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| **ACTIVE ACTIONS** |

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| 1. **Commissioning to allow earlier intervention and responsive crisis services**
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| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes/updates** | **Red/Amber/Green (RAG)** |
| **Matching local need with a suitable range of services** |
| **1.1** | To improve data accuracy with regards of section 136 detentions; | Ongoing | Norfolk Constabulary - Lucy King | **May 2017 update** – Norfolk Constabulary has developed a data collection process which is felt to be robust and accurate. This involves collecting data from a range of sources including police CAD records, Athena and NSFT. Insp Lucy King has responsibility for completing a S135 and S136 annual data return to the Home Office return (ADR 125).  |  |
| **1.2** | To ensure that the recommendations of 'a Safer Place to be' are used as a baseline for section 136 in Norfolk (Adequate local provision of places of safety, inclusion of young people, adequate commissioning oversight of 136 pathway, adequate monitoring by providers of places of safety).  | Ongoing | NSFT/ Norfolk Constabulary - Veno Sunghuttee and Lucy King | **May 2017 update** – S136 cases continue to be closely monitored by Norfolk Constabulary on behalf of the MH Monitoring Group. In March 2017 there were 5 occasions when the first choice S136 suite was already occupied resulting in the patient being diverted to an alternative suite. In April 2017 this occurred on 3 occasions. Norfolk S136 suite capacity is an ongoing concern and is being closely monitored by the MH Monitoring Group. Insp Lucy King is collating data which she will present to the Concordat Board on 08.06.2017 for discussion. At the end of October 2016 it was announced that Norfolk was successful in its bid for the Places of Safety Capital Fund on offer from DoH, NHS England and the Home Office. Funding was awarded to improve the existing S136 suite at Hellesdon Hospital to make it suitable to accommodate patients who display violent/aggressive behaviour. Target date for completion of this upgrade is now January 2018. |  |
| **Improving mental health crisis services** |
| **1.3** | For those people who experience mental health crisis: 1. Assess the level of demand focussing on inpatient admissions and out of area placements; Undertake baseline assessment of current provision and gap analysis. | Feb-17 | NSFT – Clive Rennie  | **November 2016 update –** This action has been altered from the previous version of the action plan and reassigned to NSFT/Clive Rennie as they hold the relevant data. It will be completed by February 2017.**December 2016 update –** A feedback exercise is being undertaken by Mental Health Strategies, funded by the CCGs and NSFT, regarding mental health bed space and community responses. An initial meeting to discuss feedback already provided so far is planned for 17/01/2017 with final feedback being provided in February. |  |
| **1.4** | For those people who experience mental health crisis: 2. Use nationally available data to develop a mental health JSNA profile for Norfolk. | Jun-17 | Public Health – Nadia Jones | **May 2017 update:**  PHE Mental Health JSNA profile is available here (note - if the link does not work then copy and paste the link into the browser) <https://fingertips.phe.org.uk/profile-group/mental-health/profile/MH-JSNA/data#page/1/gid/1938132922/pat/6/par/E12000006/ati/102/are/E10000020> No resource as yet to create a local profile. |  |
| **1.5** | West Norfolk Adult Acute Pathway Transformation | Ongoing | NSFT / WNCCG – Debbie White / Jan Sanders | **March 2017 update:** The project is on plan for a final options paper to be presented to both NSFT March Board and WNCCG Board. |  |
| **1.6** | To improve data, reporting and concerns regarding access to 24 hour S.12 doctor provision across the county and to escalate concerns and gaps.  | Ongoing | Adult Social Care – Kevin Hanner | **March 2017 update -** Data collection: Appropriate QIR’s to be raised. However, as S.12 availability is not a commissioned service no agency is accountable. Action: I will highlight concerns as appropriate. **May 2017 update –** Alison Leather from South Norfolk CCG is taking this to the Quality Surveillance Group – (All CCG quality leads and NHSE) to start to get some resolution with this and drive it on a quality agenda. |  |
