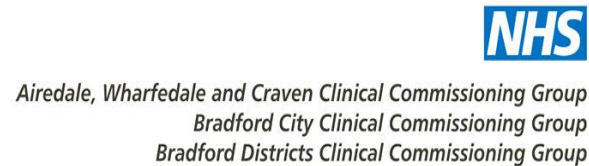


Crisis Care Concordat Multi Agency Action Plan for Bradford, Airedale & Craven Version 2: Updated October 30th 2015

This document is the overarching Crisis Care Concordat Action Plan designed to provide a framework for the improvement and development of mental health services for people in crisis in our area in 2015-16. This action plan outlines the operational and commissioning priorities that have been recommended by the Crisis Care Concordat working group. This plan identifies *"the actions required of commissioners and providers to ensure that those experiencing mental health crisis are properly supported"* (NHS forward plan 2015-16).

Bradford and Airedale Mental Health Crisis Care Concordat Action Plan October 30th 2015

This action plan has been developed by the Crisis Care Concordat working group:



City of Bradford MDC

www.bradford.gov.uk

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Our joint commitment to improve Crisis Response Services in Bradford, Airedale and Craven:

We agree to work together across Bradford and Airedale and Craven (and, where our boundaries or services overlap, with our partners in North Yorkshire, Lancashire, Kirklees and Leeds) to improve the access to services, response from services, care and support of people experiencing a mental health crisis.

We will work together to prevent crisis through effective crisis planning and early intervention.

We will explore how we can commission mental health services to be based on recovery, wellbeing and resilience.

We will jointly commission and design services so that they are well planned and appropriate to the needs of our population, with appropriate alternatives to acute or emergency care available when needed.

We will provide consistent, timely and appropriate support regardless of the agency that comes into contact with the person in crisis and whatever time of the day or night they require our support.

We will work, plan and reflect together so that people in crisis receive an integrated, seamless service without organisational boundaries and difficulties getting in the way. We will develop a multi agency crisis care pathway that links all of the agencies that are signatories to this document

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We will ensure that young people under 18 never have to go into police custody and we will work to ensure that vulnerable adults are only detained in custody when absolutely necessary

We will work to achieve parity of esteem between the physical and mental health needs of our service users and that they will have access to the NHS and social care services that they require

Note: Bradford and Airedale has adopted an integrated whole systems approach in which CCC developments are linked and developed together across all organisations who are part of this implementation group. All RAG assessments are as of October 30th 2015. Areas are rated Green when the CCC group feels that the original outcomes and priorities have been largely met. Further developments in these areas may be highlighted elsewhere in the action plan.

1. Commissioning and development to ensure earlier intervention and more responsive crisis services				
No.	Recommendation and required outcome	Action needed to achieve this	Lead Agency	RAG 10/15
Commissioning Priorities - Matching local need with a suitable range of Services				
1	Development of the Crisis Care Concordat	<ul style="list-style-type: none"> • Set up CCC multi agency implementation working group that answers to the Health and Well being Board • Develop and sign up to the West Yorkshire CCC Declaration • Develop commissioning priorities to improve crisis care • Develop and sign up to the CCC Action plan that identifies how these priorities will be achieved (reviewed Oct 2015) • Link to the UEC Vanguard bid and develop a governance sub group that reviews how these action plans are being developed 	CCC Working Group	Sept 2014
				Dec 2014
				Mar 2015
				Mar 2015 Oct 2015

