

1. Commissioning of services that respond to and meet people's needs				
No.	Action	Timescale	Led By	Outcomes
1.1 Data to inform commissioning and delivery of services				
1.1.1	Review data capture around demand for and response to people in mental health crisis	By July 2015	Public Health. Sheffield City Council (PH SCC)	Development of measures to quantify and measure the nature of the demand profile created by mental ill health, both quantitatively and qualitatively Production of clearer evidence and a focus on outcomes on which to base local commissioning and ensure inequalities addressed
1.2 Provision of joined up services				
1.2.1	Finalise the refresh of the Sheffield Adult Mental Health Strategy ensuring document reflects public health needs analysis and service user and carer feedback	March 2015	Mental Health Partnership Board (MHPB)	A comprehensive overarching adult mental health strategy to inform commissioning of local mental health services.
1.2.3	Seek commitment from health, social care and criminal justice services and 3 rd sector providers to work towards delivery of the Adult Mental Health Strategy priorities and goals over the life of the strategy	July 2015	NHS Sheffield CCG (NHSS CCG)	Joined up services across statutory and 3 rd sector providers involved in or supporting the provision of mental health services
1.2.4	Ensure linkage between Children and Young Persons strategies and the strategy for adults	March 2015	NHSS CCG	Linkage assured enabling a focus of work on the provision of joined up services offering appropriate care across the age range, particularly ensuring seamless care as children move or 'transition' through to adulthood.

				Services to be compliant with Special Educational Needs and Disabilities (SEND) reforms.
1.2.5	Review and develop NHS Sheffield CCGs commissioning intentions to ensure alignment with local priorities and national guidance including the Crisis Care Concordat	By July 2015	NHSS CCG	Commissioning and provision of mental health services which respond appropriately to people in mental health crisis
1.2.6	Develop multi-agency tiered case management systems, to identify early risks to victims, patients, offenders and locations – linked to Integrated Offender Management Programme Strategic priority 2	<i>by December 2015</i>	South Yorkshire Police (SYP)	Identification of early risks to victims, patients, offenders and locations. This links to the work being done by the adult safeguarding board and the Vulnerable adults panel.
1.2.7	Identify and review all joint policies, procedures, protocols and guidelines ensuring clear signed protocols showing effective mental health partnership working across all age groups and service providers.	Complete March 2016	<i>Crisis Care Concordat Working Group (CCC WG)</i>	Improved understanding of roles and responsibilities in responding to mental health crises. Effective partnership working across all age groups.
1.2.8	In response to “Transforming Care, and work on the Winterbourne Concordat, Sheffield City Council, Sheffield City Housing team and NHS Sheffield CCG will work together on improving access to	Ongoing March 2015- April 2016	Sheffield City Council (SCC) / NHSS CCG	Reduced need for in-city and out of city hospital placements, and provision of appropriate care closer to home.

	appropriate accommodation and support for people at risk of out of city placement. Pathways into and out of hospital care will be revised.			
1.2.9	Evaluate the effectiveness of the Vulnerable Adult Panel (VAP) and Vulnerable Adults Risk Management (VARM) to work across agencies in Sheffield with regard to the CCC	October 2015	SCC	Establish from the Adult Safeguarding Board that current actions from VAP and VARM support the aspirations of the CCC. YAS are expanding frequent callers support and coordinate the multiagency group in providing case workers and coordination for this work. Ensure that this is recognised.
1.3 Crisis Care Concordat used as a vehicle for change				
1.3.1	Engage with the newly formed GP Provider Board and seek its response to the Crisis Care Concordat	June 2015	NHSS CCG	As a newly formed board, making links to them will aid partnership working across all Sheffield Health and Social Care Services.
1.3.2	Establish 'task and finish' groups with named leads, to take forward the actions detailed in the Crisis Care Concordat Sheffield plan	By July 2015	CCC WG	Task and finish groups established Agreed actions progressed
1.3.3	Monitor and sign off delivery of the Actions in the Crisis Care Concordat. Continually review the shared goals of the Crisis Care Concordat to identify service areas requiring development in the future	Ongoing	CCC WG	To ensure that progress with agreed actions is on track To inform future commissioning and provision of services
1.4 Services reviewed for adequacy				

