

Action ref. no.	Action text from Crisis Care Concordat	Start date	Finish date	Lead Organisation	Highlights and Achievements	Status
1. Commissioning to allow earlier intervention and responsive crisis services						
1.1	Share good practice on the development of JSNAs, local health plans and local commissioning plans, with a focus on establishing the local need for mental health and substance misuse services, working with local partners, and signposting to safe, effective and evidence based local alternatives to hospital admission.	Within annual commissioning cycle (review and update)	Ongoing	LGA ADASS	<p>Research has been completed on how Local Authorities and their partners are establishing local need for mental health and substance misuse services with local partners. This work comprised a national survey and a review of commissioning and provision in 6 areas. Seminar held in March 2015 to launch report and provide forum for LAs and partners to review progress in this area.</p> <p>Meeting held in Feb 2015 to discuss development of self-assessment framework for LAs and partners re mental health services.</p>	COMPLETE
1.2	A toolkit will be developed with police forces to capture and articulate data which quantifies the demand for responses for people in mental health crisis, including local monitoring arrangements for MHA S135/136 to ensure needs related to mental disorder and intoxication from alcohol or drugs are recorded.	Scoping work from April 2014		Home Office (with National Policing Lead for Mental Health and PHE)	Completed. The evaluation of the pilots has concluded and recommendations have been made to police forces on future data collection. These will comprise a headline data return as part of the Annual Data Return required by all Forces to the Home Office, supplemented by local use of the more detailed toolkit data to assist in local understanding of how much of police time is taken up by dealing with mental health. Use of both data sets went live on a voluntary basis from April 2015.	COMPLETE / ONGOING

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1.3	Support, develop and improve Mental Health Clinical leads' knowledge and experience of commissioning for crisis care and physical health of people with severe mental illness.	By April 2016.	By April 2016.	Royal College of General Practitioners DH	<p>Mental Health Clinical Leads Commissioning Leadership Programme still being developed. Programme start delayed as funding not released by NHS England for South East programme.</p> <p>Still lack of integration between different providers delivering MH Commissioning Lead commissioning leadership programme.</p> <p>EE to suggest JCPMH link into West Midlands provider group and see if we can jointly publish tools.</p> <p>JCPMH BME guide on website as good practice.</p>	ONGOING/ ON TRACK

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1.4	Review of the availability, quality and gaps in the information needed to assess the level of local need for crisis care, develop baseline assessment of current provision and the gap analysis and monitor the effectiveness of responses to people who experience a mental health crisis including those who are assessed and detained under the Mental Health Act.	From April 2014	NHS England is developing its mental health intelligence programme and, from April 2014, when the data is routinely available, commissioners and providers will be able to review capacity in line with local need and agreed model.	NHS England	<p>PHE/NHS E The data required for pathways of care has been scoped. A proposal has been submitted to DH as resourced capacity is now required to produce a themed report with partners .</p> <p>An international review of crisis care has been commissioned by DH and an expert steering group from the SCNs and MH sector has participated, and is to report by early March to the University of York.</p> <p>New capacity management pilot planned with North East mental health trusts and partners to reduce out of area placements. South west (PA) also interested to develop.</p> <p>SCNs and AHSNs have undertaken initial deep dives to determine the demand on A/E and other crisis services so that both service models and training can be tailored appropriately . UCLP has an initial report and has just secured funding for a more in depth programmes.</p> <p>UCL AHSN is running 3 days crisis home treatment team capability building programmes to start in April.</p>	ONGOING

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					<p>The data required for pathway of care has been scoped. MHIN now require the capacity to produce a themed report.</p> <p>The formation of a working group was initiated at the CCC Steering Group to take forward the metrics work in relation to objective 1.4 and 1.5, linking to NHS England's overall work programme on the Crisis Care Concordat.</p> <p>Activity to establish the composition of the group is ongoing</p>	
1.5	Analysis of gap between current provision and concordat vision to inform actions.	From April 2014	2015/16	NHS England	See 1.4 above	ONGOING