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				Jan 2016
2	Develop Commissioning Arrangements to achieve aims of the CCC	<p>To develop a joint, integrated commissioning plan for 2016-17 based on a renewed local needs assessment. Decisions about the development and implementation of crisis care, recovery and community services can be prioritised and Jointly commissioned across all relevant agencies. Be clear about all of the money coming in to the local CCG or LA for crisis care, Urgent Emergency Care Vanguard, local places of safety; Children and YP Mental Health etc. All relevant commissioning plans to be linked to this Action Plan, The CCC National Actions progress plan, NHS 5 Year Plan for mental health and the Local Health and Wellbeing board and Integrated Commissioning plans.</p> <p>Commissioning guidance to be developed with the following considered:</p> <ul style="list-style-type: none"> • Commissioning jointly with partners such as NHS, LA, Police and Housing • Children and young people's crisis recovery pathway • Developing visionary thinking on crisis care and recovery • Commissioning for positive and proactive care to reduce restrictive interventions • Commissioning for effective integration of recovery into primary care • Exploring new and innovative services for early intervention before crisis • Developing and looking after the workforce to prevent burnout • Population-based preventive approaches such as embedding parenting skills training in schools. 	UEC GROUP CCC working group	Jan 2016
				Jan 2016
				Jan 2016
3	Ensure commissioned services are subject to equality impact assessments and meet all Equality	<ul style="list-style-type: none"> • Implement MIND guidance on commissioning BME crisis services • Consult and engage with BME groups through Sharing Voices and other BME providers when commissioning and developing services 	CCC working group led by sharing	Mar 2016

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	<p>Act principles</p> <p>To deliver to specific crisis planning pathways for BME communities and other groups such as LGBT communities</p>	<ul style="list-style-type: none"> • Ensure staff delivering crisis care take BME, cultural, spiritual and faith based needs into account • Empower people from BME and other groups by providing appropriate information, access to advocacy and community development services • Explore the development and strengthening of specific services for BME communities and link CCC to wider community • Research impact and outcome of crisis on BME individuals and families • Develop culturally competent crisis plans and services for all vulnerable groups • Ensure inclusion of gender and LGBT based perspectives to crisis care 	Voices and the BME staff group	
4	Develop joint arrangements with North Yorkshire	<p>Attend NY CCC partnership and MH development forums</p> <p>Invite NY & Craven police and MH colleagues to attend local CCC working group</p>	CCG LA Police CCC group	<p>Jan 2015</p> <p>Oct 2015</p>
5	<p>Commission research into the needs of MH service users in crisis</p> <p>This is ongoing but</p>	<p>Reason for and outcome of s136 interventions</p> <p>Reason for and outcome of A & E presentation</p> <p>The needs of MH service users in Police custody</p> <p>The needs of people assessed under the MHA 1983</p> <p>Feed back from Advocacy and user development/support groups</p> <p>MH Crisis – support and intervention requirements of each different community and ethnic groups and appropriate data collection</p>	Police BDCFT CCG BRI AGH MIND SV	<p>August 2015</p> <p>Mar 2016</p>
6	Safeguarding for people in crisis	Link the CCC action plan to the Children and Adult Safeguarding boards	LA CCG	June 2015
7	Build links and good practice across CCCs, health and social care systems in our region	Apply for the regional Urgent Care Vanguard and ensure that it has a strong Mental Health aspect to the bid and has regional NHS & social care involvement. (see separate planning section).	BDCFT LA CCG CCC working group	August 2015
A. Access to Earlier intervention, support and planning to reduce Mental Health crisis				

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<i>Making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.</i>				
1	<p>Develop co-ordinated multi agency Crisis Prevention plans specific to the early intervention, recovery and support needs of people in crisis</p> <p>Update Oct 2015: A community recovery and care planning transformation plan is currently being developed by BDCFT and the LA.</p>	<ul style="list-style-type: none"> • CMHTs to identify all people at risk of MH crisis and develop multi agency crisis prevention and risk minimisation plans for each of them • Care Programme Approach Crisis and Contingency plans to be improved, relevant, available, easy to find and in date. • Ensure CPA Audit identifies use of Crisis & Contingency plans • Training & support to be provided to relevant agencies on how to complete use and interpret Risk and crisis plans. • Look at examples of good practice in other areas • Involve Service user development. VCS and advocacy colleagues in these developments 	<p>BDCFT LA CCG Police SV MIND</p>	March 2016
2	<p>Develop use of Advanced Statement or Directives with service users and their families to improve crisis planning</p>	<p>All Service users with a history or a predicted risk of crisis care presentation should be supported to have an Advanced Statement that identifies how they wish to be treated due to lack of capacity or crisis. Action plan to achieve this to be developed.</p> <p>A very effective format already exists within the integrated LA/BDCT mental health services but needs to be used much more and more widely available. RIO database to be updated to support this as part of ongoing RIO development.</p> <p>Training on this issue to be part of the CPA and Police training</p>	<p>BDCFT LA</p>	<p>Dec 2015</p> <p>Dec 2015</p> <p>July 2015</p>
3	<p>Explore the commissioning and development of a recovery, prevention and early intervention based approach within CMHT's and</p>	<p>Community and voluntary mental health organisations are key to preventing Crisis. Support the recovery and intervention model that empowers CMHT workers to be able to take action that divert people from crisis and to access services that support this. Link to existing CMHT transformation programme</p>	<p>LA BDCFT CCG MIND SV</p>	March 2016

