

Introduction

This is a joint action plan across Stoke-on-Trent and Staffordshire.

North Staffordshire and Stoke-on-Trent CCGs work under a collaborative arrangement; South East Staffordshire and Seisdon CCG is the collaborative lead for mental health in the South of the County.

The Health and Wellbeing Boards in Staffordshire and Stoke-on-Trent have signed up to a single Mental Health Strategy; the Crisis Care Concordat is embedded within that strategic plan and within local governance structures.

This document builds on the progress made across the economy partnerships to improve the outcomes for people experiencing a mental health crisis and builds on the significant work that has already taken place between partners in 14 / 15 and 15/16 which includes:-

- Police Custody Liaison and Diversion in place in the North and Stoke-on-Trent,
- Community Triage across Staffordshire and Stoke on Trent (reduction in 136 arrests from 168 in 2012 to only 26 so far this year)
- Single points of contact for professionals and service users
- Enhanced crisis response in the South

Structures are being reviewed to strengthen the governance arrangements building on the partnership work already in place where CCGs have worked closely with the LAs, Mental health providers, the Police and OPCC to understand the use of police cells for people detained under Section 136.

1. Governance					
No	Objective	Action	Led By	Outcomes	Timescale
1.1	The Concordat is an integral aspect of the Staffordshire and Stoke-on-Trent Mental Health and Wellbeing Strategy and will be part of the overall implementation plan.	<ul style="list-style-type: none"> Produce Detailed Strategy Implementation plan 	Strategy and Concordat Lead: Staffordshire H&WB Board Stoke-on-Trent H&WB Board	<ul style="list-style-type: none"> Mental health is embedded in everyone's agenda Mental health is everybody's business 	COMPLETE
1.2	Develop and agree governance arrangements for ensuring delivery, monitoring, review and updating of the action plan building on existing arrangements for partnership working.	<ul style="list-style-type: none"> Clear terms of reference for North Staffs and Stoke on Trent Mental Health Crisis Care Network (MHCCN) Clear terms of reference for South Staffordshire Commissioning Board and Joint Implementation Group (SSJIG) Organisations to implement operational plans to deliver Concordat Outcomes Clear communications plan to be developed 	CCG Accountable Officers – Mental Health Mental Health Leads – all Partners	<ul style="list-style-type: none"> Clear governance structure with progress monitored and collated by MHCCN / SSJIG 6 monthly update report to relevant Health and Wellbeing Boards All partners will be aware of crisis concordat actions and progress 	COMPLETE
1.2a	Governance arrangements to be revisited in line with SRG footprints.	Develop a single Strategic Board across the economy	Mental Health Strategic Lead	<ul style="list-style-type: none"> Clear governance structure with a single board accountability 	January 2016
1.3	To demonstrate delivery against Concordat Outcomes	<p>Building on current shared data - draw together key performance data / activity, existing KPIs, standards and targets, across contracted services and organisations into a single report to MHCCN and SSMB to inform:-</p> <ul style="list-style-type: none"> Overall performance against concordat Identify any gaps <p>Inform development of future performance indicators</p>	Police, CCGs / CSU, LA contract leads, WMAS	<ul style="list-style-type: none"> Clear outcomes framework to demonstrate performance against outcomes. 	December 2015

2. Commissioning to allow earlier intervention and responsive crisis services

No	Objective	Action	Led By	Outcomes	Timescale
2.1	<p>A coordinated response from all services for people of all ages who find themselves in crisis 24 hours a day</p> <p>Establish a baseline position across the City and County.</p> <p>Clarify CAMHS crisis pathway in line with work on adult pathways to ensure consistent approach and appropriate/effective transition pathways.</p>	<p>Map all relevant agencies and audit how they work together to respond to/ prevent crisis and ensure collaborative working.</p> <p>Work to include:-</p> <ul style="list-style-type: none"> • Definitions of levels of urgency of response • Detailed information on capacity and demand (data by CCG populations) • Map all crisis facilities available • Gaps in service identified • All stakeholders, to include: <ul style="list-style-type: none"> - Mental Health - Primary Care - Substance Misuse - Police - Emergency Departments - Ambulance Service - 3rd Sector providers - Local Authorities 	<p>MHCCN SSJIG</p> <p>MHCCN SSJIG</p> <p>Commissioners Clinical Leads</p> <p>Mental Health / Substance Misuse leads</p>	<ul style="list-style-type: none"> • Clear pathway detailing all stakeholders available to all referrers, users, carers and the public. • Recommendations for future commissioning made. • Early feedback from user involvement to be included. 	<p>1.09.15 – Partially complete. Pathway event held in South Staffs September 2015. Outcomes from this event are to be embedded across the North Staffs pathway.</p>
2.2	<p>Contract for Parity of Esteem:</p>	<p>Make clear links, across contracts for all services, with the Concordat Outcomes including CQUIN, Service Development Improvement Plans, Performance and Quality</p> <p>Plan to support invest to save to be submitted 9th November and Commissioning intentions translated into contract actions for 2016/17</p>	<p>CCGs (GSU) and Local Authority Commissioners</p> <p>CCGs and Acute partners / Contract Support</p>	<p>Embed the principles of the Concordat and Parity of Esteem across services</p>	<p>31.03.2015-Ongoing.</p> <p>Embedded into the commissioning intentions for 2015/16 and local business plans.</p>

No	Objective	Action	Led By	Outcomes	Timescale
	Mental Health Improvement in the wider population	Work with health improvement / public mental health to support preventative work in the wider population	Public Health Teams / MHCCN SSJIG	Mental Health improvement plans support preventative approach	Ongoing. Embedded through the local Mental health implementation delivery plan.
2.3	Services are accessible to all parts of the community	<ul style="list-style-type: none"> Revisit Equality Impact Assessments across all services Review and update local JSNAs Police to take responsibility for sharing awareness of vulnerable communities and processes in place Review access to services from rural communities 	Equality Leads Public Health leads Police CSU	<ul style="list-style-type: none"> Services will be responsive to 'seldom heard' groups and vulnerable communities 	31.03.2016
Improving mental health crisis services					
No	Objective	Action	Led By	Outcomes	Timescale
2.4	Based on current baseline position set out clear crisis pathway(s) and access to services across the whole system	Share crisis pathway with all front line professionals and service users Develop training and awareness programme to all front line staff	MHCCM SSJIG	<ul style="list-style-type: none"> Improved access to appropriate and timely response Improved outcomes for people in mental health crisis 	31.10.2015 From April 2015 Mental Health access team providing 24/7 service. Training has been identified as a priority and a small task and finish group to be established.

