**Mental Health Crisis Care Concordat - Calderdale Action Plan (at 31st March 2016)**

**Introduction**

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

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

* **Access to support before crisis point** – making sure people with mental health issues can get help 24 hours a day and that when they ask for help, they are taken seriously.
* **Urgent and emergency access to crisis care** – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
* **Quality of treatment and care when in crisis** – making sure that people are treated with dignity and respect, in a therapeutic environment.
* **Recovery and staying well** – preventing future crises by making sure people are referred to appropriate services.

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

The partner agencies signed the local Crisis Care Concordat Declaration to work together in December 2014.

The following action plan has been developed with the partner agencies, and will be managed through the Calderdale Mental Health Innovation Hub and the Calderdale, Kirklees and Wakefield Crisis Care Concordat Group. Both groups have representation from all the key partners in the Crisis Care Concordat.

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

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| **No.** | **Action**  | **Timescale**  | **Led By** | **Required Outcomes** | **Update at 31.3.16** |
| 1. **Co-creation of care and support for people in crisis**
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| 1.1 | Using the experiences of users and carers/families to co-create the best possible care and support for people in crisis | Ongoing | Calderdale Healthy MindsCalderdale CCG (SA) | People who have experienced mental health crisis contribute as equal partners to the design and commissioning of care and support | Arrangements for input of users and carers into Mental Health Innovation Hub (including the Crisis Care Concordat) agreed between Healthy Minds and the Hub manager. Arrangements being set up for input from other service user led organisations in Calderdale. Partnership Board Model being considered.  |
| 1. **Crisis prevention**
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| 2.1 | Evaluate Intensive Home Based Treatment pilots / further commissioning activity | 30th April 2015/End June 2015 | CCG (KH)/SWYPFT/Police | High quality, evidence-based consistent services prevent (as far as possible) the admission or detention of people with mental health issues in crisis | Evaluation COMPLETED. Business case being reviewed to include analysis of current staffing. Police liaison scheme – Decision on future funding agreed in principle but further work required linking to the funding of Intensive Home Based Treatment.16/3/16Police Liaison Scheme continues on an ad hoc funding basis until decision made about future funding. Information now been provided. |
| 2.2 | Review step up and step down arrangements from acute inpatient, PICU and rehabilitation services. | 31st March 2016 | SWYPFT/CCG (KH) | High quality, evidence-based consistent services ensure that people with mental health issues at risk of crisis are supported in the right place, at the right time by the right people | Joint working between the Council and the CCG has begun on rehabilitation and recovery services, looking at the whole pathway. A new model has been developed and an action plan is being agreed. Monthly meetings are taking place.  |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Required Outcomes** | **Update at 31.3.16** |
| **2.Crisis prevention (cont.)** |  |
| 2.2 cont. | Review step up and step down arrangements from acute inpatient, PICU and rehabilitation services. | 31st March 2016 | SWYPFT/CCG (KH) | High quality, evidence-based consistent services ensure that people with mental health issues at risk of crisis are supported in the right place, at the right time by the right people | Acute service and PICU patient flow being monitored by SWYPFT Patient Flow Coordinator. Full service review to take place (following community services transformation).16/3/16Community transformation consultation phase underway, prior to implementation in May 2016. Patient flow coordinator role to continue to facilitate patient flow. |
| 2.3  | Develop pathways for people with Attention Deficit Hyperactivity Disorder (ADHD) / Autistic Spectrum Disorder (ASD) *(also relevant to ‘crisis response’ section)* | To be confirmed | AHSC*(ASD work being undertaken across Calderdale, Kirklees and Wakefield)* | People with ADHD or ASD have the same access to crisis prevention services, with appropriate additional support in place for them.  | Work being undertaken between the Council and the CCG to identify joint ways of working in future.AHSC working with ASD Consultant Lead to map existing pathways and review current spend. ASD Social Worker in post and working closely with AHSC Learning Disabilities Team to ensure joined up working. |
| 2.4 | Work with Voluntary Action Calderdale (VAC) and North Bank Forum (NBF) to develop/ commission 3rd sector support for crisis prevention – Noah’s Ark, Healthy Minds, Women’s Centre, Dementia Friendly borough – linking with Creative Minds, Recovery College and IMROC | End July 2015 | CCG (DG) | A range of support is in place for people at risk of a mental health crisis | Funding bids from 3rd sector for care closer to home initiatives currently being considered by the CCG.Talking therapies commissioning has progressed with the AQP procurement process which has completed, with contracts expected to commence on 1 April 2016. Further work on the framework linking to third sector provision will be undertaken by Q2 2016/17. |
| **No** | **Action**  | **Timescale**  | **Led By** | **Required Outcomes** | **Update at 31.3.16** |
| **2.Crisis prevention *(continued)*** |
| 2.5 | Development/improvement of preventative support for adults and children including social prescribing, bereavement support, etc. | Ongoing | Calderdale Mental Health Innovation Hub | As above. | September Innovation Hub meeting focused on prevention and preventative support – mapping undertaken and reviewed at November Hub meeting  |
| 2.6 | Development/dissemination of memory pathway including response for people with dementia in severe crisis *(also relevant to ‘crisis response’ section)* | End October 2015 | CCG (CT)/SWYPFT | High quality evidence based consistent services and support are in place for people with dementia experiencing a crisis  | Dementia pathway agreed – to review activity and funding streams from April 2016. Out of hours Adults HBTT will pick up all urgent assessments.  |
| 2.7 | Increasing access to IAPT services | 31st March 2016 | CCG (KH) | Access to IAPT is improved, especially for older people and people from ethnic minority groups. | COMPLETED. Contract commencement date 1 April 2016. |