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	<p>Primary Care MH services – using innovative approaches to build on existing practice</p> <p>Update Oct 2015: BDCT, CCGs and LA now working on developing a new CMHT transformation model based on best practice in recovery, early intervention and personalised care.</p>	<p>and First Response Service (FRS).</p> <p>Explore the commissioning of community MH services that will focus on wellbeing with an emphasis on nurturing people’s resilience and capability, mapping their networks of support, the community assets and supporting people to help themselves (e.g. Parachute model)</p> <p>Develop use of the WRAP (Wellness Recovery Action Plans) for service users in Adult MH, CAMHS and community development groups who need a supportive recovery approach building on existing practice.</p>		<p>March 2016</p> <p>July 2015</p>
4	<p>Develop links to the crisis care pathway in Primary care services</p>	<p>Develop a clear protocol for Primary Care professionals on how to assess risk, respond to MH crisis and refer service users at risk of crisis to FRS etc</p> <p>Develop the availability of GPs for MHA assessments and support the identification and support of carers in Primary Care</p> <p>Use the protected time for GP Training and support. www.ttcprimarycare.org.uk gives an example of this work.</p>	<p>BDCFT CCG LA CCC working group</p>	<p>April 2016</p> <p>April 2016</p> <p>April 2016</p>
5	<p>Explore the development and commissioning of best practice crisis prevention services that divert people from crisis before it develops.</p> <p>These are examples of commissioning ideas we may explore locally. See the Mental Health Crisis Commissioning guide for London for more</p>	<p>A. Planned respite such as Shared Lives Host Families scheme: Now developed in MH and starting to be used to avoid crisis</p> <p>B. Urgent respite such as the Hertfordshire Host families scheme: We are exploring the development and commissioning of this idea.</p> <p>C. Specialist recovery led residential care is now being used to avoid acute care and reduce crisis through offering a safe space</p> <p>D. Flexible supported accommodation that can prevent/respond to crisis has now been developed and further developments are under housing below</p>	<p>CCC working group and local integrated C’missioning</p>	<p>May 2015</p> <p>Part of UECV</p> <p>May 2015</p> <p>April 2015</p>

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	examples of good practice	<p>E. Community based Crisis support such as the Sanctuary/safe space models: Sanctuary project now developed and supporting people every day.</p> <p>F. Flexible support service for people in crisis that can offer indepth support in service users homes is now available as part of IHTT and being developed as part of the LA housing tender.</p>		<p>May 2015</p> <p>May 2015</p>
6	Telephone advice and support for people in crisis or at risk of crisis available 24 hrs a day	<p>Review the commissioning and availability of telephone support services</p> <p>Develop a telephone triage and support service as part of First Response team within mental health services to people in crisis and organisations supporting them e.g. Police, Care Homes, A+E etc</p> <p>Link Samaritans and Guideline into the Crisis Care pathway and to the First Response telephone triage service and create a link to EDT</p>	MIND CCG LA BDCFT	March 2015
7	<p>Identify people who may be at specific risk of crisis and plan for their care and support</p> <p>Updated Oct 2015: Frequent Attender support project now set up across all agencies</p>	<p>Develop a list of the people who most regularly present to agencies in crisis and develop multi agency plans as to how we will respond and support them</p> <p>Review how people who have presented as suicidal or self harmed or been in crisis are followed up and supported to avoid crisis happening again. Link to suicide prevention group led by Public Health</p> <p>Ensure that the specialist First Response crisis service accepts self referral</p>	BDCT PH Police LA	<p>June 2012</p> <p>August 2015</p> <p>Feb 2015</p>
8	<p>Develop a multi agency Crisis Care Pathway</p> <p>Updated Sept 2015: CCC working group set up to develop this pathway</p>	<p>The pathway will provide guidance towards positive decision making and integrated working and will set out how agencies should communicate with and support each other when responding to people in crisis</p> <p>This should adopt a holistic approach to crisis care management including and integrating all areas and agencies that influence crisis including physical and mental health, economic factors, culture, housing, relationships, employment and benefits.</p>	CCC working group	Feb 2016