No	Objective	Action	Led By	Outcomes	Timescale
2.5	Alternative emergency provision for assessment and emergency intervention	Feasibility study to be undertaken to determine the potential for open access alternative provision for people in mental health crisis	SSSFT WMAS	<ul style="list-style-type: none"> 24hour direct access to support, assessment and short term intervention Improved access to specialist services 	31.08.16
2.6	24 hour access to community resource for support and low level interventions	Establish potential demand, capacity and service models for break/respice services away from home and for voluntary inpatient admission for crisis. Explore options for peer support-based hub model and provision of peer support in other settings.	MHCCN	<ul style="list-style-type: none"> Alternative to admission / least restrictive option Recommendations to inform commissioning intentions Early feedback from user involvement 	31.03.16 Staffordshire has held consultation events on the launch of the Mental Health Strategy. Feedback from the events will inform the model required.
Ensuring the right numbers of high quality staff					
No	Objective	Action	Led By	Outcomes	Timescale
2.8	All staff will have the right skills to respond to mental health crisis accordingly	Map training needs within and across organisations and develop a clear Programme of training options to support people in emotional distress, with mental illness, Substance Misuse / Alcohol Awareness, Suicide Awareness and restraint techniques (Safe and Positive principles) Co-ordinate programme of shared training where appropriate for front line workers	All Organisations	<ul style="list-style-type: none"> Improved quality of response for people with mental health needs 	01.09.2015 Ongoing. Task and Finish Group to be established with partner agencies. 31.03.16

Improved partnership working in Staffordshire and Stoke-on-Trent locality					
No	Objective	Action	Led By	Outcomes	Timescale
	Front line staff are able to share appropriate information to inform practice / response	Develop, agree and implement protocols for information sharing between all partner agencies working across crisis care	MHCCN SSJIG	<ul style="list-style-type: none"> Improved response to people in crisis. 	31.03.16 Early development work going on across the local health economy
2.10	Cross organisation understanding of vulnerable and frequent users of crisis services	Develop operational arrangements between professionals and partner agencies that support joint working and identification of individuals know to services at all levels. We will commit ourselves to being able to provide simple and clear information to our local divisional and sub divisional leads that will identify the level of mental health and suicidal activity within a given area	MHCCN SSJIG	<ul style="list-style-type: none"> Clear protocols agreed for partners in respect of the management of frequent / high volume users Consistent response across organisations 	31.12.15 Ongoing
			BTP	<ul style="list-style-type: none"> To support local health teams to understand and support those in crisis within their area where the rail infrastructure creates a risk. 	
3. Access to support before crisis point					
No.	Objective	Action	Led By	Outcomes	Timescale
Improve access to support via primary care					
3.1	Early screening for mental health problems in all health assessments	Map potential and options for extending low level interventions across care provision Develop case for change to inform commissioning intentions 2016/17	GP Clinical Leads	<ul style="list-style-type: none"> Improved access to psychological therapies 	Ongoing. Educational training ongoing. Increased IAPT times. Links to physical health assessment.

No.	Objective	Action	Led By	Outcomes	Timescale
3.2	Improved awareness of support services available	<p>Clear communication and information to be made available to the public and professionals in a range of formats on how to access services.</p> <p>Training to be developed for front line staff across agencies to support understanding of pathways</p>	<p>NSUG</p> <p>SSUN</p>	<ul style="list-style-type: none"> Knowledge of services available to support patients before crisis point circulated widely. 	<p>31.03.2016</p> <p>Linked to service user feedback expectations.</p>
Improve access to and experience of mental health services					
3.3	Clear understanding of local expectations and experience of crisis care	<p>Consultant/engage with service users and carers to establish whether their perception of pathways are function as well as expected. To include:</p> <ul style="list-style-type: none"> feedback on telephone support available 24/7 care plans agreed and implemented in event of crisis. 	<p>MHCCN</p> <p>NSUG</p> <p>SSJIG</p>	<ul style="list-style-type: none"> Report on the perception of services and how they work for users and carers. Identify any gaps in service that are not meeting users and carers needs. Identify examples of good practice. 	<p>31.08.15</p> <p>Ongoing.</p> <p>See 3.4</p>
3.4	Targeted engagement with seldom heard groups	<p>Engage with range of BME community representatives and seldom heard groups to identify whether they are aware of pathways and access points, establish how mental health services respond to their needs, and whether action is necessary to improve responsiveness</p> <p>Identify whether there are issues for BME communities and other seldom heard groups in accessing MH services including crisis services and whether there is a cultural/historical/based on poor experience. Identify actions to overcome any barriers identified Carry out capacity and demand mapping for BME communities and other groups accessing service and compare with public health data on BME population.</p>	<p>NSMHCCN</p> <p>NSUG</p> <p>Voices</p>	<ul style="list-style-type: none"> Understanding of barriers to entering service for all groups (BME/transient/seldom heard/complex populations/LGBT). Knowledge of ways to improve access Knowledge of areas of good practice. Numbers of users currently accessing the services and understanding if this is representative of the population. Insight to see if services working together. 	<p>31.10.15</p> <p>Ongoing.</p> <p>Consultation done in day services in Biddulph, Leek, Newcastle.</p> <p>3 consultation events held in Staffordshire.</p> <p>Online forum in place and Programme of targeted focus groups underway</p>