1.4.1	Continue a programme of reviews of commissioned NHS mental health services.	April 2015 & ongoing	NHSS CCG	Assurance that services commissioned are responding to need and are provided by the right staff with the appropriate skill profile
1.4.2	Review adequacy of the adult acute hospital Liaison Psychiatry service to identify the gaps in provision of the current service as currently commissioned	Start May 2015	NHSS CCG	Provision of recommendations for the future commissioning and delivery of a Liaison Psychiatry service to ensure effective levels of service to provide parity of access for people of all ages across 7-days per week (1) presenting at A&E and the MAUs with urgent mental health care needs, and (2) admitted to an inpatient bed with acute mental health needs.
1.4.3	In light of the Children's Mental Health Task Force report, review the adequacy of liaison psychiatry services for patients presenting to Sheffield Children's Hospital	March 2016	NHS CCG / Sheffield Children's Hospital Foundation Trust (SCH)	Service provision reviewed. Any gap in provision quantified to inform future commissioning intentions
1.4.4	Establish a project to undertake a gap analysis to inform the need for and type of Personality Disorder clinical pathway & service for Sheffield	Start March 2015	NHSS CCG	Develop & implement a Personality Disorder clinical pathway & service for Sheffield providing evidenced based psychological interventions for people to - Reduce the usage of A&E and other services for people with a personality disorder Reduce A&E attendances by people with a personality disorder. Reduce use of inpatient MH beds for people with a personality disorder. Improve recovery outcomes for people with a personality disorder. Improve economic productivity for people with personality disorder. Reduce suicide rates.
1.4.5	Review/update the Sheffield Suicide Prevention Strategy and audit group	November 2015	PH SCC	To agree actions within Health and Social care, including wider community and emergency services. To work strategically to reduce the local rate of suicide

1.4.6	Rationalise bed usage in line with the acute care reconfiguration project to improve service user experience and safety.	April 2015	Sheffield Health & Social Care Foundation Trust (SHSC) in conjunction with NHSS CCG	Appropriate bed capacity to meet need. Positive service user experience reports, staff reports, reduced rates of untoward incidents.
1.4.7	Ensure full compliance with the Care Act 2014	By April 16	SCC	To be compliant with the Care Act sections 4 &5 which relate to provider and market development.
1.5 Training				
1.5.1	Through a Training Needs Analysis, review availability and adequacy of existing provision of mental health training including suicide training, across health, social care and criminal justice services.	By October 2015	SYP in conjunction with SCC / SCH / SHSC / Sheffield Teaching Hospitals Foundation Trust (STH) / Yorkshire Ambulance Service (YAS)	Identify inadequacies in provision to inform training requirements
1.5.2	Comprehensive training package to be developed, based around the continuous quality improvement approach and informed by service users, drawing on the knowledge, expertise and training resources of statutory and 3 rd sector organisations This includes Developing an ongoing training plan with annual review	By MARCH 2016	SCC / SCH / SHSC / STH / SYP / YAS (lead to be agreed)	Multi agency/organisation training programme across all statutory and as appropriate 3 rd sector services offering guidance on appropriate response to clients presenting with a mental health crisis Offer an ongoing commitment to joint training arrangements for mental health service providers. Raising awareness of the needs of service users and carers, de- stigmatising, and ensuring that staff have the right skills and training to respond to mental health crises appropriately.

Sheffield

Local Action Plan
to enable delivery of shared goals of the
Mental Health Crisis Care Concordat

1.5.3	The provision of Free of charge mental health training to the people of Sheffield including staff in provider services, volunteers, voluntary groups and SCC staff.	On going	SCC	Sheffield City Council offer training on Mental health basic awareness, Mental health First Aid, de-escalation of aggression and violence, equality and diversity all can be viewed and access through the SCC contact point.
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2. Access to support before crisis point				
No.		Timescale	Led By	Outcomes
2.1 Services responsive to need				
2.1.1	Contracts awarded through SCC will have additional monitoring attached which requires providers to <ul style="list-style-type: none"> develop crisis plans with service users and display what service users can do before or during a mental health crisis 	Ongoing	SCC	Improve access to crisis prevention and crisis services for people who use Sheffield City Council ASC contracted services.
2.1.2	Ensure that review of crisis management pathways and links to Emergency Duty Team (i.e. carer breakdown) are reflected in the retendering of short term/respite dementia residential services.	August 2015	SCC	Emergency Duty Team and The provider of short term dementia services will have improved access to Mental Health Act assessments. Emergency Duty Team will have clear pathway in to short term/ respite dementia services when in a crisis.
2.1.3	Support the delivery of 'needs led care', Consider the benefits and feasibility of introducing a single point of access to manage all adult referrals to SHSC for a	September 2015	SHSC in conjunction with NSSS CCG	Feasibility review completed and submitted to NHSS CCG for approval. Agreed plan in place for effective referral management into defined care pathways. Patients receive timely and accessible assessment of their needs across the day.

