**Barnsley Mental Health Crisis Care Concordat**

**Action Plan**

Introduction

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Crisis Care Concordat. It focuses on four main areas:

Access to support before crisis point – 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.

Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.

Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment.

Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on commissioning for prevention and early intervention.

Partner agencies in Barnsley, were pleased to sign the national Crisis Care Concordat Declaration to work together in 2014.

The Barnsley Mental Health Crisis Concordat Implementation Group has developed this action plan. The group has representation from all the key partners in the Crisis Care Concordat from across Barnsley. This plan for Barnsley is an all-age plan and therefore encompasses actions for children and adults.

All partners are committed to working together to achieve the outcomes detailed in the action plan.

Monitoring of the action plan will be carried by the Implementation Group at its regular meetings, with highlights and key issues being fed into the Health and Wellbeing Board.

This Action Plan has been RAG rated as follows:

Blue – completed

Red – 3 months or more past completion date

Amber - up to 2 months overdue for completion

Green – on track for completion by target date

BARNSLEY CRISIS CARE CONCORDAT ACTION PLAN

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| **Commissioning to allow earlier intervention and responsive crisis services** | | | | |  |
| **No.** | **Action** | **Timescale** | **Led By** | **Outcomes** | **Update September 2015** |
| **Matching local need with a suitable range of services** | | | | |  |
| 1. R | Gap Analysis  Analysis of gap between current provision and concordat vision to inform actions | August 2015 | Concordat Group | Focus on areas needing development | Not Started  Awaiting data set |
| 1. A | Outcome Metrics - An agreed joint data set to establish baseline and capture demand and responses for people in mental health crisis (SABP, EDT, Police, 136, Ambulance, A&E’s, 111) | July 2015  For local | Concordat Group | - Develop and introduce measures to quantify and measure the nature of the demand profile created by mental ill health, both quantitively and qualitatively  - Clearer evidence and a focus on outcomes on which to base local commissioning and ensure inequalities addressed | S136 Data is now captured according to national data requirements. This also including time officers are at the S136 suite.  For local adoption/development  Regionally draft version shared Commissioner consultation underway. CW to share draft version. |
| 1. B | To understand who accesses current crisis services in terms of equality and diversity aspects – obtain data from SWYPFT to enable analysis by commissioner.  BHNFT A&E presentation (coded) equality data | Data: April 2015  Analysis: May 2015 | AR/ SWYPFT | Equality of access  Effective commissioning | Q1 2015 April – June  Completed Sandra to confirm & circulate.  Initial data to be shared at next meeting. |
| 1. R | Utilise PHE profiles to support strategy development and commissioning priorities | Sep 2015 | PH | Effective commissioning | Emma/Arnold – to confirm |
| 1. R | All partners to consider making ‘reasonable adjustments’ to enable people who may be marginalised to articulate what they want | Sep 2015 | Concordat Group | All partner services are more sensitive to the particular needs of members of ‘protected characteristic’ groups & make ‘reasonable adjustments’ where required | Built into SYP policies, risk assessments are carried out from point of contact with SYP communications centre. Barnsley has a Hate Crime Co-ordinator. Extra training has been provided to front desk staff and custody staff. Dependant on data above. |
| Improving mental health crisis services | | | | |  |
| 1. B | Development of MH SPA | Pilot til 3Oth April 2015 | SWYPFT | Improved access to mental health assessment and coordination into secondary mental health services/ signpost to appropriate services  Improved patient experience. | Sandra to get feedback & circulate. Pilot complete output = agreed local model for implementation as part of transformation |
| 1. B | Street Triage Pilot | Pilot til 3Oth April 2015  Evaluation May 15 | SWYPFT / SYP | Improved access to mental health assessment and coordination into secondary mental health services.  Improved patient experience.  Reduction in use of 136.  Support in the community for those that require it. | Barnsley pilot completed. Currently have not got a triage car now.  Seeking further recurrent funding. Pilot Sandra to share evaluation. |
| 7b  G | To continue seek opportunities for to mainstream & funding |  | PO/ AR |  | 16/17 commissioning cycle about to commence |
| 1. B | Gather data and analyse delays in patient transport from patients home to Kendray Hospital  Share with YAS & Commissioners | April 2015    May 15 | KA | Improved access and patient experience. | YAS – improved performance no reports of slippage |
| 1. B | Feedback analysis to CCG local meeting with YAS operational team | May 15 | PO | Improved access and patient experience. | As Above |
| 1. G | Through transformation process consider local acute MH bed needs | March 2016 | SWYPFT  Commissioners | Improved patient experience.  Effective use of resources.  beds to ensure people do not need to be placed out of Barnsley. | Transformation implementation December 15 |