4. Urgent and emergency access to crisis care

No.	Objective	Action	Led By	Outcomes	Timescale
Improve NHS emergency response to mental health crisis					
4.1	Ensure new arrangements for Access and AHT deliver crisis response and that sub-acute crises are responded to appropriately.	Project plan and milestones to be reported to MHCCN	Combined Health Care MH Trust	<ul style="list-style-type: none"> Timely and supportive response to all patients accessing Access and AHT. 	COMPLETE Mental Health Access team is now operating a 24/7 service.
4.2	Engage with partners to develop the strategic approach that will improve the NHS emergency response to mental health crisis in line with the Actions set out in the Crisis Care Concordat.	<p>Review commissioning of RAID in UHNM to secure 24/7 response in ED.</p> <p>Review psychiatric liaison provision (Demand and Capacity) across acute providers, complete gap analysis and options for improved response</p> <p>Audit ED/acute care in relation to Concordat standards / Parity of Esteem and identify gaps and any actions required</p> <p>Develop strategic plan for psychiatric liaison provision</p>	<p>Clinical Leads: ED/MH/CCG/</p> <p>Clinical leads ED/MH/CCG/Sub Mis/CAMHS Lead</p> <p>Commissioners</p> <p>ED lead Commissioning lead</p>	<ul style="list-style-type: none"> Timely access to RAID / Psychiatric Liaison services for patients in ED. Ensure patients are directed to the most appropriate pathway to promote recovery. Improved access to specialist psychiatric support in ED Clear specification for liaison psychiatry in each acute Trust Compliance with Concordat standards within ED/acute care 	<p>31.03.16</p> <p>31.3.2016</p> <p>09/11/2015</p> <p>A&E task and finish group established with partner agencies – WMAS, Police</p>

No.	Objective	Action	Led By	Outcomes	Timescale
4.3	Embed crisis care planning for those people known to services	Review all current care plans to ensure valid crisis/ relapse plan is in place, is available to all parties to the plan and can be shared electronically where appropriate. Plan should be agreed by both service users and carers and that all parties to crisis plans are aware of their and others roles and are able to respond if the plan is triggered.	Combined Health Care MH Trust SSSFT MH Trust	<ul style="list-style-type: none"> Service users have up to date care plans in case of crisis and know what to do should a crisis occur. Evidence of plan discussed and agreed with service users and carers. Crisis plans available to front line professionals 	Task and Finish group to be established. Awaiting CQC report/recommendations for CHC.
		Project to set out how crisis management plans can be developed for people not accessing secondary care services	VAST	<ul style="list-style-type: none"> Crisis planning extended to people supported through 3rd sector providers 	
4.4	Ensure acute physical health needs are identified and responded to appropriately	Review protocols / arrangements for paramedic involvement in assessment to ensure speedier response and ensure individuals taken to most appropriate service		<ul style="list-style-type: none"> Integrated and standard response 	Ongoing
Social services' contribution to mental health crisis services					
No.	Objective	Action	Led By	Outcomes	Timescale
4.5	Improve AMHP response times	Review AMHP capacity and rota arrangements – especially where out of hours services (EDT/EDS) are responsible and to make arrangements to ensure response times can be met wherever possible and provision is sufficient to meet needs including out of hours.	Social Care leads in County and City Councils	<ul style="list-style-type: none"> Adequate cover provided by AMHP's 24/7. Agreed circumstances where 3 hour response is not appropriate promoting a shared understanding of response times across all stakeholders. 	31.03.16 Looking to increase capacity by having a joint Staffs/Stoke workforce.
		Develop definition of circumstances where 3 hour AMHP response time is appropriate, and agree priority and timescale for response for cases where this may exceed 3 hour standard			
		Map project to embed AMHP provision as an integral part of Crisis Resolution / Home treatment: Operational pilot to be agreed (South Staffs)	SSSFT	<ul style="list-style-type: none"> Improve response times Embed MHA Assessments into CR/HT Improve outcomes for people in crisis 	

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

No.	Objective	Action	Led By	Outcomes	Timescale
5.1	Ensure compliance with the concordat	<ul style="list-style-type: none"> Ensure protocols are signed off and reviewed. Continue monitoring of section 136 and discuss appropriateness. Develop and agree protocols for CAMHS. Monitor policy implementation of revised conveyancing policy Review membership and circulation list of forums to ensure inclusion of all relevant parties: including Safeguarding, BTP, ED Monitor and Audit use of PoS and custody as PoS 	<p>Section 135, 136 and Conveyance Forums</p> <p>MHCCN SSJIG</p> <p>WMA S</p> <p>Section 135, 136 and Conveyance Forums</p>	<ul style="list-style-type: none"> Agreed protocols across all stakeholders. Accurate recording of use of section 136. Section 136 used appropriately Implementation of revised WMAS conveyancing policy Individual cases will be reviewed as an untoward incident where a police cell is used as a PoS No one with a mental illness should be detained in a police cell unless there are exceptional circumstances 	<p>COMPLETE Ongoing.</p> <p>The number of s136's are continuing to reduce</p>
5.2	Extend options for PoS provision appropriate to meet presenting need	<p>Develop strategic plan for extending Place of Safety Options going forward to inform 16/17 commissioning intentions to include:-</p> <ul style="list-style-type: none"> ED CAMHS People who are intoxicated 	<p>Clinical Leads CCG and PH Commissioners</p>	<ul style="list-style-type: none"> Improve response to people in crisis detained under Section 136 	<p>31.03.16</p> <p>Awaiting announcement from Government on money allocation for Place of Safety. Sect.135/136 groups to look at options</p>

