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| --- | --- |
|  | A Prevention and Early intervention  |
| A1 | Access to advice and information | Dudley library services online information and Dudley Plus advice centre both up and runningAccess to more specialist mental health, dementia advice and advocacy through Dudley Mind, Rethink, Alzheimer Society, Dudley Advocacy, Voiceability and Age UK.Telephone support service for emotional health, wellbeing and mental health 16 plus. RethinkTelephone support and advice for young people and children. KoothOnline specialist mental health information advice and support. BWW | * Third sector mental health information, advice and low level support providers now formally linked to local health and wellbeing information systems
* Gateway system within Dudley MBC to ensure timely information regarding capacity
* Introduction of PSIAMs for use by 3rd sector providers.
* Heavily advertised access to BWW via self-referral
* Plan to work in partnership with Dudley MBC Children services to develop an early access children and families well being hub
 | CompletedCompletedCompletedCompleted Service specified and implementation scheduled this financial year | Dudley MBC MH CommissionerBoth | * I will have access to appropriate information, advice, advocacy and support to help me to remain independent and enable me to play a more active role in finding my own solutions and/or support me in my caring roles.
* I will have more involvement in planning my own support.
* I will feel less isolated and vulnerable and more connected with my local community.
 |
| A2 | Access to peer support | * Dudley Mind Drop in Service
* Dudley Mind Horticulture Service
* Dudley Mind peer support groups
* Dove House, Dudley Mind
* Alzheimer Society Memory Cafes
* Alzheimer Society Dementia Cafes
 | * To continue to encourage the development of peer support opportunities within Dudley- building on what is already available and maximising the opportunities afforded.
 | Independent advocacy commissioned by Dudley MBC to meet Care Act requirements | M H Commissioners And Dudley MINDCommissioner for IntegrationIndependent Advocacy | * I will be able to talk to someone who understands my condition, is tolerant, flexible, patient and persistent and who will help me to understand my strengths and my opportunities for amore fulfilled life.
* I will feel empowered to take responsibility for my own recovery.
* I will have the opportunity to use the expertise that I have gained in managing my own mental illness to help others and I know that this could lead to formal training and future employment opportunities if I so chose.
 |
| A3 | Access to social prescribing | * Social prescribing linked to GP Practices in the Borough.
 | * To encourage the use of social prescribing in the support of people with mental health needs.
* To roll out Social Prescribing to be Borough wide.
* To ensure that social prescribing is formally aligned to the MH pathway.
 | April 2015On-going | Senior Specialist in Public Health.MH and Integration Commissioners. | * My GP will recognise the impact that my social needs are having on my health and wellbeing.
* I will have access to a holistic assessment of my health and social care needs and I will be encouraged to look at opportunities that will help me to address the issues that are negatively impacting on my wellbeing.
* I will have confidence that if I am becoming mentally unwell that any support organisation will know how to get me the help that I require.
 |
| A4 | Access to a single point of access to a multi-disciplinary team | DWMHPT implemented an Early Access service as the single point of access in April 2012. | * Early Access Service to all DWMHT services established in April 2013.
* Patient journey currently under evaluation.

. | On goingDecision to prioritise development of a MASH (Multi Agency Safeguarding Hub)Implementing 24/7 access and assessment 31/03/16  | DWMHTDWMHT& CommissionersAll stakeholdersDWMHT& Commissioners | * My GP only has to refer tome to EAS which will significantly reduce the risk of my referral going to the wrong service or team and delaying me getting the help that I require.
* I can be confident that EAS will have sufficient information about me to enable them to identify the most appropriate team or service to meet my presenting needs and to determine how quickly I need to be seen.
* I can be confident that if I am in crisis or at risk of moving to crisis that services will respond within agreed timescales.
* I can be confident that if I am assessed as not requiring secondary care MH services that EAS will make contact with other agencies and/or services that are better placed to meet my needs.
 |
| A5 | Access to respite | * Limited dementia respite
* Dedicated respite facility with local residential provider
* Ad-hoc use of vacant capacity within MH residential service
 | * To identify current respite capacity gaps for both functional and organic conditions within Dudley and to measure the impact that such gaps have on the wider MH system within Dudley
* Results of this audit to inform the MH Urgent Care Business case and the wider MH re-design plan for Dudley
 | outstanding | Integration Commissioner and Dudley MBC | I have somewhere safe to go: * if I need time away from my current living situation.
* for a higher level of support in times of crisis and that this will reduce the likelihood that I will need to be admitted into hospital.
* when my carer or family member needs a break.
* when I no longer need hospital care but I am not quite ready or well enough to return home.
* where I will be encouraged to continue to work towards the achievement of my recovery outcomes.
 |
| A6 | A joined up response from services with strong links between agencies. | * MH Social Workers are integrated into the CRS within Dudley.
* CRI substance misuse service which works in partnership with DWMHT
* CRI provide dual diagnosis training to staff both DWMHT and other MH/Substance Misuse support agencies.
* Street Triage service which responds to people in crisis and has Police Officer, CPN and Paramedic working together out of a car.
 | To work with partners to develop a more integrated approach and to forge strong links between agencies in the treatment and support of people with a mental illness. We will do this by:* Strengthening the role of the GP in the delivery of MH care within Dudley. Through enhanced training for GPs and easy access to advice and support from specialist MH staff.
* Continuing to roll out dual diagnosis training to mental health staff through CRI and to improve the links between the CRS and DWMHT
* Encouraging the police to have direct links into the neighbourhoods and to encourage them to refer people that they identify with low level MH/substance needs.
* Specialist MH providers supporting the training needs of agencies who regularly come into contact with people with a MI i.e. Police, Fire, community and voluntary sector etc.