| 1. B | To receive report on CQC crisis pathway review feedback and integrate into this action plan | Local report - March 15  National report – May 15 | ALL | Improved patient experience | Complete |
| Ensuring the right numbers of high quality staff | | | | |  |
| 1. B | Analyse s136 unavailability using SWYPFT and SY data | April 2015 | SWYPFT | Action plan to ensure improved 136 suite availability, as and when required.  Reduce the use of police cells as a place of safety.  Improve patient experience. | Plan developed = significantly improved S136 suite availability.  Manager assess staffing issues daily and put measures in place to avert problems.  Exception reporting to CCG and 136 meeting |
| 1. B | BCCG/ SWYPFT contract - Quality and Performance Reporting requirements re workforce issues MH (to mirror acute) | April 2015 | PO/ AR | Improve patient experience. | Reporting system in place to BCCG |
| 13 C | Feedback from CCG to SWYPFT should there be patterns/ outliers. Through contract mechanisms | On-going | PO |  | New action  Feed into this group if unresolved |
| Improved partnership working in Barnsley | | | | |  |
| 1. R | Develop a Primary Care and Secondary MHS Engagement Plan | September 2015 | AR / SWYPFT / PO | GP’s confident with MH issues  Patients appropriately discharged from secondary services with support in community |  |
|  | To increase numbers on GP SMI register | September 2016 | PO/AR |  | New action |
| 1. B | We will establish a Crisis concordat group to ensure we produce a joint plan and to ensure delivery | From Jan 2015 | Crisis Care Concordat group | Bringing together information and data sources  Agreeing priorities  Producing a joint plan  Supporting joint delivery of solutions. | Monthly meetings established |
| 1. B | Enable (through Liaison/ IHBTT/SPA) 24/7 access for police and ambulance services to Mental Health patient information, as appropriate | June 2015 | SWYPFT | Improved patient experience.  Improved information sharing across agencies.  Improved partnership working. | This is in place through Intensive Home Based Treatment Team on 01226 434692. |
| 1. A | Work with partners to develop ‘fast track’ assessment processes for patients and potential offenders | December 2015 | District MHPB / Silver  PO/KA???? | Appropriate resourcing of AMHP and S.12 MHA Approved clinicians to ensure rapid access to appropriate care pathways and supporting services within both the health and CJ system | The Criminal Justice Liaison and Diversion Project inplace & addressing fast tracking process.  AMHP rota in place  Section 12 doctors – no rota |
| 1. B | Review and refresh S136 group meetings to facilitate better working relationships, resolve problems and improve the service. | May 2016 | S136 group | Ensure operational day to day problems in communication, procedure, and other barriers to joint working are improved.  Define how services have improved for patients in respect of; patient experience, responsiveness, and safety. | A regular S136 meeting takes place. The policy is written and awaiting approval. The group have the appropriate members (Extended to include CCG)to resolve problems and improve service. |
| 1. B | Ensure partnership working continues to respond to frequent callers.  The High Intensity User group monitor top callers to YAS, ED, Police etc |  | High Intensity User group | People who make frequent calls to agencies often have unmet needs, may have mental health problems and it is more cost effective to offer joined up approach.  Reduced demand | 2 Police officers from Community Tasking Team now work with partners to ensure consistency, carry out risk assessments and interventions etc. |
| 1. A | The joint policy review group will review all joint policies, procedures, protocols and guidelines ensuring clear signed protocols showing effective partnership working. | December 2015 | Silver Group / District MH Partnership Board | Local agencies will all understand each other’s roles and responsibilities in responding to mental health crises.  There will be a clear signed local protocol about the circumstances when, very exceptionally, police may be called to manage patient behaviour within a health or care setting and the approach to be taken when a police officer uses powers under the Mental Health Act to ensure Prompt, efficient, organised and respectful partnership working under the Mental Health Act (MHA).  There will be an effective partnership response to mental ill health and learning disability and policies will be supportive of one another | All policies are being reviewed – plan in-place  Polices reviewed:  136  Policies awaiting sign off:  Transport  135  use of force |
| 1. A | To review the pathway for offender access to MH services. | June 2015 | SWYFT, CJL&D, NHS England, SYP | People with mental health issues, where appropriate, are diverted from criminal justice. Where people are dealt with through criminal justice, their mental health needs are addressed to reduce repeat offending  Improved patient experience.  Improved partnership working | There is a Criminal Justice and Liaison Project underway.  A Pathway is available for existing services and being developed for an improved service, in and out of custody. |
|  | Commission an all age service That meets NHS England specification | April 2016 | NHS England, |  |  |
| 1. R | To review and refresh the MDO multi-agency meeting | April 2015 | SWYPFT  BHNFT  SYP | Improved patient experience.  Improved partnership working | Not refreshed, awaiting feedback from partners. Superseded by L&D project? |

