

## Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
	<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	The CWPT implemented a single point of access into their services across all of Warwickshire in May 2014.	<ul style="list-style-type: none"> <li>No gap but the new pathway was only implemented in full across Warwickshire from May 2014 so will need to keep it under review to ensure delivering expected outcomes.</li> <li>Lack of awareness of single point of access from other agencies</li> </ul>	<ul style="list-style-type: none"> <li>On going monitoring and review of the Single Point of Entry and re-designed MH referral and assessment pathway.</li> <li>Improve access and awareness of single point of access to emergency services</li> </ul>
		A joined up response from services with strong links between agencies.	<ul style="list-style-type: none"> <li>MH social workers are integrated into the IPU's within Warwickshire</li> <li>7 wellbeing hubs jointly commissioned by council and public health</li> <li>Safe Places scheme available in Warwickshire</li> <li>Public Mental Health Strategy in place.</li> </ul>	<ul style="list-style-type: none"> <li>Not as strong links between statutory, non statutory sector and primary care.</li> <li>Gap between diagnosis and support services within Dementia IPU</li> <li>No mental health street triage</li> </ul>	<ul style="list-style-type: none"> <li>Scope possibilities for developing street triage service in Warwickshire</li> <li>Increase awareness of safe places</li> <li>Reviewing scope of safe places</li> <li>Review of well being hubs</li> <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> <li>Strengthen the role of the GP in the delivery of MH care within Warwickshire</li> </ul>
		Crisis Support	<ul style="list-style-type: none"> <li>Warwickshire has a Crisis Resolution and Home Treatment Service and an Early Intervention Team to provide support to people in their own homes.</li> <li>Reenablement services available people with mental health needs coming out of hospital.</li> <li>Home Care providers delivering a more rehabilitative approach.</li> </ul>	<ul style="list-style-type: none"> <li>Limited number of specialist MH home care providers on the framework.</li> </ul>	<ul style="list-style-type: none"> <li>Review capacity of the crisis resolution and home treatment team.</li> <li>To jointly commission a framework of supported living providers for MH and Dementia.</li> </ul>

## Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
		Respite	<ul style="list-style-type: none"> <li>Ad-hoc use of spare capacity within residential service vacancies.</li> <li>Use of the home care framework.</li> </ul>	No commissioned respite services for people with mental health needs.	<ul style="list-style-type: none"> <li>Pilot dementia respite through the new Shared Lives pilot scheme.</li> <li>Explore what respite support may be required to prevent in-patient admission.</li> </ul>
		Peer support	<ul style="list-style-type: none"> <li>Public Mental Health Strategy being implemented.</li> <li>7 wellbeing hubs.</li> <li>Age UK Community Support and Befriending Service.</li> <li>Range of organisations offering community support via the Warwickshire Directory.</li> <li>Well-being Portal and Dementia Portal.</li> <li>Making Space.</li> <li>Access to Dementia Cafes delivered by the Voluntary Sector across Warwickshire</li> </ul>	<ul style="list-style-type: none"> <li>How these services link to the formal MH pathway.</li> <li>Active marketing of directory and portals.</li> <li>People knowing what is available locally and how to access it.</li> </ul>	<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>
		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>Liaison and diversion scheme in place.</li> <li>Probation staff, police officers and Offender managers link in with the MH trust, to ensure any individual who is being managed receives the appropriate support from the relevant agency.</li> </ul>	Liaison and Diversion scheme offers limited hours of coverage	<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>
	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.	Warwickshire has: <ul style="list-style-type: none"> <li>Single Point of Entry into secondary care services.</li> <li>Arden MH Acute Team operating within all local acute hospitals</li> <li>Crisis Resolution and Home Treatment Team</li> <li>Emergency Duty Team for social care, including children and young people.</li> <li>In patient MH beds.</li> <li>Place of safety – for adults and children at Caludon Centre.</li> </ul>	<ul style="list-style-type: none"> <li>High level of demand for Crises Resolution and Home Treatment Team.</li> <li>No Street Triage available</li> </ul>	<ul style="list-style-type: none"> <li>Review of the Crises Resolution and Home Treatment Team.</li> <li>Explore options for a model of Street Triage</li> <li>Enable</li> </ul>

## Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
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 – this may include the voluntary agencies that represent and support service users from BME communities</li> <li>• Make sure staff are delivering person-centred 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>• All contracts and specifications require providers to ensure that their services reflect cultural differences to support and encourage access into their services.</li> <li>• The development of the web-portal and information and advice services running out of local neighbourhood hubs including libraries, will support the engagement of local communities and support the signposting of people to services and support that can address any issues they have in a timely manner.</li> <li>• Access to MH advocacy services</li> <li>• Access to interpreters</li> <li>• Commissioned support for providers through WREP</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence base on supporting BME and LGBT communities with dementia and other MH needs and their carers is very limited nationally and locally.</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> <li>• Refresh JSNA and ensure this is captured</li> <li>• Equal access to all disabilities for services and information</li> <li>• Ensure all planned reviews of Mental Health support services including assessment of accommodation and support for BME</li> </ul>
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>• Patients under 18 who are admitted to hospital for mental health treatment should be in an environment suitable for their age.</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</li> </ul>	<ul style="list-style-type: none"> <li>• Warwickshire has emergency assessment and support during working hours.</li> <li>• Health Based Place of Safety accessible to those under 18</li> </ul>	Out of hours emergency support.	<ul style="list-style-type: none"> <li>• Develop emergency support out of hours (in progress).</li> <li>• Continue CAMHS re-design programme.</li> </ul>

## Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
		<p>parents and other people close to the young person.</p> <ul style="list-style-type: none"> <li>• Robust partnership working between primary care for children &amp; specialist CAMHS.</li> <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>• 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> <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</li> </ul>	<p>Police: Multi-Agency training was delivered to a range of officers in May 2014. Warwickshire has a Mental Health lead and Divisional SPOC's who are knowledgeable in current practices and policies. A mandatory Ncalt package is also in place. Training on mental health is included in student officers and PSCO training</p> <p>WMAS: partnership agency training taking place. Concerns raised with University Paramedic curriculum as now limited MH training in degree course. This is being taken up by the Association of Ambulance Chief Executives who are insisting that minimum standards for MH awareness are taught.</p> <p>Acute staff have received training to respond to crises from AMHAT.</p> <p>The Voluntary sector does have access to courses via WCC Learning and Development team. Training tends to be around MH Awareness</p>	<p>Police: Not all officers have received specialist training in mental health awareness, legislation, roles and responsibilities and alternative pathways</p> <p>Refresher training in acute hospitals.</p> <p>Bespoke training to support crises response for third sector organisations.</p>	<p>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.</p> <ul style="list-style-type: none"> <li>• Review workforce development strategy to respond to gaps identified.</li> </ul>

## Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
		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.			
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> <li>• Service users and GPs access to a 24 hour helpline staffed by MH and social care professionals</li> <li>• Crisis resolution and home treatment services available 7 days a week.</li> </ul>	<ul style="list-style-type: none"> <li>• Single point of entry into secondary care services – people who have urgent needs are seen same day.</li> <li>• 7 day a week service for AMHAT but not 24/7.</li> <li>• Crises Resolution and Home Treatment Team – same day</li> <li>• Timely response from AMHP's</li> <li>• Mental Health Matters helpline 24/7.</li> </ul>	<ul style="list-style-type: none"> <li>• Out of hours crisis service for CAMHS being developed.</li> <li>• Street Triage.</li> </ul>	<ul style="list-style-type: none"> <li>• Improving marketing of Mental Health Matters.</li> <li>• Explore options for a model of Street Triage.</li> </ul>
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 services and emergency departments.	<ul style="list-style-type: none"> <li>• NHS commissioners are required by the MH Act to commission health based places of safety.</li> <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> <li>• Police officers should not have to 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.</li> <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</li> </ul>	<ul style="list-style-type: none"> <li>• Place of Safety available for adults and children and young people.</li> <li>• Local POS protocol developed and agreed with police, UCHW and WMAS.</li> <li>• Further local Multi agency Policies developed and agreed for S135, AWOL/Missing Persons and Criminal Justice</li> <li>• Multi-Agency Group exists to review local policy and monitor and resolve any difficulties in inter-agency collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• Street Triage</li> <li>• Capacity of PoS at peak times</li> <li>• capacity of PoS to deal with individuals who are intoxicated and incapacitated but do not present an unmanageable risk to other patients or staff</li> </ul>	<ul style="list-style-type: none"> <li>• Explore options for a model of Street Triage.</li> <li>• Review effectiveness of Place of Safety for children and young people as part of the CAMHS re-design.</li> <li>• Increase access to support for police when considering detention under S136</li> <li>• Increase awareness of alternative pathways to S136 for accessing urgent mental health care</li> <li>• Scope POS capacity to determine how often there is insufficient capacity to meet S136</li> </ul>

## Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
		care that they need at the earliest opportunity			<p>requirements and identify contingency arrangement</p> <ul style="list-style-type: none"> <li>• Development of an urgent care centre.</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</li> <li>– police custody should not be used for children 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> <li>– Use of tests to determine level of intoxication as sole basis of restricting acceptance to PoS will be ceased</li> </ul> </li> </ul>

## Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
B7	When people in crisis appear (to health or social care professionals or to the police) to need urgent assessment, the process should be prompt, efficiently organised and carried out with respect.	<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 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.</li> <li>Timescales should reflect best practice set out in the RCoP 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> <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>	<ul style="list-style-type: none"> <li>AMHP response times are very good in Warwickshire.</li> <li>Average for concluding Place of Safety assessment is under 4 hours.</li> <li>Dementia in-reach service for nursing and care homes</li> </ul>	<ul style="list-style-type: none"> <li>Lack of Street Triage</li> </ul>	<ul style="list-style-type: none"> <li>Explore options for a model of Street Triage.</li> <li>ADD Coventry action re app for S12</li> </ul>

## Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
B8	People in crisis should expect that statutory services share essential 'need to know' information about their needs	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	<ul style="list-style-type: none"> <li>Health and Social Care have full access to clinical records.</li> <li>MH Social workers have full access to EPEX and input all their daily case reporting onto EPEX.</li> <li>AMHAT based in Acute Hospitals have access to EPEX.</li> </ul>	<ul style="list-style-type: none"> <li>Police access to EPEX.</li> <li>Ambulance staff do not have access to records.</li> </ul>	<ul style="list-style-type: none"> <li>Review the current information sharing protocols in place.</li> </ul>
B9	People in crisis who need to be supported in a health based place of safety will not be excluded	Irrespective of other factors (ie intoxication, previous history of violence, personality disorder) individuals suffering a MH crisis and urgently needing to be detained while waiting for a MH assessment should expect to be supported in a health based place of safety.	<ul style="list-style-type: none"> <li>Local S136 policy</li> <li>Access to a commissioned POS</li> </ul>	<ul style="list-style-type: none"> <li>Sufficient capacity within acute inpatient assessment services to ensure smooth and timely flow of S136 people out of place of safety into inpatient provision where appropriate</li> <li>People in crisis can be excluded due to intoxication</li> </ul>	<ul style="list-style-type: none"> <li>Capacity to be reviewed as part of ongoing service re-design.</li> <li>Review 136 policy in light of new Code of Practice as B6</li> <li>Prevent use of tests of intoxication to determine whether someone can be accepted within POS</li> <li>Review how often Health provided POS is full and alternative POS arrangements have to be sought.</li> </ul>
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 intervene with people who are at risk of suicide, through on-going training in accordance with the relevant NICE guidelines, statutory and</li> </ul>	<ul style="list-style-type: none"> <li>AMHAT operates across Warwickshire acute hospitals offering support over 7 days.</li> <li>AMHP's operate 24/7 and will respond within the agreed target.</li> <li>Extension to AMHAT to offer support for young people.</li> </ul>	<ul style="list-style-type: none"> <li>AMHAT is not 24/7.</li> </ul>	<ul style="list-style-type: none"> <li>Considerations of future model as part of the CAMHS re-design.</li> </ul>

## Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
		<p>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	People in crisis who access the NHS via 999 system can expect their need to be met appropriately	<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 individual cases to ensure that</li> </ul>	<ul style="list-style-type: none"> <li>• Crises resolution and Home Treatment available 24/7 for advice and support as required.</li> <li>• National Ambulance Leads Group(supported by AACE Association of Ambulance Chief Executives) have a national policy mandating the emergency response for all s136 patients.</li> <li>• MH nurses now being utilised in WMAS ambulance emergency operations centre.</li> </ul>	<ul style="list-style-type: none"> <li>• Street Triage</li> <li>• Training to ambulance staff to complement and extend that already received</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>

## Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
		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>Where secure and escorted patient transfer is required to a different hospital, services such as ERS are commissioned. This is currently on a spot basis.</li> <li>West Midlands Ambulance Service Conveyance Policy</li> <li>Transfers to the POS service is in operation located at the Caludon will be via ambulance in line with agreed conveyance policy.</li> </ul>	<ul style="list-style-type: none"> <li>Timely transport response.</li> <li>Street Triage.</li> </ul>	<ul style="list-style-type: none"> <li>Explore options for a model of Street Triage.</li> <li>Reduce use of police vehicles if police expedite conveyance without ambulance e.g. in urgent situation to manage risk</li> </ul>
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> <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>Police will request ambulance to convey those who require transfer who they have detained under S136</li> <li>Conveyance policy agreed in support of S136 policy with WMAS</li> </ul>	<ul style="list-style-type: none"> <li>Timely transport response.</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> <li>Reduce use of police vehicles if police expedite conveyance without ambulance e.g. in urgent situation to manage risk</li> </ul>
	<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 should be respected and taken into account.	<ul style="list-style-type: none"> <li>AMHAT operates 7 days a week.</li> <li>Crises Resolution and Home Treatment operates 24/7.</li> <li>Social services provide access to an Emergency Duty Team out of hours.</li> <li>AMHP's are available 24/7.</li> </ul>	<ul style="list-style-type: none"> <li>Sufficient capacity within the CRHT</li> <li>More appropriate environment within A&amp;E/AMU for people with MH problems requiring physical health interventions.</li> <li>Access to a MH urgent care centre where no on-going need for physical health intervention/treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Review capacity of the crisis resolution and home treatment team.</li> </ul>

## Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
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>	<ul style="list-style-type: none"> <li>• CQC monitoring and inspection processes.</li> <li>• Internal Trust monitoring and review of service quality.</li> <li>• Monthly Clinical Quality Review Group meetings between NHS providers and commissioners.</li> <li>• People in care homes have their services regularly inspected by Quality Monitoring Officers.</li> </ul>		<ul style="list-style-type: none"> <li>• To agree ways of obtaining service user feedback on nature of services provide to those in mental health crisis including those presenting to criminal justice system</li> </ul>
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> <li>• Adequate staffing levels</li> <li>• Clear restraint protocol including when police may be called to manage patient behaviour within a health or care setting.</li> <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>• All staff have MAPA training</li> <li>• Policies and procedures in place covering the use of restraint and seclusion.</li> <li>• Review of staffing levels on all inpatient wards in line with Francis Report recommendations.</li> <li>• Increased resources invested to support work around DOL's following Supreme Court Ruling.</li> </ul>	<ul style="list-style-type: none"> <li>• Reviewing advocacy capacity to support DOL's cases.</li> <li>• Monitoring of restraint practice in community settings for people with dual diagnosis.</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Respond to the outcomes of the DOLS sufficiency review.</li> <li>• To consider approach to planning, monitoring and reviewing restraint practice in community settings.</li> <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>
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> <li>• Access to an advocate</li> <li>• Principle of treatment at home, or close to home</li> </ul>			Incorporate into the CAMHS Re-design.
	<b>Recovery and staying well/preventing future crises</b>				

## Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
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> <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>	<ul style="list-style-type: none"> <li>• Care plan for all customers which include agreed crisis plan.</li> <li>• Transitions protocol for CAMHs to AMHs in place.</li> <li>• Single point of entry in place.</li> <li>• Fast-track is built into the care programme approach and IPU.</li> <li>• Recent review of transition for mental health service by O&amp;S and recommendations incorporated into the CAMHS re-design.</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to A1</li> </ul>	<ul style="list-style-type: none"> <li>• Implement the recommendations from the transition task and finish group.</li> <li>•</li> </ul>