Improved information and advice available to enable better response to individuals					
No.	Objective	Action	Led By	Outcomes	Timescale
5.3	Enhance options to improve information available to improve the response to people in crisis	<p>Continue to build on Single Phone Number to improve access to professional advice and support for police, ambulance and other professionals</p> <p>Develop a support pathway for DOS / 111 provision to support Patients, carers, professionals</p>	<p>MH Trusts (SSSFT: CHC)</p> <p>WMAS</p>	<ul style="list-style-type: none"> Improved response to people in crisis Reduce demand upon emergency services managing MHA Section orders 	Ongoing
5.4	Enhancing Community Triage response across City and County	<p>Continued working with CTT/Diversion and Liaison and police.</p> <p>Implement, monitor and evaluate pilot CT model in South Staffordshire</p> <p>Review protocol and/or arrangements for paramedic involvement in assessment with WMAS to ensure speedier response and that individual are taken to most appropriate service.</p> <p>Develop business case.</p>	<p>Community Triage Group reporting into the MHCCN</p> <p>WMAS</p>	<ul style="list-style-type: none"> Continue to build upon the relationships/ improvements made. Integrated and standard response to all calls across the West Midlands. 	<p>Ongoing.</p> <p>Countywide group established to look at trends, gaps and issues.</p>

Improved services for those with co-existing mental health and substance misuse issues					
No.	Objective	Action	Led By	Outcomes	Timescale
5.5	Committed to enhancing crisis / home treatment to drive a more integrated approach with Substance Misuse services (North Staffs/County and Stoke-on-Trent)	Monitor use of ED for cases where both mental health needs and intoxication and review protocol for managing these cases	ED/Commissioner to audit and report to MHCCN	<ul style="list-style-type: none"> Services provided to all service users regardless of presentation. Dual diagnosis protocol being utilised and complied with. Patient experience demonstrates that the protocol is effective and no-one had been excluded from services Joint working across the agencies with issues being addressed and resolved. 	31.12.15
		Ensure arrangements specified in Dual Diagnosis protocol (Stoke) or other protocols/processes elsewhere are functioning to ensure needs are being met and people are not excluded from support in order to prevent a crisis.	commissioners/ providers/service users to audit and report to MHCCN		31.12.15
		Drugs and alcohol services to identify mental health lead/champion to ensure MH issues are addressed and to support joint working across agencies.	Commissioners to report back to NSMHCCN leads for service		COMPLETE
5.6	Committed to enhancing crisis / home treatment to drive a more integrated approach with Substance Misuse services (South Staffs / County response)	<ul style="list-style-type: none"> Agree protocols between Mental Health and Substance Misuse A clear response in ED for people with complex needs Revised Mental Health Act Protocols for people who are intoxicated – specifically in respect of Place of Safety Provision <p>Drive stronger links between community triage and Substance Misuse including joint training, advice and support networks / contacts</p> <p>Consider options for effective joint care co-ordination arrangements</p> <p>Develop clear and effective screening and referral protocols between mental health and substance misuse services</p>	PH Commissioner SSSFT Subs Misuse Providers	<ul style="list-style-type: none"> Improved crisis response for people with complex needs 	

6. Quality of treatment and care when in crisis

No.	Objective	Action	Led By	Outcomes	Timescale
Service User Safety and Safeguarding					
6.1	All partners will be aware of safeguarding protocols for high risk individuals	Review protocols for referral to MASH to reflect crisis Care Concordat principles and share with all partners.	Safeguarding leads	<ul style="list-style-type: none"> Improved outcomes for people in crisis 	Ongoing
Staff safety					
6.1	North Staffordshire and Stoke-on-Trent: NHS Contract CQUIN for safety	Regular reports to CQRM and concerns followed up regarding staff safety. During 2015/16 a CQUIN for staff safety has been introduced to improve culture around safety.	MHCCN	<ul style="list-style-type: none"> Staff safety is improved amongst providers 	On going 31.03.16

7. Recovery and staying well/preventing future crisis

No.	Objective	Action	Led By	Outcomes	Timescale
Joint planning for prevention of crises					
7.1	Crisis plans will be accessible to all front line professionals	Review technology / options for electronic access to crisis plans.	All	<ul style="list-style-type: none"> Improved response to people in crisis 	31.03.16 Awaiting CQC report and recommendation.
7.2	Crisis plans are multiagency are aimed at effective prevention and	Ensure that all parties to crisis/relapse plans are identified, are aware of their role in responding to issues where crisis may be triggered and respond when required Ensure that policies reflect the need for crisis / relapse plans regardless of the point of discharge	MHCCN	<ul style="list-style-type: none"> Crises are prevented by earlier intervention from those best placed to respond 	

No.	Objective	Action	Led By	Outcomes	Timescale
7.3	Clear response to people with dual diagnoses	<p>Ensure arrangements specified in Dual Diagnosis protocol (Stoke) or other protocols/ processes elsewhere are functioning to ensure needs are being met and people are not excluded from support to prevent crises.</p> <p>Develop a County wide strategy for Dual Diagnosis with clear crisis pathways</p>	<p>Commissioners</p> <p>SSFT: Subs Mis providers</p>	<ul style="list-style-type: none"> Dual diagnosis protocol being utilised and complied with Patient experience demonstrates that the protocol is effective and no-one had been excluded from services. 	<p>31.12.15</p> <p>Ongoing</p>
7.4	Embed mental health / mental wellbeing response as part of management of frequent users of emergency services	<p>Ensure robust links are maintained across the ED, RAID, Alcohol, drugs services, homeless service, police CTT and Section 136 services. WMAS to reduce the number of frequent attenders across the area.</p> <p>Engage with Frequent Attenders coordinator to strengthen protocols for supporting frequent attenders</p>	<p>Frequent Attenders Group reporting into MHCCN</p> <p>Commissioners</p>	<ul style="list-style-type: none"> Ensure patients are accessing the appropriate services and receive the support they need in order to reduce call to the various agencies. 	<p>31.12.15</p> <p>Ongoing</p>

Appendices: Appendix 1. Staffordshire Police Operational delivery Plan

Appendix 1.



