

# Suffolk Mental Health Crisis Concordat

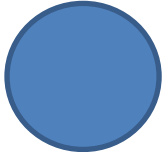
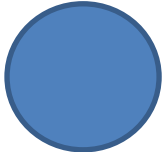
## Partners;

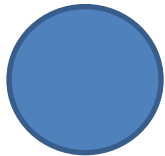


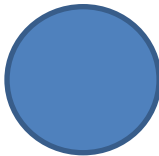
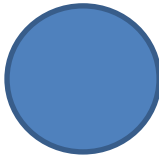
DR DANIEL POULTER MP (CENTRAL SUFFOLK & NORTH IPSWICH)

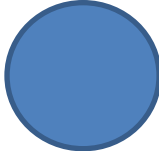


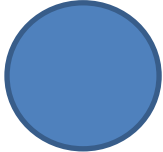
PETER ALDOUS MP

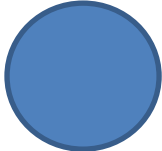
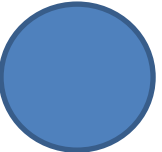
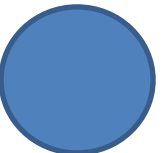
No.	Action	Timescale	Led By	Outcomes	Progress
<b>1. Commissioning for early intervention</b>					
Matching local needs with a range of services incl. alcohol					
1.1	<p>Continuing development of the Mental Health Joint Strategic Needs Assessment</p> <p><a href="http://www.healthysuffolk.org.uk/joint-strategic-needs-assessment-jsna/reports/needs-assessments/MHNA/">http://www.healthysuffolk.org.uk/joint-strategic-needs-assessment-jsna/reports/needs-assessments/MHNA/</a></p> <p>The Needs Assessment for child and adolescent mental health was completed in 2013 and generated a strategic action plan, progress against which is being co-ordinated and monitored by the Children's Emotional Well Being Strategic Partnership Group</p>	Annual commissioning cycle	<p><b>(Lead Body)Public Health and the JSNA steering group</b></p> <p>Rosie Frankenberg</p> <p>Reporting to Suffolk Mental Health and Learning Disability Joint Commissioning Group</p> <p>Reporting to the Childrens' Trust Joint Commissioning Group</p>	<ul style="list-style-type: none"> <li>Detailed local mental health needs assessment being produced and published</li> <li>Approach is to develop and publish individual "chapters" to enable publication of priority information and enable easier refresh and updates</li> <li>This data will set the direction for the context and actions for the concordat</li> <li>Early indicators point towards links to deprivation and rural isolation</li> </ul>	
1.2	<p>Collection of data and monitoring for section 136 and 135</p> <p>The police can use section 136 of the Mental Health Act to take you to a place of safety when you are in a public place. They can do this if they think you have a mental illness and are in need of care. The collection of data in the use of these powers will help agencies to monitoring their use, resources involved and outcomes</p>	March 2015	<p><b>(LB)Suffolk Constabulary</b></p> <p>Insp Chris Galley</p> <p>Reporting to Suffolk Mental Health and Learning Disability Joint Commissioning</p>	<ul style="list-style-type: none"> <li>Joint s136 protocol from April 04/14</li> <li>Joint detention records enable NSFT to maintain records</li> <li>Police currently exploring adoption of national data set form</li> <li>Multi agency meetings to review/monitor S136</li> </ul>	