* Identifying a series of approaches to make it easier for people with protected characteristics to access information and advice services. This will include audit of current use, identify current barriers to access and match against expected prevalence to identify gap.
* Ensuring that all services, support agencies and wider community capacity who support people with MH problems are formally linked to the MH pathway.
* To review community and voluntary sector capacity and to work in partnership with the sector to maximise opportunities for new sources of funding into Solihull.
* To work in partnership with families and schools in the delivery of multi-agency training on emotional wellbeing for children and young people.
 | This work is on-going with an action plan which spans across 2015 to 2017. | MH Programme Board.MH GP Lead and the Clinical Director for Dudley within the DWMHTSubstance Misuse Commissioner. ( Public Health)MH commissioner | I can be confident that:* wherever I present people will assist me to find the help and support that I need to keep me well.
* all services will view me as a person rather than just the condition that I present with, working with other agencies to ensure that all of my needs are appropriately met.
* the support offered will be tailored to my individual needs and circumstances.
* where I have multiple needs mental, physical or substance related that this will not be a barrier to me accessing the help that I require.
* all services will respect and make appropriate adjustments to support people with protected characteristics.
* all services supporting people with a MI will be knowledgeable about the range of complementary support offered by other services and agencies.
* the commissioners and the providers of services are working together to identify opportunities to improve the experiences of people with mental health problems locally.
 |
| A7 | Dementia Action Alliance  | * Both the Council and CCG are members of the Dementia Action Alliance with agreed action plans identifying how, through what they do, they can improve the experiences of people with dementia.
* There are also 17 other organisations and key council directorates signed up as Alliance Members with their action plans loaded onto the National Website.
 | * All agencies involved in the delivery of the Crisis Care Concordat for Dudley will become members of the Dementia Action Alliance and will develop their own dementia alliance action plans to meet the Call to Action outcomes. Most of the organisations signed up to the Crisis Care Concordat Declaration for Dudley are already Dementia Action Alliance members.
 | Revised Dementia Strategy underway and due for publication in 2015 | Dudley MBC | * I have personal choice and control or influence over decisions about me.
* I know that services are designed around me and my needs.
* I have support that helps me live my life.
* I have the knowledge and know how to get what I need.
* I live in an enabling and supportive environment where I feel valued and understood.
* I have a sense of belonging and of being part of family, community and civic life.
 |
| A8 | Access to help at home services | * DWMHT provide a community recovery service, Home treatment Team, crisis resolution team and an Early Intervention service all of which will provide support to people in their own homes.
* Limited number of providers with MH expertise on the Home Care Framework.
* Target response times for AMHP’s are met in the majority of cases.
* Supporting people services provided by Dudley MBC
 | To address the current gaps in services that support people with a MI within their own home. This will include:* Encourage homecare providers with MH specialisms and expertise to come onto the Homecare Framework for Dudley
* To evaluate the recent re-design of the Access Team to ensure that it is delivering improved outcomes and experiences for people accessing the service.
* To review current pathway in MH services to ensure that an Approved MH Professional (AMHP) will continue to be able to respond within agreed timescales.
 | CompletedReview to conclude end September 2015 | Dudley MBC Commissioning  Head of MH Services, DWMHT | I can be confident that:* if I need homecare support that the staff supporting me will have an understanding of MI and will treat me with dignity and respect.
* I will be encouraged to identify the goals that I want to achieve to help me in my recovery and that the focus of staff will be in helping me to achieve them.
* I do not have to wait until I am in crisis to get the help and support that I need. Services will intervene earlier to maintain my mental health.
* health and social care teams will work together, that they will ensure that all relevant information about my needs and my care plan are held on one system and can be easily accessed by health and social care staff actively engaged with my support and treatment.
 |
| A9 | Access to liaison and diversion services for people with MH problems who have been arrested for a criminal offence. | 24 hour Psychiatric Liaison introduced April 2014136 suite place of safety in operationStreet triage car pilot in operation since November 2014 | To improve access to liaison and diversion servicesfor people with MH problems who have been arrested for a criminal offence:• Pathway cards are to replace the current pathway packs to make the process simpler. Every person leaving custody will be given a card which can be used as a point of reference if they feel that they need assistance going forward.* Over the phone referrals will be completed with the Offender Management Team if the offender is prepared to engage with the service.
* Consolidate existing reporting process for failures.
* Police to work with statutory MH service providers to improve awareness of West Midlands trigger plans (Corvus) so that they can be better utilised to ensure access to crisis management plans as appropriate.
* Police to improve the availability of communication tools to help them assist vulnerable people – scope roll out of this to other non specialist MH service agencies and providers.
 | Liaison and diversion pilot now in place and able to respond at police cells as well as providing outreach and a youth pathway Stakeholders to develop separate action plan for remainder of plan | Police | I can be confident that:* wherever I present people will assist me to find the help and support that I need to keep me from re offending.
* The Triage team will be sought for advice wherever possible
* The police will view me as a person rather than just the condition that I present with, working with other agencies to ensure that all of my needs are appropriately met.
* any decision to prosecute me for offences will consider my individual needs and circumstances.
* where I have multiple needs mental, physical or substance related that this will not be a barrier to me accessing the help that I require.
* all services will offer culturally sensitive support.
* all services supporting people with a MI will be knowledgeable about the range of complementary support offered by other services and agencies.
 |
| A10 | To reduce the stigma associated with Mental Illness | * Annual community engagement events across Dudley
* The Dementia Friends programme is a key priority for both Dudley CCG and Council
* Local events for: MH Awareness day, Black MH week, International Women’s day, Dementia Awareness week etc.
* Dudley Mind part of the National Mind ‘Time To Change’ programme.
* MH employment service challenging stigma in employment.
* MH Advocacy services support the reduction of stigma and discrimination.