Mental Health Crisis Care Concordat Operational Action Plan Staffordshire Police

**Mental Health Crisis Care Concordat
Staffordshire Police
Action Plan.**

This document should be read in conjunction with Annex 1 of the Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis (DH 2014)

The MH Crisis Care Concordat comprises of four separate categories:

- A - Access to support before crisis.
- B - Urgent and emergency access to crisis care.
- C - Quality of treatment and care when in crisis.
- D - Recovery and staying well / preventing future crises.

The numbers in the first column relate to which section the action applies to within the national action plan.

Action/Issue	What
Joint multi-agency understanding of the local population's health and wellbeing needs and a shared strategy for meeting them.	Pan Staffordshire and Stoke on Trent Health and Wellbeing boards exist. Shared strategy exists.
Effective pathways to deal with mental health crises that recognize all access points and suggest appropriate responses and likely levels of activity	Pathways exist pan Staffordshire
Effective care pathways from police custody suites and courts to make sure individuals with co-existing mental health and drug and alcohol issues can effectively access appropriate substance misuse services	Liaison and Diversion in North of the County Young Peoples Liaison and Diversion across whole County Mental Health and substance misuse screening which is tailored around the individual is undertaken as part of the general health assessment in custody Our healthcare providers in custody (Primecare) also have a Care Coordination Centre.
Sufficient resources are available within the crisis care pathway to ensure patients safety, enable service user and patient choice and to make sure individuals can be treated as close to home wherever possible	Based on our continued demand around individuals in the community anecdotally we would have to say there are insufficient resources
Resources in place to respond to transient populations – eg. Homeless people and people who come to notice on the rail transport network	Police take up this response and struggle with onward referral, some resource is available but not widely known.
Arrangements address needs of children and young people with mental health conditions, such as self-harm, suicidality, disturbed behaviour, depression or acute psychoses	CAMHS available pan Staffordshire. MASH in place.

Objective	Action	Led by	Outcomes
The development of a single point of access to a multi-disciplinary mental health team. These teams include staff from different professions, such as social workers and psychiatrists, and have been shown to simplify and improve access. This access point should be available to agencies across the statutory and voluntary sectors.	Work with partners to ensure that details of single point of access are available to Police Officers and Police Staff throughout the Force. Monitor the use of such access points by Police Officers.	Staffordshire Police, Health, Local Authority	Police Officers/Police Staff will have access through SPA's to expert advice and information sharing when dealing with individuals who present with mental ill health.
A joined-up response from services, for people of all ages who find themselves in crisis, with strong links between agencies, for example social care teams and substance misuse services.	Partnership Hubs To confirm responsibility of mental health within MASH L & D for Adults provision within South Custody Sites Pilot CPN within Contact Services.	Staffordshire Police along with partner services	Individuals of all ages will receive a joined up response when presenting in crisis.
Access to liaison and diversion services for people with mental health problems that have been arrested for a criminal offence, and are in police custody or going through court proceedings.	Discussions to be had to identify opportunities for roll out to the South of the County.	Staffordshire Police/Health/NHS England	Liaison and Diversion will be available within Custody settings throughout the whole of the County.
Objective	Action	Led by	Outcomes
Responses to people in crisis are community based, closest to home, least restrictive option available, and should be the most appropriate to the particular needs of the individual.	Local Policing takes responsibility for being aware of their Communities and the vulnerabilities within using processes that are in	Staffordshire Police - Local Policing Teams	To ensure people in crisis receive the most appropriate response to the needs they present. To be able to refer people to local relevant services.

Objective	Action	Led by	Outcomes
	place to manage those with vulnerabilities.		
Objective	Action	Led by	Outcomes
Consult and engage with BME groups early on when commissioning services – this may include the voluntary agencies that represent and support service users from BME communities.	Governance Structures. EIA's completed. IAG Citizens Panel Keele University Research Proposal	Staffordshire Police - Justice Services	Services will be responsive to the needs of BME Communities. To look into 'seldom heard' groups to compare reasoning as to why some communities have no hesitation to make police the first point and why other communities do not.
Make sure staff are delivering person-centred care that takes cultural differences and needs into account.	Ensure Police Officers and Police Staff have access to the training required. Supervision/Reviews of cases.	Staffordshire Police Learning and Development Team.	Police Officers and Police Staff will deliver a person-centred service. Deliver Outstanding Service – Policing Plan To deliver healthcare within Custody that takes account of and is tailored to an individual and their needs.
Objective	Action	Led by	Outcomes
Children and young people with mental health problems, including children in care, care leavers, and those leaving custody in the youth justice system, should feel supported and protected at all times as they are especially vulnerable. In particular, this group should have access to mental health crisis care.	Confirm responsibilities of mental health within team and gateways	MASH	To ensure those most vulnerable feel supported and protected at all times.
The need for early intervention and clarity	Police Officers and Police	OPCC	Early Intervention will be pivotal

about the role of parents in the young person's care plan is critical. Staff should be willing to take the views of parents into account, as well as those of other people who are close to the young person.	Staff will help to create and deliver an Early Intervention Strategy for Staffordshire Police. Voice of a child agenda being rolled out across Staffordshire		regarding decision making by Staffordshire Police.
The best interests of the child or young person should always be a significant consideration when services respond to their needs. Children and young people should be kept informed about their care and treatment, in the same ways that adults are.	Ensure that Officers/Staff receive Safeguarding Training and that through this they are notified of the Rights of the Child. Voice of a child agenda being rolled out across Staffordshire Victims charter	Staffordshire Police	Officers/Staff will be aware of the Rights of a Child and implement when dealing with CYP's To ensure the best interest of child, young person and ensure the care is appropriate to their needs and wishes.
Objective	Action	Led by	Outcomes
Staff whose role requires increased mental health awareness should improve their response to people in mental health distress through training and clear line management advice and support.	New Recruit Training Targeted Training to specific units including Custody, Contact Services, MASH, CADRE, Frontline Response. Training by Health service within Criminal Justice. Catalogue of Services – Agreement that such services will support Staffordshire Police in allowing Officers/ Staff to 'shadow' to gain an understanding of partners	Learning & Development Unit Staffordshire Police - Justice Services	The will be clear training pathways for all staff with a focus on enhanced training/awareness for those within specialised and 'closer contact'; roles.