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		The CCC will set up a working group with representatives that will develop this pathway in 2015 across all age groups and specific needs.		
9	Explore the specific needs and implications of MH crisis on BME communities	Work with local groups to identify the causes of MH crisis in BME communities and Develop specific strategies and services to meet the need of BME communities and develop specific ways to support crisis in these communities	CCG LA & BDCFT SV MIND Police	Jan 2016
10	Explore the use of digital and Tele support systems to reduce future crisis and support recovery	Explore local development of online support tools such as the Big White Wall app and online support service (www.bigwhitewall.com)	BDCFT LA	July 2016
		Explore the use of Tele Care to support people in crisis and follow people following crisis support in partnership with local Vanguard.		Jan 2016
11	Support the role of 3 rd sector organisations in recovery/support	Link to a range of relevant 3rd sector/vol sector MH support providers into the action plan for the CCC, the crisis care pathway and prevention strategies	CCC group 3 rd /volSector	Dec 2016
B. Urgent and emergency access to crisis care when required				
<i>Making sure that a mental health crisis is treated with the same urgency as a physical health emergency.</i>				
1	Develop a 24hr integrated response service for people in MH crisis.	First Response (FRS) team to be developed. A partnership between CCGs/BDCT/LA/PH and the PCC. 24 hour telephone support and triage plus professional response to people in crisis and assessment or diversion for people in contact with the police. Links to all other crisis and out of hours response services. Includes self referral from users and carers.	BDCT LA PH PCC Public Health	Feb 2015
2	Develop police triage and support service within the FRS team	Public Health, PCC, LA and NHS to work together to build response and diversion service into FRS team for people who come to the attention of the police or are in police custody. Link to development of street triage.	BDCT Police Pub Health LA	Feb 2015
		Base police/court liaison workers in the custody area and develop links with other agencies working in police custody such as Drug Intervention teams		Aug 2015
3	Ensure speedy access to AMHP service out of hours especially in	<ul style="list-style-type: none"> Redesign existing AMHP resources so that key hours in evening and early morning are covered with a duty AMHP. 	BDCFT LA	Dec 2016

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	police station and A & E	<ul style="list-style-type: none"> Explore options for on call AMHP service for out of hours assessments Agree timescales for AMHP assessments 		
4	Develop Links between crisis services and the Emergency Duty Service	EDT currently has an on call worker dealing with Local Authority emergencies out of hours. They have bank of AMHPs that can be called out to assess people at weekends. This service is integrated with the Crisis Care Pathway and linked to FRS/IHTT so that there is support and planning between EDT and other out of hours services and a more co-ordinated response to MHA assessments.	LA BDCFT	May 2015
5	Agree standards for availability and attendance of s12 doctors at MHA assessments	Ensure Consultants and s12 doctors can be available when mental health or MH act assessments are required. Free up time to enable them to attend assessments in line with working pattern of FRS AMHP service and EDT	BDCFT LA	Jan 2016
6	Improve Link between crisis services and the AMHP service	Duty day time AMHPs to be integrated with the 24 hour crisis FRS team. Develop a clear communication pathway with the EDT service and access to 24 hr AMHP availability across both services. Major development of AMHP service to reduce problems and stresses and ensure a speedy response to MHA assessments	BDCFT LA	March 2015
				May 2015
				Sept 2015
7	Develop the Psychiatric Liaison and AMHP response service in A+E Update: PLS now integrated with FR service. Social care role now permanent. Psychiatric Liaison A and E developments now linked to urgent care vanguard section (below).	Expand the PLN service to cover as many A+E hours as possible and link to the crisis care pathway and FRS, EDT and IHT teams. Integrate Social Care/AMHPs into this service through employment of social care staff in the PLN team and via the Integrated Hubs and hospital social work teams. Agree minimum standards for assessment and decisions in A&E and explore a specific assessment area in A and E in line with recent recommendations. Develop frequent attendee project with police, LA and NHS	LA BDCFT CCG CCC working group Urgent Care Vanguard group	Feb 2015
				March 2015
				Part of UECV
				July 2015
8	Develop the Intensive Home Treatment service to provide	Redesign the IHTT so it is separate to the crisis function and can support people to divert from acute care or facilitate early discharge from Hospital or	BDCFT LA	Feb 2015