* Community Development Workers employed
* Domestic violence awareness programmes.
 | * To work with Public Health in the delivery of MH awareness campaigns across Dudley.
* To work with schools to promote emotional wellbeing awareness so that young people will be more likely to seek help early.
* To encourage conversations about mental illness and take every opportunity to raise awareness and dispel myths.
 | On-going | Public healthCommissionersProvidersAgenciesEmployersGeneral PublicEVERYONE | * I am not ashamed or worried about telling people that I have a mental illness.
* I have a better understanding of mental illness and will do all that I can to support family, friends and colleagues who have a mental illness.
* I have a better understanding of mental illness and will use this knowledge to educate others.
* I am aware of how my attitudes, behaviour or the words that I use can increase the stigma and discrimination of people with a mental illness.
 |
|  | **B Urgent and Emergency Access to crisis Care** |
| B1 | Responses to people in crisis should be the most community-based closest to home, least restrictive option available and should be the most appropriate to the particular needs of the individual. | Dudley has:* Single Point of Access into MH Secondary Care services.
* 24 hour Psychiatric Liaison services delivered within acute hospital in Dudley
* Acute Hospitals.
* Home Treatment team
* Crisis resolution team
* Emergency Duty Team
* Inpatient MH assessment beds
* commenced December 2014
* Street Triage service pilot commenced November 2014
* Place of safety
* During the winter of 2014/15 a mental health urgent care centre is being piloted based within Wrekin Ward at Bushy Fields Hospital. Impact should be reduced number of patients going through A&E requiring admission.
 | To develop capacity more local to Dudley using the resources currently supporting out of area provision. There may still be a requirement for some people to access services outside of Dudley but this will be where there is a need for highly specialised treatment or where it is a more appropriate solution for the person presenting. We will achieve this by:* Further re-designing the current MH system and pathway in Dudley
* Developing improved pre-emptive support services to reduce the numbers of people experiencing crisis.
* Piloting and evaluating the MH Crisis Line.
* Continuing the current street triage pilot.
* Scoping the impact of respite capacity on improving system flow.
* Auditing current HTT caseloads, capacity especially provision after 6pm.
* Delivering out of hour’s provision for children and young people.
* Scoping potential wider system impacts of more intensive community support – MH Re-design and New Dawn.
* To commission place of safety services for adults and children and young people.
* Reviewing current training of PST and restraint for people who are mentally ill or learning disabled. Formulate and deliver a programme of suitable training for staff – annual refresher courses.
* Ensuring that custody will not be used as a Place of Safety unless in exceptional circumstances. Review Safer Detention Policy to ensure that this directive is clear.
 | April 2015 – March 2017As aboveApril 2015 +March 2016June 2015 – March 2016November 2015TBCApril 2015- March 2017On-goingTBCOn-going | MH Commissioner; Head of MH Services ASC; Associate Director for all partners working jointly to deliver re-design of MH services in DudleyChief Superintendent Mike O’Hara to lead on street triage, review of PST and Restraint training and Place of Safety.DWMHTC&YP CommissionerMH CommissionerMH & CYP CommissionersPolice Custody and MH LeadsCI Mike O’Hara | I can be confident that:* all but specialist mental health services will be available locally.
* I will not have to go out of area for acute assessment inpatient services
* there will be a greater range of support options for me when I am unwell, more tailored to my individual needs and circumstances.
* even when I am acutely unwell all services and agencies involved with me will treat me with dignity and respect.
* when I need to be restrained that this will be done safely, supportively and lawfully by people who understand mental illness and know what they are doing.
* I will only be taken into custody, the Emergency Department or a section 136 suite where this is appropriate.
 |
| B2 | Ensure equality of access and outcomes for people in mental health crisis, with particular reference to engagement with people with ‘protected characteristics’.Across Dudley we want to ensure that all services are appropriate for all people who use them and that no groups will be left behind in terms of health improvement and reduced health inequalities.We want a workforce across Dudley that welcomes, values and promotes diversity and is competent in advancing equality and tackling discrimination both within and outside of their own organisations.We want to ensure that all premises out of which services are delivered meet the needs of all staff and visitors. | * Dudley MBC commissions third sector organisations to engage with hard to reach groups including black minority and ethnic groups across the borough of Dudley including the Carers Centre.
* Dudley Public Health commission Community Development workers whose remit is to target hard to reach groups including BME, Mental Health and drug and Alcohol Abuse.
* Mental health urgent care centre available out of hours and weekends pilot until 1st May 2015
* All contracts and specifications require providers to ensure that their services reflect cultural differences to support and encourage access into their services.
* The development of the web-portal and information and advice services running out of local neighbourhood hubs including libraries, will support the engagement of local communities and support the signposting of people to services and support that can address any issues they have in a timely manner.

• Access to MH advocacy services• Access to interpreters | To improve the equality of access and outcomes for people in MH crisis from communities with protected characteristics we will:* Consult and engage with communities with ‘protected characteristics’ early on when commissioning services.
* Make sure that staff are delivering person-centred care that takes into account their protected characteristics under the Equalities Act.
* Ensure that services commissioned can deliver a range of care options that meet a diverse range of needs.
* Empower people with protected characteristics by providing appropriate information, access to advocacy services, and ensuring that they are engaged in, and have control over, their care and treatment.
* Expect that commissioners and providers meet with community leaders to understand any barriers that may get in the way of people accessing the help that they need.
* Invite community leaders to view services and meet staff so that they better understand what services deliver and feel able to encourage people from their communities to access MH services when they have need of them.
* Ask Health watch to support us in getting a better understanding of the experiences of accessing MH services for groups with protected characteristics and identify what we need to do to improve.
