Introduction

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

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

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

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

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

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

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| 1. Governance | | | | | |
| No | Objective | Action | Led By | Outcomes | Timescale |
| 1.1 | The Concordat is an integral aspect of the Staffordshire and Stoke-on-Trent Mental Health and Wellbeing Strategy and will be part of the overall implementation plan. | * Produce Detailed Strategy Implementation plan | Strategy and Concordat Lead: Staffordshire H&WB Board Stoke-on-Trent H&WB Board | * Mental health is embedded in everyone’s agenda * Mental health is everybody’s business | COMPLETE |
| 1.2 | Develop and agree governance arrangements for ensuring delivery, monitoring, review and updating of the action plan building on existing arrangements for partnership working. | * Clear terms of reference for North Staffs and Stoke on Trent Mental Health Crisis Care Network (MHCCN) * Clear terms of reference for South Staffordshire Commissioning Board and Joint Implementation Group (SSJIG) * Organisations to implement operational plans to deliver Concordat Outcomes * Clear communications plan to be developed | CCG Accountable Officers – Mental Health  Mental Health Leads – all Partners | * Clear governance structure with progress monitored and collated by MHCCN / SSJIG * 6 monthly update report to relevant Health and Wellbeing Boards * All partners will be aware of crisis concordat actions and progress | COMPLETE |
| 1.2a | Governance arrangements to be revisited in line with SRG footprints. | * Develop a single Strategic Board across the economy | Mental Health Strategic Lead | * Clear governance structure with a single board accountability | January 2016 |
| 1.3 | To demonstrate delivery against Concordat Outcomes | Building on current shared data - draw together key performance data / activity, existing KPIs, standards and targets, across contracted services and organisations into a single report to MHCCN and SSMB to inform:-   * Overall performance against concordat * Identify any gaps   Inform development of future performance indicators | Police, CCGs / CSU, LA contract leads, WMAS | * Clear outcomes framework to demonstrate performance against outcomes. | December  2015 |

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| 2. Commissioning to allow earlier intervention and responsive crisis services | | | | | |
| No | Objective | Action | Led By | Outcomes | Timescale |
| 2.1 | A coordinated response from all services for people of all ages who find themselves in crisis 24 hours a day  Establish a baseline position across the City and County.  Clarify CAMHS crisis pathway in line with work on adult pathways to ensure consistent approach and appropriate/effective transition pathways. | Map all relevant agencies and audit how they work together to respond to/ prevent crisis and ensure collaborative working.  Work to include:-   * Definitions of levels of urgency of response * Detailed information on capacity and demand (data by CCG populations) * Map all crisis facilities available * Gaps in service identified * All stakeholders, to include:   + Mental Health   + Primary Care   + Substance Misuse   + Police   + Emergency Departments   + Ambulance Service   + 3rd Sector providers   + Local Authorities | MHCCN SSJIG  MHCCN SSJIG  Commissioners Clinical Leads  Mental Health / Substance Misuse leads | * Clear pathway detailing all stakeholders available to all referrers, users, carers and the public. * Recommendations for future commissioning made. * Early feedback from user involvement to be included. | 1.09.15 – Partially complete.  Pathway event held in South Staffs September 2015. Outcomes from this event are to be embedded across the North Staffs pathway. |
| 2.2 | Contract for Parity of Esteem: | Make clear links, across contracts for all  services, with the Concordat Outcomes including CQUIN, Service Development Improvement Plans, Performance and Quality  Plan to support invest to save to be submitted 9th November and Commissioning intentions translated into contract actions for 2016/17 | CCGs (CSU) and Local Authority Commissioners  CCGs and Acute partners / Contract Support | Embed the principles of the Concordat and Parity of Esteem across services | 31.03.2015-  Ongoing.  Embedded into the commissioning intentions for 2015/16 and local business plans. |