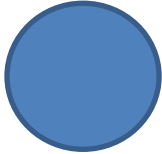
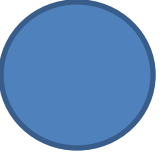
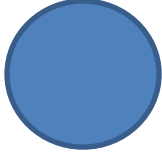
	<p>and understand the wider picture of mental health crises.</p> <p><a href="https://www.rethink.org/living-with-mental-illness/police-courts-prison/section-136-police-taking-you-to-a-place-of-safety-from-a-public-place">https://www.rethink.org/living-with-mental-illness/police-courts-prison/section-136-police-taking-you-to-a-place-of-safety-from-a-public-place</a></p>		<p>Group</p> <p>British Transport Police</p>	<ul style="list-style-type: none"> <li>• There is an audit being undertaken to ensure procedures are continually improved upon</li> </ul>	
1.3	<p>Continue to develop the influence of Mental Health Clinical leads and use their knowledge and experience of commissioning for crisis care and physical health of people with severe mental illness to achieve parity of esteem for people with mental ill health .</p>	<p>By April 2016</p>	<p><b>(LB) Ipswich and East/West Clinical Commissioning Groups/Great Yarmouth and Waveney Clinical Commissioning Group</b></p> <p>Alison Leather Kim Arber</p>	<ul style="list-style-type: none"> <li>• CCG clinical membership of Suffolk Mental Health and Learning Disability Joint Commissioning Group</li> <li>• CCG membership of Joint Strategic Needs Assessment steering group</li> <li>• Regular attendance at Regional Network and Steering groups - strategic clinical groups</li> <li>• Commissioning monitoring and management of statutory service provision of crisis care chaired meeting by Clinical leads</li> <li>• Regional Strategic forum for social care and health which supports the national forum</li> <li>• Mental health clinical representation is included in the membership of the Children's Emotional Wellbeing Strategic Partnership Group and influences strategic commissioning and service development.</li> </ul>	

1.4	<p>Improve local delivery data of people who are receiving local services and gaining knowledge of those experiencing mental health crisis</p> <p>Reference group membership including local Healthwatch, NSFT, commissioners, Suffolk user Forum, Family Carers, Suffolk service users, Feedback for GYW and those experiencing a mental health crisis</p>	Ongoing	<p><b>(LB)Customer Voice –</b> Liz Whitby, Jason Joseph and Sharon Jarrett</p> <p>Mental Health Conversations</p> <p>Young People participation in service review commissioning and development</p>	<ul style="list-style-type: none"> <li>• Development of co-production to ensure we are delivering services with service user experience at the core</li> <li>• Delivery of Mental Health Conversations – An open space workshop to allow service users, commissioners and providers to inform strategies and tell us their stories</li> <li>• Look to harmonise information and feedback processes and structures across organisations where possible</li> <li>• Investigate the use of information sharing protocols to allow for continuity of care between providers</li> <li>• Young people contribute directly to the Children’s Emotional Wellbeing Strategic Partnership Group and Strategy Action Plan working groups</li> </ul>	
1.5	Analysis of gap between current provision and concordat vision to inform actions	March 2015	<p><b>(LB) Public Health</b></p> <p>Thurston Group</p> <p>Suffolk User Forum</p> <p>CAS and Suffolk Congress</p> <p>Suffolk Voluntary and Statutory</p>	<ul style="list-style-type: none"> <li>• Provide clarity about the use of data collected from the Mental Health needs assessment</li> <li>• Development of co-produced Joint Suffolk Mental Health Commissioning Strategy and action plan which will address Crisis, recovery and prevention.</li> <li>• Establish better links with Suffolk congress to ensure statutory and voluntary organisations are able to give regular feedback</li> </ul>	

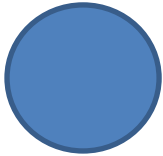
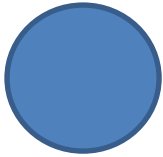
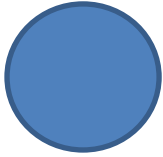
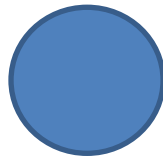
			Partnerships	<ul style="list-style-type: none"> <li>• Harness the VASP networks to be clear about direction of mental health strategy by collecting information from the voluntary sector bodies involved in delivering mental health</li> </ul>	
1.6	Sharing information and good practise with a view improving services	April 2016	<p><b>(LB) Suffolk Mental Health and LD Commissioning Suffolk</b></p> <p>Suffolk Mind Great Yarmouth and Waveney Mind</p> <p>Feedback</p> <p>Suffolk User Forum Voiceability</p> <p>British Transport Police</p>	<ul style="list-style-type: none"> <li>• Suffolk will continue to enhance their multi partnership structure to discuss and share best practise</li> <li>• Enable service users to share the information on services at our Conversation days</li> <li>• Work in co-production with statutory and Voluntary sector to ensure continuous improvement</li> <li>• Apply for NDTI learning action sets funding to include national facilitators in enhancing current service users involvement</li> <li>• Link Mental Health strategy with other strategic groups in Suffolk including Substance misuse, debt management and supported housing</li> <li>• Ensure that Suffolk is looking outwards and picking up on international, national and regional best practise</li> <li>• Aim to improve multi-agency data sharing though agreements and protocols</li> </ul>	