* Review service access data against demographic and prevalence data to identify gaps in access rates for people with protected characteristics.
 | Although much of this work is on-going, there has been no co-ordination or evaluation undertaken to dateOn-goingOn-goingOn-goingOn-goingOn-goingOn-goingDuring 2015By end March 2015 | All Partners to the DeclarationCouncil and CCG Equality and Diversity Leads.Statutory, community and third sector providers.MH commissioner | I am confident that:* All services and agencies within Dudley are more sensitive to, and supportive of, people who belong to communities with ‘protected characteristics’ and that they will make ‘reasonable adjustments’ where required.
* People who belong to groups with ‘protective characteristics’ feel empowered to influence the design of MH services within Dudley.
* All involved in the commissioning and provision of MH services will in-reach into my community to try and tackle any stigma and discrimination that may be a barrier to me accessing the help and support that I need.
* there will be accessible information and advice to help me navigate my way through to the services and support that I require.
* All services providing crisis care will ensure that my care and support is delivered in accordance with my protected characteristics.
 |
| B3 | Access and new models of working for children and young people | Dudley has CAMHS emergency assessment and support during working hours, and access to a Place of Safety both in and out of hours.CAMHS service for young people with complex and enduring mental health needs is bespoke to their needs, and works with partners in a Multi-Agency Panel to identify the right support.CAMHs and universal provision for children and young people is in place. There is a plan to redesign services and a new specification and model will be developed in support of the process and this will inform future service models and pathways This work will be expected to commence April 2016 | Children and young people with mental health problems should have access to mental health crisis care. This will include:* Single point of access for MH services
* In hours and out of hours intensive support for children and young people most at risk of being admitted to hospital.
* Place of safety
* A&E will no longer be identified within care and support plans as a service to access when in mental health crisis unless urgent physical health intervention is required.
* To deliver access to MH information, advice and crisis support through 111.

To develop robust partnership working between primary care and specialist CAMHS servicesPartners such as schools, youth services, police etc to be involved in the development of crisis strategies.Children and young people to be kept informed about their care and treatment. | CAMHs transformation plan currently being developed for submission to NHS England April 2016April 2016April 2016.On-goingFebruary 2016On-goingOn-goingOn-goingOctober 2015April 2016 | DWMHTDWMHTAllDWMHTCYP Commissioner Commissioner | * I will know how to find the help and support that I need when I am becoming unwell and know that I can get this help quickly when I need it.
* My crisis plan will not specify A&E as the place that I need to go when I am becoming mentally unwell.
* I can be confident that when my mental health is deteriorating services will act quickly to try and prevent me needing to be admitted to hospital.
* There is a single point of access into mental health services so I can be confident that my referral will be picked up by the service that can best help me.
* I can be confident that my GP will work closely with services who are supporting me with my mental illness.
* I will feel more confident talking about my mental illness as people within my school will have more of an awareness and understanding of mental health.
* My care and support plan will be informed by me and will identify the goals that I want to achieve.
* As a looked after child it is more likely that I will experience mental health issues but I can be confident that services will recognise this and provide the support that will keep me mentally well.
 |
| B4 | All staff should have the right skills and training to respond to MH crises appropriately. | ***Police:**** Multi agency mental health training has been completed with all front line officers. Dudley has a Mental Health lead and a Vulnerability officer who are SPOC's for the LPU and knowledgeable in current practices and policies. A mandatory Ncalt package is also in place.

***WMAS:*** * partnership agency training taking place. Concerns raised with University Paramedic curriculum are now limited MH training in degree course. This is being taken up by the Association of Ambulance Chief Executives who are insisting that minimum standards for MH awareness are taught.

***DWMHT Staff:******Voluntary Sector:**** Dudley Mind ensures that workers have information on the appropriate agencies/referral systems for people in crisis (including drug and alcohol, and domestic/sexual abuse); and Advocates can support people to access the appropriate service.
* Dudley Mind staff have training in dealing with people in distress/crisis; and have a specific Policy/procedure for dealing with people with inappropriate/difficult behaviour. Policies are reviewed bi-annually (or following an incident) by the Mind Trustees.
 | * Mental health awareness training will be encouraged for all providers delivering care and support across Dudley
* Mental Health Information, Advice and crisis line staff within 111 will be provided with training to ensure that they have the skills and expertise to ensure an appropriate ‘warm’ handover to third and statutory sector mental health providers.
* During the pilot phase of the MH Information, advice and crisis line we will review the staff capacity and skill mix to ensure that we can meet the expected volume and complexity of calls received.
* To deliver a rolling programme of multi-agency, multi-professional mental health crisis pathway training. Encourage service user attendance at these training events so that the training can be informed by real life events.
* To provide crisis training as part of MH awareness training and to encourage a wide range of organisations to take up the training.
* To ensure that there is a regular review of the skill mix, competency and training needs of staff volunteers and peers within the neighbourhood hubs and low level support provision.
* Provision of action learning sets and on-line resources to enhance training and development opportunities for staff.
* MH awareness training to be delivered to staff as part of their induction. Police new recruits to have a common minimum standard of training accredited to the College of Policing. MH training to Ambulance staff identified as a gap and being addressed through the Association of Chief Ambulance Executives
* Regular auditing of calls and contact with people with a MI to identify gaps in the quality of service delivered and address deficits accordingly.
 | On-goingJan-March 2016September 2016On-goingApril 2016October 2014. Mandatory annual MH awareness training September 2016April 2015 and on-going thereafterOn-going | MH Commissioner and Contract Reviewing OfficerProject Lead for 111 PilotMH commissioner and RethinkMH Learning and Development Leads from partner agenciesMH Learning and Development Lead contract reviewing officer.MH Learning and Development LeadsLearning and development leadsMH Learning and development leads | I can be confident that:* Staff within the services that I access have a good awareness of mental illness.
* There will be a consistent approach to crisis across Dudley.