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| No | Objective | Action | Led By | Outcomes | Timescale |
|  | Mental Health Improvement in the  wider population | Work with health improvement / public mental  health to support preventative work in the wider population | Public Health  Teams / MHCCN SSJIG | Mental Health improvement plans  support preventative approach | Ongoing.  Embedded through the local Mental health implementation delivery plan. |
| 2.3 | Services are accessible to all parts of the community | * Revisit Equality Impact Assessments across all services * Review and update local JSNAs * Police to take responsibility for sharing awareness of vulnerable communities and processes in place * Review access to services from rural communities | Equality Leads  Public Health leads  Police CSU | * Services will be responsive to ‘seldom heard’ groups and vulnerable communities | 31.03.2016 |
| Improving mental health crisis services | | | | | |
| No | Objective | Action | Led By | Outcomes | Timescale |
| 2.4 | Based on current baseline position set out clear crisis pathway(s) and access to services across the whole system | Share crisis pathway with all front line professionals and service users  Develop training and awareness programme to all front line staff | MHCCM SSJIG | * Improved access to appropriate and timely response * Improved outcomes for people in mental health crisis | 31.10.2015  From April 2015 Mental Health access team providing 24/7 service.  Training has been identified as a priority and a small task and finish group to be established. |

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| No | Objective | Action | Led By | Outcomes | Timescale | |
| 2.5 | Alternative emergency provision for assessment and emergency intervention | Feasibility study to be undertaken to determine the potential for open access alternative provision for people in mental health crisis | SSSFT WMAS | * 24hour direct access to support, assessment and short term intervention * Improved access to specialist services | | 31.08.16 |
| 2.6 | 24 hour access to community resource for support and low level interventions | Establish potential demand, capacity and service models for break/respite services away from home and for voluntary inpatient admission for crisis.  Explore options for peer support-based hub model and provision of peer support in other settings. | MHCCN | * Alternative to admission / least restrictive option * Recommendations to inform commissioning intentions * Early feedback from user involvement | 31.03.16  Staffordshire has held consultation events on the launch of the Mental Health Strategy. Feedback from the events will inform the model required. | |
| Ensuring the right numbers of high quality staff | | | | | | |
| No | Objective | Action | Led By | Outcomes | Timescale | |
| 2.8 | All staff will have the right skills to respond to mental health crisis accordingly | Map training needs within and across organisations and develop a clear Programme of training options to support people in emotional distress, with mental illness, Substance Misuse / Alcohol Awareness, Suicide Awareness and restraint techniques (Safe and Positive principles)  Co-ordinate programme of shared training where appropriate for front line workers | All Organisations | * Improved quality of response for people with mental health needs | 01.09.2015  Ongoing.  Task and Finish Group to be established with partner agencies.  31.03.16 | |

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| Improved partnership working in Staffordshire and Stoke-on-Trent locality | | | | | | |
| No | | Objective | Action | Led By | Outcomes | Timescale |
|  | | Front line staff are able to share appropriate information to inform practice / response | Develop, agree and implement protocols for information sharing between all partner agencies working across crisis care | MHCCN SSJIG | * Improved response to people in crisis. | 31.03.16  Early development work going on across the local health economy |
| 2.10 | | Cross organisation understanding of vulnerable and frequent users of crisis services | Develop operational arrangements between professionals and partner agencies that support joint working and identification of individuals know to services at all levels.  We will commit ourselves to being able to | MHCCN SSJIG | * Clear protocols agreed for partners in respect of the management of frequent / high volume users * Consistent response across organisations | 31.12.15  Ongoing |
|  | |  | provide simple and clear information to our  local divisional and sub divisional leads that will identify the level of mental health and suicidal activity within a given area | BTP | * To support local health teams to understand and support those in crisis within their area where the rail infrastructure creates a risk. |  |
| 3. Access to support before crisis point | | | | | | |
| No. | | Objective | Action | Led By | Outcomes | Timescale |
| Improve access to support via primary care | | | | | | |
|  | 3.1 | Early screening for mental health problems in all health assessments | Map potential and options for extending low level interventions across care provision  Develop case for change to inform commissioning intentions 2016/17 | GP Clinical Leads | * Improved access to psychological therapies | Ongoing.  Educational training ongoing.  Increased IAPT times.  Links to physical health assessment. |