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| 2.8 | Scope the extension of IAPT to children and young people and children with learning disabilities | To be confirmed | CCG (RR) | Children and young people and children with learning disabilities have access to appropriate support.  | Picked up in the work on the Children’s and Young People’s Transformation Plan |
| 2.9 | Use outcomes from Schools Emotional Wellbeing projects to inform development of support models in schools | December 2015 | Children and Young People’s Services | Schools are equipped to recognise and manage mental health issues before they become crises | Support models are currently being piloted in schools. A network group has been established in order to capture and share best practice.  |
| 2.10 | Targeted training and awareness around suicide risk, including Mental Health First Aid, Time to Talk | Ongoing | Adults Health and Social Care | Provide training to enable providers and others to identify people at risk of mental health issues. | Ongoing.Children and young people’s self-harm event planned for June |

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| **No** | **Action**  | **Timescale**  | **Led By** | **Required Outcomes** | **Update at 31.3.16** |
| **2.Crisis prevention *(continued)*** |

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| 2.11 | Review community peri-natal pathway | 31 March 2016 | CCG (DG)/SWYPFT | Ensure community provision is effective. | NHS England is developing an outreach service which will link into local community services where they exist. A community service does not exist in Calderdale; however SWYPFT staff training has continued. Medical staff reviewing current training package. Funding for community perinatal services will be provided by NHS England.16/3/16Perinatal leads identified in all mental health teams; they have undertaken intensive training and regular updates; support network established for leads. |

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| 2.12 | Support for victims of domestic violence and abuse | Ongoing | CCG (GPY) | Ensure that the needs of people who are or have been victims of domestic violence are met both in primary and secondary care by providing training and support to providers including GP practices.  | This is a component of safeguarding adults and Level 3 safeguarding children training. Joint adults and children’s protocol for referral into other agencies due to be launched shortly. WomenCentre and Victim Support provide support to victims of domestic violence– model to be re-commissioned in 2016. NHS England funding for talking therapies was provided to Women’s Centre to support service delivery in relation to rape and domestic violence counselling. |

