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| **CORE PRINCIPLES** / **ACTIONS** |  |  |  |
| **ACTION** | **Timescale** | **Led by** | **Outcomes** |
| 1. **Preventing Crisis and Helping People to Stay Well.** |  |  |  |
| A1. Early intervention – protecting people whose circumstances make them vulnerable.  **I statement – I will be protected in vulnerable circumstances to prevent periods of mental health crisis wherever possible. My crisis care will prevent periods of crisis escalating and will take into consideration the wider determinants of mental health and my support needs in relation to sustained recovery, social inclusion and self-direction.** | As outlined in WOLVERHAMPTON MENTAL HEALTH RESILIENCE PLAN | Sarah Fellows, Kathy Roper and Public Health Lead/s. Monitored by Wolverhampton Mental Health Stakeholder Forum. | As outlined in WOLVERHAMPTON MENTAL HEALTH RESILIENCE PLAN INCLUDING:   * Data Collation re-fresh across agencies to inform Needs Assessment and EIA and re-fresh of mental health elements of JNSA. * Development of MENTAL HEALTH PRIMARY CARE PATHWAYS. * Delivery of out puts regarding the wider determinants of mental health (as outlined in attached plan). * Community Development work to engage / support vulnerable groups (as outlined in attached plan). * Delivery of Mental Health Promotion campaigns (as outlined in attached plan). * Delivery of Crisis CPA Plans. * Delivery of Suicide Prevention training across providers/ agencies. * Delivery of WOLVERHAMPTON MENTAL HEALTH INTEGRATED URGENT CARE PATHWAY. * Delivery of WOLVERHAMPTON MENTAL HEALTH INTEGRATED PLANNED CARE PATHWAY. * Align with HeadStart Wolverhampton and resilience training, self-efficacy and locus of control.   Resilience Plan to be refreshed in light of Suicide Prevention survey **– DECEMBER 2015.** |
| 1. **Values based care and support.** |  |  |  |
| B1. People in crisis are vulnerable and must be kept safe, have their needs met appropriately and be helped to achieve recovery.  B2. Equality of access.  B3. Access and new models of working for children and young people.  B4. All staff should have the right skills and training to respond to mental health crises appropriately.  B8. People in crisis should expect that statutory services share essential ‘need to know’ information about their needs.  C1. People in crisis should expect local mental health services to meet their needs appropriately at all times.  C2. People in crisis should expect that the services and quality of care they receive are subject to systematic review, regulation and reporting.  **I statement – I will be supported by professional, skilled and compassionate staff if I experience a period of mental health crisis. Consideration will be given to my personal and unique circumstances and needs. Integrated care pathways will support my individual needs to deliver timely interventions with sound clinical and social outcomes. I will be supported to self-manage and direct my care pathway to recovery. I will feel valued and supported and my care will include a strengths based assessment. My family and carers will be supported during my period of crisis based care.** | By February 2015 - WOLVERHAMPTON CRISIS CONCORDAT STEERING GROUP – and timeline for key outputs as per outcomes column. | Mike O’Hara and  Sarah Fellows reporting to Wolverhampton Mental Health Stakeholder Forum. | Development of WOLVERHAMPTON CRISIS CONCORDAT STEERING GROUP with operational and strategic focus and representation across statutory agencies , service user and carer groups and key stakeholders to ensure delivery of WOLVERHAMPTON CRISIS CONCORDAT with key outputs as follows:  CRISIS CONCORDAT ACTION PLAN TAKEN FORWARD VIA BETTER CARE FUND PLANNED AND URGENT CARE PATHWAYS AND MENTAL HEALTH PARTNERSHIP MEETING.  Pilot Schemes funded by SRG – formal evaluation in **NOVEMBER 2015** (Street Triage, Hospital Discharge Service and Liaison Psychiatry).  Pilot schemes funded by Targeted Resilience Funding (Early Intervention in Psychosis, CAMHS CRHT, CAMHS SPA) to receive Future In Mind money - **NOVEMBER 2015.**  **CAMHS TRANSFORMATION PLAN** submitted **October 2015.**  Plan and action plan to be published following assurance process – **NOVEMBER 2015.** |
| 1. **Access to Crisis Care.** |  |  |  |
| B3. Access and new models of working for children and young people.  B5. People in crisis should expect an appropriate response and support when they need it.  B7. When people in crisis appear (to health or social care professionals, or to the police) to need urgent assessment, the process should be prompt, efficiently organised, and carried out with respect.  B10. People in crisis who present in emergency departments should expect a safe place for their immediate care and effective liaison with mental health services to ensure they get the right on-going support.  C1. People in crisis should expect local mental health services to meet their needs appropriately at all times.  C2. People in crisis should expect that the services and quality of care they receive are subject to systematic review, regulation and reporting.  **I statement – I will be supported by professional, skilled and compassionate staff if I experience a period of mental health crisis. Consideration will be given to my personal and unique circumstances and needs. Integrated care pathways will support my individual needs to deliver timely interventions with sound clinical and social outcomes. I will be supported to self-manage and direct my care pathway to recovery. I will feel valued and supported and my care will include a strengths based assessment. My family and carers will be supported during my period of crisis focussed care.** | By October 2015 and as outlined in WOLVERHAMPTON MENTAL HEALTH INTEGRATED URGENT CARE PATHWAY. (Outline attached). | Sarah Fellows and Kathy Roper. | Delivery of the BETTER CARE FUND MENTAL HEALTH INTEGRATED URGENT CARE PATHWAY. Key NEXT STEPS as follows:  CRISIS CONCORDAT ACTION PLAN TAKEN FORWARD VIA BETTER CARE FUND PLANNED AND URGENT CARE PATHWAYS AND MENTAL HEALTH PARTNERSHIP MEETING.  Pilot Schemes funded by SRG – formal evaluation in NOVEMBER 2015 (Street Triage, Hospital Discharge Service and Liaison Psychiatry).  CONSULTATION regarding revised CARE PATHWAY - **DECEMBER 2015** for full implementation - **APRIL 2016**. |
| 1. **Care and Support for Children and Young People.** |  |  |  |
| B3. Access and new models of working for children and young people.  C4. Quality and treatment and care for children and young people in crisis.  **I statement – I will be supported by professional, skilled and compassionate staff if I experience a period of mental health crisis. Consideration will be given to my personal and unique circumstances and needs. Integrated care pathways will support my individual needs to deliver timely interventions with sound clinical and social outcomes. I will be supported to self-manage and direct my care pathway to recovery. I will feel valued and supported and my care will include a strengths based assessment. My family and carers will be supported during my period of crisis focussed care.** | As above and as outlined in the WOLVERHAMPTON Emotional and Psychological Well Being Services Strategy for Children and Young  People 2013-2016  (Implementation Plan attached). | Sarah Fellows and Kathy Roper. | Delivery of the WOLVERHAMPTON Emotional and Psychological Well Being Services Strategy for Children and Young People 2013-2016.  Key NEXT STEPS as follows:   * Pilot schemes funded by Targeted Resilience Funding (Early Intervention in Psychosis, CAMHS CRHT, CAMHS SPA) to receive Future in Mind money - NOVEMBER 2015. * CAMHS TRANSFORMATION PLAN submitted OCTOBER 2015. * Plan and action plan to be published following assurance process – NOVEMBER 2015. * CAMHS TRANSFORMATION PLAN has refreshed WOLVERHAMPTON Emotional and Psychological Well Being Services Strategy for Children and Young People 2013-2016. * Implementation Plan refreshed for 15/16. * Outline Implementation Plan for 2016 / 2020 by FEBRUARY - 2016. |
| 1. **Improved care pathways across health, social care, police and ambulance services.** |  |  |  |
| B6. People in crisis in the community where police officers are the first point of contact should expect them to provide appropriate help. But the police must be supported by health services, including mental health services, ambulance services and emergency departments.  B9. People in crisis who need to be supported in a health-based place of safety will not be excluded.  B11. People in crisis who access the NHS via the 999 system can expect their need/s to be met appropriately.  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.  B13. People in crisis who are detained under Section 136 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.  C1. People in crisis should expect local mental health services to meet their needs appropriately at all times.  C2. People in crisis should expect that the services and quality of care they receive are subject to systematic review, regulation and reporting.  **I statement – Statutory and non-statutory services will work together to meet my needs in the least custodial environment by professional, skilled and compassionate staff if I experience a period of mental health crisis. An integrated care pathway will deliver a multi-agency approach to my care and support. Police, ambulance and acute services will be supported by staff with mental health expertise. Consideration will be given to my personal and unique circumstances and needs. I will be supported to self-manage and direct my care pathway to recovery. I will feel valued and supported and my care will include a strengths based assessment. My family and carers will be supported during my period of crisis focussed care.** | By October 2015 and as outlined in WOLVERHAMPTON MENTAL HEALTH INTEGRATED URGENT CARE PATHWAY. (Outline attached). | Mike O’Hara,  Sarah Fellows, Dave Ashford and Sean Russell. | Development and delivery of a revised mental health Criminal Justice Care Pathway.  Key outputs as follows:   * Review of court diversion care pathway (by DECEMBER 2015 with key recommendations for implementation informed by Black Country Court Diversion pilot). * Review of diversion at point of arrest care pathway (by DECEMBER 2015 with key recommendations for implementation informed by Black Country Diversion at Point of Arrest pilot). |