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| No. | Objective | Action | Led By | Outcomes | Timescale |
| 3.2 | Improved awareness of support services available | Clear communication and information to be made available to the public and professionals in a range of formats on how to access services.  Training to be developed for front line staff across agencies to support understanding of pathways | NSUG SSUN | * Knowledge of services available to support patients before crisis point circulated widely. | 31.03.2016  Linked to service user feedback expectations. |
| Improve access to and experience of mental health services | | | | | |
| 3.3 | Clear understanding of local expectations and experience of crisis care | Consultant/engage with service users and carers to establish whether their perception of pathways are function as well as expected. To include:   * feedback on telephone support available 24/7 * care plans agreed and implemented in event of crisis. | MHCCN NSUG SSJIG | * Report on the perception of services and how they work for users and carers. * Identify any gaps in service that are not meeting users and carers needs. * Identify examples of good practice.   . | 31.08.15  Ongoing.  See 3.4 |
| 3.4 | Targeted engagement with seldom heard groups | Engage with range of BME community representatives and seldom heard groups to identify whether they are aware of pathways and access points, establish how mental health services respond to their needs, and whether action is necessary to improve responsiveness  Identify whether there are issues for BME communities and other seldom heard groups in accessing MH services including crisis services and whether there is a cultural/historical/based on poor experience. Identify actions to overcome any barriers identified Carry out capacity and demand mapping for BME communities and other groups accessing service and compare with public health data on BME population. | NSMHCCN NSUG  Voices | * Understanding of barriers to entering service for all groups (BME/transient/seldom heard/complex populations/LGBT). * Knowledge of ways to improve access * Knowledge of areas of good practice. * Numbers of users currently accessing the services and understanding if this is representative of the population. * Insight to see if services working together. | 31.10.15  Ongoing.  Consultation done in day services in Biddulph, Leek, Newcastle.  3 consultation events held in Staffordshire. Online forum in place and Programme of targeted focus groups underway |

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| 4. Urgent and emergency access to crisis care | | | | | |
| No. | Objective | Action | Led By | Outcomes | Timescale |
| Improve NHS emergency response to mental health crisis | | | | | |
| 4.1 | Ensure new arrangements for Access and AHT deliver crisis response and that sub-acute crises are responded to appropriately. | Project plan and milestones to be reported to MHCCN | Combined Health Care MH Trust | * Timely and supportive response to all patients accessing Access and AHT. | COMPLETE  Mental Health Access team is now operating a 24/7 service. |
| 4.2 | Engage with partners to develop the  strategic approach that will Improve the NHS emergency response to mental health crisis in line with the Actions set out in the Crisis Care Concordat. | Review commissioning of RAID in UHNM to  secure 24/7 response in ED.  Review psychiatric liaison provision (Demand and Capacity) across acute providers, complete gap analysis and options for improved response  Audit ED/acute care in relation to Concordat standards / Parity of Esteem and identify gaps and any actions required  Develop strategic plan for psychiatric liaison provision | Clinical Leads:  ED/MH/CCG/  Clinical leads ED/MH/CCG/Sub Mis/CAMHS Lead  Commissioners ED lead  Commissioning lead | * Timely access to RAID / Psychiatric Liaison services for patients in ED. * Ensure patients are directed to the most appropriate pathway to promote recovery. * Improved access to specialist psychiatric support in ED Clear specification for liaison psychiatry in each acute Trust * Compliance with Concordat standards within ED/acute care | 31.03.16  31.3.2016  09/11/2015  A&E task and finish group established with partner agencies – WMAS, Police |

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| No. | Objective | Action | Led By | Outcomes | Timescale |
| 4.3 | Embed crisis care planning for those people known to services | Review all current care plans to ensure valid  crisis/ relapse plan is in place, is available to all parties to the plan and can be shared electronically where appropriate. Plan should be agreed by both service users and carers and that all parties to crisis plans are aware of their and others roles and are able to respond if the plan is triggered. | Combined Health  Care MH Trust  SSSFT MH Trust | * Service users have up to date care plans in case of crisis and know what to do should a crisis occur. * Evidence of plan discussed and agreed with service users and carers. * Crisis plans available to front line professionals | Task and Finish group to be established.  Awaiting CQC report/recommendations for CHC. |
|  |  | Project to set out how crisis management | VAST | * Crisis planning extended to people | 31.03.16 |
|  |  | plans can be developed for people not  accessing secondary care services |  | supported through 3rd sector  providers |  |
| 4.4 | Ensure acute physical health needs are identified and responded to  appropriately | Review protocols / arrangements for paramedic involvement in assessment to  ensure speedier response and ensure individuals taken to most appropriate service |  | * Integrated and standard response | Ongoing |
| Social services’ contribution to mental health crisis services | | | | | |
| No. | Objective | Action | Led By | Outcomes | Timescale |
| 4.5 | Improve AMHP response times | Review AMHP capacity and rota arrangements  – especially where out of hours services (EDT/EDS) are responsible and to make arrangements to ensure response times can be met wherever possible and provision is sufficient to meet needs including out of hours.  Develop definition of circumstances where 3 hour AMHP response time is appropriate, and agree priority and timescale for response for cases where this may exceed 3 hour standard  Map project to embed AMHP provision as an integral part of Crisis Resolution / Home treatment: Operational pilot to be agreed (South Staffs) | Social Care leads  in County and City Councils  SSSFT | * Adequate cover provided by AMHP’s 24/7. * Agreed circumstances where 3 hour response is not appropriate promoting a shared understanding of response times across all stakeholders. * Improve response times * Embed MHA Assessments into CR/HT * Improve outcomes for people in crisis | 31.03.16  Looking to increase capacity by having a joint Staffs/Stoke workforce. |