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| 2. Access to support before crisis point | | | | | | | | | | | | | | | |  |
| No. | | | | Action | | Timescale | | | | | Led By | | | Outcomes | | September 2015 Update |
| Improve access to support via primary care | | | | | | | | | | | | | | | |  |
| 1. B | | | | Case management processes | | December 2015 | | | | | MHPBoard | | | Develop multi-agency tiered case management systems, to identify early risks to victims, patients, offenders and locations – linked to Integrated Offender Management Programme Strategic priority 2 | | This will include MAPPA and MARAC |
| 1. G | | | | Monitor the implementation and effectiveness of the national Criminal Justice and Liaison Service pilot. | | December 2015 | | | | | Liaison and Diversion Programme Board | | | There will be access to liaison and diversion services for people with mental health problems who have been arrested for a criminal offence, and are in police custody or going through court proceedings. | | Pilot on-going NHS England decision regarding future funding |
| 1. R | | | | The Suicide Prevention and Audit Group will identify the at risk groups to inform the commissioning cycle. | | September 2015 | | | | | PH | | | Those groups known to be at higher risk of suicide than the general population will be identified, such as people in the care of mental health services and criminal justice services.  The Suicide Prevention and Audit Group will identify the at risk groups to inform the commissioning cycle. | | Suicide prevention group will be supported by new Public Health Registrar trainee. Meeting with the Coroner Sept 15 to discuss data sharing and processes to enable us to undertake a local audit.  Approach to be presented to South Yorkshire police at the regional Mental Health & Suicide Prevention Forum in October 15. |
| 1. B | | | | Pilot wellbeing navigator service in primary care  Evaluate services | | April 2015  June 15 | | | | | AR  MIND/ Together/ AR | | | To increase access to universal services, mental health promotion and prevention services  Increase wellbeing scores  Improved patient experience.  Improved partnership working | |  |
| 27 b  G | | | | Consider future Commissioning arrangements | | December 15 | | | | | PO/AR | | |  | | New Action  16/17 Commissioning processes to commence shortly |
| Improve access to and experience of mental health services | | | | | | | | | | | | | | | |  |
| 1. G | | | | Seek views of a range of people who have experienced contact with services when in crisis | | Dec 2015 | | | | | Healthwatch | | | Evidence base on which to improve responses and people’s experiences | | friends and family test data – SWYPFT  Healthwatch – developing a SU experience feedback mechanism |
| Urgent and emergency access to crisis care | | | | | | | | | | | | | | | |  |
| No. | | | | Action | | Timescale | | | | | Led By | | | Outcomes | | September 2015 Update |
| Improve NHS emergency response to mental health crisis | | | | | | | | | | | | | | | |  |
| 1. R | | | | Ensure best value and responsiveness from existing MH Triage resources | | September 2015 | | | | | District Triage Steering Group | | | To be developed through YAS and MH Triage delivery / steering groups  People in crisis who access the NHS via 999 can expect their need to be met appropriately whereby:  - Mental Health Advice is available to the Ambulance control room 24/7  - Enhanced mental health training is available for all ambulance staff  - National MHA Section 136 response times are implemented  - Consideration to expand current and existing MH Triage resources into broader NHS based emergency MH crisis response. | | Feedback from YAS Thomas & Sharon evaluation of pilot? |
| 1. R | | | | Develop a multi-agency approach and agreement to respond to mental health crisis where an individual is intoxicated. | | July 2015 | | | | | DAAT/  Concordat Group | | | Alcohol and drug services will respond flexibly and speedily where an individual in crisis presents in a state of intoxication or in need of urgent clinical intervention. | | Revised April 16 Comms directorate BMBC |
| 1. G | | | | Develop, introduce and deliver consistency in the operational police response to requests for assistance within mental health units / wards, to include ongoing, historic and loss of control scenarios. | | December 2015 | | | | | Gold / SMHPB | | | - Ensure that police actions are consistent with the letter and spirit of the law and associated codes of practice.  - Patients are treated in the least restrictive manner  - Avoid unnecessary criminalisation (actual or perceived) through reliance on police resources to respond to health incidents.  - Implement the guidance ‘Positive and Proactive Care’ in relation to use of force and restraint | | Policy is being written and joint training will be arranged. Policy draft awaiting sign off |