	<p>decision making through Triage Teams, SPA's.</p> <p>Access to such plans through specialised units such as IOM</p> <p>Care plans to be made accessible and can be placed on Citizen Focus Toolkit, SPIN and tasking for Staff to view.</p>	<p>Staffordshire Police - Integrated Offender Management</p> <p>Staffordshire Police - Justice Services</p>	
Objective	Action	Led by	Outcomes
<p>Police officers should not have to consider using police custody as an alternative just because there is a lack of local mental health provision, or unavailability at certain times of the day or night. To support this aim, it is essential that NHS places of safety are available and equipped to meet the demand in their area. The signatories of the Concordat will work together to achieve a significant reduction in the inappropriate use of police custody suites as places of safety.</p>	<p>Address availability of beds Pan Staffordshire. Agreement needs to be in place between the three hospitals in order to utilise all available beds.</p>	<p>Staffordshire Police, Health, Commissioners</p>	<p>No individual will present at a Custody site unless under 'exceptional circumstances.</p> <p>Reduction in inappropriate use of Police Custody sites.</p>
<p>Police officers should undertake appropriate training, to enable them to recognise risk and vulnerability and identify the need for health care. This training will support the police to decide whether individuals should be detained under section 136, or whether they can be helped in some other way. Training should also cover the roles and</p>	<p>New Recruit Training</p> <p>Targeted Training to specific units including Custody, Contact Services, CADRE, Frontline Response.</p> <p>Training by Health service within Criminal Justice.</p>	<p>Staffordshire Police, Health, Voluntary Sector</p>	<p>Officers/Staff will be able to identify risk and vulnerabilities and will be able to make decisions based on this training in way of identifying the most appropriate pathway for the individual and the most relevant service.</p>

<p>responsibilities of partner agencies.</p>	<p>Catalogue of Services – Agreement that services will support Staffordshire Police in allowing Officers/ Staff to ‘shadow’ to gain an understanding of partners roles responsibilities.</p>		
<p>Reducing the number of people in Custody under Section 136 and by setting an ambition for a fast-track process that either provides an assessment or arranges transfer to a health based place of safety for individuals whenever a police cell is used.</p>	<p>Implement Community Triage in the South of the County April 2015 for 12 months with a view to evaluation and continual funding.</p> <p>Officers still use 136 as a quick fix to detain a person, training needs to be carried out to reduce this further</p>	<p>Staffordshire Police, Health and Commissioners</p>	<p>Staffordshire will have a County wide Community Triage facility that will be adopted as ‘business as usual’.</p> <p>Section 136 detentions will continue to reduce.</p> <p>Information sharing will continue to improve.</p>
<p>Commissioners and providers should make sure there is accurate and detailed data showing why and how often police cells are used as places of safety. Local partners should also review each individual case where a police cell has been used, to make sure the use was appropriate and to see whether there are lessons to be learned for the future.</p>	<p>Needs to be an agenda item on the Operational Section 136 Groups.</p> <p>Work has already been done to cleanse the data and re-engineer processes to obtain data that was not available. This has all been catalogued. Proposal for the future is to create a Mental Health information page on the Force’s Delivering Our Mission Performance Hub</p>	<p>Staffordshire Police, Health, Health Commissioners</p>	<p>No individual will present at a Custody site unless under ‘exceptional circumstances. Reduction in inappropriate use of Police Custody sites.</p> <p>Lessons learned used to improve service delivery.</p> <p>The Force will be able to view the data – self service. The page will still be managed by the Mental Health Lead and SDU</p>
<p>Every area should have a local protocol in place, agreed by NHS commissioners, the police force, the ambulance service, and social services. This should describe the</p>	<p>Section 136 Policy to be reviewed and implemented.</p>	<p>Author - Health</p> <p>Parties involved – Staffordshire Police, Health</p>	<p>Details regarding approach should be clear and a point of reference for all involved.</p>

<p>approach to be taken when a police officer uses powers under the Mental Health Act.</p>		<p>Commissioners, WMAS</p>	
<p>Individuals in mental health crisis are taken to a health based place of safety rather than a police station. The Mental Health Act Code of Practice states that “a police station should be used as a place of safety only on an exceptional basis”.</p>	<p>Needs to be an agenda item on the Operational Section 136 Groups.</p> <p>Training for Officers.</p>	<p>Staffordshire Police, Health, Health Commissioners</p>	<p>No individual will present at a Custody site unless under ‘exceptional circumstances.</p> <p>Reduction in inappropriate use of Police Custody sites.</p> <p>Lessons learned used to improve service delivery.</p>
<p>Particular reference is made to the needs of children and young people. Unless there are specific arrangements in place with Children and Adolescent Mental Health Services, a local place of safety should be used, and the fact of any such unit being attached to an adult ward should not preclude its use for this purpose, Protocols should help to ensure that police custody is never used as a place of safety for this group, except in very exceptional circumstances where a police officer makes the decision that the immediate safety of a child or young person requires it. Even in cases where police stations are used, the use of cells should be avoided, and alternatives considered wherever possible.</p>	<p>To work with Health partners in relation to identifying optional places of safety for CYP’s for when Section 136 suites are not available.</p>	<p>Staffordshire Police & Health</p>	<p>To ensure that custody for CYP’s detained under Section 136 becomes a never event unless in exceptional circumstances.</p>
<p>NHS staff, including ambulance staff, should take responsibility for the person as soon as possible, thereby allowing the officer to leave, so long as the situation is agreed to be safe for the patient and</p>	<p>Better training of NHS staff to deal with these situations.</p>	<p>Author - Health</p> <p>Parties involved – Staffordshire Police, Health Commissioners, WMAS</p>	<p>Officers redeployed to duties in the quickest time possible.</p> <p>Clear handover process.</p>