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| 5. Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983 | | | | | |
| No. | Objective | Action | Led By | Outcomes | Timescale |
| 5.1 | Ensure compliance with the concordat | * Ensure protocols are signed off and reviewed. * Continue monitoring of section 136 and discuss appropriateness. * Develop and agree protocols for CAMHS. * Monitor policy implementation of revised conveyancing policy * Review membership and circulation list of forums to ensure inclusion of all relevant parties: including Safeguarding, BTP, ED * Monitor and Audit use of PoS and custody as PoS | Section 135, 136  and Conveyance Forums  MHCCN SSJIG  WMAS  Section 135, 136 and Conveyance Forums | * Agreed protocols across all stakeholders. * Accurate recording of use of section 136. * Section 136 used appropriately * Implementation of revised WMAS conveyancing policy * Individual cases will be reviewed as an untoward incident where a police cell is used as a PoS * No one with a mental illness should be detained in a police cell unless there are exceptional circumstances | COMPLETE  Ongoing.  The number of s136’s are continuing to reduce |
| 5.2 | Extend options for PoS provision  appropriate to meet presenting need | Develop strategic plan for extending Place of  Safety Options going forward to inform 16/17 commissioning intentions to include:-   * ED * CAMHS * People who are intoxicated | Clinical Leads  CCG and PH Commissioners | * Improve response to people in crisis detained under Section 136 | 31.03.16  Awaiting announcement from Goveremnt on money allocation for Place of Safety.  Sect.135/136 groups to look at options. |

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| Improved information and advice available to enable better response to individuals | | | | | |
| No. | Objective | Action | Led By | Outcomes | Timescale |
| 5.3 | Enhance options to improve information available to improve the response to people in crisis | Continue to build on Single Phone Number to improve access to professional advice and support for police, ambulance and other professionals  Develop a support pathway for DOS / 111 provision to support Patients, carers, professionals | MH Trusts (SSSFT: CHC)  WMAS | * Improved response to people in crisis * Reduce demand upon emergency services managing MHA Section orders | Ongoing |
| 5.4 | Enhancing Community Triage response across City and County | Continued working with CTT/Diversion and Liaison and police.  Implement, monitor and evaluate pilot CT model in South Staffordshire  Review protocol and/or arrangements for paramedic involvement in assessment with WMAS to ensure speedier response and that individual are taken to most appropriate service.  Develop business case. | Community  Triage Group reporting into the MHCCN  WMAS | * Continue to build upon the relationships/ improvements made. * Integrated and standard response to all calls across the West Midlands. | Ongoing.  Countywide group established to look at trends, gaps and issues. |

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| Improved services for those with co-existing mental health and substance misuse issues | | | | | |
| No. | Objective | Action | Led By | Outcomes | Timescale |
| 5.5 | Committed to enhancing crisis / home treatment to drive a more integrated approach with Substance Misuse services  (North Staffs/County and Stoke-on- Trent) | Monitor use of ED for cases where both mental  health needs and intoxication and review protocol for managing these cases  Ensure arrangements specified in Dual Diagnosis protocol (Stoke) or other protocols/processes elsewhere are functioning to ensure needs are being met and people are not excluded from support in order to prevent a crisis.  Drugs and alcohol services to identify mental health lead/champion to ensure MH issues are addressed and to support joint working across agencies. | ED/Commissioner  to audit and report to MHCCN  commissioners/ providers/service users to audit and report to MHCCN  Commissioners to report back to NSMHCCN leads for service | * Services provided to all service users regardless of presentation. * Dual diagnosis protocol being utilised and complied with. * Patient experience demonstrates that the protocol is effective and no- one had been excluded from services * Joint working across the agencies with issues being addressed and resolved. | 31.12.15  31.12.15  COMPLETE |
| 5.6 | Committed to enhancing crisis / home treatment to drive a more integrated approach with Substance Misuse services  (South Staffs / County response) | * Agree protocols between Mental Health and Substance Misuse * A clear response in ED for people with complex needs * Revised Mental Health Act Protocols for people who are intoxicated – specifically in respect of Place of Safety Provision   Drive stronger links between community triage and Substance Misuse including joint training, advice and support networks / contacts  Consider options for effective joint care co- ordination arrangements  Develop clear and effective screening and referral protocols between mental health and substance misuse services | PH Commissioner SSSFT  Subs Misuse Providers | * Improved crisis response for people with complex needs |  |