| 1. G | | | | Review access to beds for people with dementia who require admission under the MHA.  Breakdown stages | | March 16 | | | | | SB | | | Ensure beds are available at times of crisis  Improved patient experience. | | Information requested from SWYPFT |
| 1. G | | | | Review access to beds for adolescents who require admission under the MHA. | | March 16 | | | | | RL  Specialised commissioning NHS England | | | Improved patient experience. | | PO – update? |
| 1. R | | | | Develop and implement system to record delays in accessing beds for people being admitted under MHA. (Code requirement) | | September 15 | | | | | KA | | |  | | Links to 37 ?  AMHPs collecting info on monitoring forms- reporting system to be developed |
| 1. G | | | | Develop a multi-agency Mental Health Conveying Policy via the Non-Emergency Patient Transport meeting. Consider the appropriate use of secure vehicles. | | December 2015 | | | | | Concordat Group | | | 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 ensuing Police and/or caged vehicles are not routinely used. | | YAS update required |
| 1. B | | | | To maintain 24/7 Mental Health Liaison and IHBTT functions. | | October 2015 | | | | | SWYPFT | | | Improved patient experience.  Improve access to assessment within 4 hour target.  To provide care within least restrictive environment.  To gatekeep admission to acute care mental health services. | | This is in place |
| 1. G | | | | To support the implementation of the National Ambulance Crisis Concordat Action Plan | | March 16 | | | | | YAS  Concordat Group | | | [Mental Health Crisis Care Concordat Action Plan Template.doc](file:///\\bmbcdata1\hhcdata\Joint%20Commissioning%20Unit\Mental%20Health\crisis%20care%20concordat\action%20plan\Mental%20Health%20Crisis%20Care%20Concordat%20Action%20Plan%20Template.doc) | | YAS |
| Social services’ contribution to mental health crisis services | | | | | | | | | | | | | | | |  |
| 1. G | | | | Improve knowledge of mental health crises in Adults’ services. | | December 2015 | | | | | KA  Partnership agencies | | | Ensure appropriate and timely responses.  Improved patient experience.  Improved partnership working | | Further work/discussion needed |
| 1. G | | | | Develop system and monitor time it takes for AMHPs to undertake assessments under S136. (Code requirement) | | December 2015 | | | | | SYP  KA | | | Improved patient experience.  Improved partnership working | | This is in place in S136 data capture. Underway, focus on improving robustness of data collected |
| 1. Improved quality of response when people are detained under Section 135 and 136 2. of the Mental Health Act 1983 | | | | | | | | | | | | | | |  |
| 1. G | | Review local regional arrangements with partners - S135 procedure with SYP  S136 procedure  (as per Code of Practice??) | | | | | Feb 2016  September 2015 | | | | | SYP  Should each organisation be named? | | | Improved patient experience.  Improved partnership working | S136 Protocol awaiting ratification by partners  135 started |
| 1. B | | Improve access to 24/7 136 suite and Health Based Places of Safety. (Where required)  Develop business continuity plan  Establish record keeping system | | | | | December 2015  September 15  April 2015 | | | | | SWYPFT, CCG | | | Improved patient experience.  Improved partnership working  Reduce use of police custody for 136 detentions | completed |
| Improved information and advice available to front line staff to enable better response to individuals | | | | | | | | | | | | | | |  |
| 1. G | | Review agencies protocols on restraints to ensure in line with national guidance  Restraint, Searching, Police attendance at MH wards etc. | | | | | December 2015 | SWYFT, BHNFT  SYP | | | | | | | Part of a wider programme to reduce the use of physical restraint in mental health related incidents  Improved patient experience. | SYP - Guidance being considered and reviewed nationally. Joint training required once decision has been made. Police attendance at MH Wards being considered  SWYPFT- completed BHNFT -?? draft |
| Improved training and guidance for police officers | | | | | | | | | | | | | | |  |
| 1. G | | Review existing provision of mental health training.  Undertake a Training Needs Analysis for stakeholder organisations. Develop and deliver joint training where need identified | | | | | December 15  October 15  April 2016  On-going | | SYP | | | | | | All staff will have the right skills and training to respond to mental health crises appropriately. | SYP have street skills programme, NCALT, Custody have enhanced training.  Joint training to be developed to meet identified gaps |