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1.6	Programme of support to CCGs to improve mental health crisis care commissioning.	From April 2014	2014/15	NHS England	<ul style="list-style-type: none"> • Joint NHSE / CCG assembly position statement of guidance to the CCGs on the effective productive model of mental health crisis care and the sources of funding available to include the system resilience funds, better care funds, winter pressure monies and the £30 million Closing the Gap monies. • The programme of support for CCGs will mainly be delivered through financial incentives. This work is ongoing. • Development of a business modelling tool to assist CCGs practically with business planning has been scoped. Funding is now being sought to continue the work. • A draft menu of MH-related Quality premium indicators for CCGs has been created and circulated for consideration and approval. 	ONGOING
1.7	Consider forming an improvement collaborative to share learning and transform services.	During April 2014	Summer 2014	NHS England, with partners including PHE	<ul style="list-style-type: none"> • This action should be informed by 1.4 above and by the HEE workforce strategy. • DH ran Crisis Concordat workshops with Strategic clinical networks and academic 	ONGOING

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					<p>health science networks are increasingly working in close partnership with CCG commissioners to disseminate best practice and provide implementation support.</p> <ul style="list-style-type: none"> • The following work has been undertaken and will also inform this objective: <ul style="list-style-type: none"> - Under the auspices of SCNs, there are suicide prevention programmes in 3 SCN areas. - NHSE has commissioned the National Confidential inquiry into Homicides and Suicides to identify preventable causal factors in suicide in primary care mental health as well as specialist Mental Health. This inquiry reported in September. - This HQIP programme will, in 2016/2017, commence work to examine crisis response and suicide prevention for people who have experienced complex emotional trauma (people with a diagnosis of personality disorder) and for those who misuse substances. <p>NHSE is reviewing the commissioning of the</p>	

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					National Audits in mental health and including alcohol services .	
1.8	To develop bespoke guidance and model service specifications to support commissioners in delivering an integrated and responsive approach to meeting the needs of individuals experiencing mental health crisis where there are also co-existing substance misuse issues.	By September 2014.		PHE (with NHS England/RC Psych/RCGP)	Guidance sub-group established and co-chairs appointed – Prof David Kingdon (Mental Health) and Dr Luke Mitcheson (Substance Misuse). Draft framework developed and was reported to Expert Reference Group on 23/02/15.	COMPLETE
1.9	HEE will set up a Mental Health Advisory Group to advise on policies, strategy and planning of the future workforce for mental health. This will enable HEE to: Ensure sufficient numbers of psychiatrists, other clinicians and care staff are trained to meet service needs. Review and set out future requirements for workforce training as outlined in HEE Mandate, in particular, by rolling out the Improving Access to Psychological	From April 2014		Health Education England and partners	The HEEAG meets on a quarterly basis HEE published its second workforce plan for England in December 2014. It can be found at http://hee.nhs.uk/wp-content/blogs.dir/321/files/2014/12/HEE-investing-in-people-20151.pdf HEE will have trained more than 6,000 IAPT practitioners by April 2015 HEE will have trained more than 1000 practitioners to deliver NICE approved high intensity therapists to deliver the Choice	ONGOING

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	<p>Therapies and dementia programmes.</p> <p>Ensure agreement on the policy, funding and implementation plan for improvements to GP training including compulsory work-based training modules in child health, and mental health, including dementia and also include understanding of working in multi-disciplinary teams to deliver good integrated care.</p>				<p>agenda</p> <p>HEE are working closely with RCGP to review the existing mental health training content available to GPs and primary healthcare team and will work with them to identify any gaps in GP training. A strategic approach will be taken to meet the mental health training needs of GPs and primary healthcare teams. HEE recognise that some mental health training is already included in GP CPD training and is undertaking a scoping exercise to provide a strategic picture of where the gaps are in relation to the training. A range of GP CPD modules on mental health are available on the Royal College of General Practitioners website.</p>	
1 10	Development of a web portal to enable exchange of effective practice for police/health service/local authority partnerships.	Early 2014		Home Office, Police	This is now superseded by the Mind Concordat website.	COMPLETE/ SUPERSEDED