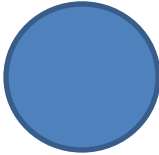
1.7	Skills sets and information to support early intervention and prevention	April 2016	<p><b>(LB)Suffolk user Forum</b></p> <p>Jayne Davey</p> <p>Mind</p> <p>Suffolk Mental Health and LD Commissioning</p> <p>Great Yarmouth and Waveney Mental Health and LD Commissioning</p> <p>Suffolk Wellbeing Service</p> <p>Great Yarmouth and Waveney Mind</p> <p>Community Learning and Development (Realise Futures)</p>	<ul style="list-style-type: none"> <li>• Invest in forums and joint training for staff to facilitate shared learning</li> <li>• Commissioned Tier 2 service for children and young people’s mental health services provide consultation, training and support for the children’s workforce across statutory and VCS provision.</li> <li>• Investigate the potential of a shared multi-agency fund for shared learning</li> <li>• Greater access for service users for learning to support knowledge of their conditions</li> <li>• Courses designed to support focused learning and access to delivery of training for peers</li> <li>• Learning linked to the work of the Recovery College</li> </ul>	
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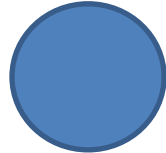
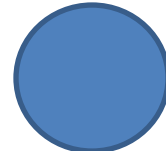
1.8	Community Learning Mental Health Pilot		<b>LB Suffolk County Council</b>  <b>Joanne Powley</b>  <b>Realise Futures (CLSD)</b>  <b>NSFT Suffolk Wellbeing service</b>	<ul style="list-style-type: none"> <li>• Bid developed to link community learning with Suffolk Wellbeing service</li> <li>• Pilot will aim to support individuals to manage and recover from moderate mental health problems</li> <li>• Plans to engage existing mental health service users as tutors and learner support</li> <li>• Look to embed learning as part of the prevention agenda</li> </ul>	
1.9	Use Mind guidance on commissioning crisis care service for BME communities	Ongoing	<b>(LB) Suffolk Mind</b>  Ezra Hewing  NSFT	<ul style="list-style-type: none"> <li>• Build on the success of the “Qu’ran and emotional health” booklet produced by Mind and practising Muslims</li> <li>• Roll out the training for the mental health system</li> </ul>	
1.10	Improvement of equality monitoring data on ‘Protected Characteristics’.	Ongoing	<b>(LB) NSFT</b>  Ravi Seenan  Suffolk Mental Health and LD Commissioning  Great Yarmouth and Waveney Mental Health and LD Commissioning	<ul style="list-style-type: none"> <li>• Improved demographic data on the people using crisis services to inform service development</li> <li>• Improve quality of service by providing sensitive services for people who belong to ‘protected characteristic’ groups</li> </ul>	