healthcare staff. There should not be an expectation that the police will remain until the assessment is completed.			
Partner organisations are clear about respective roles and responsibilities in order that responses to people in crisis are risk based, personalised, proportionate and safe, and that a guiding principle is to choose the least restrictive option, for example not choosing to detain someone when there is a viable alternative option.	<p>Training</p> <p>Community links with Services</p> <p>SPA</p> <p>Access Teams</p> <p>Triage Teams</p> <p>MASH</p>	Multi Agency Training overseen by Governance structures	To ensure people with mental health issues are referred to specialists.
Arrangements are in place for escalation to more senior staff in case of disagreement.	<p>Section 136 Policy</p> <p>Identified Leadership within Staffordshire Police</p> <p>Governance Structures.</p>	<p>Staffordshire Police, Health, WMAS</p> <p>Staffordshire Police Custody, Mental Health and Vulnerability Steering Group</p> <p>Strategic Partnership Groups</p> <p>Health & Wellbeing Boards</p>	<p>Issues are resolved quickly and fairly.</p> <p>Lesson learned are used to promote best practice.</p> <p>Relationships with Partners are maintained.</p>
Objective	Action	Led by	Outcomes
When deciding upon any course of action, all professional staff should act in accordance with the Mental Health Act's principle of least restriction and to ensure that the services impose the least restriction on the person's liberty. This includes avoiding the stigmatising appearance that a mental health crisis is a crime, for example, police forces should consider using unmarked cars to travel to	<p>New Recruit Training</p> <p>Targeted Training to specific units including Custody, Contact Services, CADRE, Frontline Response.</p> <p>Training by Health service within Criminal Justice.</p>	Staffordshire Police	<p>Police Officers and Police Staff will act in accordance with the Mental Health Act principle of least restriction.</p> <p>Unmarked vehicles will be used for the purpose of carrying out Section 135's</p>

<p>a property to enforce a warrant under section 135 of the Act.</p>	<p>All planned Section 135's will undertake a risk assessment and where possible an unmarked car will be used.</p>		
<p>Objective</p>	<p>Action</p>	<p>Led by</p>	<p>Outcomes</p>
<p>Information on patients should, through appropriate sharing protocols, follow them through the system and make sure that people known to services get the treatment they need quickly, and where applicable, the services are aware of their crisis plan and any advanced statements – no matter at what point they re-enter the mental health system.</p>	<p>Police Officers and Police Staff to agree information sharing protocols. Access to information should be readily available to Officers in order to help decision making through Triage Teams, SPA's, CFT.</p> <p>A Regional Information Sharing Agreement relating to the Management of Mentally Disordered Persons in the Community is currently being developed and should adequately cover data protection considerations involved in sharing information. However, this will need to be communicated to all partners ensuring that those involved in sharing are fully aware and conversant with need to share and processes agreed.</p>	<p>Staffordshire Police/Health</p>	<p>Police Officers and Police Staff will have access to information which will allow decision making and crisis plans will be followed.</p>
<p>Within the requirements of the data protection legislation, a common sense and joint working approach should guide individual professional judgements. If the same person presents to police, ambulance or Emergency Departments</p>	<p>This to be delivered through training which will include a section on data protection, particularly around information sharing.</p>	<p>Staffordshire Police - Information Assurance</p>	<p>Information is currently exchanged but this would speed up the information exchange process.</p>

<p>repeatedly, all agencies should have an interest in seeking to understand why this is happening, and how to support that person appropriately to secure the best outcome. This may include identifying whether the individual is already in treatment and/or is known to services, their GP or other community-based mental health services.</p>	<p>At the moment there are two systems CHIPS and RIO and also Police Data from various systems. To be considered under the new Transformational Project through the IT workstream</p> <p>Frequent flyers groups sit both north and south, police representation to be confirmed.</p>	<p>Staffordshire Police (Mental Health Lead/Service Development Unit/Transformational Project/IT)</p> <p>Staffordshire Police - Justice Services</p>	<p>To ensure that clinicians have as much information as is available to help them undertake the assessment and refer to specialist services where appropriate</p>
Objective	Action	Led by	Outcomes
<p>When a decision is made by a police officer to use their power under section 136, it is essential that the person in crisis is screened by a healthcare professional as soon as possible. In the majority of cases it will be the ambulance service that will screen the person to exclude medical causes or complicating factors and advise on the local healthcare setting to which the person should be taken.</p>	<p>Agree Conveyancing Policy.</p>	<p>Staffordshire Police/WMAS</p>	<p>To determine what treatment is required or where referral to appropriate specialist services is necessary.</p>
<p>When dealing with a person who is intoxicated, the paramount consideration should be to ensure their safety and the safety of others. No presumption should</p>	<p>CPN's in custody to access this, crisis beds available through community triage and crisis team.</p>	<p>Staffordshire Police - Justice Services</p>	<p>To determine what treatment is required or where referral to appropriate specialist services is necessary.</p>