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1.11	NHS England mental health partnerships website, launched to support its strategic clinical networks (SCNs) to establish with partners examples of what good looks like, including in crisis services.	Mid 2014		NHS England	<p>This has been launched and best practice examples are constantly added. The website: http://mentalhealthpartnerships.com</p> <p>Where possible, the information on the Mental Health Partnerships website has been migrated to the Crisis concordat website</p>	COMPLETE / ONGOING
1.12	Develop a programme of support, including online tools, to support local areas to develop their own 'Local Crisis Declarations' driven by local circumstances.	Spring 2014		Department of Health, NHS England, Home Office, Mind	<p>DH has commissioned Mind to promote the Crisis Care Concordat at a local level and help local services set up their own declaration and local action plans.</p> <p>Mind has produced a website, the platform through which local partnerships have all published their local declarations (by December 2014) and action plans (by May 2015). Health, policing and local authority colleagues are working together to improve crisis services in every locality in England.</p> <p>A Project Board, with representatives from DH NHS England, and Home Office meets regularly.</p>	COMPLETE

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					Mind delivered 9 local roadshow events to support local take up of the Concordat.	
2. Access to support before crisis point						
2.1	Develop a programme of work to support primary care to work collaboratively with other services, facilitating and co-ordinating access to specialist expertise and to a range of secondary care services including crisis care mental health and substance misuse services as required.	Ongoing		Royal College of General Practitioners, (with CCG Mental Health Network, E of England SCN)	<p>Ongoing work taking place. Network has met for discussions around MH care and particularly:</p> <ol style="list-style-type: none"> 1. Children's and young people's mental health: crisis care and beds 2. Primary care mental health 3. Employment/accommodation for people with mental health problems: helping people to transition from acute care back into the community <p>Faculty of Child and Adolescent Psychiatry at RCpsych are scoping the out of hours cover for this population in psychiatry and what is commissioned, and producing guidelines for place of safety for this age group.</p>	ONGOING
2.2	Support, develop and improve GPs knowledge and experience of management of severe mental illness including physical		Apr-15	Royal College of General Practitioners	RCGP Curriculum statement will be reviewed in next 12 months and CQC and HEE comments incorporated.	ONGOING

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	<p>health and crisis care through the RCGP Curriculum statement for mental health and the appointment of an RCGP Mental Health Clinical Lead.</p>				<p>The RCGP has proposed the introduction of mandatory specialist-led placements and work-based experience for GP trainees as part of its plans to enhance and extend GP training, to address the issue that only a minority of GP trainees have an opportunity to gain such experience before completing their training. The RCGP is continuing to work with HEE and other stakeholders to take this forward and to ensure the training is relevant to the needs of patients and trainees – i.e. designed around the role that GPs will play in the NHS, as generalist doctors at the centre of a hub of integrated care.</p>	

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2.3	DH to work with voluntary sector organisations to understand and respond to inequalities in access to mental health services, particularly for black and minority ethnic communities	Mar-14		DH	<p>The Mental Health Providers Forum and The Race Equality Foundation have produced a report on their findings.</p> <p>The Race Equality Foundation's report commissioned for the CQC's thematic review (action 4.3) exploring the experience of mental health crisis care among people from black and minority ethnic groups can be found at: http://raceequalityfoundation.org.uk/resources/downloads/mental-health-crisis-review-%E2%80%93-experiences-black-and-minority-ethnic-communities</p> <p>Officials are in discussion around further work with BME communities.</p> <p>Stonewall have developed a toolkit to provide support to commissioners on all aspects of equality and improving outcomes in mental health care. DH and Stonewall are now working together on final details ahead of the launch.</p>	ONGOING
2.4	Work with voluntary sector providers to assess any additional gaps in provision which are specific to the needs of LGBT	Mar-14		DH/NHS England/PHE/ HO	The Mental Health Equality Working Group (EWG) has been set up to lead and support the improvement of equality across the range	ONGOING

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	people and those from 'seldom heard' groups experiencing mental health crises.				<p>of protected characteristics. It takes a broad perspective on the causes and interventions needed to tackle inequality. It identifies priority areas for action and, where appropriate, leads and supports projects and initiatives to address these.</p> <p>The work of the EWG helps to ensure that equality issues directly inform the mental health strategy implementation and assist the Government to fulfil its duties under the Equality Act 2010.</p> <p>Officials are reviewing the future governance of the EWG in the context of the Department establishing a new cross-government Strategic Partnership Board in 2015.</p> <p>Stonewall have developed a toolkit to provide support to commissioners on all aspects of equality and improving outcomes in mental health care. DH and Stonewall are now working together on final details ahead of the launch.</p>	
3. Urgent and emergency access to crisis care						
3.1	Complete a Review of Urgent and Emergency Care, including specific		Oct-14	NHS England	The crisis concordat work was developed in full alignment with the ambitions of NHS	COMPLETE / ONGOING