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| 6. Quality of treatment and care when in crisis | | | | | |
| No. | Objective | Action | Led By | Outcomes | Timescale |
| Service User Safety and Safeguarding | | | | | |
| 6.1 | All partners will be aware of  safeguarding protocols for high risk individuals | Review protocols for referral to MASH to  reflect crisis Care Concordat principles and share with all partners. | Safeguarding  leads | * Improved outcomes for people in crisis | Ongoing |
| Staff safety | | | | | |
| 6.1 | North Staffordshire and Stoke-on-  Trent: NHS Contract CQUIN for safety | Regular reports to CQRM and concerns  followed up regarding staff safety. During 2015/16 a CQUIN for staff safety has been introduced to improve culture around safety. | MHCCN | * Staff safety is improved amongst providers | On going  31.03.16 |
| 7. Recovery and staying well/preventing future crisis | | | | | |
| No. | Objective | Action | Led By | Outcomes | Timescale |
| Joint planning for prevention of crises | | | | | |
| 7.1 | Crisis plans will be accessible to all front line professionals | Review technology / options for electronic access to crisis plans. | All | * Improved response to people in crisis | 31.03.16  Awaiting CQC report and recommendation. |
| 7.2 | Crisis plans are multiagency are aimed  at effective prevention and | Ensure that all parties to crisis/relapse plans  are identified, are aware of their role in responding to issues where crisis may be triggered and respond when required  Ensure that policies reflect the need for crisis / relapse plans regardless of the point of discharge | MHCCN | * Crises are prevented by earlier intervention from those best placed to respond |  |

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| No. | Objective | Action | Led By | Outcomes | Timescale |
| 7.3 | Clear response to people with dual diagnoses | Ensure arrangements specified in Dual Diagnosis protocol (Stoke) or other protocols/  processes elsewhere are functioning to ensure needs are being met and people are not excluded from support to prevent crises.  Develop a County wide strategy for Dual Diagnosis with clear crisis pathways | Commissioners  SSFT: Subs Mis providers | * Dual diagnosis protocol being utilised and complied with * Patient experience demonstrates that the protocol is effective and no- one had been excluded from services. | 31.12.15  Ongoing |
| 7.4 | Embed mental health / mental  wellbeing response as part of management of frequent users of emergency services | Ensure robust links are maintained across the  ED, RAID, Alcohol, drugs services, homeless service, police CTT and Section 136 services. WMAS to reduce the number of frequent attenders across the area.  Engage with Frequent Attenders coordinator to strengthen protocols for supporting frequent attenders | Frequent  Attenders Group reporting into MHCCN  Commissioners | * Ensure patients are accessing the appropriate services and receive the support they need in order to reduce call to the various agencies. | 31.12.15  Ongoing |

Appendices: Appendix 1. Staffordshire Police Operational delivery Plan



Mental Health Crisis Care Concordat Operational Action Plan Staffordshire Police

# Mental Health Crisis Care Concordat Staffordshire Police

**Action Plan.**

Appendix 1.

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

The MH Crisis Care Concordat comprises of four separate categories: A - Access to support before crisis.

B - Urgent and emergency access to crisis care. C - Quality of treatment and care when in crisis.

D - Recovery and staying well / preventing future crises.

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

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

**Objective Action Led by Outcomes**

The development of a single point of access to a multi-disciplinary mental health team. These teams include staff from different professions, such as social workers and psychiatrists, and have been shown to simplify and improve access. This access point should be available to agencies across the statutory and voluntary sectors.

A joined-up response from services, for people of all ages who find themselves in crisis, with strong links between agencies, for example social care teams and substance misuse services.

Work with partners to ensure that details of single point of access are available to Police Officers and Police Staff throughout the Force.