	mental health assessment.			
2.1.4	Review and revise relevant mental health protocols used by STH Single Point of Access (SPA) for intermediate and community services to ensure that information, care pathways and referrals support patients with mental health needs.	September 15	STH (Barry Dobson)	STH contributes to consistent city-wide practice in responding to mental health needs. Patients who are referred to SPA have their mental health co-morbidities recognised and responded to. YAS involved in ensuring consistency in MH pathways
2.1.5	Review provision and availability of accessible and appropriate psychological therapies.	September 2015	NHSS CCG	Ensure the delivery of a range of individual and group provided psychological therapies that respond to patient need whilst also meeting the requirements for numbers of new patients seen and numbers moving to recovery
2.1.6	Explore options to facilitate easy access to IAPT Services from STH Psychological Services through a protocol with agreed clinical criteria	Pilot July 2015, roll out October 2015	STH (Johann Labuschagne) with SHSC	Development of a protocol with agreed clinical criteria enabling referrals into IAPT Service from STH Psychological Services, offering – Improved waiting times for STH patients who would benefit from access to IAPT. Increased accessibility of IAPT service.
2.2 Provision of appropriate information				
2.2.1	Publicise availability of office hours CAMHS 'consultation line' for parents and health care professionals	Ongoing	SCH	Improved access to CAMHS advice by improve marketing to enhance knowledge and provide information.
2.2.2	Review and assess adequacy of current access to, availability of, advice and information relating to	October 2015	SCC in conjunction with NHSC & YAS	There is a well publicised phone number through which advice, information and signposting is available. Pulling together exiting services to avoid duplication or mixed approaches.

	mental health.			
2.2.3	Publicise provision, accessibility and use of mental health support within the 3 rd sector	From March 2015	SCC in conjunction with the Mental Health Partnership Network	Ensure that the current resource is known to service users through service user and carer involvement and consultation
2.2.4	Regularly review and update the information on the Sheffield mental health guide, all the time looking for opportunities to make the information more accessible to protected characteristic groups	Ongoing	SCC in conjunction with 3 rd sector (Sheffield Mind)	Up to date information and advice, aiding the public and professionals to access support before a mental health crisis. This online tool is also available for download as an 'Application'.
2.2.5	Agree a consistent public message regarding where to get help in a crisis	July 15	Public Health SCC	Linked to Sheffield Mental Health Guide- review and updating
2.3 Campaigns to improve understanding of mental health issues				
2.3.1	All organisations support relevant city-wide initiatives and campaigns that promote mental wellbeing through advice and information including suicide prevention.	Ongoing	SHSC/ STH / SCC / SCH / SYP (lead to be agreed)	Improved more coordinated publicity ensuring Parity of esteem between mental and physical health needs. Increased reach of campaigns. Improved inter-agency collaboration. Coordinated through SCC Public Health
2.3.2	Promotion of the public health message of 5 ways to wellbeing	Ongoing	Public Health SCC	Reporting to the Emotional wellbeing work stream and Sheffield Health and wellbeing board. A clear marketing approach to the dissemination of the 5 ways to well-being, with the outcome of the public and professionals have a guide to staying well.

2.3.3	Increase communication to the public on myth busting of mental ill health	Ongoing	Public Health SCC	Working with health and social care providers in Sheffield to develop and share public messages. To reduce stigma surrounding mental ill health.
2.4 Targeted education				
2.4.1	Provision of mental health 'master-classes' for primary care providers	From April 2015	NHSS CCG	Raised the awareness of GPs and allied health professionals about mental health conditions Provision of evidence based mental health services in primary care