| 1. A | | Review current arrangements for suicide prevention training to front line.  Develop and deliver joint training where need identified | | | | | December 15  April 2016 | | PH | | | | | | To reduce the number of suicides and attempted suicides across SYP | SYP see 47  good response to the request for nominations for the Suicide Prevention Group.  The first meeting 9th November 2015. Work plan to be developed |
| 1. R | | Autistic Spectrum Condition training to be delivered to Police Champions which will then be disseminated to other officers. | | | | | July 2015  July 2016 | | ASC delivery Group | | | | | | Improved patient experience.  Improved partnership working  Improved knowledge and understanding of the different types of Autistic Spectrum Conditions  Better understanding of appropriate communication techniques to de-escalate incidents.  Improved referral and access to services  Ability to signpost and advise on aspects of ASD to people Police come into contact with. | There has been some training to police on street skills, but to be looked at for future. Revised date July 16 |
| Improved services for those with co-existing mental health and substance misuse issues | | | | | | | | | | | | | | |  |
| 1. G | | Work to continue with SWYFT, Leeds Community Healthcare and CJAD to improve the service to mentally ill people in crisis who have been detained at a custody suite. Initial assessment, continued detention and release from custody | | | | | March 2016 | | SWYFT, CJAD, Leeds Community Healthcare | | | | | | Improved patient experience.  Improved partnership working  Improved and more sensitive less stigmatising service to mentally ill people in contact with the Criminal Justice Service  Healthcare professional available to assist with initial assessment and triage of anyone presenting with healthcare issues. |  |
| 1. B | | Review referral scheme for people with substance misuse problems | | | | | May 2015 | | Healthy Communities Commissioner, SYP | | | | | | Improved patient experience.  Improved partnership working | SYP electronic form  completed |
| 1. G | | To reduced alcohol related admissions to BHNFT | | | | | March 2016 | | Healthy Communities Commissioner BHNFT | | | | | | Improved patient experience.  Improved partnership working | Agenda to discuss next meeting |
| 4. Quality of treatment and care when in crisis | | | | | | | | | | | | | | |  |
| No. | | | Action | | Timescale | | | | | Led By | | | Outcomes | | |  |
| Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring | | | | | | | | | | | | | | |  |
| 1. B | | Establish a data set and reporting requirements in order to review all S136s and outcomes | | | | July 2015 | | | | SWYPFT | | | Improved patient experience.  Improved partnership working | | | In place data in place & reported to CCG |
| Service User/Patient safety and safeguarding | | | | | | | | | | | | | | | |  |
| 1. G | | Review and develop multi-agency crisis response within 999 and 111 systems | | | | December 2015 | | | | YAS | | | - Assisting to prevent an individual from entering the system when in crisis  - Introduce better vulnerability assessment  - Deployment of most appropriate resource  - Consideration for 24/7 MH Crisis universal SPA | | | YAS update? |
| Staff safety | | | | | | | | | | | | | | |  |
| 1. R | | Establish joint risk assessment tool between BMBC, SYP and SWYPFT for home visits/assessments (Code requirement) | | | | September 2015  ongoing | | | | KA  And partner organisations | | | Improved patient experience.  Improved partnership working | | | Being looked at as part of S135/136 revision |
| 1. B | | Stakeholder organisations to consider options to promote their own healthier workplaces. | | | | September 2015 | | | | Occupational Health Units  SYP  BHNFT  SWYPFT | | | Improved response to people experiencing Mental Health Problems at work. Awareness of how to get help in the workplace and retention of employment. | | | SYP have health workshops, OHU process, booklets on stress management, Trauma Risk Management officers and Welfare Support officers. completed |
| 1. G | | Review local missing persons policies  Promote staff awareness | | | | October 2015 | | | | SYP  And partner organisations | | | Improved patient experience.  Improved partnership working | | | SY policy about to be implemented  Herbert Protocol |
|  | | Promote staff awareness of local missing persons policies | | | | March 2016 | | | | SYP  And partner organisations | | |  | | |  |
| Primary care response | | | | | | | | | | | | | | |  |