* Staff within any service that I access will know what to do and who to contact if they believe that I am experiencing crisis.
* Police officers will be more informed about mental health and understand that I may not have control over the way that I am presenting and that they will treat me with dignity and respect.
* The police and fire service identify mental health education and training to be a high priority and that the mental health training programme is overseen by senior officers within the police force and fire service.
* I will feel safe.
* The quality of services and support delivered and my experience of accessing them will be good.
 |
| B5 | People in crisis should expect an appropriate response and support when they need | Single point of entry into secondary care services – people who have urgent needs are seen same day.* Home treatment Team – same day
* Psychiatric Liaison response is within an hour if the person is within A&E 24/7 and within 24 hours if admitted.
* Street Triage Service – but pilot until end March 2015
* Mental Health Urgent Care Centre available out of hours and weekends ( pilot funded until 1st May 2015)
* Specific crisis line available out of hours staffed by MH and social care professionals and there is access to the single point of entry during working hours and the emergency duty team out of hours.
* Timely response (within 4 hours) for AMHP’s unless clinical reason why this is not appropriate.
* Rethink out of hours and weekend Support and Information Service is also used by people in crisis as an access point to other services to help manage the crisis until other services are available.
 | * To audit that all services that deliver crisis responses to people with a MI are linked to the mental health pathway and joined up.
* That services commissioned can deliver their response within appropriate timescales and, where appropriate, in a location that best suits the needs and wishes of the person requiring help.
* To audit AMHP response times for MH Act Assessments. To review capacity requirements if response times are outside of accepted timeframes.
* To implement a 24/7 helpline staffed by MH and social care professionals.
* To undertake an interim audit of the 111 MH Helpline pilot and to use the evaluation to inform the future design of the service that will deliver the most effective outcomes.
* To implement the recommendations of the audit of home treatment team capacity and caseloads to ensure that the team can provide more pre-emptive support to try and prevent people moving to crisis.
 | Further Funding confirmed Anticipated December 2015April 2016Further Funding confirmedNot yet achievedApril 2016Not yet achieved | Dudley MH commissioner, CLTDudley MH Commissioner and CLTHead of MH Services DWMHT111 Pilot Project Lead111 Pilot Project Lead Dudley CLT and DWMHT | I can be confident that:* Wherever I present when in crisis I will be able to access the help and support that I need.
* Wherever I present when in crisis that I can be guaranteed a warm and supportive response.
* I will be supported by people who have a good understanding of mental illness and who know what is available to best meet my needs and how I can access it.
* I will not have to wait a long time to be seen by the people who have the skills and expertise to help me.
* When I am over my crisis I will be supported to find the right services and support that will help me to recover and will help me to maintain my recovery.
* More support will be available to me to prevent me from becoming unwell.
* More will be done to ensure that my needs can be met locally and that I will be less likely to need to go out of area if I need to be admitted.
 |
| B6 | People in crisis in the community where police officers are the first point of contact should expect them to provide appropriate help. The Police should be supported by health services including MH, ambulance and emergency department services. | * Street Triage – current pilot funded in partnership by 4 Black Country CCGs – due to end 1st April 2015.
* Place of safety service –adult places available for Dudley
* Place of safety available for young people aged up to 16.
* Local POS protocol developed and to be agreed with police, DWMHT and WMAS.
 | * To continue to review and monitor the use of place of safety and to ensure that there is sufficient capacity to meet presenting needs across Dudley.
* To continue to evaluate the street triage service identifying wider system impacts to inform future funding streams when pilot ends in February 2016.
* To review whether there is sufficient capacity within the current street triage service and to evaluate whether there would be added realisable benefits through increasing the capacity of this service.
* Through the MH Re-design steering group to identify system gaps which if filled would provide a more effective and efficient MH pathway across Dudley. Re-aligning commissioning resources to deliver early help to reduce the numbers of people experiencing crisis.
 | Monthly | Chief Inspector Mike O’Hara  | I can be confident that:* I will not be criminalised just because I have had a mental health crisis.
* if the police are the first to respond that they will ensure that I have access to a service that can deliver an appropriate assessment of my MH and physical health needs.
* at all times I will be treated with dignity and respect.
* if I require to be moved to a safe place this will not be into police custody unless this is warranted.
* if I am taken to the Emergency Department because I need a physical health intervention, that I will not be treated differently to other patients who do not have a mental illness.
 |
| B7 | When people in crisis appear (to health, social care professionals or the police) to need urgent assessment, the process should be prompt, efficiently organised and carried out with respect. | * AMHP response times are good in Dudley, within 4 hours.
* Section 12 doctors are more problematic to access but still not a significant issue within Dudley.
* AMHPs are now on site with the crisis team out of hours so readily available.
* Improved conveyance policy
* Street triage service (but only pilot with funding until 1st April 2015)
* Street triage car – ordinary vehicle so no stigma.
* Mental Health Urgent Care Centre available out of hours and all day weekends as a pilot until 1st may 2015
 | * Review all multi-agency policies and protocols that apply to people experiencing MH crisis.
* To review the timeframes for S12 Approved Doctor, AMHP and police responses for S136 and MH Act Assessments to ensure that they are within required 4hour timeframes for crisis assessment where here are no clinical grounds to delay assessment.
* To review AMHP capacity requirements in line with above review.
* Review impact of the SPoA in the improvement of emergency response times.
* To scope the potential benefits of the use of a S12 doctor application for Smart phones.
* To review Street Triage response times in line with RCoP guidance on commissioning for S136. Response time for S12 and AMHP's should be within 3 hours unless there are clinical grounds to delay the assessment.
* To review crisis responses for children and young people and ensure that such assessments are undertaken by a Child and Adolescent Psychiatrist or an AMHP with specialist knowledge of this age group.