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| **3. Crisis response** |

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| 3.1 | Map care and support pathway for people in crisis | End June 2015 | CCG (CM) | Gaps/issues are identified and addressed; opportunities for improvement are identified | Map developed |
| **No** | **Action**  | **Timescale**  | **Led By** | **Required Outcomes** | **Update at 31.3.16** |
| **3.Crisis response *(continued)*** |
| 3.2  | Evaluate the protocols and services in place to respond to children, young people, working age adults and older people in mental health crisis (including those in transition from children/young people’s services to adult services) | To be confirmed | CCG (RR/DG)/SWYPFTCHFT/Police(through Mental Health Innovation Hub) | Clear arrangements for response to crises that ensure safety, privacy and dignity. | 24/7 intensive home based treatment service in place for adults and older people with mental health problems. |
| 3.3 | Develop case for 24/7 crisis response, linking with 111 to ensure that it is included in the Directory of Services.  | To be confirmed | CCG (DG) | To ensure that appropriate and effective crisis response is available 24/7, and that anyone telephoning 111 can be linked in | Business case being finalised for provision of this service  |
| 3.4 | Review current Section 136 service[[1]](#footnote-1) including accommodation, and develop outcome based specification for appropriate accommodation (across Calderdale, Kirklees and Wakefield footprint, but reflecting local requirements) including provision for people who are violent and/or dependent drinkers. | 31st July 2015 | CCG (KH) with input from partners | Section 136 service is evidence-based, informed by the experience of those receiving and delivering it, and ensures safety, privacy and dignity | A review of S136 is part of the Service Development and Improvement Plan in the SWYPFT main contract. It is likely that this work will be completed in 2016/17. Analysis of use of S136 suite in Calderdale will be undertaken as part of the review. |
| **No** | **Action**  | **Timescale**  | **Led By** | **Required Outcomes** | **Update at 31.3.16** |
| **3.Crisis response *(continued)*** |
| 3.5 | Review Section 12 provision[[2]](#footnote-2) | 31st July 2015 | CCG (KH) with input from partners | Section 12 provision complies with mental health law and best practice | This is a review of process, and is ongoing |
| 3.6 | Evaluate the Mental Health Liaison Team service to ensure it meets NICE guidance and the national specification | 31st July 2015 | SWYPFT/ CCG (DG) | Service is delivered according to NICE guidance and the national specification | The evaluation has taken place. A specification is now being developed for a Core 24 service. Contract and Performance Indicators are being developed. |
| 3.7 | Ensure that the commissioning of mental health services and substance misuse services is joined up | Ongoing | CCG (DG)Public Health | Specifications are linked where appropriate.  | This requirement has been incorporated into the CCG’s and Council’s governance processes |
| 3.8 | Deliver emergency ambulance plan  | Ongoing | YAS |  | Plan being updated by YAS. In addition, a meeting is being organised between members of the S136/Crisis Care multi agency meeting and YAS lead commissioner with a view to agreeing a protocol for requesting transport. |
| 3.9 | Ensure that the review of West Yorkshire Patient Transport includes conveyance of patients with mental health issues who don’t require an emergency ambulance. | 31st October 2015 | CCGs | Transport for people with mental health issues is effective, timely and that transport staff have had relevant training. | Review complete. Transport is also being included as an enabler for the Vanguard work in Calderdale.  |
| **No** | **Action**  | **Timescale**  | **Led By** | **Required Outcomes** | **Update at 31.3.16** |
| **3.Crisis response *(continued)*** |
| 3.10 | Develop protocols between mental health services, police and ambulance service for the effective and timely conveyance both to and from places of safety and between wards and hospitals in line with the Code of Practice | To be confirmed | Multiagency CCC Group | People with mental health issues receive a high quality appropriate service that ensures safety, privacy and dignity. The best use is made of available resources.  | This has begun; however governance may change in terms of managing the way forward. Regular meetings now chaired by the West Yorkshire Police Commissioner are now taking place which bring together ambulance, police, commissioners and the NHS providers. Also see 3.8 above.Regular communication in place to trouble shoot difficulties and develop a protocol. |
| 3.11 | Develop model for Children and Adolescents crisis 24/7 service | 31st May 2015COMPLETED (plan now being developed for implementation) | SWYPFT | Improved care for children and young people in crisis so that they are treated in the right place at the right time and as close to home as possible.  | Picked up in the Children and Young People’s Transformation plan developed locally. |
| 3.12 | Review step up and step down arrangements from acute inpatient, PICU and rehabilitation services. | 31st March 2016 | SWYPFT/CCG (KH) | High quality, evidence-based consistent services ensure that people with mental health issues at risk of crisis are supported in the right place, at the right time by the right people | See 2.2 above. |
| 3.13 | Consider options for local provision of health based and alternative places of safety for under 18s to prevent use of custody | To be confirmed | CCG (RR) | Ensuring no young person under the age of 18 is being detained in a police cell as a place of safety (as per ‘Future in Mind’ document) | Picked up in the Children and Young People’s Transformation plan developed locally. |
| 3.12 | Link to adult and child safeguarding boards, ensuring the findings of national reviews are taken into account.  | Ongoing | All services | Adults and children and young people who are at risk are identified and appropriate action taken.  | Rollout training plans agreed following serious case reviews, and all services encouraged to send staff |
| **No** | **Action**  | **Timescale**  | **Led By** | **Required Outcomes** | **Update at 31.3.16** |
| **4.Preventing and reducing suicide/self-harm** |
