these to be met in an appropriate and timely way in the future.</p>	CCG lead commissioner (EHST) Sussex Partnership Foundation Trust	<p>Subject to negotiation of inclusion in contract.</p> <p>Recruitment begun in early 2015. Staff due to be in post and service commencement in Q1.</p>	<p>SPFT has provided ESHT staff with triage tools, (though formal adoption has not been associated with a CQUIN).</p> <p>New enhanced psychiatric liaison service was in place from Q1.</p>

	<p>One of the aims of the enhanced psychiatric liaison service is not only to attend within 2 hours, but also to assess patients presenting in A&amp;E with a mental health crisis and enable decisions to be taken on admission or discharge within 4 hours.</p> <p>As part of the evaluation of Liaison Psychiatry services funded through resilience funds, baseline activity and regular reports of those presented in A&amp;E departments are being shared by ESHT. SPFT are also able to identify those referred most frequently to liaison services as well as those who are known to them.</p> <p>This will help assess the current sufficiency of liaison capacity and opportunities for diversion, by making direct access to mental health services more easy without recourse to A&amp;E attendance (see rapid response service - 10.3.3). It is anticipated that this evaluation will also provide background information to local bids for national funds (of £30 million), available in 2015/16 for “adequate and effective liaison psychiatry for all ages”.</p>	<p>SPFT and CCG lead commissioner (mental health)</p> <p>SPFT and CCG lead commissioner (mental health)</p>	<p>95% of patients attending A&amp;E from July 2015 will meet this 4 hour standard</p> <p>Between Q2 and Q3</p> <p>As opportunity arises / national bids invited</p>	<p>Baseline numbers of A&amp;E attendances for mental health reasons in 2014/15 and involvement of liaison, as well as 4 hour breaches data is being consolidated by local CSU Business Intelligence.</p> <p>Quarterly monitoring reports for 2015/16 performance are also being generated. These show a large increases in recorded A&amp;E attendance for mental health presentations, and breaches in 4 hour waits of around one-fifth, though data sets consolidating contact and response times for liaison services have not yet been possible to produce to identify where improvements can be made. MH breaches do however remain a very small proportion (&lt; 5%) of their total numbers.</p> <p>Non-recurrent funding has been received from NHS England and proposals put forward for release of their second-tranche to develop liaison services further towards meeting ‘core-24’ standards.</p> <p>These proposals include additional staff-grade psychiatric post joining liaison and working with medical colleagues in A&amp;E, and additional specialist child and adolescent mental health (CAMHS) nurses also joining the liaison teams at both hospital sites.</p> <p>Children and Young People’s Transformation Funds have been identified by CCGs to make CAMHS liaison services enhancements recurrent from 2016/17.</p>
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6.3.1	The option is being explored for basing the new rapid response service in psychiatric facilities on hospital sites and / operating these as the place where patients in mental health crisis conveyed by ambulance and / or presenting in A&E are taken for psychiatric 'triage' without triggering an 'A&E attendance'. Complex issues including how any necessity for physical examinations could be satisfied in this context, will be explored as part of these considerations.	Sussex Partnership NHS Foundation Trust	Determination of assessment location options in Q1, extension in Q2, Q3 and Q4 (subject to negotiated access / arrangements for physical health exams).	Current location is with acute psychiatric facilities located at each hospital site in East Sussex.  Establishment of the urgent care lounge at the Department of Psychiatry on Eastbourne DGH site means A&E attendances can now be avoided.  Work is in progress including on recruitment to establish an urgent care lounge at the Conquest site in Hastings to mirror that in Eastbourne. However SECamb staff also know they can call the rapid response service and seek advice about callers from any part of the county.
7.3.3	ESCC has committed to increasing AMHP capacity, in part by increasing numbers in training through a focus on timely support for suitable applications going forward to Brighton University. This had already resulted in newly qualified AMHPs joining the East Sussex rota in staffing it in full in 2014/15. This initiative will be repeated annually to ensure this remains the position in both 2015/16 and future years.	East Sussex County Council Adult Social Care / Head of Mental Health Services	On-going / annual	Take-up of training in 2015/16 has been lower than in previous years in a context of pressures on Adult Social Care services' reducing the ability of teams to release staff.  However, AHMP rotas remain fully complemented and it is anticipated that take-up of training in 2016/17 will revert to levels seen in previous years.