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	reference to models of care that work for people in mental health crisis				<p>England's UEC review and this alignment is constantly confirmed.</p> <p>Local MH commissioners are expected to be full partners in local Urgent care networks and in system resilience groups</p> <p>Full engagement with CCG MH leaders and GP Urgent and Emergency Care leads. All programmes are being evaluated. There are very promising pilots which reduce A/E attendance in large numbers.</p>	
3.2	Planning process to deliver mental health crisis care objectives in 2014-15 Mandate.	Nov-13	Apr-14	NHS England	<ul style="list-style-type: none"> Completed for 2014/15 <p>To be delivered through a discrete work-stream for 2015/16. Currently being scoped.</p>	COMPLETE / ONGOING
3.3	Audit and Review Emergency Department access to specialist mental health services across England and report back findings to NHS England and CCG networks		Sep-14	Royal College of Psychiatrists / College of Emergency Medicine	<p>Report on effective liaison psychiatry in Emergency Departments submitted to NHS England - April 2014.</p> <p>CEM is auditing 3.3 and 3.5 jointly by conducting one audit that asks about assessment rooms and access to specialist services.</p> <p>Audit plan, methodology, criteria and questions drafted and preliminary approval</p>	COMPLETE / ONGOING

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					<p>given by CEM audit board. Data collection to commence 1st August 2014 and end 31st Jan 2015. Provisional reporting date set for late May 2015.</p> <p>CEM. March 2015 “-RCEM data shows that, while we have dedicated rooms, we aren’t able to use them. This is almost certainly because our emergency departments are full, reflecting the pressures that our hospitals are under. We are also hearing from our Fellows and Members about increasing use of the Emergency Department as the only health based place of safety. Mental Health Commissioners are failing to meet their obligations to provide S136 suites at Mental Health Trusts.”</p> <p>Average Patients assessed by mental health practitioner whilst in ED 69% Assessments recorded as taking place in dedicated room</p>	

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3.4	Following NHS England Urgent and Emergency Care review, develop best clinical practice around mental health crisis.		By March 2015	RC Psych	<p>See 3.3.</p> <p>The College has advertised for a member to assist in leading this work in the role of specialist adviser for crisis care. We hope to appoint to this role in summer 2015.</p> <p>Report on the use of s136 in Emergency Departments published October 30th 2014 - circulated to CCC steering group members.</p> <p>An expert group has been set up in RCpsych covering all aspects of this e.g. all age ranges, LD, substance misuse. We are collecting evidence of best practice and will collate and feedback best practice for specific situations. The CORE study (UCL) outcomes will be available next year with guidance for home based treatment services.</p>	ONGOING

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3.5	Audit of mental health assessment rooms in Emergency Departments	During 2014.		College of Emergency Medicine, through the PLAN accreditation network.	Now merged with action 3.3	COMPLETE / ONGOING
3.6	Support local social services to review their arrangements for out of hours AMHP provision: <ul style="list-style-type: none"> • consider the implementation of a scheme that employs sessional AMHPs in addition to existing resources to ensure they are able to respond in a timely manner • explore potential for better integration of AMHP and EDT services with out of hours crisis provision of health and other partners • authorities who have combined the services with children's safeguarding should satisfy themselves, in consultation with the police and mental health providers, that AMHPs can be available within locally agreed response times. 	By April 2014.		ADASS (with LGA and College of Social Work).	RE work to explore potential for better integration of AMHP and EDT services with out of hours crisis provision of health and other partners - as above, first phase of research completed. 52% response rates. Research includes LAs involved in integration work with partners in this area. These will be followed up in phase two of research. All DASS in local authorities have been advised of this commitment by ADASS and asked to action accordingly. It has also been agreed that progress will be monitored through the ADASS Regional infrastructure.	ONGOING