Monitor the use of such access points by Police Officers.

Partnership Hubs

To confirm responsibility of mental health within MASH

L & D for Adults provision within South Custody Sites

Pilot CPN within Contact Services.

Staffordshire Police, Health, Local Authority

Staffordshire Police along with partner services

Police Officers/Police Staff will have access through SPA’s to expert advice and information sharing when dealing with individuals who present with mental ill health.

Individuals of all ages will receive a joined up response when presenting in crisis.

Access to liaison and diversion services for people with mental health problems that have been arrested for a criminal offence, and are in police custody or going through court proceedings.

Discussions to be had to identify opportunities for roll out to the South of the County.

Staffordshire Police/Health/NHS England

Liaison and Diversion will be available within Custody settings throughout the whole of the County.

# Objective Action Led by Outcomes

Responses to people in crisis are community based, closest to home, least restrictive option available, and should be the most appropriate to the particular needs of the individual.

Local Policing takes responsibility for being aware of their Communities and the vulnerabilities within using processes that are in

Staffordshire Police - Local Policing Teams

To ensure people in crisis receive the most appropriate response to the needs they present. To be able to refer people to local relevant services.

place to manage those with vulnerabilities.

# Objective Action Led by Outcomes

Consult and engage with BME groups early on when commissioning services – this may include the voluntary agencies that represent and support service users from BME communities.

Make sure staff are delivering person- centred care that takes cultural differences and needs into account.

Governance Structures. EIA’s completed.

IAG

Citizens Panel

Keele University Research Proposal

Ensure Police Officers and Police Staff have access to the training required.

Staffordshire Police - Justice Services

Staffordshire Police Learning and Development Team.

Services will be responsive to the needs of BME Communities.

To look into ‘seldom heard’

groups to compare reasoning as to why some communities have no hesitation to make police the first point and why other communities do not.

Police Officers and Police Staff will deliver a person-centred service.

Supervision/Reviews of cases.

Deliver Outstanding Service – Policing Plan

To deliver healthcare within Custody that takes account of and is tailored to an individual and their needs.

# Objective Action Led by Outcomes

Children and young people with mental health problems, including children in care, care leavers, and those leaving custody in the youth justice system, should feel supported and protected at all times as they are especially vulnerable. In particular, this group should have access to mental health crisis care.

Confirm responsibilities of mental health within team and gateways

MASH To ensure those most vulnerable feel supported and protected at all times.

The need for early intervention and clarity Police Officers and Police OPCC Early Intervention will be pivotal

about the role of parents in the young person’s care plan is critical. Staff should be willing to take the views of parents into account, as well as those of other people who are close to the young person.

The best interests of the child or young person should always be a significant consideration when services respond to their needs. Children and young people should be kept informed about their care and treatment, in the same ways that adults are.

Staff will help to create and deliver an Early Intervention Strategy for Staffordshire Police.

Voice of a child agenda being rolled out across Staffordshire

Ensure that Officers/Staff receive Safeguarding Training and that through this they are notified of the Rights of the Child.

Voice of a child agenda being rolled out across Staffordshire

Victims charter

regarding decision making by Staffordshire Police.

Staffordshire Police Officers/Staff will be aware of the

Rights of a Child and implement when dealing with CYP’s

To ensure the best interest of child, young person and ensure the care is appropriate to their needs and wishes.

# Objective Action Led by Outcomes

Staff whose role requires increased mental health awareness should improve their response to people in mental health distress through training and clear line management advice and support.

New Recruit Training

Targeted Training to specific units including Custody, Contact Services, MASH,CADRE, Frontline Response.

Learning & Development Unit

The will be clear training pathways for all staff with a focus on enhanced training/awareness for those within specialised and ‘closer contact; roles.

Training by Health service within Criminal Justice. Catalogue of Services – Agreement that such services will support Staffordshire Police in allowing Officers/ Staff to ‘shadow’ to gain an understanding of partners

Staffordshire Police - Justice Services

roles and responsibilities.

The Northern Mental Health team is to have input into our custody healthcare providers (Primecare) induction programme.

Staffordshire Police - Justice Services

To improve Primecare clinicians knowledge and awareness of mental health.

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.

Pilot for the College of Policing new training programme.

New Recruit Training

Targeted Training to specific units including Custody, Contact Services, MASH, CADRE, Frontline Response.

Training by Health service within Criminal Justice.