8.1	Following on from the CAMHS needs assessment an action plan has been produced which addresses training needs. This is being taken forward in a number of ways:  Mental Health awareness training is being promoted by the primary mental health workers and they offer: <ul style="list-style-type: none"><li>consultation and training to the wider children's workforce (eg GPs, school nursing, parent support advisors, school staff)</li></ul>	SFPT (PJ) and CCG Commissioner (AF)	Ongoing with quarterly monitoring through the SPFT CAMHS subgroup	In the Autumn, East Sussex produced a CAMHS transformation plan and mental health awareness and training was reflected in that.  There is also a commitment within it to review our digital offer through the creation of on-line collection of information, advice and guidance and resources for young people and families. This work commenced in January 2016.



	<ul style="list-style-type: none"> <li>early mental health assessments and interventions in community settings such as schools</li> <li>information about other local services that are available to support the emotional well-being needs of children, young people and their families an interface between Tier3 CAMHS and the wider children's workforce</li> </ul>			
	<p>There are also plans to build capacity within children's services workforce through joint working and training between specialist CAMHS and children's services e.g. on brief interventions to support better mental health in young people.</p> <p>There is an on-going programme of training at East Sussex Healthcare Trust and Brighton &amp; Sussex University Hospitals Trust to the general paediatric ward staff and A&amp;E to enable them to manage children and young people with challenging behaviours.</p> <p>There is also agreement for provision of bank staff to provide one-to-one support for young people in crisis on wards out of hours</p> <p>Staff within acute hospitals are able to access the urgent helpline provided by CAMHS services out of hours, the consultation line and the on call psychiatrist for telephone advice and guidance. There is regular training provided to staff to enable them to manage challenging behaviour on the general wards and further work is planned to look at how to support general ward staff.</p>	<p>Professional Development lead in Children's services (JA)</p> <p>SFPT (PJ) and Commissioner (AF)</p> <p>SPFT and CCG lead commissioner (CAMHS)</p>	<p>Q3 with ongoing monitoring</p> <p>Ongoing</p>	<p>This will be addressed by the initiatives within our transformation plan, through the additional investment in mental health liaison, including upskilling of ward staff and training in supporting children with mental health issues in acute hospitals. Requests for additional support will be considered when they arise.</p>

	<p>The ESCC Assistant Director for Safeguarding, LAC and Youth Justice and the SPFT Service Director within CAMHS will take joint training forward in accordance with the commitment to support children in crisis.</p> <p>It is anticipated that local bids will be made for national funds (of £30 million), available in 2015/16 for “adequate and effective liaison psychiatry for all ages”.</p>		Ongoing	<p>As part of our CAMHS transformation plan we will clarify roles and responsibilities across CAMHS, social care and acute hospital services to understand the risk shared across services through joint training across professional groups.</p> <p>A bid has been put forward to NHSE following the announcement of non-recurrent funds, earlier this month, for the provision of mental health nursing liaison to support children in acute hospitals. This area is also reflected in our CAMHS transformation plan and sustainability of the above proposal will be through transformational funding.</p>
9.2	<p>It is planned to develop a protocol between SPFT and third sector organisations, (that provide mental health support such as day centres, community links workers and so on), to designate individuals to be given authority to access the new rapid response service (10.3.3) and seek an assessment for those in contact with them whose mental health is felt to be deteriorating / reaching crisis point. SPFT would provide information, guidance and support, as well as some training to these designated individuals to help them fulfil this role safely and effectively.</p> <p>Access to services by carers acting on behalf of their cared-for can be problematic in the context of issues of consent, but it is planned to ensure that within already established protocols that in individual care-plans, opportunities are taken to record in advance those circumstances in which a care-for person indicated their carer may take specified actions on their behalf in contacting and accessing mental health services.</p>	Sussex Partnership NHS Foundation Trust and Third Sector Organisations, facilitated by CCG Commissioners	Protocol development in Q1. Agreement of protocol in Q2. Adoption of protocol by Q3.	<p>Nominations of staff at supervisor / management level were invited from Third Sector provider organisations to participate in training being provided by SPFT.</p> <p>This was to focus on how to access mental health services for users who Third Sector providers may have concerns have deteriorating mental health which would benefit from more specialist interventions.</p> <p>This training was successfully rolled out and positively received by third sector partners with clear processes / protocols being agreed on how and when to directly access mental health services when a person they are supporting is deteriorating or reaching a crisis point.</p>

10.2	A new GP web-based information system 'DXS' is being populated with detailed information provided by SPFT about what services they provide, for who (referral criteria), how quickly they will respond, and what they need to know in order to ensure the person referred to them gets the best and most timely suitable response, care and treatment.	CCG DXS Project Management Team	Site live from September 2014.	Site was live from September 2014 and subsequently kept under review for regular updating eg. guidance added on GP access to early intervention in psychosis (EIP) services.