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	intensive support to people in crisis and avoid admission	offer intensive support into peoples homes to reduce crisis. Link to Crisis Care pathway and joint management with FRS and PLN. Increase coverage of this service to 24 hr and link to AMHP service.		
9	Link the MIND Guideline telephone support service to the Crisis Care Pathway	Referral/signposting process between this agency and the FRS triage system will enable better response to people in crisis. Guideline may need to refer people they are concerned about to FRS triage.	MIND SV BDCFT LA	April 2015
10	Explore the establishment of a safe place or sanctuary for people in crisis in partnership with Mind/ Sharing Voices	Support Mind/Sharing Voices and other agencies to set up a safe place for MH service users in crisis to receive therapeutic or practical support as an expansion of their current service. Extend hours into late evening. Link to professional support from the FRS and IHTT health and social care staff.	MIND SV CCG LA BDCFT	May 2015
11	Ensure appropriate access to local MH acute care beds when needed Update: No Out of Area bed placements for 8 months	<ul style="list-style-type: none"> • Improved Links with social housing and joint commissioning of step down accommodation to support move on from hospital • Link Bed Manager to IHTT and FRS teams • FRS, AMHP and IHT teams to work together to divert people from acute care and facilitate early discharge • Implement strategies to reduce bed occupancy and improve discharge • Link to frequent attender programmes • Use sanctuary and specific Residential care providers to provide support for people who do not need Acute Care bed 	LA CCG BDCFT	April 2015
12	Develop joint working with NHS 111 and police call centres Link to UECV project	Explore the basing of health and social care mental health professionals with the emergency services 111 call centre. This is now part of regional UECV.	Police LA PH BDCFT	May 2015
		MH staff in Trafalgar house Hub to co-ordinate responses to MH service users to reduce the number of people presenting in crisis and improve response		July 2015
13	Crisis response for a range of other support areas in addition to adult mental health	Identify specific needs of people with developmental disorders; Learning Disability – now covered by police hub and FRS Older People – now part of the CCC group – Sept 2015 Physical Health - Parity of esteem part of the CCC group Children and Young people – Now part of the CCC Vanguard group	CCG LA BDCFT	March 2016

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C. Quality of Treatment and Care when a person is in crisis				
<i>Making sure that people are treated with dignity and respect, in a therapeutic environment.</i>				
1	Ensure that the Crisis Care Pathway identifies how people should be supported in crisis	All agencies involved in crisis care to agree minimum standards of response and service delivery to people in crisis in line with this action plan and the crisis care pathway	CCC working group	Dec 2015
2	Improved response to people missing from acute care or MH services	Develop the joint missing person policy for vulnerable people in MH crisis missing from services. To identify the role and responsibilities of both police and MH services	Police BDCFT LA	Mar 2016
3	Develop services for people with MH issues who present to A+E Update Sept 2015: This will be part of the Urgent Care Vanguard status for 2016-18	Explore the development of a dedicated area in A + E departments for the assessment and support of vulnerable people Development of an integrated A & E Liaison service Development of the A and E housing and support pathway	CCGs BRI AGH LA Horton Housing & Bevan hse	UECV plan May 2015 Feb 2016
4	Age appropriate care pathways for young people in crisis Develop a Children and Young People Crisis service in A and E and as part of EDT/FRS/Childrens social care ad part of the UEC Vanguard.	Develop an integrated crisis pathway for children and young people that ensures age appropriate services for young people in MH crisis through the 'Future in Mind' Transformation project. Develop one SPOA for C&YP and integrate into FRS Develop an age appropriate place of safety or sanctuary for C&YP in education or other placements No children held in the police cells under any circumstances – No children with MH problems held in cells so far in 2015	LA childrens services LA Adult MH CCGs BDCFT	Nov 2016 Nov 2016 Nov 2016 2015
5	Improve Access to an Appropriate Adult for vulnerable people in police custody	Explore the setting up of a volunteer service across health & social care to respond to the PACE requirements for people in custody Update Oct 2015: LA Access team and some volunteers trained	Police LA BDCFT 3 rd Sector	Feb 2016