3. Urgent and emergency access to crisis care				
No.	Action	Timescale	Led By	Outcomes
3.1 Service available at time of need				
3.1.1	Review and develop multi-agency crisis response within 999 and 111 systems	October 2015	SHSC in conjunction with SYP & YAS	Development and agreement of appropriate protocol Appropriate response to contact for help Assisting to prevent an individual from entering the system when in crisis Introduce better vulnerability assessment Deployment of most appropriate resource Consideration for 24/7 MH Crisis universal SPA
3.1.2	Review provision of Street Triage service providing police with dedicated access to mental health support	September 2015	SHSC in conjunction with SYP	Assurance that the street triage service, currently provided between 4pm and midnight is appropriate and cost effective, ensuring that people presenting in the community have timely access to an appropriate mental health assessment, reducing prolonged police involvement and use of police custody or powers of arrest/ Section 136 of the MH Act. Reduced presentations to A&E of people in a mental health crisis.
3.1.3	Ensure best value and responsiveness from existing MH Triage resources	October 2015	SYP	To be developed through YAS and MH Triage delivery / steering groups People in crisis who access the NHS via 999 can expect their need to be met appropriately whereby: <ul style="list-style-type: none"> - Mental Health Advice is available to the Ambulance control room 24/7 - Enhanced mental health training is available for all ambulance staff - National MHA Section 136 response times are implemented Consideration to expand current and existing MH Triage

				resources into broader NHS based emergency MH crisis
3.1.4	Commence provision of and monitor the enhanced Liaison & Diversion service within the national liaison and diversion programme	April 2015	SHSC (with SCC input)	Improved early identification of a range of vulnerabilities, (including but not limited to mental health, substance misuse, personality disorder and learning disabilities), in children and adults coming into contact with the youth or criminal justice systems. Identified suspects/offenders to be provided with and supported in accessing appropriate services including, but not limited to, mental and physical health care, social care, substance misuse treatment and safeguarding.
3.2 Appropriate information and signposting				
3.2.1	Review response by all 'first point of contact' services to approaches for support, to ensure that DOS/Scripts used, are appropriate and respond to need	By end of September 2015	SHSC/ STH / SCC / SCH / SYP (lead to be agreed)	Ensure a consistent response to first contact with services. Ensure that service users and their carers are dealt with sensitively, and appropriately signposted, where possible avoiding 'handoffs'
3.2.2	All SCC contracted providers of mental health services will display and provide 'what to do in a crisis' information to their clients and/or work with individuals to create crisis contingency plans.	As contract are reviewed and awarded	SCC	All mental health services users who use SCC contracted services will know how to contact the right level of service in a mental health crisis.
3.2.3	Review the content of the mental health guide to ensure it provides details on the professionals involved, use of sections 135 & 136, how they	June 2015	SCC	Availability of appropriate information on sections 135 & 136 of the Mental Health Act

	are carried out, and patient's rights			
3.3 Responsive transport				
3.3.1	To review appropriateness and availability of transport for conveyance of patients with a mental health illness to and between mental health facilities	By end September 2015	YAS in conjunction with SYP	Development of a multi-agency Mental Health Conveying Policy offering more appropriate transport for people in crisis
3.3.2	Work closely with Yorkshire Ambulance Service (YAS)	Ongoing	YAS in conjunction with SHSC/ STH / SCC / SCH / SYP	Implementation of the YAS action plan  YAS Mental Health Group Action Plan 201

4. Quality of treatment and care when in crisis

No.	Action	Timescale	Led By	Outcomes
4.1 Quality services available at time of need				
4.1.1	Increase responsiveness of the the adult Early Intervention Service to ensure timely access to evidence based interventions	May 2015	SHSC (with support from SCH for people under 18)	Evidence based treatment to be provided to people presenting with early onset psychosis within 2 weeks of referral
4.1.2	Pending the outcome of the action detailed in 1.4.2, maintain current extended provision for adult A&E Liaison, through extra resources between 4pm-midnight Monday-Friday and all day Saturday/ Sunday.	April 2015	SHSC	People presenting in general hospital Accident and Emergency department or in the community out of hours will have timely access to a mental health assessment.
4.1.3	Review the Approved Mental Health Practitioner (AMHP) rota system	May 15	SHSC	Ensure availability of AMHPs 24/7 in the most effective way. People will receive access to timely and effective assessment of needs and circumstances in line with best practice.
4.1.4	Develop, introduce and deliver consistency in the operational police response to requests for assistance within mental health units / wards, to include ongoing, historic and loss of control scenarios.	December 2015	SYP	Ensure that <ul style="list-style-type: none"> - police actions are consistent with the letter and spirit of the law and associated codes of practice. - Patients are treated in the least restrictive manner - Unnecessary criminalisation (actual or perceived) is avoided. Implement the guidance 'Positive and Proactive Care' in relation to use of force and restraint