| **1.7** | To map current S.12 provision with local providers, compare access/provision against other regions and to look at the development of appropriate and sustainable access/provision with local providers/commissioners | Ongoing  | Adult Social Care – Kevin Hanner | **March 2017 update –** Mapping: Contact with NSFT and HPFT. Neither Trust have any contractual arrangements with Doctors to provide S.12 coverage and neither Trust has an appetite to amend contracts. This approach seems to be consistent with other Trusts (feedback obtained from AMHP Leads Network) and within guidance issued by GMC. NSFT and AMHP service attempted to arrange informal rota in January, but only got 2 S.12 doctors to provide availability. Action: Further consideration needs to be taken regarding how this can be embedded within future commissioning.**May update 2017 –** see 1.6 |  |
|  **Ensuring the right numbers of high quality staff** |
| **1.8** | To continue analysis of safer staffing levels for statutory mental health services. | Ongoing | NSFT HR - Veno Sunghuttee | **March 2017 -** A detailed review on safer staffing was presented to the Board in February.  This identified that whilst there are ongoing recruitment challenges, staffing levels are being managed with the support of additional bank and, where necessary, agency.Safer Staffing Group has been set up, chaired by Director of Strategy and Resources.  This covers safer e-rostering, temporary staffing and skill mix. Safer Staffing Group is undertaking a systematic review with localities of skill mix, particularly where there have been long standing vacancies.  This includes looking at the introduction of new roles.2017-18 Recruitment and Retention plans being presented to March's OD Committee.New recruitment applicant management system (TRAC) being implemented in March to improve our recruitment tracking and help move job applicants into post faster.Central Norfolk Acute Service has initiated a re-skill mixing project for the Acute Wards at Hellesdon Hospital. This will result in improved recruitment as well care quality. The broad aim is to reconfigure the skill mix allowing more Bd 4 and Bd 6 post to be crated (these posts are more likely to be recruited to). |  |
| **1.9** | To work with NSFT to ensure workforce plans are adequate and appropriate. | Monitored monthly - ongoing | CCGs / NSFT - Veno Sunghuttee | **September 2016 update -** see 1.6 |  |
| **1.10** | To work with strategic partners i.e. Acute Trust and Community Trusts to undertake joint recruitment campaigns. | Ongoing | System Resilience Group / NSFT - Veno Sunghuttee | **September 2016 update -** see 1.6 |  |
|  **Improved partnership working at a local level** |
| **1.11** | Engage with the Fire and Rescue Service to assist in quantifying and reducing the risk of service users with a history of higher risk of fire setting and Include the Fire and Rescue Service in all case reviews where Fire has been an issue in order to identify areas of good practice and learning points. | Apr-17 | Norfolk Fire and Rescue – Garry Collins  | **November 2016 update –** see 3.12. Single point of contact identified and review ongoing of resources to support intervention for children, youths & adults. |  |

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| **2. Access to support before crisis point** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes/updates** | **Red/Amber/Green (RAG)** |
| **Improve access to support via primary care** |
| **2.1** | Revision of the functionality of the Access, Assessment and Treatment Team (AAT). | Ongoing | NSFT / CCGs - Veno Sunghuttee | **May 2017** – the implementation of the new Central Adult Community service line is complete.  There are some residual data issues which are being resolved.  Early indication is that the new structure is preferred by clinicians and has supported the implementation of the FACT model in all the 7 new CMHTs.  Work is ongoing to target high referring Surgeries and improve working relationships.  There is also a QI project taking place in the City CMHTs to improve the quality and efficiency of the teams and any learning will be transferred to the other CMHTs as indicated. |  |
| **2.2** | Fully functioning Support Helpline provision to be established. MIND commissioned to provide this service in conjunction with NSFT. | Ongoing | MIND - Amanda Hedley | **May 2016 update –** the Mind helpline has been continued and the main elements are continued - free phone number and integrated now with the Wellbeing helpline - reduced hours - Mon - Fri 4pm to midnight and weekends 10 am – midnight. |  |
| **2.3** | Community-based adult admission prevention partnerships with the Third and Independent sectors. Partners work closely with the relevant NSFT Community and/or Crisis Team to deliver home and community-based, recovery-focused, early and preventative interventions. | Ongoing  | NSFT - Veno Sunghuttee | **November 2016 Update -** We have continued to sub-contract 3rd sector involvement in the adult community pathway in 16/17. This is Mind workers to provide short periods of increased community support and non-hospital based respite through Julian Housing Support, both as alternatives to acute hospital admission. **March 2017 –** Recent review of Central Norfolk AP service provided by Julian Support demonstrated a positive outcome for service users who receive an AP intervention.  |  |