10.3.3	<p>System Resilience Funds of £541,000 have been agreed for 2015/16 to increase CRHT capacity and provide a new community-based 'rapid response service' operating between 9am and 9.30 pm 7 days per week and offering assessments of mental health needs.</p> <p>This new service will form an important and integral part of new improvements in responsiveness to mental health crisis in East Sussex, as will be seen from frequent references to it relation to other actions described above.</p> <p>The new service will be accessible via the same contact number for access to the Crisis Resolution and Home Treatment Teams (CRHTs), but will significantly increase capacity and enable different functions to those of CRHTs to be undertaken.</p> <p>These will include an intention to provide an initial contact and preliminary assessment of the circumstances of the crisis within 30 minutes and if necessary a face to face assessment within 4 hours. This will be confirmed once demand and capacity modelling is developed.</p> <p>The service will initially be open to referrals from GPs and GP out of hours services to reduce the frequency with which their patients are directed to A&amp;E. As noted (see 3.3.5) GPs already have been recently provided with a new 5 day response standard (from CMHTs or Assessment &amp; Treatment Teams as these are known locally), enabling an appropriately</p>	Sussex Partnership Foundation Trust	Recruitment begun in early 2015. Staff due to be in post and service commencement in Q1.	<p>Three additional specialist mental health nurses and three supported workers have been recruited as at end of Q2 with bank staff being deployed as necessary to cover hours of availability required. Team fully established in Q3</p> <p>Capacity and provision of 'rapid response service' is currently operational.</p> <p>CCGs have allocated recurrent funding in full to ensure the new rapid response service continues in 2016/17.</p> <p>The CRHT are now accommodating all requests from GPs for urgent support for their patients, who can be directed to the new urgent care lounge at the Department of Psychiatry on the Eastbourne DGH site if an immediate response is required.</p>

	<p>proportionate range of responses in all circumstances of crisis, and ensuring best use of resources.</p> <p>In line with other development actions (such as in relation to 111, Ambulance services / IBIS and potentially designated representatives of third sector organisations), access to the new rapid response service will be extended over the course of 2015/16.</p> <p>The service will initially operate from psychiatric facilities on hospital sites where they will be able to see patients, and thereby provide an alternative location to A&amp;E for assessments. Consideration is also being given to deploying staff from these services in locations from which GP out of hours services operate, again with an assumption that these would be locations to which people could be invited or directed to be seen for face to face assessments.</p> <p>The existing option to see people in their own homes will also remain in parallel with these potential new locations from which these services may operate.</p>		<p>Incremental extension of access in Q2, Q3 and Q4 (subject to demand / capacity modelling)</p> <p>Adoption of location options in Q2, extension in Q3 and Q4 (subject to negotiated availability)</p>	<p>Protocol agreed with SECamb in relation to access.</p> <p>Pilot will be reviewed during Dec for extension across hours venues and stakeholders</p> <p>All stakeholders have access to the urgent care lounge at the Department of Psychiatry on the Eastbourne DGH site as an to attending A&amp;E for access to rapid mental health crisis assessment.</p>
10.3.4	<p>One of the aims of the enhanced psychiatric liaison service is not only to attend within 2 hours, but also to assess patients presenting in A&amp;E with a mental health crisis and enable decisions to be taken on admission or discharge within 4 hours – see 6.2.</p>	Sussex Partnership Foundation Trust	<p>Recruitment begun in early 2015. Staff due to be in post and service commencement in Q1.</p>	<p>New enhanced psychiatric liaison service was in place from Q1.</p> <p>Baseline numbers of A&amp;E attendances for mental health reasons in 2014/15 and involvement of liaison, as well as 4 hour breaches data is being consolidated by local CSU Business Intelligence.</p> <p>Quarterly monitoring reports for 2015/16 performance are also being generated – see 6.2 above.</p>

10.3.5	<p>An analysis has shown that contracted occupied bed days are otherwise largely sufficient to meet demand over the course of an annual cycle, but problems do arise in accessing beds when peaks in demand arise, which can be exacerbated by small numbers for whom discharge is delayed (not as formally defined DTCs – delayed transfers of care), due to their complex presentations which require highly specialised services and / or placements, including in services commissioned by NHS England.</p> <p>There are good working relationships between SPFT and Adult Social Care managers who are able to respond quickly to peaks in demand which place additional pressures on the local availability of acute in-patient beds. Discussions are also planned with NHS England to ensure clearer arrangements are put in place to access their commissioned services.