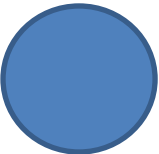
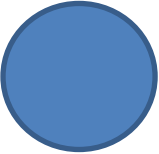
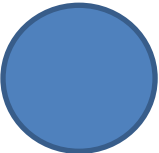
1.11	To gather qualitative data around experience of patients from BME communities.	September 2014 On-going	<b>(LB)NSFT</b> Ravi Seenan and Jeff Stern  Healthwatch Suffolk  Community Development Worker from Great Yarmouth and Waveney Mind	<ul style="list-style-type: none"> <li>• To gain a better understanding of how mental ill health is perceived in our local communities</li> <li>• To explore and address any barriers that exists for BME communities in accessing support and services.</li> <li>• To help address disproportionate representation of BME groups</li> <li>• To inform and help plan for service improvement.</li> </ul>	
1.12	Use Joint Commissioning Panel for Mental health (JCPMH) guidance on commissioning mental health services for people from Black and Minority Ethnic Communities	Ongoing	<b>(LB)NSFT</b> Ravi Seenan  IESCCG, WSCCG, GYWCCG	<ul style="list-style-type: none"> <li>• To help NSFT and local commissioners implement Values based commissioning (VBC) which will lead to more culturally sensitive services. VBC is based on three pillars whereby scientific enquiry/evidence, clinical expertise as well as patients experience are valued equally.</li> </ul>	
1.12	To establish and develop a BME service user group.	April 2016	<b>(LB) Suffolk County Council</b> NSFT SUF Healthwatch Great Yarmouth and Waveney Mind	<ul style="list-style-type: none"> <li>• To meaningfully involve BME service users by empowering them and valuing their experiences through enabling people to have a voice and influencing change in the local mental health services.</li> <li>• To have a better understanding of mental health needs of the local BME communities and to provide a more culturally sensitive and person centred service into crisis and subsequent service.</li> </ul>	

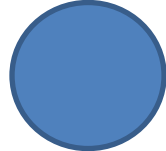
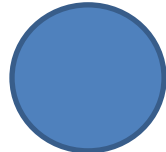


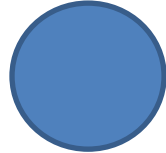
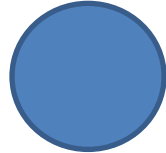
1.13	Development of Cultural competency training including awareness training of vulnerability and needs of people from LGB&T community.	April 2016	All partners <b>(LB)Suffolk LGBT</b> (Lesbian, Bisexual, Gay and transsexual) network  Rhys Dogan	<ul style="list-style-type: none"> <li>To provide a more sensitive mental health service to members of the transgender community.</li> </ul>	
1.14	Investigation of translation services and sensory disability (sensing change) support workers with sensory deprivation	Ongoing	<b>(LB) Voiceability</b> <b>Leanne Donnelly</b>	<ul style="list-style-type: none"> <li>To ensure that people have access to translation services when needed in a crisis or when receiving follow up support. Recognising the diversity of language in Suffolk</li> </ul>	
1.15	Independent Mental Health Advocacy to monitored on the impact it has on the protected characteristic group	Quarterly	<b>(LB)Voiceability</b>  Leanne Donnelly  SCC (customer rights)  Care Act advocates	<ul style="list-style-type: none"> <li>Ensure that people are represented by IMHA both in the community and in our supported housing environments</li> <li>Develop the offer of informal advocacy to allow it be recognised</li> </ul>	
<b>Ensuring the right numbers of high quality staff</b>					
1.16	Future workforce for mental health including partner organisations	Ongoing	<b>(LBs)Suffolk Mental Health and Learning Disability Joint Commissioning Group, NSFT and LETB</b>  Mental Health	<ul style="list-style-type: none"> <li>Contractual monitoring through CCGs</li> <li>Development of specific pathways to support mental and emotional wellbeing of acute in and outpatient with dementia, diabetes, respiratory and gastro in IHT</li> <li>Emotional wellbeing and mental health support and interventions for children,</li> </ul>	