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3.7	Support local social services to review and plan contribution to local mental health crisis services including: <ul style="list-style-type: none"> • representation in local senior operational and strategic forums overseeing and developing crisis services • in collaboration with local partners to have a system of ongoing review to ensure AMHP workforce is sufficient and capable to address local needs. 	By April 2014.		ADASS (with LGA and College of Social Work).	(As 3.6)	ONGOING
3.8	CQC and DH to review effectiveness of current approach to monitoring AMHP provision and whether the Care Quality Commission requires additional powers to regulate AMHP services	April 2014.	August 2015	CQC DH	Work underway to progress key actions agreed in April 2014. CQC MHA integration programme board established to clarify approach to reviewing the use of the MHA, including AMHP practice, within the context of CQC's new integrated model. This is an 18 month programme which commenced project delivery in April 2015. <ul style="list-style-type: none"> • Work completed to scope the availability of any national data that could be used to monitor AMHP activity. Additional local data is being collected in February 2015 from the AMHP's involved in the stakeholder activities. This additional evidence will offer examples of the types of data that may be available from local reporting systems to support the gaps in national datasets 	ONGOING – IN FINAL STAGES

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					<ul style="list-style-type: none"> • Key issues relating to the absence of national data on AMHP activity identified as part of CQC's contribution to National Information Board consultation to develop a data road map for mental health • Engagement completed with AMHP network and other key stakeholders to discuss potential additional data that could be collected/ collated nationally and the options for monitoring and regulation in November and December 2014. • Additional engagement activities are planned with AMHP networks in July 2015 and a literature review has also been carried out by the Project Manager to inform final paper. <p>This work will inform the development of a position paper for discussion with DH and other key stakeholders as to the issues in relation to monitoring AMHP provision and practice and the effectiveness of current or planned approaches (to be completed by end August 2015). A specialist professional advisor involved in the AMHP engagement completed to date has been identified by</p>	

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					CQC to prepare the final position paper who currently works as a Head of Social Work, AMHP and Best Interest Assessor. They will be working with the MHA Policy Manager to develop the paper and ensure specialist input to the final content.	
3.9	Update guidance, first published in Jan 2013, on the use of section 136 for commissioners and providers.	September 2014.		Royal College of Psychiatrists (with partner agencies)	It has been agreed with the DH that this guidance will be updated after the new Code of Practice is agreed.	ONGOING

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3 10	CQC to carry out a review of health based places of safety including coverage, capacity, inclusion and exclusion criteria, staffing, arrangements for governance and multi-agency working including police support. Develop this approach to monitoring the quality of health based places of safety as part of future inspections.	Jan-14	Survey completed by April 2014; monitoring approach developed by September 2014	CQC	National survey of health based places of safety completed. Online map of location of health-based places of safety with key information published and report on the full findings of the survey published. http://www.cqc.org.uk/content/safer-place-be Tools developed to support CQC's approach to monitoring health based places of safety (see action 4.4 below). These were piloted as part of the themed inspections and have been incorporated into CQC's comprehensive inspection of these services.	COMPLETE
3.11	The NHS ambulance services in England will introduce a single national protocol for the transportation of S136 patients, which provides agreed response times and a standard specification for use by clinical commissioning groups.	April 2014.	May-14	Association of Ambulance Chief Executives (AACE).	1. The national template was finalised and issued to ambulance trusts in England in December 2013. Local arrangements were developed by ambulance trusts in the spring and went live with effect from 01/04/14. 2. All trusts have confirmed that the protocol has been adopted. Local amendments may have been made as appropriate to reflect local schemes and/or arrangements. 3. Ambulance trusts are now able to record	COMPLETE

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					<p>those S136 incidents that they are requested to attend and are able to measure the time taken to respond. Quarterly summary reports are generated by trusts.</p> <p>4. Data for 2014-15 shows that an ambulance arrived on scene within 30 minutes for 72% of the S136 incidents where the Police requested a response.</p> <p>5. There is a wide degree of variation between the highest performing and lowest performing trusts. AACE are working with trusts to help share best practice.</p> <p>6. HO data suggests that there are still many occasions where an ambulance response is not requested by the Police. AACE continues to work with the HO and NPCC to improve this position and to develop a shared data pack to drive continual improvement across both organisations.</p>	
3.12	Model for more effective joint agency arrangements to address the safeguarding and needs of vulnerable people with complex need, including personality disorders, addictions or dependencies, who turn to emergency services for help at times of crises and are at risk of exclusion	By September 2014.		Royal College of Psychiatry and College of Emergency Medicine.	<p>CEM has published two best practice guideline regarding frequent attenders.</p> <p>The College has already provided some guidance and an exemplar care plan in our Mental Health Resource toolkit (which is being updated over the next 12 months).</p> <p>A survey of S136 arrangements in EDs in</p>	ONGOING