* For older adults both functional and organic, to review crisis response services including timeframes for assessments and the current use of A&E in delivering the emergency response.
* To review impact of the care home liaison service in supporting care homes with the training of staff and timely advice to provide appropriate support to patients with functional and/or organic conditions to reduce the numbers of residents experiencing crisis.
* Review use of persons own GP in the MH Act assessment process.
* Develop an all age joint workforce strategy and action plan for AMHPs and S12 Doctors and look at how such professional’s link with the wider mental health and substance misuse systems.
* The Police, MH Trust and Local Authority to improve the timeliness of MH assessments for people in police custody.
 | Systems are in place however reviews/audits have not yet been commencedOctober 2016 | Head of MH Services DWMHTHead of MH Services DWMHTHead of MH Services, DWMHT Head of MH Services DMBCChief Inspector Mike O’HaraCYP CommissionerMH CommissionerMH CommissionerHead of MH Services DMBCMH Learning & Development teamChief Inspector Sean Russell | * I can be confident that if I require a MH Act assessment this will be delivered in a timely way by staff with the specialist knowledge to determine the most appropriate response.
* As a young person I can be confident that my MH Act assessment will be carried out by a CAMHs psychiatrist or an AMHP with specialist knowledge and experience of the needs of young people so that the right decision can be made about the treatments and support that I need.
* Where appropriate my own GP will be the Doctor undertaking my MH Act Assessment.
* I can be confident that there are strict multi-agency policies and procedures in place so that there is an appropriate response from all agencies who respond to me when I am in crisis.
* As a resident in a care home I can be confident that the home will have staff who receive regular, high quality training in MH and dementia and that they will establish good links with MH and dementia services locally so that I can stay well.
* I can be confident that my age will not be a barrier in getting the treatment and support that I require.
 |
| B8 | People in crisis should expect that statutory services share essential ‘need to know’ information about their needs. | * Health and Social Care have full access to the clinical records.
* MH Social workers have full access to OASIS and input all their daily case reporting onto OASIS(the health system)
* Police can now access the OASIS system via the street triage team.
* Psychiatric Liaison Teams based in Acute Hospitals have access to OASIS
* Mental Health and Urgent Care Centre have access to OASIS
 | * To review current inter-agency information sharing protocols and identifies other organisations that need to be included. Particular issues re 111 MH information, advice and crisis line bid and links with third sector.
* MH health SW and the Police via the street triage service have access to RIO to get access to patient records. This is not currently accessible by the Emergency Duty Team (EDT) so current BSMHFT and Dudley MBC information sharing protocol needs to be revised.
* To consider mental health social care staff to do all case recording on the BSMHFT RIO system so that there is a single narrative for all service users.
* West Midlands Police (WMP) to work with statutory health and social care providers to improve awareness of WMP special interest markers and Corvus Trigger Plans so that they can be utilised to ensure access to crisis management plans as appropriate. Ensure agenda item on multi-agency groups.
 | Current IT systems of lead MH provider are due to end. Alternative systems being considered. Not able to take forward until this is in place | Head of MH services DWMHTHead of MH services DWMHTHead of MH Services, DWMHTWMP MH and Intel leads  | I can be confident that:* I will receive a good quality service when I am in crisis
* people who come to support me when I am in crisis have been able to access relevant information about my needs so that they are better able to identify the support and treatment that will best meet my needs and how quickly they need to respond
* all relevant information about me and the support and treatment I am accessing is recorded on the same system so that more informed decisions can be made about what is working well for me or what needs to change.
* there are strict protocols in place governing who has access to my information and the purposes for which it can be used.
 |
| B9 | People in crisis who need to be supported in a health based place of safety will not be excluded. | * Street triage service operational across Dudley and the Black Country
* Mental Health Urgent Care Centre available out of hours and weekends as a pilot until 1st May 2015
* Access to commissioned Place of Safety Service
* Local S136 policy agreed
 | * To audit POS referrals against admission criteria to identify any patients who were identified as not appropriate and the reasons why. If a high number to then review whether this was related to lack of capacity within the unit or whether it was that the patient didn't meet the admission criteria.
* To undertake a review of existing PoS policies.
* WMP to lead discussions with MH Trusts and security leads to agree time limit for police retention.
* WMP to cease use of intoxilyser as a method for assessing drunkenness.
 | No reviews/audits yet undertaken |  | I can be confident that * I will not be criminalised just because I have had a mental health crisis.
* I will only be taken to the place of safety service where this is appropriate and that all will have been done to avoid this if at all possible.
* At all times people will treat me with respect.
* Police will stay with me until my care has been handed over to the place of Safety staff.
 |
| B10 | People in crisis who present in emergency departments should expect a safe place for their immediate care and effective liaison with MH services to ensure that they get the right on-going support. | * Psychiatric Liaison operates 24/7 out of Dudley acute Hospital
* Psychiatric Liaison is commissioned to respond within 1 hour to any MH issues identified within patients in A&E and to undertake a thorough MH assessment of the patient and agree appropriate next steps with the ED staff.
* Part of the Psychiatric Liaison function is to identify services that will best support and follow up the patient post discharge from the Emergency Department or following a period of admission.
* AMHP’s operate 24/7 and will respond within 4 hours in most cases.
 | * To agree the model for Psychiatric Liaison services within Acute Hospitals and to secure the arrangements for funding these services recurrently.
* To ensure that all Emergency Department (ED) staff are aware of, and applying, the NICE quality standard and guidance for self-harm.
* To audit patient experiences through ED following incidents of self-harm and get a better understanding of the events leading up to it and what, had it been accessed earlier, might have averted the incident.
* To review the actions of ED staff when they identify MH needs in patients with physical health conditions and to use this to inform training and information sharing needs of ED staff to improve onward referral/signposting.