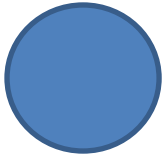
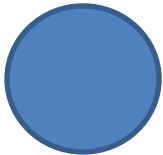
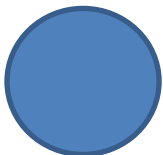
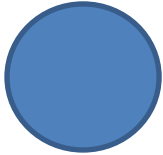
			Voluntary and community stakeholders	<p>young people and families are developed jointly between SCC children services, commissioners and providers of emotional wellbeing and mental health services</p> <ul style="list-style-type: none"> <li>• Improved understanding of police officers to people in mental health crisis with current role out of mental health awareness training</li> <li>• Highest possible quality of staff</li> <li>• Regional workforce planning – continued</li> <li>• All commissioning for services has to reflect the element of improving staff skills</li> <li>• Joint training making courses available to more than just own organisation employees (across organisations)</li> <li>• Supervision of staff – mental health first aid. Wider training for all</li> </ul>	
<b>Improved partnership working in Suffolk</b>					
1.17	Design ways to include all clinical commissioning groups in the design of services for individuals experiencing mental Health and co-existing substance misuse	April 2016	<b>(LB)MH&amp;LDJCG and Public health (commissioned substance misuse services)</b>	<ul style="list-style-type: none"> <li>• Look to align future strategies include link to substance misuse in strategy and working group for mental health</li> <li>• Create one view across services, look for</li> </ul>	

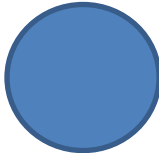
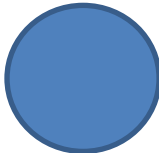
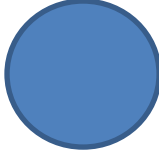
				<p>join up of recording systems for people with dual diagnosis</p> <ul style="list-style-type: none"> <li>• Recognition that alcohol misuse is very strongly linked to depression and personality disorder</li> </ul>	
1.18	<p>Develop a programme of support for Suffolk to develop our own “Local crisis Declarations”</p> <p>Local crisis care declarations and action plan definition; The Mental Health Crisis Care Concordat is a national and local 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.</p>	March 2015 <sup>31st</sup>	<b>(LB) Suffolk Health and Wellbeing Board</b>	<ul style="list-style-type: none"> <li>• Agreement between partners that the Suffolk Mental Health and LD Commissioning group will provide the forum to oversee the delivery of the concordat</li> <li>• The concordat actions will also align to the strategy by populating the crisis element of the Suffolk Joint Mental Health Strategy</li> </ul>	
<b>2. Access to support before crisis point</b>					
Improve access to support via primary care					
No	Action	Timescale	Led by	Outcomes	
2.0	Develop a programme of work to support primary care to work collaboratively with secondary services.		<b>(LB) IESCCG and WSCCG GYWCCG NSFT GPs Community care providers</b>	<ul style="list-style-type: none"> <li>• Local service model enhance offer /access to timely and specialist support for GPs in dealing with mental health crisis</li> <li>• NSFT to share crisis plans with GPs including follow up and audit</li> <li>• Flow chart produced to capture flow of preferred flow of communication through</li> </ul>	

				primary care to secondary care	
2.1	Improve support for families where parental mental health problems are compromising their capacity to look after their children safely and effectively	Ongoing	<b>(LB) CCGs, SCC</b>	<ul style="list-style-type: none"> <li>The ACCORD Protocol is used to ensure parents with mental health difficulties receive interventions and support from all relevant services to enable them to parent effectively.</li> </ul>	
2.2	Improve GP and other mental health professionals knowledge and experience of management of people who may be risk of suicide		<b>(LB) IESCCG and WSCCG GYWCCG Led by John Hague and David Scriven</b>  SUF NSFT British Transport police	<ul style="list-style-type: none"> <li>IESCCG to use training events to deliver training on mental health crisis care and suicide risk</li> <li>Developing co-produced leaflet for suicide for primary care</li> <li>Produce 1 pager of services in a time of crisis for wider services</li> <li>Promotion to primary care of BTP Suicide Prevention Hotline</li> </ul>	
<b>Improve access to and experience of mental health services</b>					
2.2	Continue to improve working relationships with voluntary sector organisations. Using their knowledge to influence how services are commissioned in the future.		<b>(LB) MH&amp;LDJCG and Suffolk Congress</b>	<ul style="list-style-type: none"> <li>Ensure the Mental Health pooled fund to help VCS partners to engage with a wide section of our community.</li> <li>Focus specific engagement with hard to reach groups (BME/LBGT) but also focus on strategies to the known dis-engaged communities. Capturing the known stigmas that exist around mental health.</li> <li>Suffolk Constabulary to be engaged with partner agencies and to have a seat at Suffolk Congress</li> </ul>	