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	from mental health services.				England and Wales is also currently being conducted. Data collection closes at the end of August.	
3.13	The Department of Health will monitor the national figures on the use of section 136.	By November 2015.		DH	The Department is paying particular attention to the data collected by police forces on the number of people taken to police custody. Arrangements have been made with police leads for in year snapshots to be provided on request. This is showing (at Q4 2014/15) that police forces have reduced by 55% the number of s136 detentions in police cells (using 2011/12 as benchmark). The Department and Home Office has also paid close attention to the data on s136 that comes from the street triage pilot forces.	COMPLETE/ ONGOING
3.14	Review and update local Mental Health Act protocols on mental disorder and intoxication from alcohol or drugs to include guidance for emergency services, so that : * People who appear to be mentally disordered and so intoxicated as to represent an immediate physical health risk to themselves will be medically	From January 2014.		DH through updating Mental Health Act Code of Practice Chapter 10, and Royal College of Psychiatry Interagency	Changes have been made to chapter 10 of the Code of Practice to reflect this action. The revised Code has been published and presented to Parliament, and will come into force on 1 April 2015.	COMPLETE

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	<p>assessed in an Emergency Department</p> <p>* People intoxicated as a result of alcohol or drug misuse who have been assessed as mentally disordered or are currently being treated by a mental health service will be accepted into the designated health based place of safety</p> <p>* People intoxicated as a result of alcohol or drug misuse who do not appear to be mentally disordered or who are not known a mental health service will be dealt with by the police through criminal justice processes.</p>			group.		
3.15	Support agencies sharing key information about a person, in line with current guidance – Information Sharing and Mental Health: Guidance to Support Information Sharing by Mental Health Services Ref 11929, DH 2009.	Summer 2014.		DH through local partnership board arrangements and through Caldicott and data protection officers.	<p>2009 guidance being reviewed and checked with a view to redistribution to signatory organisations. In addition, information sharing is essential for street triage projects to work. DH will capture learning and promote best practice from the pilots now running.</p> <p>DH is taking forward work with partners including the Centre for Excellence in Information Sharing, adopting learning from local street triage information-sharing protocols and other guidance that has come</p>	ONGOING

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					out since (including the consensus statement on information sharing and suicide prevention, Confidentiality and Information Sharing for Direct Care).	
3.16	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.	Apr-14		National Policing Lead for Mental Health (with NHS Confederation and Mental Health Network) to provide a joint Briefing paper including examples of current best practice.	The NHS Mental Health Confederation published this co-authored document with ACPO on Tuesday 27th January 2015.	COMPLETE
3.17	Street triage pilots in nine police forces will be conducted. The Department of Health and Home Office will share the evaluation	1 year pilot programme : Autumn		Department of Health/Home	The programme set out to establish 9 new services for trial periods of 12 months each. It	COMPLETE

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	and lessons learned from the pilots widely as they progress to benefit all other triage approaches being used.	2013 to Spring 2015		Office.	has successfully achieved this. Most of the pilots have now moved to local funding, and DH funding will complete for the scheme as a whole at the end of March. NHS England have commissioned an independent evaluation of the nine Department of Health funded pilot schemes, to help inform the future commissioning and sustainability of street triage services. Initial findings from the evaluation will be available in early May with further and final findings reporting in early autumn 2015.	