4.1.5	Scope and review the pathway for out of hours Emergency Duty Team in relation to Crisis management for protected characteristic groups	December 2015	SCC	Reduce unnecessary hospital admissions for people in crisis. Linking with Emergency Duty Team, reviewing in working hours and out of hour's provision.
4.1.7	Review response to people in mental health crisis where the individual is intoxicated or under the influence of drugs and in need of co-ordinated dual diagnosis support..	December 2015	SHSC / STH / SYP <i>(lead to be agreed)</i>	Development of a multi-agency approach and agreement to the response to a mental health crisis where an individual is intoxicated. Mental health, alcohol and drug services will work together to respond flexibly and speedily where an individual in crisis presents in a state of intoxication, in need of urgent clinical intervention or on-going support and treatment.
4.1.8	Review current alternatives to inpatient care (Home Treatment, Crisis House, Step Down)	Sept 2015	SHSC	Reduce unnecessary hospital admissions for people in crisis.
4.1.9	Ensure the needs of patients with mental health co-morbidities presenting at STH A&E and the MAUs are included in the forthcoming review of emergency care and facilities in STH	December 2015	STH (Mark Cobb)	Parity between physical and mental health needs for people who require emergency health care. Improved environment of emergency care Reduced risk of harm to the individual and others in the acute hospital
4.1.10	Continue implementation of the Ward Environment Programme offering improved ward design, therapeutic experience and activities.	On-going over next 3 year period	SHSC	Positive service user experience reports, staff reports, reduced rates of untoward incidents.

4.1.11	Increase PICU capacity by 2 beds to improve access to local services and reduce need for out of town admissions	January 2016	SHSC	Reduced rates of out of town admissions for PICU Care
4.2 Place of safety				
4.2.1	Increase current s136 service capacity (staffing) to ensure access to existing Place of Safety service (1 bed)	April 2015	SHSC	Designated s136 bed will be accessible 7 days a week.
4.2.2	Review current capacity and provision of Place of Safety and agree city wide plan for future provision across whole age range.	December 2015	SHSC / STH / SCH / SYP <i>(lead to be agreed)</i>	<p>Adequate provision of and access to Health Based Places of Safety within the meaning of S.135(6) of the MHA (1983)</p> <p>Development and implementation of an agreed plan for Place of safety resulting in</p> <p>Improved and timely access to clinical care a mental health assessment in an appropriate environment for people subject to S.136</p> <p>Reduced use of police cells as places of safety for people detained under S.136</p> <p>Generally improved experience, safety and access to Place of Safety with appropriate levels of resilience and capacity.</p> <p>Agreed response in circumstances of intoxication</p> <p>Joint risk assessments for pre-planned 135 warrants</p> <p>Availability & responsiveness of AMHPs and S12 Doctors</p>

5. Recovery and staying well / preventing future crisis				
No.	Action	Timescale	Led By	Outcomes
5.1 Support to help people stay well				
5.1.1	Ensure service users are provided with information on how to support their recovery and cope in a crisis	October 2015	SHSC	Service users helped to confidently manage their condition and supported in staying well
5.1.2	Ensure all service users have a comprehensive recovery care plan that includes relapse prevention plans, staying well plans, an advance statement and evidence based interventions	On-going	SHSC	Reduced numbers of people presenting in crisis.
5.1.3	Ensure that through 'Integrated Commissioning', people are kept well in their community through independent living solutions, implementation of the short breaks strategy facilitating active recovery and support and long term high support	April 2015 and ongoing	SCC/ Joint Intergration Board	Improved quality of life, health and wellbeing for people with SMI, LD and dementia (and their carers) Reduced life expectancy gap Reduced health inequalities
5.1.4	The continued work with Building Successful Families. specialist Mental health workers working within Children's social care service providing and sharing mental	Ongoing. To be reviewed April 2016	Sheffield city Council (SCC)	Commissioned from the SHSC mental health specialist workers are supporting Children's social service staff within SCC to develop knowledge and skills.

	health knowledge and skills			
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6. Service User and Carer Voice

No.	Action	Timescale	Led By	Outcomes
6.1 The views of experts by experience and their carers are heard and inform service provision				
6.1.1	For Service users, Carers and Elected members to be involved and oversee this action plan's ambitions	On going	Healthwatch Sheffield	To ensure the crisis care concordat is relevant to service users and Carers. To capture the experiences of people who use mental Health Crisis services for the stakeholders to use as a learning and measurement of success.