| **2.4** | Establishment of an embedded Mental Health Team within the Norfolk Constabulary Contact & Control Room (CCR). | Funded until 31/03/2018 | Norfolk Constabulary / OPCC / NSFT – David Buckley | **September 2016 –** Supt David Buckley will own this action as Head of Department. He will be responsible for representing on the Crisis Care Concordat Strategic Board. The update is that funding is being sought from the PCC’s office in liaison with Gavin Thompson for the additional nurse, and to ensure funding continues through partnership channels. Supt Buckley will present a verbal update at the meeting on any progress timescales.**March 2017 update** – funding for 2017/18 agreed including one extra post |  |
| **2.5** | Working in collaboration between Adult Social Care and NSFT to ensure good interlink between the emergency duty team/AMHPS and the Crisis Resolution Home Team (this includes out-of-hours working) and partner agencies. | Ongoing | Adult Social Care - Alison Simpkin/ Kevin Hanner | **March 2017 update –** CRHT/AMHP closer working: No update, ongoing piece of work. Waiting for update from NSFT’s current external evaluation.**May 2017:** NCC waiting for feedback from NSFT from recent external review. |  |
| **Improve access to and experience of mental health services** |
| **2.6** | Secondary care access standards being met - 4 Hours - 120 Hours - 28 days | Monthly  | NSFT - Veno Sunghuttee | **May 2017 –** Service line restructure as per 2.1 May 2017 update above. There has been a significant reduction in the overall number of service users waiting excessive times for assessment/treatment (From 550+ in Oct 2017 to 320 approx in May 2017), however high referral rates, staff sickness and recruitment have had an impact.  The overall service line caseload is at least 27% over the indicative capacity, as proposed in the block contract with high caseloads both in terms of total numbers as well as the high acuity.  This has been raised on the trust risk register and commissioners informed.  Actions to mitigate the negative impact are being enacted. |  |
| **2.7** | Submit bid to the ‘Improving Health Based Places of Safety’ fund to provide capital for a ‘crisis café’ which will operate 24 hours a day to prevent unneeded s136 referrals. During the working week there will be a colocation of mental health services. | Aug-17 | North Norfolk CCG - Euan Williamson | **March 2017** – The ‘Improving Health Based Places of Safety’ fund bid was submitted and the bid was ultimately successful. The proposal was in two parts, a) £247k improve and expand existing s136 estate to eliminate the need for people, including people under-18 years, to use inappropriate facilities as a Place of Safety, e.g. Police custody; b) £150k refurbishment of a – to be identified – facility to act as a crisis hub/café in Norwich. A funding plan has been submitted by NSFT to Dept. of Health outlining how they expect to draw down the £247k before March 2017. We are awaiting an implementation plan from NSFT but the work is likely to take 7 months to complete. The £150k for refurbishment of a crisis hub/café will not be available until 2017/18. The original bidding group is being reconvened to discuss how the hub/café will look and the timescales for development.**June 2017 -** The places of safety bid for S136 across 3 sites**Hellesdon Hospital, Norwich s136 suite ( new build expanded footprint and improve facility)**Project is to extend the existing footprint of the building to allow construction of the facility with on-suit and day area. There will be alterations of the existing compound entrance and erect new fencing for the new facility.  In addition a 40” television will be provided and installed, with anti-ligature housing. Planning application submitted to Broadland District Council, decision expected end of June.**Northgate Hospital Great Yarmouth s136 suite**Provide and install 40” television with anti-ligature housing is **completed**. Installation of high-level fence has been ordered, installation at the beginning of June.**Fermoy Unit King’s Lynn s136 suite**Provide and install 40” television with anti-ligature housing. Replace flooring and decorate suite to improve the environment – **completed**.  |  |

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| **3. Urgent and emergency access to crisis care** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes/updates**  | **Red/Amber/Green (RAG)** |
