

## Item 6 Appendix Mental Health Concordat – Warwickshire Action Plan

	Concordat Outcomes	Recommended actions	Proposed local actions	Led By	Timescales	Status
	<b>Access to support before crisis point</b>					
A1	Early intervention – protecting people whose circumstances make them vulnerable	Single point of access to a multi-disciplinary MH team	<ul style="list-style-type: none"> <li>Ongoing monitoring and review of the Single Point of Entry and re-designed MH referral and assessment pathway.</li> </ul>	CCGs		
			<ul style="list-style-type: none"> <li>Improve access and awareness of single point of access to emergency services</li> </ul>	All agencies	Ongoing	
		A joined up response from services with strong links between agencies.	<ul style="list-style-type: none"> <li>Scope possibilities for developing street triage service in Warwickshire</li> </ul>	CCG	December 15	
			<ul style="list-style-type: none"> <li>Increase awareness of safe places</li> </ul>	All agencies		
			<ul style="list-style-type: none"> <li>Reviewing scope of safe places</li> </ul>	Warwickshire County Council (WCC)		
			<ul style="list-style-type: none"> <li>Review of wellbeing hubs</li> </ul>	WCC/ Public Health		
			<ul style="list-style-type: none"> <li>Clarify role of each agency in the delivery of MH services and ensure that they are properly linked into the MH pathway and aware of pathways and how to access services</li> </ul>	All agencies		
			<ul style="list-style-type: none"> <li>Strengthen the role of the GP in the delivery of MH care within Warwickshire</li> </ul>	CCGs		
			<ul style="list-style-type: none"> <li>Review capacity of the crisis resolution and home treatment team.</li> </ul>	CCGs		
			<ul style="list-style-type: none"> <li>To jointly commission a framework of supported living providers for MH and Dementia.</li> </ul>	CCGs/WCC		
Respite	<ul style="list-style-type: none"> <li>Pilot dementia respite through the new Shared Lives pilot scheme.</li> </ul>	WCC				

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			<ul style="list-style-type: none"> <li>Explore what respite/ alternative support may be required to prevent in-patient admission.</li> </ul>	All agencies		
		Peer support	<ul style="list-style-type: none"> <li>Development of the autism portal.</li> <li>Review of well-being hubs and community befriending services.</li> <li>New Sparks fund designed to grow numbers of people supported through local community activities.</li> </ul>	WCC WCC/Public Health WCC		
		Access to liaison and diversion services for people with MH problems who have been arrested for a criminal offence	<ul style="list-style-type: none"> <li>Explore options to develop wider coverage of Liaison and Diversion Service to extend coverage across the criminal justice pathway from voluntary attendance at interview to court</li> </ul>	CCG		
	Urgent and emergency access to crisis care					
B1	People in crisis are vulnerable and must be kept safe, have their needs met appropriately and be helped to achieve recovery	The Concordat signatories believe responses to people in crisis should be the most community-based, closest to home, least restrictive option available, and should be the most appropriate to the particular needs of the individual.	<ul style="list-style-type: none"> <li>Review of the Crises Resolution and Home Treatment Team and their capacity</li> <li>Explore options for a model of Street Triage</li> </ul>	CCGs All agencies		
B2	Equal access	<p>The Concordat supports the guidance produced by Mind on commissioning crisis care services for BME communities. It recommends that commissioners:</p> <ul style="list-style-type: none"> <li>Consult and engage with BME groups early on when commissioning services –</li> </ul>	<ul style="list-style-type: none"> <li>Identify gaps in research and data at a local and national level to better inform us on the MH needs of our diverse community within Warwickshire</li> </ul>	CCGs & WCC		