Staffordshire Police - Learning & Development Unit

Staff will have awareness of support services and their pathways/referral routes.

Catalogue of Services – Agreement that such services will support Staffordshire Police in allowing Officers/ Staff to ‘shadow’ to gain an understanding of partners roles and responsibilities.

The process is still under review by police.

Staffordshire Police - Justice Services

To ensure that the healthcare assessment takes account of the general health of a detainee as well as screening for other issues such as mental health and substance misuse so that they can be referred to specialist services if appropriate.

To improve processes in line with best practice and comply with guidance / legislation.

Staffordshire Police -

Justice Services

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. Each statutory agency should review its training arrangements on a regional basis and agree priority areas for joint training modules between NHS, social care and criminal justice organisations. Although it is desirable that representatives of different agencies be trained together, it is not essential. It is more important that the training ensures that staff, from all agencies receive consistent messages about locally agreed roles and responsibilities.

Lack of training policies to support these groups

New Recruit Training Targeted Training to specific

units including Custody, Contact Services, CADRE, Frontline Response.

Training by Health service within Criminal Justice.

Catalogue of Services – Agreement that such services will support Staffordshire Police in allowing Officers/ Staff to ‘shadow’ to gain an understanding of partners roles and responsibilities.

Staffordshire Police - Learning & Development Unit

Staffordshire Police - Learning & Development Unit

Staffordshire Police - Justice Services

Shared training policies and increased understanding of roles and responsibilities.

# Objective Action Led by Outcomes

If people are already known to mental health services, their crisis plan and any advance statements should be available and followed where possible.

Police Officers and Police Staff to agree information sharing protocols.

Access to information should be readily available to Officers in order to help

Staffordshire Police Police/Health

Police Officers and Police Staff will have access to information which will allow decision making and crisis plans will be followed.

decision making through Triage Teams, SPA’s.

Access to such plans through specialised units such as IOM

Staffordshire Police - Integrated Offender Management

Care plans to be made accessible and can be placed on Citizen Focus Toolkit, SPIN and tasking for Staff to view.

Staffordshire Police - Justice Services

# Objective Action Led by Outcomes

Police officers should not have to consider using police custody as an alternative just because there is a lack of local mental health provision, or unavailability at certain times of the day or night. To support this aim, it is essential that NHS places of safety are available and equipped to meet the demand in their area. The signatories of the Concordat will work together to achieve a significant reduction in the inappropriate use of police custody suites as places of safety.

Police officers should undertake appropriate training, to enable them to recognise risk and vulnerability and identify the need for health care. This training will support the police to decide whether individuals should be detained under section 136, or whether they can be helped in some other way. Training should also cover the roles and

Address availability of beds Pan Staffordshire. Agreement needs to be in place between the three hospitals in order to utilise all available beds.

New Recruit Training Targeted Training to specific

units including Custody, Contact Services, CADRE, Frontline Response.

Training by Health service within Criminal Justice.

Staffordshire Police, Health, Commissioners

Staffordshire Police, Health, Voluntary Sector

No individual will present at a Custody site unless under ‘exceptional circumstances.

Reduction in inappropriate use of Police Custody sites.

Officers/Staff will be able to identify risk and vulnerabilities and will be able to make decisions based on this training in way of identifying the most appropriate pathway for the individual and the most relevant service.

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

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

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

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| **a property to enforce a warrant under**  **section135 of the Act.** | **All planned Section 135’s will**  **undertake a risk assessment and where possible an unmarked car will be used.** |  |  |
| **Objective** | **Action** | **Led by** | **Outcomes** |
| **Information on patients should, through**  **appropriate sharing protocols, follow them through the system and make sure that people known to services get the treatment they need quickly, and where applicable, the services are aware of their crisis plan and any advanced statements**  **– no matter at what point they re-enter the mental health system.** | **Police Officers and Police**  **Staff to agree information sharing protocols.**  **Access to information should be readily available to Officers in order to help decision making through Triage Teams, SPA’s, CFT.**  **A Regional Information Sharing Agreement relating to the Management of Mentally Disordered Persons in the Community is currently being developed and should adequately cover data protection considerations involved in sharing information. However, this will need to be communicated to all partners ensuring that those involved in sharing are fully aware and conversant with need to share and processes agreed.** | **Staffordshire Police/Health** | **Police Officers and Police Staff**  **will have access to information which will allow decision making and crisis plans will be followed.** |
| **Within the requirements of the data**  **protection legislation, a common sense and joint working approach should guide individual professional judgements. If the same person presents to police, ambulance or Emergency Departments** | **This to be delivered through**  **training which will include a section on data protection, particularly around information sharing.** | **Staffordshire Police -**  **Information Assurance** | **Information is currently**  **exchanged but this would speed up the information exchange process.** |

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

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

hospital. Caged vehicles should not be routinely used.