* To ensure that all staff are aware of lawful restraint protocols within their Acute Trusts.
* To ensure that ED’s have the facilities to allow for rapid tranquilisation of people in MH crisis where this is appropriate and required.
* To scope the likely wider system benefits of more intensive specialist community MH services.
 | Service is fully implemented and funding for 24/7 confirmedEducation and training provided by DWMHT no reviews yet undertaken | Urgent Care BoardDWMHTDWMHTDWMHTDWMHTMH Commissioner | I can be confident that when I attend A&E in MH crisis or having self harmed that :* I will feel safe
* the staff have been properly trained to ensure that they can support me appropriately.
* there will be specialist mental health support available to me within A&E.
* if I need to be restrained or tranquilised there are clear protocols in place to ensure that this is required, appropriate, and delivered safely.
* there will be regular audits of patient experiences to ensure that they are as good as they can be.
* staff within the ED and psychiatric liaison will see me as a whole person and not just my presenting condition.
* ED and psychiatric liaison staff will be well informed about what is available locally so that I can be signposted to the help and support that I need to maintain my mental and physical health.
 |
| B11 | People in crisis who access the NHS via the 999 or 111 system can expect their needs to be met appropriately | * The Street Triage service is a car which includes a paramedic, a police officer and a CPN. Street triage ensures that there is a robust initial assessment of MH patients who are potential S136 cases and will identify most appropriate support / treatment for the individuals concerned.
* MH information, advice and crisis line linked to 111 to ensure improved disposition to the services best able to meet presenting needs.
* There is also the Mental Health Urgent Care Centre for out of hours. This is a pilot funded until 1st May 2015
* DWMHT provide training to ambulance staff and the police to ensure that they know how best to approach and treat people with a MI, particularly those who are in crisis. – this has been completed with Dudley officers.
* National Ambulance Leads Group (supported by AACE Association of Ambulance Chief Executives) has a national policy mandating the emergency response for all s136 patients.
* MH nurses now being utilised in WMAS ambulance emergency operations centre.
 | * To continue to provide a dedicated mental health crisis line and a discrete support line.
* To continue the street triage pilot and evaluate wider system benefits realised to inform recurrent funding streams.
* Ambulance Service nationally to look at mandatory enhanced levels of MH training for ambulance staff.
* Review and improve information sharing protocols in line with new MH service models and pathways.
* Evaluate the MH Triage model including Ambulance across WM Police footprint.
* Improve training and education programmes for staff across non MH specialist agencies. (refer to B4)

  | All services in placeOn-going | MH CommissionerSean Russell, WMPRobert Cole, WMASAllCI Mike O’Hara, WMP | * I know how I can get help early through 111 to reduce the chances of me experiencing crisis.
* I can be confident that if I am responded to at home or in a public place that I will have a proper assessment of both my mental and physical health needs and that the most appropriate decision will be made about how best to meet my presenting needs.
* I know that my information will be shared with other agencies who are part of the information sharing protocol but only where this is appropriate and required.
 |
| B12 | People in crisis who need routine transport between NHS facilities or from the community to an NHS facility will be conveyed in a safe, appropriate and timely way. | * The street triage car is an unmarked vehicle so non stigmatising.
* Where secure and escorted patient transfer is required to a different hospital, services such as Rapid and Secure are commissioned. This is currently on a spot purchase basis.
* Transfers to the POS service located in Dudley will either be via the street triage car or via ambulance in line with agreed conveyance policy.
 | * To review current routine transport arrangements for people in MH crisis between sites and identify the number of times that police cars are being used.
* To review the Conveyance Protocol with WMAS.
* To review commissioning of patient transport between inpatient units.
 | Currently under review | Robert Cole, WMA | I can be confident that I will at all times be transported safely and in an appropriate non stigmatising vehicle. |
| B13 | People in crisis who are detained under S136 powers can expect that they will be conveyed by emergency transport from the community to a health based place of safety in a safe, timely and appropriate way. | * The Street triage car will convey those who require transfer who they have assessed.
* Conveyance policy agreed in support of S136 policy with WMAS – 20 minute response time in operation.
 | Review that our local S136 ambulance protocol is in line with the National Protocol issued April 2014. | Completed | Police | I can be confident that I will at all times be transported safely and in an appropriate non stigmatising vehicle. |
|  | **Quality of treatment and care when in crisis** |
| C1 | People in crisis should expect local MH services to meet their needs appropriately at all times. | * Psychiatric Liaison operates 24/7 within the acute hospital 7 days a week within Dudley
* The team has established pathways for onward referral
* Aim of staff is to improve the care of people accessing acute hospital services.
* Dudley HTT operates up until 9pm after which time CR pick up any telephone calls
* The Mental Health Urgent Care Centre ( funded until 1st May2015 as a pilot) is also available for walk-in and crisis appointments out of hours Monday to Friday and 24 hours at weekends
* Social services provide access to an Emergency Duty Team out of hours.
* AMHP’s are available 24/7 and will respond within 4 hours.
 | * Psychiatric Liaison Services to operate out of all sites.
* Model to be reviewed based on patient demographics to ensure that it tailored to presenting needs. This will be looked at as part of the MH and urgent care re-design projects within Dudley
* Continue to monitor and review out of hour’s provision to ensure that there is the right support and capacity to meet presenting needs within agreed timeframes.
* To continue to monitor and review AMHP and S12 Doctor Arrangements to ensure that MH Act Assessments for patients in crisis are delivered within 4 hours.
 | On-goingOn-going | SRGMH Commissioner and Head of MH Services,Head of MH Services, | * I will get the most appropriate level of crisis intervention at the first point of service.
* I can be confident that my mental health needs can be appropriately met within an acute hospital setting.