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		<p>this may include the voluntary agencies that represent and support service users from BME communities</p> <ul style="list-style-type: none"> <li>• Make sure staff are delivering person-centered care that takes cultural differences and needs into account</li> <li>• Commission a range of care options that meet a diverse range of needs</li> <li>• Empower people from BME groups by providing appropriate information, access to advocacy services, and ensure that they are engaged in and have control over their care and treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Refresh JSNA and ensure this is captured</li> </ul>	WCC		
			<ul style="list-style-type: none"> <li>• Ensure all planned reviews of Mental Health support services including assessment of accommodation and support for BME</li> </ul>	CCGs & WCC		
			<ul style="list-style-type: none"> <li>• Identify the specific needs of people with dementia and their carers arising from aspects of diversity, such as ethnicity, gender, religion and preferences about the delivery of personal care.</li> </ul>	CCGs & WCC		
			<ul style="list-style-type: none"> <li>• Develop an approach to better meet the language needs of existing and future users and carers of MH services.</li> <li>• Potential for a register of staff and the languages that they speak</li> </ul>	CCGs & WCC		
			<ul style="list-style-type: none"> <li>• Section 12 doctor app which is being developed will have profile of doctor which includes languages that they speak.</li> </ul>	CCGs & WCC		
B3	Access and new models of working for children and young people.	<ul style="list-style-type: none"> <li>• Children and young people with mental health problems should have access to mental health crisis care.</li> <li>• Staff working with young people aged 16 – 18 in transition should have appropriate skills experience and resources; and should take account of the views of parents and other people close to the young person.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop emergency support out of hours through extension of AMHAT</li> <li>• Continue CAMHS re-design programme</li> </ul>	CCGs & WCC		

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		<ul style="list-style-type: none"> <li>Robust partnership working between primary care for children &amp; specialist CAMHS.</li> </ul>				
		<ul style="list-style-type: none"> <li>Partners such as schools and youth services should be involved in developing crisis strategies.</li> <li>Children and young people should be kept informed about their care and treatment.</li> </ul>				
B4	All staff should have the right skills and training to respond to mental health crises appropriately.	<ul style="list-style-type: none"> <li>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.</li> <li>Patients under 18 who are admitted to hospital for mental health treatment should be in an environment suitable for their age.</li> <li>Because individuals experiencing a mental health crisis often present with co-existing drug and alcohol problems, it is important that all staff are sufficiently aware of local mental health and substance misuse services and know how to engage these services appropriately.</li> <li>Local shared training policies and approaches should describe and identify who needs to do what and how local systems fit together. Local agencies should all understand each other's roles in responding to mental health crises</li> </ul>	<ul style="list-style-type: none"> <li>Each organisation to review training programme and agree where joint training should take place. Training should include mental health awareness, policies and legislation, access to services and pathways.</li> <li>Review workforce development strategy to respond to gaps identified. CAMHS Redesign</li> </ul>	All agencies		

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		<ul style="list-style-type: none"> <li>Each statutory agency should review its training arrangements on a regional basis and agree priority areas for joint training modules between NHS, social care and criminal justice organisations. Although it is desirable that representatives of different agencies be trained together, it is not essential. It is more important that the training ensures that staff, from all agencies, receive consistent messages about locally agreed roles and responsibilities</li> </ul>				
B5	People in crisis should expect an appropriate response and support when they need it.	<ul style="list-style-type: none"> <li>People in crisis referred to a MH secondary care service should be assessed face to face within 4 hours in a community location that suits them.</li> </ul>	<ul style="list-style-type: none"> <li>Improving marketing of Mental Health Matters.</li> </ul>	All agencies		
		<ul style="list-style-type: none"> <li>Service users and GPs access to a 24 hour helpline staffed by MH and social care professionals</li> </ul>	<ul style="list-style-type: none"> <li>Explore options for a model of Street Triage.</li> </ul>	CCGs		
		<ul style="list-style-type: none"> <li>Crisis resolution and home treatment services available 7 days a week.</li> </ul>	<ul style="list-style-type: none"> <li>Review capacity of the crisis resolution and home treatment team</li> </ul>	CCGs		
			<ul style="list-style-type: none"> <li>Review need for crisis service to support CAMHS and people with LD (learn from Birmingham pilot)</li> </ul>	CCG/WCC		
B6	People in crisis in the community where police officers are the first point of contact should expect them to provide appropriate help. But the Police must be supported by health services, including MH services, ambulance	<ul style="list-style-type: none"> <li>NHS commissioners are required by the MH Act to commission health based places of safety.</li> </ul>	<ul style="list-style-type: none"> <li>Explore options for a model of Street Triage.</li> </ul>	CCGs		
		<ul style="list-style-type: none"> <li>Place of safety should be commissioned at a level that allows for 24/7 availability and that meets the needs of the local population</li> </ul>	<ul style="list-style-type: none"> <li>Review effectiveness of Place of Safety (PoS) for children and young people as part of the CAMHS re-design.</li> </ul>	CCGs/WCC		
		<ul style="list-style-type: none"> <li>Police officers should not have to</li> </ul>	<ul style="list-style-type: none"> <li>Increase access to support for police when</li> </ul>	CWPT		