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| 5. Recovery and staying well / preventing future crisis | | | | | | |  |
| No. | | | Action | Timescale | | Led By | Outcomes |  |
| Joint planning for prevention of crises | | | | | | |  |
| 1. A | | Development of case management processes | | | December 2015 | Concordat Group | - Develop and embed links across internal departments and external agencies, looking at repeat, complex and multi-agency demand.  - Tiered model with robust reporting, referral and accountability processes to maximise opportunities to intervene at the earliest opportunity.  - Influence and inform the development of processes and the deployment of partnership resources before, during and after crisis | CPA – for those known to NHS  Wider picture - more work needed |
| 1. B | | Introduction of a tiered strategic governance framework  - Gold – Exec level strategy board  - Silver – County based partnership oversight board  - Bronze - CCG area based delivery group | | | September 2015 | SYP | - Include representation from all internal departments  - remit to develop and reinforce inter-departmental understanding and cooperation in designing the response to mental health related demand  - Governance and accountability  - Strategic direction and control | completed |
| 1. G | | Increased input to Joint Strategic Needs Assessment on Mental Health crisis to show demographic representation, particularly regarding the protected equality characteristics | | | December 2015 | H&WB/ PH | Commissioners have robust data with which to commission crisis services. |  |
| 1. B | | All those patients on CPA / should have a crisis Plan | | | March 2016 | SWYPFT  PO | Improved patient experience  Preventing future crisis  Increasing choice and control for patient |  |
| 1. A | | Increase the number of people on GP’s SMI register with a Care plan in place | | | Dec 2015 | PO | Preventing future crisis  Increasing choice and control for patient |  |
| 1. R | | Pilot Recovery College  Evaluation  Consider future commissioning requirements | | | March 2014  June 15  July 15 | AR / SWYPFT | Pilot on-going  Improved patient experience  Preventing future crisis  Increasing choice and control for patient |  |
| 1. G | | Continue to develop personal budgets and self-directed support as approaches to care. | | | March 2016 | SWYPFT  BMBC  CCG | Support people to maintain their independence, to have a life and not a service.  Reduce likelihood of going into crisis. |  |
| 1. G | | Implement local CAMHS improvement and recovery plan | | | March 2016 | SWYPFT  BMBC  CCG | Improved patient experience.  Timely response  Improved access |  |
| 1. G | | Consider how YAS/ GP/SWYPFT GP pathway can work most effectively | | | March 2016 | SWYPFT  YAS  CCG | Improved patient/ stakeholder experience.  Timely response  Improved access  Reduced presentations to ED |  |