| **Improve NHS emergency response to mental health crisis** |
| **3.1** | Implementation of the new Action Standards for waiting times on mental health | Apr-17 | Norfolk CCGs - Clive Rennie | **October 2016 update** – waiting time standards for CAHMS eating disorders has been funded and contracted for the five CCGs in Norfolk. The Provider is NSFT. The standard for early intervention psychosis is subject to commissioning discussions during 2016/17. The standard was to be met by 2016, the vision now is that the 50% of people of people referred receiving a NICE concordat package of care will be achieved by March 2017.CAMHS Eating disorders services have in place an additional 17 WTE members of staff which has been agreed with NSFT with the main KPI set to deliver the access standard for CAMHS ED with an agreed activity and capacity model. The EIP business case has been prepared and is going through the governance processes of NSFT and CCG’s**November 2016 update –** waiting times for CAMHS ED and EIP are being monitored at a national level. CAMHS ED services to meet the standard are in place. EIP business case is still subject to negotiation for the 2017/18 contractual round |  |
| **3.2** | Enhanced Psychiatric Liaison Services to be in place in both Norfolk & Norwich University NHS Trust and Queen Elizabeth Hospital King's Lynn in line with RAID. | Aug-17 | Norfolk CCGs - Clive Rennie/ Micki Munro | **October 2016 update** - in NNUH there is a 24/7 psychiatric liaison service. New funding within 16/17 will enable this to be consultant led. It is envisaged that there will be 3rd sector 'navigators' in A+EWork being undertaken to agree the whole package of Psychiatric Liaison services within NNUH. Part of this is reliant on funding for 3.86 member of the nursing staff from NSFT that comes via non – MH specific funding The enhanced role is a part of the national Five Year Forward for Mental Health and Core 24/7 mental health provision in Emergency Department **March 2017 update** – Awaiting outcome of national funding bid for NNUH Core 24/7 bid. Should hear by end of March 2017. Current level of service remains in place.**May 2017 update** – (**Central Norfolk only**) - NHSE awarded a third of the amount requested, however have agreed that we should implement full model in Jan 2018 as the CCGs have allocated full funding from April 2018. NSFT and NNUH are working on the staffing model and operational issues and will give regular updates will come via Clive Rennie and Micki Munro. MM |  |
| **3.3** | Crisis Mental Health provision into the Urgent Care Centre at Norfolk & Norwich University NHS Trust | Mar-17 | Collaboration of Central Norfolk CCGs - Micki Munro | **August 2016 update –** funding is in place until the end of March 2017. Commissioner will jointly review the model in December with a view to discussion substantive funding in the new commissioning rounds. It is currently being explored again as part of the 2017-19 contract negotiations.**March 2017 update –** current level of service funding agreed for the contract 2017-19. Also see update for 3.2**May 2017 update –** This action can be closed. Urgent Care Centre provision is covered by the main liaison team at NNUH, this does not need to continue as an issue.  | **COMPLETE** |
| **3.4** | Review current Psychiatric Liaison Service  | Ongoing | West Norfolk CCG / NSFT - Jan Sanders / Pauline Davies  | **March 2017 update –** During negotiations for 2017/19, additional funding has been agreed to enhance the current service. Details are to be finalised. |  |
| **3.5** | Ensure that a crisis pathway is enacted for perinatal mental health, as outlined in the Five Year Mental Health Forward | Jan-17  | Norfolk CCGs - Clive Rennie | **November 2016 update –** The Perinatal bid for Norfolk and Waveney was successful and over the next 2.3M additional funding will be received to provide specialist perinatal service. A mobilisation plan is currently in place to recruit essential posts and begin the initial part of service delivery from January 2017 |  |
| **3.6** | Improve mental health transport to out of county bed (TBC). | TBC | Norfolk CCGs - Clive Rennie |  |  |
| **Social services’ contribution to mental health crisis services** |
| **3.7** | Step-down beds to speed up hospital discharge have been commissioned by both NSFT and Adult Social Services. | Aug-17 | Adult Social Services - Clive Rennie | **October 2016 update** – This service is in contract until 2018 and then will be subject to modernisation and redesign.  |  |
| **Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983** |