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	services and emergency departments.	consider using police custody as an alternative just because there is a lack of local MH provision, or unavailability at certain times of the day or night.	considering detention under S136			
		<ul style="list-style-type: none"> <li>Police officers responding to people in MH crisis should expect a response from health and social care services within locally agreed timescales so that individuals receive the care that they need at the earliest opportunity</li> </ul>	<ul style="list-style-type: none"> <li>Increase awareness of alternative pathways to S136 for accessing urgent mental health care</li> <li>Explore development of a Mental Health urgent care centre.</li> <li>Scope POS capacity to determine how often there is insufficient capacity to meet S136 requirements and identify contingency arrangement</li> <li>Review 136/PoS policy to include: <ul style="list-style-type: none"> <li>– police custody will only be used as Place of Safety in exceptional circumstances e.g. unmanageably high risk to other patients, staff and young people</li> <li>– If police custody used as PoS then this should be for shortest time possible (maximum 24 hrs) and assessment under the Mental Health Act should be prioritised</li> <li>– prevent exclusion from PoS based solely on level of intoxication</li> </ul> </li> </ul>	All agencies		
				CCGs/ WCC		
				CCGs/CWPT		
				All agencies		
B7	When people in crisis appear (to health or social care professionals or to the police) to need urgent	<ul style="list-style-type: none"> <li>Commissioners and providers should ensure that people who are in distress owing to their MH condition, and who are in need of formal assessment under the</li> </ul>	<ul style="list-style-type: none"> <li>Explore options for a model of Street Triage.</li> </ul>	CCGs		

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	<p>assessment, the process should be prompt, efficiently organised and carried out with respect.</p>	<p>MH Act, receive a prompt response from S12 approved Doctors and AMHPs so that arrangements for their care, support and treatment are put in place in a timely way.</p>	<ul style="list-style-type: none"> <li>Scoping out the potential for a S12 Doctor Application for SMART Phones to ensure most appropriate and available Dr to undertake assessment. App developed by local consultant psychiatrist</li> </ul>			
		<ul style="list-style-type: none"> <li>Timescales should reflect best practice set out in the Royal College of Psychiatrists guidance on commissioning services for S136 which states that AMHP's and S12 doctors should attend within 3 hours in all cases where there are no clinical grounds to delay assessment.</li> <li>In the case of children and young people, the assessment should be made by a child and adolescent MH services consultant, or an AMHP with knowledge of this age group.</li> <li>There should be no circumstances under which MH professionals will not carry out assessments because beds are unavailable</li> </ul>	<ul style="list-style-type: none"> <li>Scope Development of a CAMHS and LD out of hours crisis response service as part of redesign</li> </ul>			

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		<ul style="list-style-type: none"> <li>When deciding upon any course of action, all professional staff should act in accordance with the MH Act's principle of least restriction and to ensure that services impose the least restriction on the person's liberty. Police forces should consider using unmarked cars to travel to a property to enforce a warrant under S135 of the Act.</li> </ul>				
B8	People in crisis should expect that statutory services share essential 'need to know' information about their needs	<ul style="list-style-type: none"> <li>All agencies including police or ambulance staff, have a duty to share essential 'need to know' information for the good of the patient, so that the professionals or service dealing with a crisis know what is needed for managing a crisis and any associated risks to the distressed person or others</li> </ul>	<ul style="list-style-type: none"> <li>Review the current information sharing protocols in place.</li> <li>Improve information sharing between agencies using agreed risk assessments particularly for those who regularly contact emergency services</li> </ul>	All agencies		
B9	People in crisis who need to be supported in a health based place of safety will not be excluded		<ul style="list-style-type: none"> <li>Capacity to be reviewed as part of ongoing service review of CRHT.</li> <li>Review specification for Place of Safety</li> <li>Review how often Health provided POS is full and alternative POS arrangements have to be sought.</li> </ul>	CCGs		
B10	People in crisis who present in Emergency Departments should expect a safe place for their immediate care and effective liaison with MH services to ensure that they get the right on-going support.	<ul style="list-style-type: none"> <li>People experiencing MH crisis, who are exhibiting suicidal behaviour or who are self-harming, are treated safely, appropriately and with respect by emergency department staff</li> <li>Clinical staff identify MH problems in people presenting with a physical health problem and refer them to a GP or specialist help where necessary.</li> <li>Clinical staff are equipped to identify and</li> </ul>	<ul style="list-style-type: none"> <li>Consideration of future model as part of the CAMHS re-design.</li> <li>Check that Emergency Duty staff are aware of the NICE Quality Standard and Guidance for Self Harm.</li> </ul>	CCGs/WCC/CC		
				CCGs/UHCW/George Eliot/South Warks FT		