| 4.1 | Set up Calderdale Suicide Prevention Group | December 2015 | Public Health | Reduction in suicide | The re-establishment of this group was predicated on having the results of the suicide audit. However, given the delay in being able to undertake this, public health have decided to set a meeting regardless. This will be held on 5 April and a wide range of partner have been invited. |
| 4.2 | Carry out an audit of suicide cases across Calderdale in order to identify local issues and develop recommendations | November 2015 | Public Health | An understanding of any preventative action that could be taken to avoid or reduce suicides, and the development of any services/support required | There have been delays to this due to the Coroner’s Office’s unwillingness for public health to undertake the audit. Discussions remain ongoing and the Chief Coroner’s Office is also involved. |
| 4.3 | Ensure that there are clear protocols and services in place to respond to children young people and adults who deliberately self-harm | To be confirmed | CCGSWYPFTCHFT | People who deliberately self-harm are provided promptly with relevant, effective, person-centred care and support | Picked up in the Children and Young People’s Transformation plan developed locally.24/7 Crisis Service business case in place for Adults to ensure rapid response for people who have self-harmed. |
| **5.Psychosis** |
| 5.1 | Monitor through audit care plans for people with first episode psychosis to ensure that they meet the five required outcomes. | Quarterly until 31st March 2016 | CCG (EB)(through CQUIN) | Care plans meet the following required outcomes – co-production, person-centredness, needs and views of carers taking into account, risks and how they will be managed and addressed identified, a comprehensive staying well plan in the form of crisis and contingency planning. | Audit and reporting in place. CQUIN achieved in Q3 2015/16 (latest data available) |
| **No** | **Action**  | **Timescale**  | **Led By** | **Required Outcomes** | **Update at 31.3.16** |
| **5.Psychosis (continued)** |
| 5.2 | Development of improved models of early intervention in psychosis care. | 31st March 2016 | National work detailed in SWYPFT main contract Service Development and Improvement Plan. Lead SA and KP. | People who develop psychosis receive high quality responsive services and support in line with NICE guidelines | Work on Early Intervention in Psychosis services being undertaken in line with national requirements. A workforce calculator has been produced by NHS England and analysis has been undertaken in relation to gaps in service provision, in particular – family therapies, CBT for psychosis and employment support. Work is being undertaken to ensure services are in line with NICE guidelines for 2016/17 onwards.  |
| **6.Rehabilitation and recovery** |
| 6.1. | Review rehabilitation and recovery services to ensure more community based provision | 31st March 2016 | Adults Health and Social Care/CCG (SA) | People with mental health issues recovering from a crisis receive care and support in the most appropriate setting.  | Review of rehabilitation has taken place in conjunction with CCG and aligned to SWYPFT’s transformation programme. Scrutiny Committee has given approval for commissioners to take forward the new models of care. Negotiations on implementation of new models continue.New service delivery model approved by CMBC Cabinet December 2015. Proposals include reduction of rehab beds and development of Community Rehabilitation and Reablement Team. Public consultation taking place to inform final design before implementation |
| **7.Commissioning/strategy** |
| 7.1 | Develop a commissioning strategy for all mental health services, including prevention, in Calderdale, which identifies the priorities | 31st August 2015 | Calderdale Mental Health Innovation Hub | High quality consistent evidence-based care and support that delivers value for money is commissioned for people with mental health issues in Calderdale | Strategy being developed through Mental Health Innovation Hub and will go to Health and Wellbeing Board for engagement/review in January 2016.  |
| **No** | **Action**  | **Timescale**  | **Led By** | **Required Outcomes** | **Update at 31.3.16** |
| **7.Commissioning/strategy *(continued)*** |
| 7.2  | Develop a summary of what we already know about the experience of users of services and their families/carers  | 31st July 2015 | CCG (MH) | The experience of users of services and their families/carers is used to develop and improve effective high quality care and support | Information from engagement work undertaken by local organisations has been received and is being collated.  |
| 7.3 | Ensure that the different needs of communities are taken into account in the commissioning and provision of care and support, for example children & young people, working age adults, people from BME communities, older people, people with dementia | Ongoing | All organisations | Services meet the needs of different groups of people within Calderdale’s comments | Above information to be reviewed and any gaps in terms of engagement with specific groups identified and addressed |
| 7.4  | Ensure that Equality Act principles are applied to all services. | Ongoing | CCGs (DG)/Councils | Equality Impact Assessments are undertaken for all services being commissioned/re-commissioned | This requirement is in place in the CCG’s and the Council’s governance process |
| 7.5 | Develop a healthy living strategy for Calderdale | Ongoing | Public Health working with partners including CCG/Adults Health and Social Care | High quality evidence based support is in place for people to live healthy lifestyles | Prevention strategy in draft form and due to be presented to the next Calderdale CCG’s Commissioning Development Forum.From Vanguard, £200,000 in year 0 has been allocated to preventative initiatives. |
| 7.6 | Develop a supported self-care strategy for Calderdale | Ongoing | Public Health working with partners including CCG/Adults Health and Social Care | High quality evidence based support is in place for people to manage their own health and wellbeing as much as possible | 3 workshops held as part of developing priorities for self-management support for a range of long term conditions. Support and gaps mapped out and priorities for funding identified.  |
| **No** | **Action**  | **Timescale**  | **Led By** | **Required Outcomes** | **Update at 31.3.16** |
| **7. Commissioning/Strategy *(continued)*** |  |