| **3.8** | The NHS ambulance services in England will introduce a single national protocol for the transportation of S136 patients, which provides agreed response times. The working practice has been adopted following the pilot for transportation timelines. | Ongoing | EEAS/Norfolk Constabulary - Diane Chan/ Lucy King | **March 2017 update** - There were 23 calls in total just in the Norfolk locality from 1st June to date. 11 were compliant and 5 non-compliant with 7 excluded.**May 2017 update –** For the period 01.04.2016 – 31.03.2017 there were 336 detentions under S136. 168 were conveyed by EEAST, 155 were conveyed in a police vehicle and 13 didn’t require any conveyance as they were detained within walking distance of a place of safety. For the cases when a police vehicle was used, on 55 occasions the Police didn’t request an ambulance, on 37 occasions the patient was too agitated/violent to wait for an ambulance and on 62 occasions EEAST were unable to provide an ambulance within an acceptable timeframe.  |  |
| **3.9** | The Department of Health will monitor the national figures on the use of section 136. Norfolk Constabulary will continue to monitor local figures and review all cases taken to police custody to identify further lessons to be learnt and any gaps in provision. | Ongoing | DoH / Norfolk Constabulary - Louis Provart | **March 2017 update -** QIR Escalation process in use but most recent not related to detentions in s136 suits, but police custody so status continues to be green. |  |
| **Improved information and advice available to front line staff to enable better response to individuals** |
| **3.10** | NSFT to amalgamate a number of IT systems currently in place into a single, bespoke system named Lorenzo. | Apr-15 | NSFT - Veno Sunghuttee | **December 2016 Update –** A further release (2.9) went ahead in October and this contained a number of improvements that NSFT have benefitted from. NSFT continue to work with the product owners (CSC) and NHS Digital regarding the performance issues within the system and there are continued improvements made in this area. Clinicians are continuing to adapt to the system and become more familiar with it increasing productivity and compliance. The Trust is engaged locally with end users to ensure system developments are fed back to the product owners and also engaged nationally in innovation projects to further enhance our use of the system.**March 2017 -** There has been a further update to Lorenzo- (2.10), this has improved several areas of clinical functionality.  The CSC command centre is managing the Lorenzo performance issues with the key stakeholders in the Trust. The Trust continues to engage locally with end users through the local and national user groups to ensure system developments meet the Trust’s clinical and business requirements. The Trust is currently working on an innovation project for a disconnected mobile community app. |  |
| **3.11** | Support local mental health service providers to develop arrangements which provide real time advice and support to the police when assessing the mental health needs of a vulnerable person. Monitor and support the implementation of Lorenzo and the CCR pilot with embedded mental health nurses | Ongoing | NSFT / Norfolk Constabulary - Louis Provart | **September 2016 update** - work ongoing with districts, women’s refuges across Norfolk and the Integrated Offender Management Scheme.**November 2016 update** – No change in the reporting against this action. Strong position with CCR mental health nurses in place to provide real time advice and support to the front line police officers in supporting those in MH crisis.**March 2017 update –** no change, this is now business as usual through the MH nurses in the control room. |  |
| **3.12** | Raise the awareness of staff in the identification of fire risk using the fire risk screening tool. This will enable them to access additional support from the Fire and Rescue Service where appropriate. | Apr-17 | Norfolk Fire and Rescue Service – Garry Collins | **November 2016 update** - Single points of contact identified for specific Fire Safety intervention in 3 areas:-1. Fire Setting / Arson support
2. Fire Protection in Building premises
3. Fire Safety in the Home
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|  **Improved training and guidance for police officers** |