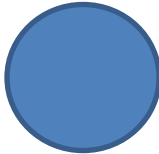
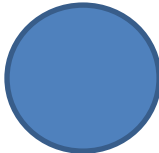
				<ul style="list-style-type: none"> <li>• Build and further develop the model designed by NSFT exploring ways of reaching BME users</li> <li>• Re-focus the Working Together forum – involving statutory and voluntary partners to ensure regular feedback</li> <li>• The VCS is represented on the Children’s Emotional Wellbeing Strategic partnership Group.</li> </ul>	
2.3	Improve access for substance misuse	ongoing	<b>(LB)Public Health and Ipswich and East Clinical Commissioning Group / West Suffolk Clinical Commissioning Group</b>  Michelle Paterson	<ul style="list-style-type: none"> <li>• Policy on improving access for users</li> <li>• Investigation on the gap in services</li> <li>• Liaise with commissioners to provide data that bridges substance misuse and mental health</li> </ul>	
<b>3.Urgent and emergency access to crisis care</b>					
<b>Improve emergency response to mental health crisis</b>					
3.1	Review Urgent and Emergency Care, including specific reference to national models of care that work for people in mental health crisis		<b>(LB) MH&amp;LDJCG (including Clinical executive and SCC)</b>	<ul style="list-style-type: none"> <li>• CCGs will engage with NHS England accordingly. “Crisis to be picked up as a key theme in the Suffolk Commissioning strategy</li> <li>• Re-commissioning of 111 (Suffolk Only)</li> </ul>	

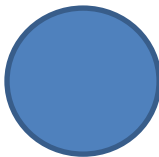
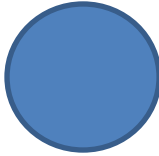
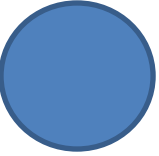
				<ul style="list-style-type: none"> <li>• Specification of urgent care in Suffolk ensuring it's aligned with Suffolk Strategy</li> <li>• For Psychiatric Liaison please see 3.2</li> <li>• GYW CCG to continue to audit, monitor and review the mental health pathway in 111 in conjunction with NSFT</li> </ul>	
3.2	Embed Psychiatric liaison in acute hospital to plan for future iteration		<p><b>(LB) NSFT</b> Ipswich and East CCG West Suffolk CCG Great Yarmouth and Waveney CCG</p>	<ul style="list-style-type: none"> <li>• 2014/15 commissioning for Quality and Innovation (CQUIN) psychiatric liaison evaluation completed. Consideration underway about future commissioning arrangements</li> <li>• Following the pilot of enhanced psychiatric liaison at JPUH, look for ways to implement on a permanent basis.</li> </ul>	
3.3	<p>Out of Hours crisis response for under 18s</p> <p>Improve joint working between children's social care services, mental health and acute hospital services for young people presenting with suicide / suicide attempt</p> <p>Prevent admission to acute hospital or Tier 4 provision wherever possible.</p>		<p><b>(LB) NSFT, CYP and YMCA</b></p>	<ul style="list-style-type: none"> <li>• Established community based provision of short term 24 hour supported care and mental health interventions for under 18s to facilitate joint assessment and planning of ongoing care by clinicians and social care</li> <li>• Protocol for joint work between services is developed for young people presenting with acute need at Ipswich Hospital.</li> </ul>	