<p>be made in regard to the cause of apparent intoxication until the person is in a safe environment for an adequate clinical assessment to be completed. Intoxication should not be used as a basis for exclusion from places of safety, except in locally defined and agreed circumstances, where there may be too high a risk to the safety of the individual or staff.</p>	<p>Reviews to be undertaken for any such occurrences.</p>		
<p>A previous history of violence should not in itself lead to exclusion. Only in exceptional circumstances, in accordance with locally agreed risk management protocols, should a police custody suite be used to manage seriously disturbed and aggressive behaviour.</p>	<p>Need for refresh and understanding of decision making model by NHS staff.</p> <p>Locally agreed risk management protocols to be devised.</p> <p>Section 136 policy to be agreed.</p> <p>Escalation process to be used where necessary.</p>	<p>Staffordshire Police and Health</p>	<p>Police custody will only be used in agreed exceptional circumstances.</p> <p>Previous violence history will not be an immediate block to places of safety.</p>
<p>Objective</p>	<p>Action</p>	<p>Led by</p>	<p>Outcomes</p>
<p>Commissioners will need to make sure that the transfer arrangements put in place by mental health trusts and acute trusts provide appropriate timely transport for these patients. For example, police vehicles should not be used to transfer patients between units within a</p>	<p>Awareness of responsibilities within hospital settings.</p>	<p>Health Commissioners</p>	<p>Police vehicles will not be used to transfer patients between units within a hospital.</p>

hospital. Caged vehicles should not be routinely used.			
Objective	Action	Led by	Outcomes
Where a police officer or an Approved Mental Health Professional (AMHP) requests NHS transport for a person in mental health crisis under their section 135 and 136 powers for conveyance to a health based place of safety or an Emergency Department, the vehicle should arrive within the agreed response time.	To be monitored using Contact services.	Staffordshire Police/WMAS	Vehicles arrive within agreed timescales and individuals are transported in an appropriate vehicle.
Police vehicles should not be used unless in exceptional circumstances, such as in cases of extreme urgency, or where there is a risk of violence. As mentioned above, caged vehicles should not be used.	All cases where Police vehicles are used will be recorded and justified.	Staffordshire Police/WMAS	Vehicles arrive within agreed timescales and individuals are transported in an appropriate vehicle.
Objective	Action	Led by	Outcomes
The dignity of any person in mental health crisis should be respected and taken into to account.	Service User feedback. Supervision	Staffordshire Police - Justice Services	To ensure that all staff demonstrate appropriate behaviour to deal with people with respect and dignity.
Objective	Action	Led by	Outcomes
The quality of crisis care is monitored and reviewed locally and taking account of the following: <ul style="list-style-type: none"> The accessibility and responsiveness of services to support people through crisis and prevent admission to hospital The number of people who are admitted to hospital far away from their home area because of pressures on their local acute or 		Staffordshire Police - Justice Services Staffordshire Police and Partners	To ensure a responsive service.

<p>admission wards</p> <ul style="list-style-type: none"> • Whether the powers of the Mental Health Act have been properly used by the range of professionals involved in its operation, including AMHPs and the police • Service providers are monitoring their crisis response services 			
<p>The monitoring and review of services is reported regularly to relevant bodies with responsibility for commissioning and governance</p>		<p>Staffordshire Police and Health</p> <p>Staffordshire Police - Justice Services</p> <p>Partners</p> <p>Staffordshire Police - Justice Services</p>	<p>To ensure the review of services is regularly undertaken by those with responsibility.</p> <p>To ensure performance is at an acceptable level.</p>
Objective	Action	Led by	Outcomes
<p>The relevant organisations to make sure staff are properly trained in the restraint and that staffing levels are adequate.</p>	<p>OPST department to ensure through national forums that developments are noted and implemented within training procedures.</p>	<p>Staffordshire Police - Learning & Development Unit</p>	<p>To ensure that Officers are trained in the use of restraint and risk management regarding individuals experiencing Mental Ill Health.</p>
<p>There should be a clear local protocol about the circumstances when, very exceptionally, police may be called to manage patient behaviour within a health or care setting. In these cases, mental health professionals continue to be responsible for the health and safety of the person. Health staff should be alert to the risk of any respiratory or cardiac</p>	<p>Police Intervention Protocol to be implemented.</p>	<p>Staffordshire Police - OPST</p> <p>Staffordshire Police and Health</p>	<p>Clear protocols regarding Police Intervention within Healthcare settings.</p>

distress and continue to monitor the patient's physical and psychological well-being.			
Objective	Action	Led by	Outcomes
Each service should explain how they seek and respond to the views of children and young people, and how they are supported if they wish to make a complaint. It can be beneficial for children and young people who have experienced mental health services to take part in shaping services to meet their needs.	<p>Voice of a child agenda launching soon in staffs.</p> <p>All units to receive questionnaire on how this is occurring. Best practice to be rolled u through all areas where relevant.</p>	Staffordshire Police - Justice Services	Views of Children and young people will be used to help shape future service delivery.
Objective	Action	Led by	Outcomes
Individuals with co-existing mental health and substance misuse problems have their needs met through an integrated and co-ordinated approach across the range of health, social care and criminal justice agencies.		Staffordshire Police - Justice Services	To ensure smooth referral to specialist services.
Joined-up support is particularly important in criminal justice settings and it is critical that the development of liaison and diversion schemes is closely tied in with existing custody based interventions, such as those for drug misusing offenders to maximise their impact on this client group.	Vulnerability/Partnership Hubs	<p>Staffordshire Police - Justice Services</p> <p>Staffordshire Police - Justice Services</p>	To ensure follow on care from specialist services.

This action plan will be reviewed every quarter commencing 1st April 2015 by Justice Services.

Reviews will be presented to the Custody, Mental Health and Vulnerability Steering Group and will then be made available to all units throughout the Force.

Such reviews can be shared where relevant with External partners to inform progress.

Information can be used to report progress nationally where requested in order to evidence commitment towards Crisis Care Concordat declaration.