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6	Speedy access to appropriate medication support when required	Development of the ANP role in FRS and IHTT to provide urgent prescribing when needed to reduce crisis.	BDCFT	August 2015
7	Evaluation of the development of crisis services	Explore development of Mental Health triage assessment tools and training Evaluation of development of FRS and attitudes of the police and other staff	BDCFT LA CCGs	August 2015
8	Develop Positive and proactive care in inpatient environments	To develop a strategy to reduce seclusion, restrictive care, chemical and physical restraint in inpatient environments	CCG BDCFT	May 2016
D. Services to support recovery and staying well following a crisis <i>Preventing future crises by making sure people are referred to appropriate services.</i>				
1	Develop supported accommodation that keep people well and identifies crisis in advance	LA to undertake a review of Housing Related Support and Supported Living options for people with a mental health problem and develop services that can respond to the needs of people who may experience MH crisis. New service spec to be produced and tender arranged.	LA BDCFT CCG	Oct 2015
2	Develop specific housing support for people in crisis or being discharged	Integrated commissioning with housing, NHS and LA to identify to housing needs of people in MH crisis. To develop urgent access housing for people who need a step down provision from acute care or are homeless.		March 2016
3	Explore the development of services that support people to move out of secondary MH care and back to primary care Link to Review of CMHTs	Consider the development of a supportive multi agency care navigator service to support people with serious or long term mental health problems to be supported when discharged from secondary mental health services (<i>see 'Evolve' service http://www.crestwf.org.uk/evolve/</i>). Link with the local Wi FI complex care service	BDCFT LA WiFi	Mar 2016
4	Explore the development of services that support people recovering from a crisis to stay safe and in recovery Link to Review of CMHTs	Identification and support of people recovering from crisis or experiencing multiple MH crisis. A co-ordinated and assertive outreach approach to working with them within the crisis pathway and frequent attender scheme. <i>Solidarity in a crisis service (www.certitide.org.uk)</i> is a service that provides in depth support to people in recovery from a crisis	Police BDCFT LA	Mar 2016
5	Explore the development of an employment support service for people with mental health problems	Develop Multi agency individual placement service for people in secondary mental health services to move back to employment. This project is supported by the Centre for Mental Health and is being implemented by BDCT and CBMDC with 3 rd Sector partners	BDCFT LA SV Cellar Trust	May 2015

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6	Ensure that Care Act responsibilities for Vulnerable people are part of the CCC	A clear pathway for vulnerable people in crisis – link to the LA access team and BRI teams with joint working across FRS and mental health services.	LA CCG BDCFT	Oct 2016
7	Develop parity of esteem between physical and mental health services	To ensure that physical health risks to people with MH problems such as heart disease, diabetes, stroke etc are part of the crisis care planning and can be assessed and acted upon using the Bradford MH Physical Health assessment tool.	BDCFT CCG	June 2016

2. Improved quality of response when people are assessed or detained under Sections of the Mental Health Act 1983

No	Recommendation and required outcome	Action needed to achieve this	Lead Agency	RAG 10/15
A. Develop Appropriate Services for people detained under S136 and S135				
1	Implement services that will reduce the number of people detained under S136 by the police	FRS triage service will support the police to divert people to other services whenever required through a dedicated police telephone line, police hub, and immediate triage response.	BDCFT LA Police	April 2016
	Ensure people who are detained under s136 are treated appropriately in a place of safety	All s136 detainees to be taken directly to the s136 suite unless there is a risk of serious violence to facilitate recovery and speedy assessment Oct 2015 update: Services implemented but S136 numbers not falling as expected. Review underway with police about this.		May 2016
2	Improve timescales and arrangements for conveyance under the Mental Health Act and for vulnerable people	Explore the introduce the use of a range of appropriate vehicles in the event of conveyance being required in a mental health emergency wider than paramedic ambulances	YAS CCG BDCFT	Link to UECV
		Agree shared standards and timescales for 30 min conveyance with YAS. Link this CCC action plan with the UVC developed across west Yorkshire.		Link to UECV