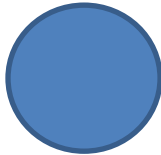
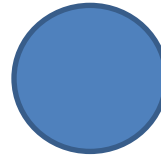
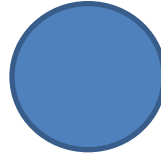
3.4	Implement a pilot Crisis line for specific target group alongside VCS		<b>(LB)Suffolk Mind</b> NSFT MH&LDJCG	<ul style="list-style-type: none"> <li>• Deliver support for people with Personality disorder through access to a direct line telephone- co-located with NSFT</li> </ul>	
3.5	Increase provision of Admission prevention service ( alternative to admission 72 hour bed)		<b>(LB)Julian Housing</b> <b>(LB)Stonham Homes</b> NSFT Home Treatment team SCC CCGs	<ul style="list-style-type: none"> <li>• Deliver greater capacity for hospital avoidance and allow people to have an alternative to hospital admission</li> </ul>	
<b>Social services' contribution to mental health crisis services</b>					
3.6	Maintain current levels of approved Mental Health Professional provision – already linked with our Emergency Duty Service		<b>(LB) NSFT</b> SCC	<ul style="list-style-type: none"> <li>• NSFT – working to jointly monitor application of S136 policy law</li> <li>• Arrival times within 3 hours – monitored on a daily basis</li> <li>• Children's social care and safeguarding services are working collaboratively with commissioners and mental health service providers across a number of developments.</li> </ul>	
3.7	Social care input to the design and operation of crisis services, ensure representation with strategic forum to make sure collaboration is happening at every level		<b>(LB) MH&amp;LDJCG</b>	<ul style="list-style-type: none"> <li>• NSFT already involved a partner in Mental Health joint mental health steering group</li> <li>• Review and update Section 75 agreement between SCC and NSFT to ensure it is compliant with Care Bill</li> </ul>	

Improved quality of response when people are detained under section 135 and 136 of the Mental Health Act 1983					
3.8	Management of joint protocol for all emergency services, multi-agency approach to continue		<p><b>(LB)Suffolk Constabulary</b></p> <p>Inspector Chris Galley</p> <p>Ambulance Trust NSFT Suffolk County Council</p>	<ul style="list-style-type: none"> <li>• Locally contribution to the collection of data on use of Section 136</li> <li>• Protocol introduced and reflected in joint multiagency 136 protocol from 1/4/14.Sets out agreed responses to s136 detentions</li> <li>• County Steering Group in existence to identify operational issues and find resolutions where required.</li> <li>• Local multi agency meeting take place at s136 suites to identify local delivery issues and opportunities for joint problem solving.</li> </ul>	
3.9	Working closely with Suffolk Adult Safeguarding board to ensure their strategy clearly reflects the aims and objectives of this action plan		<p><b>(LB)Suffolk Adult Safeguarding board</b></p> <p>Mental Health and Learning disability board</p> <p>Thurston Group</p>	<ul style="list-style-type: none"> <li>• Invite regular dialogue between “the Thurston group” and the safeguarding board.</li> <li>• Ensure the strategies are aligned including mental capacity act and deprivation of liberty</li> </ul>	
3.10	Review Suffolk’s position on local Mental Health Act Protocols on mental disorder and intoxication from alcohol and drugs to include guidance for emergency services	April 16	<p><b>(LB) Suffolk Constabulary</b></p> <p>T/ACC Skevington NSFT Dual Diagnosis network</p>	<ul style="list-style-type: none"> <li>• Constantly review protocol in line with national developments</li> <li>• NSFT Dual Diagnosis (substance misuse and mental health) policy in place - review</li> </ul>	



			British Transport Police	of network to feed into Section 136 Inter agency protocol	
Improved Training and guidance for police officers					
3.11	Review of training available to Suffolk Constabulary to enable officers to undertake training on mental health	ongoing	<p><b>(LB)Suffolk Constabulary</b></p> <p>Inspector Chris Galley</p> <p>Suffolk Mind Suffolk Family Carers</p> <p>Great Yarmouth and Waveney Mind</p>	<ul style="list-style-type: none"> <li>• MH awareness training is being piloted and will be delivered from 9/14. This training has been developed from the Essex model. Suffolk Mind has reviewed the content</li> <li>• Police to include aspects of Mental Health in officer personal safety training such as acute behaviour disorder</li> <li>• To continue to develop opportunities of multi-agency training and with other agencies and organisations</li> <li>• Continue to deliver Family Carers awareness training and “master-classes” in line with new Care bill</li> <li>• To continue to deliver mental health first aid courses</li> </ul>	
Improved services for those with co-existing mental health and substance misuse issues					
3.12	Improve connectivity between strategies concerning mental health and substance misuse. Ensure that commissioned services that flow from the strategy are connected.	April 15	<b>(LB)Public Health Reporting to MH&amp;LDJCG</b>	<ul style="list-style-type: none"> <li>• Deliver improved services for mental health users who are also involved with substance misuse.</li> </ul>	