**Mental Health Crisis Concordat**

**Glossary**

AMHP APPROVED MENTAL HEALTH PROFESSIONAL

AR ALISON RUMBOL

ASC ADULT SOCIAL CARE

ASD AUTISTIC SPECTRUM DISORDER

BCCG BARNSLEY CLINICAL COMMISSIOING GROUP

BHNFT BARNSLEY HOSPITAL NHS FOUNDATION TRUST

BMBC BARNSLEY METROPLOITAN BOROUGH COUNCIL

CAMHS CHILD AND ADOLESCENT MENTAL HEALTH SERVICE

CCC CRISIS CARE CONCORDAT

CJAD CRIMINAL JUSTICE ADMINISTRATION DEPARTMENT

CJL&D CRIMINAL JUSTICE LIAISON & DIVERSION

CQC CARE QUALITY COMMISSION

ED EMERGENCY DUTY

EDT EMERGENCY DUTY TEAM

GP GENERAL PRACTITIONER

IHBTT INTENSIVE HOME BASED TREATMENT TEAM

JSNA JOINT STRATEGIC NEEDS ASSESSMENT

KA KYRA AYRE

MAPPA MULTI AGENCY PUBLIC PROTECTION PANEL

MARAC MULTI AGENCY RISK ASSESSMENT CONFERENCE

MDO MENTALLY DISORDERED OFFENDER

MH MENTAL HEALTH

MHA MENTAL HEALTH ACT

MHPB MENTAL HEALTH PERSONAL BUDGET

MHS MENTAL HEALTH SERVICES

NCALT NATIONAL CENTRE FOR APPLIED LEARNING TECHNOLOGIES (POLICE ONLINE TRAINING)

PH PUBLIC HEALTH

PHE PUBLIC HEALTH ENGLAND

PO PATRICK OTWAY

RL RICHARD LYNCH

S135 OF MENTAL HEALTH ACT

S136 OF MENTAL HEALTH ACT

SABP SAFEGUARDING ADULTS BARNSLEY PANEL??

SB SHIV BHURTON

SMHPB SILVER MENTAL HEALTH PARTNERSHIP BOARD (SYP)

SMI SEVERE MENTAL ILLNESS

SPA SINGLE POINT OF ACCESS

SWYPFT SOUTH WEST YORKSHIRE PARTNERSHIP FOUNDATION TRUST

SY SOUTH YORKSHIRE

SYP SOUTH YORKSHIRE POLICE

YAS YORKSHIRE AMBULANCE SERVICE