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| 7.7 | Develop an AMHP Sufficiency of Supply Workforce Development Plan which identifies the Professional Capabilities Pathway from NQSW to AMHP within mental health social work. | March 2016 | Adults Health and Social Care working in partnership with Manchester Metropolitan University | Establish a sustainable talent pipeline for mental health social work to ensure that there is sufficient capacity to meet statutory requirements in relation to the Care Act, Mental Capacity Act and Mental Health Act.  In particular in relation the capacity to complete authorise Mental Health Act assessments (the application to admit a person to hospital under Section 2 and Section 3 of the Mental Health Act, for assessment and treatment, is made by the Approved Mental Health Professional only.  This application is based on two medical recommendations from the psychiatrist/GP/Section 12 Approved Doctor). | Principal Social Worker Adults assumed responsibility for Mental Health Professional Practice Lead. AMHP Sufficiency Plan approved by AHSC, CYP & SWYPFT August 2015 with commitment to the following actions:- 5 AMHPs on the rota trained as Practice Educators - 10 Social Workers to be trained AMHP. 2 adult & 1 Children's AMHP trainees commenced Manchester University Sept 2015. 1 adult & 1 Children's AMHP Trainee commence Leeds Beckett University Jan 2016. 3 more trainees scheduled Sept 2016. 2 more trainees scheduled January 2017.AMHP Rota Review commenced Sept 2015. Appropriate Adults Rota Review commenced Sept 2015 aligned to West Yorkshire Police Commissioner Review of AA Role.Principal Social Worker Adults has assumed full responsibility for the AMHP Rota from October 2015.Review of AMHP working practices has taken place. New MHA assessment recording in place form April 20016 – all referrals, assessments and outcomes to be recorded on CIS (Council Information Management Database.) |