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		<p>intervene with people who are at risk of suicide, through on-going training in accordance with the relevant NICE guidelines, statutory and legal requirements under MH legislation and communicate with other services so that people who are at risk are always actively followed up.</p> <ul style="list-style-type: none"> <li>Emergency department staff should treat people who have self-harmed in line with NICE guidance and work towards NICE Quality Standard for Self Harm.</li> <li>Commissioners work with hospital providers to ensure that ED, police and ambulance services agree appropriate protocols and arrangements about the security responsibilities of the hospital and the safe operation of restraint procedures on NHS premises. ED's should have facilities to allow for rapid tranquilisation of people in MH crisis, if necessary, and clear protocols to safeguard the patient. This should be in accordance with NICE Guideline 25 Violence.</li> </ul>			
B11	<p>People in crisis who access the NHS via 999 system can expect their need to be met appropriately</p>	<ul style="list-style-type: none"> <li>The provision of 24/7 advice from MH professionals, either to or within the clinical support infrastructure in each 999 ambulance control room. This would assist with the initial assessment of MH patients and help ensure a timely and appropriate response.</li> <li>Enhanced levels of training for ambulance staff on the management of MH patients.</li> <li>Ambulance Trusts to work flexibly across boundaries by exercising judgements in</li> </ul>	<ul style="list-style-type: none"> <li>Explore options for a model of Street Triage.</li> <li>Explore options for delivering training to ambulance staff and police</li> </ul>	CCGs	
				All agencies	

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		individual cases to ensure that an individual's safety and treatment is not compromised.				
B12	People in crisis who need routine transport between NHS facilities or from the community to an NHS facility, will be conveyed in a safe, appropriate and timely way.	Commissioners will need to make sure that the transfer arrangements put in place by MH Trusts and acute trusts provide appropriate timely transport . e.g. police vehicles should not be used to transfer patients units within a hospital	<ul style="list-style-type: none"> <li>Explore options for a model of Street Triage.</li> </ul>	CCGs		
			<ul style="list-style-type: none"> <li>Reduce use of police vehicles if police expedite conveyance without ambulance e.g. in urgent situation to manage risk</li> </ul>	All agencies		
			<ul style="list-style-type: none"> <li>Consider whether addition of paramedic in unmarked ambulance vehicle may achieve wider system savings to assist with conveyance of those needing multi agency support</li> </ul>	All agencies		
B13	People in crisis who are detained under S136 powers can expect that they will be conveyed by emergency transport from the community to a health based place of safety in a safe, timely and appropriate way.	<ul style="list-style-type: none"> <li>Where a police officer or an AMHP requests NHS transport for a person in MH crisis under their S135 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</li> </ul>	<ul style="list-style-type: none"> <li>Multi-Agency group will monitor and review difficulties with conveyance and liaise between agencies to resolve</li> </ul>	All agencies		
		<ul style="list-style-type: none"> <li>Police vehicles should not be used unless in exceptional circumstances, such as cases of extreme urgency, or where there is a risk of violence. Caged vehicles should not be used.</li> </ul>	<ul style="list-style-type: none"> <li>Reduce use of police vehicles if police expedite conveyance without ambulance e.g. in urgent situation to manage risk</li> </ul>	All agencies		
<b>Quality of treatment and care when in crisis</b>						
C1	People in crisis should expect local MH services to meet their needs appropriately at all times	Responses to MH crises should be on a par with responses to physical health crises. This means that health and social care services should be equipped to deal safely and responsively with emergencies that occur at all times of day and night, every day of the year. The dignity of any person in MH crisis	<ul style="list-style-type: none"> <li>Review capacity of the crisis resolution and home treatment team.</li> </ul>	CCGs/CWPT		
			<ul style="list-style-type: none"> <li>Monitor AMHAT service and required specialisms across each site.</li> </ul>	CCGs		
			<ul style="list-style-type: none"> <li>Ensure ambulances convey patients to the most appropriate service to get the support that they</li> </ul>	CCGs		