# Objective Action Led by Outcomes

Where a police officer or an Approved Mental Health Professional (AMHP) requests NHS transport for a person in mental health crisis under their section 135 and 136 powers for conveyance to a health based place of safety or an Emergency Department, the vehicle should arrive within the agreed response time.

Police vehicles should not be used unless in exceptional circumstances, such as in cases of extreme urgency, or where there is a risk of violence. As mentioned above, caged vehicles should not be used.

To be monitored using Contact services.

All cases where Police vehicles are used will be recorded and justified.

Staffordshire Police/WMAS Vehicles arrive within agreed

timescales and individuals are transported in an appropriate vehicle.

Staffordshire Police/WMAS Vehicles arrive within agreed

timescales and individuals are transported in an appropriate vehicle.

# Objective Action Led by Outcomes

The dignity of any person in mental health crisis should be respected and taken into to account.

Service User feedback. Supervision

Staffordshire Police - Justice Services

To ensure that all staff demonstrate appropriate behaviour to deal with people with respect and dignity.

# Objective Action Led by Outcomes

The quality of crisis care is monitored and reviewed locally and taking account of the following:

* + The accessibility and responsiveness of services to support people through crisis and prevent admission to hospital
  + The number of people who are admitted to hospital far away from their home area because of pressures on their local acute or

Staffordshire Police - Justice Services

Staffordshire Police and Partners

To ensure a responsive service.

admission wards

* + Whether the powers of the Mental Health Act have been properly used by the range of professionals involved in its operation, including AMHPs and the police
  + Service providers are monitoring their crisis response services

The monitoring and review of services is reported regularly to relevant bodies with responsibility for commissioning and governance

Staffordshire Police and Health

Staffordshire Police - Justice Services

Partners

To ensure the review of services is regularly undertaken by those with responsibility.

To ensure performance is at an acceptable level.

Staffordshire Police - Justice Services

# Objective Action Led by Outcomes

The relevant organisations to make sure staff are properly trained in the restraint and that staffing levels are adequate.

There should be a clear local protocol about the circumstances when, very exceptionally, police may be called to manage patient behaviour within a health or care setting. In these cases, mental health professionals continue to be responsible for the health and safety of the person. Health staff should be alert to the risk of any respiratory or cardiac

OPST department to ensure through national forums that developments are noted and implemented within training procedures.

Police Intervention Protocol to be implemented.

Staffordshire Police - Learning & Development Unit

Staffordshire Police - OPST Staffordshire Police and

Health

To ensure that Officers are trained in the use of restraint and risk management regarding individuals experiencing Mental Ill Health.

Clear protocols regarding Police Intervention within Healthcare settings.

distress and continue to monitor the patient’s physical and psychological well- being.

# Objective Action Led by Outcomes

Each service should explain how they seek and respond to the views of children and young people, and how they are supported if they wish to make a complaint. It can be beneficial for children and young people who have experienced mental health services to take part in shaping services to meet their needs.

Voice of a child agenda launching soon in staffs.

All units to receive questionnaire on how this is occurring. Best practice to be rolled u through all areas where relevant.

Staffordshire Police - Justice Services

Views of Children and young people will be used to help shape future service delivery.

# Objective Action Led by Outcomes

Individuals with co-existing mental health and substance misuse problems have their needs met through an integrated and co-ordinated approach across the range of health, social care and criminal justice agencies.

Joined-up support is particularly important in criminal justice settings and it is critical that the development of liaison and diversion schemes is closely tied in with existing custody based interventions, such as those for drug misusing offenders to maximise their impact on this client group.

Vulnerability/Partnership Hubs

Staffordshire Police - Justice Services

Staffordshire Police - Justice Services

Staffordshire Police - Justice Services

To ensure smooth referral to specialist services.

To ensure follow on care from specialist services.

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

Reviews will be presented to the Custody, Mental Health and Vulnerability Steering Group and will then be made available to all units throughout the Force. Such reviews can be shared where relevant with External partners to inform progress.

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