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3.18	Review of curriculum available to police forces to enable officers to undertake sufficient training on mental health. The review will also survey the 'take-up' of, and adherence to, the available training, leading to recommendations for improvements to the police curriculum.	Summer 2014.	Autumn 2015.	College of Policing (supported by the Home Office).	<p>Training review is subject to a full College of Policing programme board who are re-designing the national police curriculum in light of this whole agenda and it will lead to various kinds of packages for officers in different ranks / roles. Pilots will take place of initial materials from Sept 2015 and it is hoped the review will be completed by end of March 2016.</p> <p>Training standards being developed by The College of Policing. Consultation event held 24/06/15. Training design to commence Autumn 2015, roll out of training likely Mid 2016.</p>	ONGOING
3.19	Review of 2010 <i>Guidance on Responding to People With Mental Ill Health or Learning Disabilities</i> .	Commence in 2014.	January 2016	College of Policing.	The APP (Guidance) is being reviewed now. It will be published for consultation, by end of Autumn 2015 and published by end of January 2016.	ONGOING

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3.20'	<p>Nationally: Public Health England, NHS England and the LGA will work together to develop resources that will support LAs and CCGs in the development of an effective framework for the commissioning of services that will meet the needs of those in mental health crisis.</p> <p>Locally: At a local level, PHE Centres, including the local alcohol and drug teams, NHS England Area Teams, Local Authorities and CCGs will work together to promote and support the commissioning of joined up mental health and substance misuse provision.</p>	April 2014.		PHE / LGA.	<p>PHE working collaboratively with LGA to share knowledge and intelligence.</p> <p>Joint Crisis Concordat event planned for 24 March 2015</p> <p>Revised commissioning document will be shared with LGA during development stage.</p>	ONGOING
4. Quality of treatment and care when in crisis						
4.1	Review of Mental Health Act 1983 Code of Practice.	Updated Code of Practice published October 2014.		DH.	The Code has been published and presented to Parliament and came into force on 1 April 2015. The Code has been revised to include Concordat best practice principles.	COMPLETE

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4.2	Review of legislative framework for sections 135 and 136.	Spring 2014.		DH and HO	The Review was published in December 2014. Any next steps are subject to a full impact assessment and clear plans for implementation before a legislative timetable can be agreed.	COMPLETE
4.3	Carry out a thematic review of the quality, safety and responsiveness of care provided to people experiencing a mental health crisis by regulated providers and providers/agencies with responsibility for operating the Mental Health Act 1983.	Oct-13	Sep-14	CQC (External advisory group (with a range of stakeholders with an interest mental health crisis) and a pool of experts by experience established to help steer the review.)	<p>Thematic review on launched in Nov 2013 and completed June 2015.</p> <p>The final report of the review, <i>Right here, right now</i> (published June 2015) available at: http://www.cqc.org.uk/content/right-here-right-now-mental-health-crisis-care-review</p> <p>In addition:</p> <ul style="list-style-type: none"> • Analysis for the initial data review which provides analysis of around 55 indicators relating to mental health crisis care analysed at LA level (published http://www.cqc.org.uk/content/thematic-review-mental-health-crisis-care-initial-data-review) • Reports from the sample of local area inspections can be found at: http://www.cqc.org.uk/content/mental- 	COMPLETE

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					<p>health-crisis-care-local-area-inspection-reports</p> <ul style="list-style-type: none"> The Race Equality Foundation's report commissioned for the review exploring the experience of mental health crisis care among people from black and minority ethnic groups can be found at: http://raceequalityfoundation.org.uk/resources/downloads/mental-health-crisis-review-%E2%80%93-experiences-black-and-minority-ethnic-communities 	

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4.4	Based on the learning from CQC's thematic review, develop the approach to monitoring and inspecting providers that respond to people experiencing a mental health crisis and who are regulated by CQC so that key issues are routinely considered within the new model for regulation.	Sep-13	Aug-15	CQC	The tools and methods for CQC's mental health crisis thematic review have been developed and have been trialled during the themed local area inspections and the relevant tools are now in regular use as part of comprehensive inspections. Work is underway to evaluate the remaining tools and methods and to identify how these can be incorporated into the new regulatory model. The implementation of the plan for embedding the learning from the review will be monitored by CQC's mental health policy team.	COMPLETE
4.5	Positive and safe campaign on restraint practices.	Guidance published for consultation, December 2013.	April 3rd 2014	RCN for DH.	Report published/launched by the Minister of State for Care and Support at RCN HQ on 3 April 2014. The RCN consultation and associated processes resulted in the DH document being launched. There is also a 2 year programme of work now being undertaken by the DH related	COMPLETE