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		Review conveyancing policy in line with the Association of Ambulance Chief Executives S136 guideline for transportation of people under Section 136 detention and local YAS guidance developed as part of the CCC		Mar 16
3	Develop S136 suites to meet national guidance	S136 suites can safely support people for up to 72 hours for assessment under MHA and reduce need for police custody to a minimum Ensure that S136 suites can be staffed when needed by IHTT professionals and that police can be released as soon as possible after they have delivered a person under s136 Agree a clear protocol on when police can be released – aim for immediate release with a maximum police support timescale of 1 hour	BDCFT Police	Feb 2015
				Feb 2015
				May 2015
4	Ensure that no young people under 18 are held in police cells under s136 Link to UEC Vanguard and CYP pathway (see below)	Ensure that S136 suites and special areas in acute wards are age appropriate and can be staffed when needed for young people Consider development of specific non health based places of safety to cater for young people in emotional and MH crisis Develop alternatives to hospital and supported accommodation for young people in crisis including needs of BME young people Ensure access to CAMHS staff expertise through 24 hour cover arrangements (duty consultant; speedit)	BDCFT LA CAMHS	Nov 2016
5	Improve experience for people detained under the MH Act	Link and develop existing policies and practical arrangements to create a multi agency 'Standards for Mental Health Act Assessments' that identifies the minimum expectations for service users and agencies	LA BDCFT	Feb 2016
6	Develop links with drug and alcohol services and services for people in crisis	Develop protocol and integrated services to consider the recommendation of the D&A services review integrated support services to people in crisis especially when in police custody	CCG PH BDCFT	Mar 2016

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		Develop alternative places of safety for People under the influence of drugs and Alcohol (see CCC national actions progress report)		March 2016
7	Improve the care and management of intoxicated service users	Consider using specialist places of safety for intoxicated people where they can resume capacity in a safe environment that is not the police cells or hospital. Most intoxicated S136 clients are not detained.	LA WYP BDCFT	Nov 2016
8	Faster response to S136 assessments	Ensure AMHPs and Doctors are available to assess within an agreed time frame and build this into the S136 policy. Link to point 5 above.	BDCFT LA	Nov 2016
9	Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring	Use the monitoring arrangements to check progress in relation to the number of people detained under s136 and use of cells and s136 suite. Oct 2015 - This is now being checked regularly	Police BDCFT	Oct 15
10	S136/135 policy to be updated	Re write the S136 policy and partnership agreement to reflect the new arrangements within the CCC.	WYP LA	Jan 2016
B. Improved information and advice available to front line staff to enable better response to individuals				
1	Link access to crisis plans and advanced directives across agencies	Agencies need to be able to share the Crisis Plans for certain service users through client consent or an information sharing process so that service users have a consistent support plan that can be accessed when needed Information Governance issues need to be resolved through a multi agency IG agreement linked to the existing Info sharing agreement	IG Depts of all agencies to work together	Mar 2016
C. Improved training and guidance for police officers and MH professionals				
1	Provide training in MH issues for police	Set up a rolling training programme on MH and MH act issues for police colleagues. Specific training on working with vulnerable people especially MH and LD clients.	WYP BDCFT LA	August 2016
2	Support police to make better decisions about people who need MH support	Telephone support & joint decision making with police officers from FRS. Place health and Social Care staff in the police Hub.	Police LA BDCFT	August 2016
3	Training for MH professionals	Police to support training on Appropriate Adult and Criminal Justice issues	BDCFT LA Police	July 16
4	Training for other professionals working in Police custody	Support medical professionals working in police cell areas to make better decisions about people with mental health issues	Police BDCFT LA	July 16