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| **No** | **Action**  | **Timescale**  | **Led By** | **Required Outcomes** | **Update at 31.3.16** |
| **7. Commissioning/Strategy *(continued)*** |  |
| 7.8 | Support the role of 3rd sector in recovery and support of people with mental health issues. | April 2016 | CCG (DG)Adults Health and Social CareCalderdale Mental Health Innovation Hub | A range of high-quality support is in place in the community to support people with mental health issues in crisis to recover. | The CCG has regular meetings with Voluntary Action Calderdale and North Bank Forum. Funding bids from 3rd sector for care closer to home initiatives currently being considered by the CCG.Work on talking therapies to involve 3rd sector organisations, see 2.4 above. |
| **8. Partnership Working** |  |
| 8.1 | Set up Calderdale Mental Health Innovation Hub involving CCG Commissioning, Continuing Care, GPs, Social Care, Public Health, mental health providers, 3rd sector organisations and providers, acute care providers. | February 2015 | CCG (DG) | Joint working, focused on improvement | COMPLETED |
| 8.2 | Strengthen representation on Calderdale Mental Health Innovation Hub to include the wider determinants that impact on mental health and wellbeing, e.g. employment, housing | May 2015 | CCG (DG) | See above | COMPLETEDInnovation Hub now has a wide membership including health, social care, housing, third sector, etc. |
| 8.3 | Manage implementation of plans developed by the Hub | Ongoing | Calderdale Mental Health Innovation Hub | See above | Ongoing |
| 8.4 | Ensure engagement from user-led organisations into Hub | Ongoing | Calderdale Mental Health Innovation Hub | Developments and innovations are shaped by the experience of service users and their families | The Innovation Hub has representation from Calderdale Healthy Minds and from Mental Health Matters (an umbrella organisation of local voluntary groups with an interest in mental health)Conference for service users being planned |
| **No** | **Action**  | **Timescale**  | **Led By** | **Required Outcomes** | **Update at 31.3.16** |
| **8. Partnership working *(continued)*** |  |
| 8.5 | Strengthen links to primary care | Ongoing | CCG (DG) | Joined up working across all sectors | The CCG GP mental health lead, Dr Caroline Taylor, provides regular updates to GP practices on mental health, and encourages input on service improvements/ developments |
| 8.6 | Work with Voluntary Action Calderdale (VAC) and North Bank Forum (NBF) to strengthen engagement and support development of the 3rd sector | Ongoing | CCG (DG) | Joined up working across all sectorsImproved ability of 3rd sector organisations to respond to commissioning intentions | The CCG meets regularly with Voluntary Action Calderdale and North Bank Forum.Work is being undertaken jointly by the CCG and the Council to specify in more detail the requirements from 2017 onwards. |
| 8.7 | Ensuring that emotional wellbeing and mental health are key parts of the “care closer to home” model | March 2016 (Phase 1)March 2017 (Phase 2) | CCG (RR) | Emotional wellbeing and mental health have parity of esteem with physical health in the Calderdale ‘care closer to home model’, and this is demonstrated through the specifications. Emotional wellbeing and mental health support are more visible and easily accessible for children and young people e.g. one stop shop services providing emotional wellbeing and mental health support and advice to children and young people in the community in an accessible and welcoming environment.  | Emotional wellbeing and mental health are key parts of the care closer to home model, which has been consulted upon widely.  |
| **No** | **Action**  | **Timescale**  | **Led By** | **Required Outcomes** | **Update at 31.3.16** |
| **8. Partnership working *(continued)*** |  |
| 8.8  | Joint working on CAMHS Tier 2 and Tier 3 services | Ongoing | CCG (RR)Council - C&YP | Joint commissioning, contract management and monitoring of Tier 2 and Tier 3 services across Calderdale. | A CAMHS project manager has been appointed across the CCG and the Council. Regular contract meetings are held involving all relevant parties.  |
| 8.9  | Continue to develop and deliver joint training on the Code of Practice and mental health law to police and mental health services staff | Ongoing to March 2016 | West Yorkshire Police/SWYPFT | Police and mental health staff understand the Code of Practice and mental health law, and the responsibilities of each service in relation to people with mental health issues presenting in crisis. | Ongoing.SWYPFT embedded in Police Liaison have provided training to police. This will continue in 2016/17, discussions ongoing in relation to the level of support for the training from the police. |
| **9. Management of Crisis Care Concordat** |  |
| 9.1 | Set up CCC multi agency working group, working across the provider footprint (Calderdale, Kirklees, Wakefield) | September 2014 | CCG (KH) | Work to deliver the Concordat is joined up across all relevant agencies | COMPLETED |
| 9.2 | Develop and sign up to West Yorkshire CCC Declaration | December 2014 | CCG (DG) | Local commitment demonstrated to principles set out in the declaration  | COMPLETED |
| 9.3 | Ensure that progress against the Concordat action plan is reported on and monitored | Ongoing | Calderdale Mental Health Innovation Hub/ CKW multi-agency working group (for CKW work) | Work to develop and improve crisis services and support is effective and timely | Arrangements have been set up for the monitoring of and reporting on the Crisis Care Concordat action plan |

1. Section 136 of the Mental Health Act covers police taking a person to a place of safety from a public place if they think the person has a mental health issue and is in need of care. [↑](#footnote-ref-1)
2. Section 12(2) of the Mental Health Act 1983 requires that,’ in those cases where two medical recommendations for the compulsory admission of a mentally disordered person to hospital, or for reception into guardianship, are required, one of the two must be made by a practitioner approved for the purposes of that section by the Secretary of State as having special experience in the diagnosis or treatment of mental disorder. Approval is also required for practitioners providing reports or giving evidence under Part III of the Act.  Approval is valid throughout England and Wales’. [↑](#footnote-ref-2)