| **3.13** | To review the effectiveness of the current training available to police officers. NCALT training and one day MH Awareness course featured as good practice in the MIND booklet "How to Get it Right Locally" is being rolled out to all serving officers over the next 2 years. | Sep-17 | Norfolk Constabulary / College of Policing - Lucy King | **May 2017 update** – The College of Policing have now launched a new MH&LD training programme. The ‘gold standard’ training package is a 2 ½ day classroom-based input for all front line officers however this not a compulsory training package. The joint Norfolk/Suffolk Police Learning and Development Department have factored this new training package into the ‘training landscape’ but there are competing training priorities for both forces. No firm decisions have yet been made about when roll-out of this training will commence or the course duration. In the meantime a briefing package will be developed for front-line officers to cover key areas of protocol and policy for S136, S135 and MHA. The College of Policing has also developed a new e-learning MH training programme which supports the classroom training. This is mandatory for all officers and some staff and an instructed has been issued for relevant staff to undertake this training. The old NCALT training package has now been decommissioned as has the one day MH Awareness course which was developed locally.  |  |
| **3.14** | To explore the possibility of sharing resources to provide mental health training across frontline services. | Sep-17 | Norfolk Constabulary / Fire and Rescue Service / NHS - Peer Lead Project - Lucy King/ Garry Collins/ Kevin James | **May 2017 update** – As above (3.13), the College of Policing has now launched a new national MH&LD training programme. The Norfolk Constabulary will be developing a ‘local’ programme based on the national package. As part of this piece of work consideration will be given to sharing resources across frontline services.Fire – Blue Light Collaboration support (mind)* Resources in Youth Development & Equality to support
* Exploring mentoring programmes
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|  **Improved services for those with co-existing mental health and substance misuse issues** |
| **3.15** | Dual Diagnosis Strategy to be developed for Norfolk to ensure effective partnership working to provide appropriate support to address the complex needs of individuals with co-existing mental health and substance misuse issues. | Jun-17 | Public Health – Nadia Jones | **May 2017 update:** Complex needs, particularly around rough sleeping has gained momentum as a pressing concern, a multi-agency discussion has begun in Norwich, with a view to addressing multiple and severe disadvantage. |  |

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| **4. Quality of treatment and care when in crisis** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes/updates**  | **Red/Amber/Green (RAG)** |
| **Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring – NO CURRENT ACTION**  |
| **Service User/Patient safety and safeguarding** |
| **4.1** | Positive and safe campaign on restraint practices. | Ongoing | NSFT - Veno Sunghuttee (Jane Sayers) | **February 2017 update -** Reducing Restrictive interventions has now become business as usual and is no longer a dedicated project within NSFTMonthly activity and reporting is monitored via the Trusts quality dashboard with data being shared and reported both within NSFT and to commissioners. From that start of the reporting year (April 2016) Reported activity has been broken down on the dashboard into restraint, prone restraint and seclusion, with actual number of reported incidents compared to the reduced target of 7.5% based on the previous years reporting included.The implementation of Safewards continues across NSFT supporting and underpinning cultural change with positive effects and benefits reported from clinical areas. Positive impact is also reported from clinical teams in the additional support provided by the PMA team to clinical services in supporting positive practice with those at risk of violent and aggressive behaviours.An annual update of incidents reported in the use of RRI will be presented to the QGC in June 2017. |  |
| **4.2** | To ensure that the use of all types of restraint for people with mental health conditions in any setting (for example inpatient settings, police custody, A&E and in public places), is safe, proportionate and necessary, with policy being appropriate and implemented effectively, and use of restraint is monitored. | Apr-17 | Norfolk Constabulary / NSFT / NCC and Acute Hospitals – Louis Provart, Veno Sunghuttee | **November 2016 update -** A Task and Finish group will meet in January to check on milestones. This piece of work was progressed by CI Amanda Ellis and is in process of being handed over to T/CI Provart. Timescales are realistic for delivery by April 2017.**March 2017 –** Veno Sunghuttee confirmed that work continues in the development of the local protocol with the expectation of the deadline being achieved. Parties involved include Norfolk Constabulary, NSFT and NCC March 2017 update – Louis Provart has advised the Task and Finish Group met last 6th March with the final signed off policy coming to the June Concordat board for sign off |  |