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3. Suicide Prevention Plan				
No	Recommendation and required outcome	Action needed to achieve this	Lead Agency	RAG 10/15
Develop a suicide multi agency suicide prevention plan as part of the CCC (Oct 2015 – this is currently subject to a major review within the Crisis Care Concordat group)				
1	Establish a MDT suicide prevention group	Public Health to establish and chair a MDT suicide prevention group with responsibility for developing a suicide prevention action plan and monitoring its progress. We have agreed to work towards zero suicides in mental health settings and a major reduction in community suicides.	Public Health CCC imp group	June 2015 Dec 2016
2	Conduct a local Suicide Audit that explores the local risk factors	A specific action plan for reducing male suicides Use of the public health suicide prevention profile plus local data and published evidence. Respond to all recommendations in the APPG (all party parliamentary group) Children and young people self harm and suicide reduction plan. Link to CDOP	Public Health	Nov 2015 Nov 2015 Nov 2015
3	Suicide prevention conference: How to work towards zero suicides in our area	Public Health/LA and BDCFT to present findings of audit and use this forum to set up and launch the specific suicide prevention plan for our area. Specific plan to reduce suicide by joint working with Fire service and Network Rail and voluntary and community sector	Public Health CCG LA CCC team	Feb 2016 Feb 2016

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		Set up local suicide training using findings of audit, local plan and best practice.		Feb 2016
	Explore best practice options for suicide reduction	Review evidence and take best practice from other areas. Develop a Suicide Prevention conference	Public health BDCFT	Feb 2016

4. West Yorkshire Urgent Emergency Care Vanguard Mental Health				
No	Recommendation and required outcome	Action needed to achieve this	Lead Agency	RAG 10/15
Main Aims of the WYUECV				
(note: this plan is currently still in development at Oct 2015 as part of the WY vanguard process and may change)				
1	Regional Non Urgent Ambulance service to improve conveyance	To develop a more responsive conveyance system that does not require the need for paramedic ambulances and can ensure the timely conveyance of vulnerable people within guidance. This is a regional approach across West Yorkshire.	West Yorks UECV group	To be decided
2	Reduce unnecessary A and E attendance by 50% through the development of community crisis support within an integrated health and social care model.	Initially Health and social care to develop joint A and E MH liaison services to support and divert vulnerable people in A and E. As a longer term project to develop sustainable community recovery services that reduce the need for people to attend A and E. Sanctuary projects; safe haven projects and the US 'parachute' crisis support service are the models we are considering. Links to housing and other support agencies.	West Yorks UECV group	
3	Health and Social Care to develop mental health in reach to inpatient wards in hospitals.	As part of the development of A and E liaison and integration with the hospital social work teams we intend to be able to provide MH professionals to inreach to the inpatient wards and support staff there with expertise in mental health support.	West Yorks UECV group	

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4.	Reduce MH acute care out of area placements in the West Yorkshire region	Work across West Yorkshire to develop a model of robust admission and discharge processes that ensure there are enough acute bed spaces to reduce out of area or private sector placements to a minimum. <ul style="list-style-type: none"> • Effective support of people in the community to increase emotional resilience • Effective crisis planning and multi agency support with crisis management with people prone to admission or frequent reliance on crisis services • Effective Discharge management systems in partnership with social care and housing 	West Yorks UECV group	
5.	Reduce s136 place of safety attendance	Stage one of this process is to ensure that effective health and non health places of safety are available and staffed. Stage two is reduce use of s136 by effective street triage, integrated police hubs	West Yorks UECV group	
6.	Reduce number of suicides in West Yorkshire	See suicide prevention plan. Review best practice suicide prevention & Design plan appropriately.	West Yorks UECV group	
7.	Crisis Care Concordat for children and Young People integrated with Children's social care	Develop separate C&YP plan based on Future in MIND and linked to A and E liaison, specialist places of safety and recovery.	West Yorks UECV group	
8.	Improve Access to urgent Housing for vulnerable people with a MH problem	Supported accommodation; urgent housing for homeless and specialist crisis housing.	West Yorks UECV group	
9.	Improve data collection	Improve baseline data tracking of access point s and activity	West Yorks UECV group	