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		should be respected and taken into account.	require			
C2	People in crisis should expect that the services and quality of care they receive are subject to systematic review, regulation and reporting.	<ul style="list-style-type: none"> <li>CQC already monitors and inspects services that provide a response to people experiencing a MH crisis including acute and MH hospitals, community based MH services, GP's and primary medical services etc. <b>How these services respond to people experiencing a MH crisis will form part of the regulatory judgement that leads to a rating.</b></li> <li>Service providers have a responsibility for monitoring the quality of their responses to people in crisis.</li> </ul>	To agree ways of obtaining service user feedback on nature of services provided to those in mental health crisis including those presenting to criminal justice system	All agencies		
C3	When restraint has to be used in health and care services it is appropriate	<ul style="list-style-type: none"> <li>Staff properly trained in the restraint of patients</li> </ul>	<ul style="list-style-type: none"> <li>Respond to the outcomes of the DOLS sufficiency review.</li> </ul>	All agencies		
		<ul style="list-style-type: none"> <li>Adequate staffing levels</li> </ul>	<ul style="list-style-type: none"> <li>To continue to review the numbers of times restraint is required and to look at whether there are particular patterns requiring further investigation ie particular ward etc.</li> </ul>	All agencies		
		<ul style="list-style-type: none"> <li>Clear restraint protocol including when police may be called to manage patient behaviour within a health or care setting.</li> </ul>	<ul style="list-style-type: none"> <li>To review whether there has been a reduction in restraint following increased staffing and fewer bed numbers on acute MH wards.</li> </ul>	All agencies		
		<ul style="list-style-type: none"> <li>Staff should be alert to the risk of any respiratory or cardiac distress and continue to monitor the patient's physical and psychological well-being.</li> </ul>	<ul style="list-style-type: none"> <li>To consider approach to planning, monitoring and reviewing restraint practice in community settings</li> </ul>	All agencies		
			<ul style="list-style-type: none"> <li>To amend policy to ensure that ambulance is used to provide physical assessment after incident of restraint by police in community where mental health is a factor</li> </ul>	All agencies		
			<ul style="list-style-type: none"> <li>To look at opportunities for other providers to access the same training as Warwickshire staff to ensure a consistent approach to restraint across Warwickshire</li> </ul>	All agencies		

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C4	Quality and treatment and care for children and young people in crisis.	<ul style="list-style-type: none"> <li>Standards for involving and informing children and young people</li> </ul>	Include WMQRS standards as requirement in specification of new service from April 2015.	CCGs/WCC		
		<ul style="list-style-type: none"> <li>Access to an advocate</li> </ul>				
		<ul style="list-style-type: none"> <li>Principle of treatment at home, or close to home</li> </ul>				
<b>Recovery and staying well/preventing future crises</b>						
A1	Early intervention	<ul style="list-style-type: none"> <li>Care planning is a key element of prevention and recovery. Following a crisis NICE recommends that people using MH services who may be at risk are offered a crisis plan.</li> <li>Transitions between secondary and primary care must be appropriately addressed</li> <li>Clear criteria for entry and discharge from acute care.</li> <li>Fast track access back to specialist care for people who may need it in the future</li> <li>Clear protocols for how people not eligible for the Care Programme Approach can access specialist health and social care when they need it.</li> <li>Focus on the integration of care with comprehensive pathway of services organised around the patient.</li> </ul>	<ul style="list-style-type: none"> <li>Implement the recommendations from the transition task and finish group.</li> <li>Ensure the Care Act requirements incorporate recovery and well-being</li> <li>Develop pathways in partnership with primary care.</li> <li>Mapping providers and services onto the MH pathway, promoting a more integrated approach to the support of people with MH and co-morbid needs to ensure a more holistic and tailored approach to individuals.</li> </ul>	<p>All agencies</p> <p>WCC</p> <p>CCGs/CWPT/WCC</p> <p>All agencies</p>		

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	<ul style="list-style-type: none"> <li>Services must be able to meet the needs of individuals with co-existing MH and substance misuse problems. This needs to be an integrated approach across the range of health, social care and criminal justice agencies.</li> </ul>				
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Abbreviations Key	
MH	Mental Health
CRHT	Crisis Resolution Home Treatment
PoS	Place of Safety
DOLS	Deprivation of Liberty & Safeguarding
AMHP	Approved Mental Health Practitioners