| **4.3** | To develop local policy based on the National Memorandum of Understanding to address the actions from the SAR Mr AA for the use of restraint by police in mental health settings. | Apr-17 |   Norfolk Constabulary / NCC / NSFT - Louis Provart | **November 2016 update -** This will be addressed in light of the 4.2 In addition TASER use in MH setting being looked at for reporting through Insp Lucy King and Firearm Command.**June 2017 update –** a memorandum of understanding has been agreed between Norfolk Constabulary and the Norfolk and Suffolk Foundation Trust. It can be accessed by clicking on the below icon. |  |
| **4.4** | Ensure that there are mechanisms in place in your area for the joint identification and scrutiny of any use of Taser in a mental health setting**.** | Apr-17 | Norfolk Constabulary – Lucy King | **May 2017 update –** Letter dated 1st November 2016 received from the Home Office jointly addressed to Chief Constable, Police and Crime Commissioner and Chair of MH Crisis Care Concordat Board asking them to ensure that there are mechanisms in place in Norfolk for the joint identification and scrutiny of any use of Taser in a mental health setting**.** Norfolk Police currently has a recording process in place for the use and scrutiny of Taser however the current recording process doesn’t easily lend itself to monitoring if the deployment was in a mental health setting.  In response to the letter Norfolk Constabulary Firearm Department are making plans to amend the current Taser form so that it is becomes a combined Taser, Firearms and general Use of Force form capturing the location of the deployment with a specific selection box for ‘Hospital/MH Setting’.  It is anticipated that this new form will be in use by July 2017.  In the meantime we have created a Taser SPOC role.  This office has responsibility for reviewing all Taser forms that have been submitted by officers and he records and reviews any which appear to relate to MH inpatient settings.  They have recorded/reviewed 5 incidents since September 2016 when taser has been deployed in a hospital/MH Setting.    |  |

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| **5. Recovery and staying well / preventing future crisis** |
| **No.** | **Action**  | **Timescale**  | **Led By** | **Outcomes/updates**  | **Red/Amber/Green (RAG)** |
|  **Joint planning for prevention of crises** |
| **5.1** | To review how the existing MASH approach can be developed further with regards to MH services. What is the current position as regards co-ordination between NSFT and the MASH for Norfolk;  |  | NSFT - Veno Sunghuttee | **September 2016 Update**NSFT’s Safeguarding Lead has spoken to the safeguarding lead at the CCG this is still a work in progress in terms of the business case.She has also attended the MASH Operational meeting today and strengthened our communication pathway in relation to sharing information via the NSFT safeguarding duty system.**March 2017 -** The MHAT have taken on the role of sharing information between NSFT and the MASH this includes; safeguarding checks, Prevent checks and MARAC checks concerning NSFT service users.  |  |
| **5.2** | To continue to develop the process within the CCR Integrated Mental Health Team to ensure those most vulnerable have joint management plans in place - See action 2.4 | Ongoing | Norfolk Constabulary - Louis Provart | **September 2016 update** - SLA in the process of being finalised to enable the IMHT to better support district councils in early intervention of cases where MH is an impact factor.**March 2017 update –** no significant update. |  |
| **5.3** | Develop and implement multiagency strategy and action plan aiming to prevent suicide in Norfolk.  | Sep-17 | Public Health – Nadia Jones | **November 2016 update –** A multi-agency strategy and action plan went to Communities Committee in January. We are on track to bringing training, resources and guidance to Norfolk, and a conference is planned for September 2017. A Men’s wellbeing network has been set up, and a farming wellbeing network as well. Agencies are exploring peer mentoring support, consistency in messages and support for bereaved families.  **May 2017 update:** the strategy and action plan have now been to the health and wellbeing board for support. We are on track to bring training, resources and guidance to Norfolk and a conference is planned for September 2017. In addition to the various multi-agency task and finish groups in motion, we are also setting up real time surveillance and a local community action response to post vention support (for bereaved families, carers  and friends). |  |