4. Quality of treatment and care when in crisis					
Review police use of places of safety					
4.1	Evaluate the impact of the police triage car pilot and work with commissioners to obtain impact of joint working	Dec 14	<b>(LB) Suffolk Constabulary</b> and NSFT MH&LDJCG  GYWCCG	<ul style="list-style-type: none"> <li>• Understanding the value of joint working from pilot. Investigate what the added value of the pilot and continue to work on areas where police and NSFT can work collaboratively</li> <li>• Work with family carers when person is in crisis and actively use crisis plans</li> <li>• To consider if this pilot could be implemented in GYW</li> </ul>	
4.2	Positive and safe restraint	Published in Dec 13	<b>(LB)NSFT</b>	<ul style="list-style-type: none"> <li>• Local guidance is in place for health and social</li> <li>• Police officers receive personal safety training in relation to restraint and were reviewing restraint in relation to mental health</li> </ul>	
4.3	Education for new ,trainee and existing GPs about the severity of Mental health illness	Ongoing	<b>(LB)Suffolk County Council</b>  Housing providers	<ul style="list-style-type: none"> <li>• Opportunity to visit places where severe and acute mental health patients are in residence to understand the need for in county provision</li> <li>• Supported Housing Cohort to deliver introduction and demonstration of housing pathway to clinical staff</li> <li>• Invite local GPs to Mental Health Accommodation group to receive presentation of pathway</li> </ul>	

5. Prevention, recovery and self-management					
5.1	Develop a Mental Health specific offer for Health promotion, to link with the work of prevention, crisis and recovery	From Jan 15	<b>(LB)MH&amp;LDJCG</b> Public Health and Suffolk Children Emotion Wellbeing Group	<ul style="list-style-type: none"> <li>• MH Service strategy key areas of focus developed in partnership with service users and Carers; <ul style="list-style-type: none"> <li>○ Prevention</li> <li>○ Crisis</li> <li>○ Recovery</li> </ul> </li> <li>• Collaborate with Public health to investigate and test the market for mental health messages alongside physical health</li> <li>• Messages that promote good emotional and mental wellbeing are delivered in schools and other young people arenas</li> </ul>	
5.2	Set standards for the use of Crisis Care plans	Ongoing	<b>(LB)CCG</b> NSFT GP	<ul style="list-style-type: none"> <li>• Key target for CCG to understand the number of people with care plans (crisis)</li> </ul>	
5.3	Develop the role of neighbourhood policing to highlight vulnerable people to health and social care system	Ongoing	<b>(LB)Suffolk Constabulary</b>  <b>British Transport Police</b>	<ul style="list-style-type: none"> <li>• A review of the police vulnerable person referral process to identify frequent service users and joint plans can be agreed</li> <li>• Triage car able to signpost vulnerable people to other services</li> </ul>	

				<ul style="list-style-type: none"> <li>Operational partnership Teams (OPT's) attend local multi agency meetings where vulnerable people can be referred</li> <li>British Transport Police will work with the identified pathway to support vulnerable people in times of crisis</li> </ul>	
5.4	Jointly commission services which can be flexible to the needs of mental health service users with co-existing substance misuse problems	Ongoing	<b>(LB)Public Health</b> MH&LDJCG	<ul style="list-style-type: none"> <li>Understand the needs of service users and be better equipped to support them</li> <li>Wider engagement in the liaison and diversion pilot through established groups and forums</li> </ul>	