* I can be confident that when I require an urgent MHA Assessment that this will be within 4 hours unless there are clinical reasons that delay the assessment.
 |
| C2 | People in crisis should expect that the services and quality of care they receive are subject to systematic review, regulation and reporting | * CQC monitoring and inspection processes
* Internal Trust monitoring and review of service quality.
* Monthly Clinical Quality Review Group meetings between NHS providers and commissioners.
* Real time patient/carer feedback stations available in MH facilities.
* People in care homes have their services and quality of care regularly inspected by staff from DWMHT, CCG Quality Monitoring Officers, CQC and WMQRS.
 | * MH Leads and Commissioners to link into the Acute Hospital Urgent Care re-design to ensure that it appropriately considers the needs of people with a mental illness.
* To review the model operating across each of the three sites to ensure that they are tailored to meet the specific patient demographics.
* To review out of hour’s provision as part of the re-design of mental health services locally and flex resources as required to meet presenting needs.
* To ensure that at all times patients in crisis are treated with respect by whichever service they present to.
* To regularly review patient satisfaction and patient journeys and experiences and to ensure prompt action where the reviews identify poor quality provision and practice.
* The Police to review HMIC requirements and new responsibilities under the MH Code of Practice. Responsibility for essential standards shared amongst senior managers.
* WMP to establish a formal process for more involvement of MH service users through a focus group to shape and influence policy and operational practice.

- Creation of a Force Wide MH IAG | Borough lead, to be appointed due to enormity of action in itself. | MH Commissioner Service Re-design Lead, CCGMH Project BoardLeads for MH in each agencyLeads for MH in each agencyMH and Custody lead, WMPMH Lead and Local LPU Leads. | * I can be confident that across Dudley mental health conditions have parity of esteem with physical health conditions.
* I can be confident that if I need to access acute hospital care that there will be provision available to me to support my mental health needs.
* At all times my dignity will be protected and I will be treated with respect.
* I can be clear that the Police will deal sensitively with me at the first point of contact
* I am aware that as a service user I have a voice and that there are networks that I can engage with to share my experience.
 |
| C3 | When restraint has to be used in health and care services it is appropriate  | * DWMHT staff access the Restraint in Care Training programme – 5 day training in the management of aggression.
* Staff are not trained in face down restraint but such restraint does sometimes happen and all such occasions are reported as incidents.
* DWMHT have increased the staffing levels on all inpatient wards in line with Francis Report recommendations.
* Street triage provides a robust assessment of the person’s needs by CPN and paramedic, hopefully reducing the number of incidents that become problematic requiring restraint.
* Increased resources invested to support work around DOL’s following Supreme Court Ruling.
* Psychiatric Liaison staff do not access the 5 day restraint training as it is expected that they call on Acute Hospital Security to restrain patients.
 | * A formal policy review is taking place in relation to Police intervention in MH environments working with NHS Protect.
* Review whether psychiatric Liaison staff need to access the 5 day restraint training rather than rely on use of hospital security staff.
* Review whether there has been a reduction in the use of restraint on MH Acute Assessment wards following the increased staff ratio to bed numbers.
 | Although Psychiatric Liaison staff do not practice restraint this needs to be considered. No reviews have yet taken place  | CI Mike O’Hara & Nicholas Arronin, NHS ProtectDWMHTMH Commissioner | * When restraint is used it will be proportionate and lawful in use.
 |
| C4 | Quality, treatment and care for children and young people in crisis.  | * Service working with West Midlands Quality Review Service on CAMHS Standards
* Place of Safety service for children and young people up to age 16.
* Designated Professionals Group for children and young people established in Dudley.
 |  | Discussion regarding an auditing program which will include the users voice have taken place and implementation plan to be developed | Rosie Luce, Head of Safeguarding and Designated Nurse.Commissioner CYP | * I can be confident that all services delivering crisis support for children and young people will be of high quality and safe.
* I know that services want to hear about peoples experiences of using their services and that they will act on the information received to further improve what they do.
 |
|  | **Recovery and staying well/preventing future crises** |
| D1 | Recovery, staying well and preventing future crises. | * Care plan for all service users which include agreed crisis plan.
* Transitions protocol for CAMHs to AMHs transition clients recently refreshed.
* Single point of entry established supported by a newly developed GP referral form.
* Fast track entry back into services agreed as part of the new MH pathway.
* CRI team provide dual diagnosis training.
* CRI works in partnership DWMHT and 3rd sector providers so that MH, substance and social needs of clients can be well supported.
* Dudley Mind provide MH drop in services (including out of hours and weekends) and also provide advocates to help access MH services.
* Access to social prescribing to help people become more connected with their local communities, stay well and preventing future crises.
* Information and advice centres helping people to address social issues that may be having a negative impact on their mental health.
 | To continually look at causation factors in clients presenting to services in crisis such as housing, social, economic and substance misuse and ensure a combined multi-disciplinary approach to support people to stay well. We will do this through:* Access to wider support via the information and advice within Dudley
* MH Information, Advice and Crisis Line linked to 111
* Social Prescribing
* Employment support services
* Mental Health Drop in Services

To continue to monitor the effectiveness of the above and the capacity required within these services to ensure effective support to people to keep them well and maintain their recovery.To ensure that all providers of mental health services and support are linked to the MH Pathway. To deliver as part of the MH Re-design within Dudley | On-going | MH commissioner, Early Help/Prevention commissioner and providers. | * I know who my nominated key worker is at times of crisis and I know how to access them.
* There are a range of support options available to me to help me stay well.
* I can be confident that services that I access will look at me as a whole person and not just see me as my illness.
* I know how to access support that will help me to address other issues in my life impacting on my mental health.
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KEY

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|  | Achieved |
|  | In action |
|  | Pending |