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					to the reduction of restrictive interventions.	
4.6	Develop resources to support safeguarding boards, specific to the circumstances and needs of, and responses to, people experiencing mental health crisis.	During 2014.		LGA/ADASS.	Resource produced. Discussed with Regional Safeguarding Board leads. Final publication and dissemination work in train.	COMPLETE
4.7	Improve GP Trainees' understanding of the management of severe mental illness including physical health and crisis care in the community (through the extended training proposals).	April 2015.		Royal College of General Practitioners (with Health Education England).	HEE has incorporated the recommendation to increase the proportion of psychiatric training posts following the publication of the Broadening Foundation Programme report. This includes 25% of FY1 doctors and 25% of FY2 doctors undertaking a four month psychiatry placement, many of whom will become GPs. In 2014/2015 there are 339 training posts in psychiatry in foundation year 1 and 334 training posts in psychiatry in foundation year 2. For the 2012, 2013 and 2014 recruitment years, the average percentage of UK Foundation doctors entering GP training was 35.1%. This figure is based on round 1 recruitment data only and does not	COMPLETE

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					include doctors that apply in later rounds or those who complete foundation training and have a year out before applying for GP training. HEE is working with the Academy of Medical Royal Colleges, to embed mental health across the revised Foundation programme curriculum. The new curriculum will be available in 2015.	
5. Recovery and staying well / preventing future crises						
5.1	Information and good practice guidance <i>about prevention and early intervention</i> produced and disseminated.	From April 2014.		PHE.	Good practice being identified jointly by PHE and LGA and being made available to local leads.	ONGOING

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5.2	Set standards for the use of Crisis Care plans, in line with Care Programme approach guidance (DH publication 2010) and NICE Clinical Guidance CG 136 (Service User Experience of adult Mental Health Services NICE 2013).	Summer 2014.	2014/15	NHS England.	<ul style="list-style-type: none"> • Work is being undertaken by Patient Participation within the Patient & Public Voice and Information team to address the personalisation of care plans • A Task and Finish Group has been set up to assist with delivery. • The Task and Finish group members (including representation from the Crisis Care Team) have published three Long-term Condition service component handbooks spanning: <ul style="list-style-type: none"> o Risk stratification o personalised care (referencing Mental Health and Crisis Care); and o support planning and multi-disciplinary team working. • The handbooks can be found on the NHS England website:http://www.england.nhs.uk/resources/resources-for-ccgs/out-frwrk/dom-2/ltc-care • The next step, a move toward the creation of a 'best practice standard' for care plans, is under discussion and a paper to explore this 	ONGOING

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					<p>possibility is in the early stages of development within the Person-centred Care Team.</p> <ul style="list-style-type: none"> • Crisis standards have been developed by two SCNs – North East and London. It is recommended that these are brought to the next meeting and supported by all partners. • SCN South West have developed, with RCPsych: <ul style="list-style-type: none"> o commissioning specifications for the liaison component of crisis care ; o case for change; and o outcome and quality metrics for liaison mental health services. • UCL AHSN has developed standards for crisis home treatment care. 	

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5.3	Bring to attention of Health and Social Care services vulnerable people identified in the course of day to day policing in order to contribute to management plans and develop role of Neighbourhood Policing in helping to protect vulnerable people.	Ongoing.		National Policing lead for Mental Health	This continues to be developed through a number of different work strands. Adult Social Care Legislation (Care Act) will be statutory from April 2015 and this will mean that all partners will have a statutory responsibility in relation to vulnerable adults. A number of Police Forces across the country are rolling out multi-agency partner meetings (similar to the Community MARAC in London) to ensure those individuals most at risk are discussed and a joint action plan agreed. This work is furthered by the continued role out of adult Multi Agency Safeguarding Hubs (or equivalent). National Policing lead and College of Policing are working together to develop the concept of vulnerability identification and a process across the country so that vulnerable individuals are appropriately identified and dealt with by relevant agencies	ONGOING / COMPLETE

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5.4	Commission services so that Liaison and Diversion Services and Street Triage refer individuals with co-existing mental health and substance misuse problems to services which can address their needs	April 2014.		PHE/NHS England.	<ul style="list-style-type: none"> • PHE does not directly commission services, but does influence commissioning through evidence / knowledge and provision of data. • NHSE has directly commissioned a number of street triage schemes with partners and many have rigorous evaluation which identified the causes of crises, the triggers, prevention strategies, issues of capacity in services to address demand and increase home treatment where safe and feasible. 	ONGOING