</p> <p>SPFT have been incentivised throughout 2013/14 (via a 'CQUIN'), to develop proposals for introducing new services for people with personality disorders, by diverting funds from their current use across the health care system.</p> <p>A pseudo-anonymised data analysis of people with personality disorders found that small numbers were often attending A&amp;E with very high frequency, and were also often admitted for short periods before being discharged. Very high utilisation by this relatively small group of SPFT community services and acute in-patient beds, means in the absence of dedicated care pathways and services considerable costs are being incurred which could be reinvested in dedicated PD services.</p>	<p>SPFT and CCG lead commissioner (mental health)</p> <p>SPFT and ESCC Adult Social Care Services / Head of Mental Health Services. SPFT, NHS England and CCG Commissioners.</p> <p>Sussex Partnership Foundation Trust and lead commissioner (mental health).</p> <p>Sussex Partnership Foundation Trust and lead commissioner (mental health) – Business Case for reinvestment.</p>	<p>On-going / updated analyses of demand</p> <p>On-going</p> <p>Q1</p> <p>End Q4 2014/15.</p> <p>End Q1 2015/16. Implementation by year-end.</p>	<p>A fortnightly conference call is now held between the local SPFT Service Director, the Head of Mental Health Services at East Sussex County Council and the Head of Strategic Commissioning for Mental Health to monitor bed occupancy and escalate and address problematic DTCs.</p> <p>Ongoing.</p> <p>SPFT and ASC staff are also engaged in work to review and improve patient discharge pathways to address any potential DTC issues.</p> <p>It has not been possible to agree a Business Case for developing specialist services for people with PD, which it had been hoped may be resolved by end Q3 following a presentation of proposals to senior CCG clinicians and commissioners.</p>
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10.3.6	<p>System Resilience Funds of £350,000 has been agreed to continue street increase for Eastbourne in 2014/15 and on in to 2015/16, and to extend it to also cover the rest of East Sussex also in 2015/16. Formal evaluation will be undertaken to determine its effects and case for longer-term investment, which is being undertaken by a Health Economist from Centre for the Economics of Mental and Physical Health at the Institute of Psychiatry, Psychology &amp; Neuroscience at King's College London</p> <p>A pro-rata reduction of 61% is already being projected in the use of the Eastbourne custody compared to 2011/12, based on data from the first quarters of 2014/15, due in large part to an overall reduction in s136 detentions.</p> <p>This development appears to have been successful in not only reducing overall numbers of s136 detentions where it has been operating to date, a phenomenon that is it hoped will be replicated with the roll-out across East Sussex in 2015/16, but also in significantly improving understandings between the health services and Sussex police about how differing circumstances can be responded to in proportionate ways, the definition of 'exceptional circumstances', in the context of our developing a wider range of options.</p>	Sussex Partnership Foundation Trust and lead commissioner (mental health).	<p>Street triage in place across East Sussex from Q1.</p> <p>Evaluation on-going / concluded by year-end.</p>	<p>Street triage was in place across all of East Sussex from April 2015 and CCGs have allocated recurrent funding to ensure continuation in 2016/17.</p> <p>An economic evaluation of street triage in East Sussex has been completed by Dr Margaret Heslin from King's Health Economics Institute of Psychiatry, and published in the British Medical Journal – Open.</p> <p>Section 136 detentions have reduced in 2015/16 compared to 2014/15 – Q1 from 105 to 79; Q2 from 122 to 85; Q3 from 105 to 77.</p> <p>Section 136 detentions to custody reduced to zero in Eastbourne and in Hastings to only ten in the first two quarters of 2015/16, and in quarter three were one and three respectively.</p> <p>Activity: Street Triage Eastbourne (Oct 2013 – end Jan 2016) received 1606 referrals, conducted 1138 assessments and avoided 393 s136 detentions.</p> <p>Street Triage Hastings (Jan 2015 – end Jan 2016) Received 744 referrals, conducted 436 assessments and avoided 99 s136 detentions.</p> <p>Increased knowledge and understanding has continued to influence responses to MH crisis from Sussex police. Working in partnership has increased joint understanding of MH challenges and resulted in better outcomes for service users.</p>
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10.3.6	The 'Section 136 Place of Safety Operational Planning Group' referred to earlier as having been established across Sussex, is leading the work not only on defining 'exceptional circumstances' in which police custody may be necessary, but also on the skill mix and capacity requirements with health-based places of safety to manage significant levels of disturbed behaviour and / or intoxication and / or history of aggression or violence.	SPFT-led S136 Place of Safety Operational Group	Audit completed by July 2015. Definition of 'exceptional circumstances' by August 2015.	Audit completed by July 2015 and definition of exceptional circumstances agreed in August 2015.
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