

Action ref. no.	Action text	Start date	Finish date	Lead Organisation
1. Commissioning to allow earlier intervention and responsive crisis services				
1.1	Lead on coordination of the Crisis Care Concordat. Support national CCC signatories and local CCC groups as required, positioning this work as appropriate within the wider strategic direction for mental health policy, primarily through management of the CCC Steering Group.	October 2016	Ongoing	DH (with Home Office)
1.2	Develop evidence-based treatment pathways for mental health crisis care response, including: <ul style="list-style-type: none"> ▪ 24/7 community crisis response, including crisis lines (adult); ▪ 'Blue Light' emergency services crisis response (Police, ambulance), S.135/136, health based places of safety (all age) – including recommendations around the commissioning of street triage services; ▪ Liaison mental health in acute hospitals (adult); ▪ Children and young people's community crisis response and liaison mental health in acute hospitals. 	2016	2017	NHS England
1.3	Ensure effective payment mechanisms are developed to incentivise improved mental health crisis care which is available 24/7 by: <ul style="list-style-type: none"> • Enabling greater coordination of care between mental health and physical health care, including community health care and relevant support services • Enabling a more patient centred approach to care • Enabling access to timely and appropriate care for both mental and physical health needs 	2016	2020	NHS England / NHS Improvement

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1.4	To take opportunities to provide guidance to local areas to encourage the inclusion on mental health as part of Joint Strategic Needs Assessments.	December 2015	December 2016	PHE, LGA, DH
1.5	To support the sector in adopting effective and innovative local payment approaches.	October 2016	April 2017	NHS Improvement
1.6	Work with current national signatories and support existing national actions.	October 2016	Ongoing	NHS Clinical Commissioners Mental Health Network
1.7	Support dissemination of new commissioner protocols, training, guidance, standards and practice.	October 2016	Ongoing	NHS Clinical Commissioners Mental Health Network
1.8	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 2017.	Royal College of General Practitioners

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1.9	<p>HEE is taking forward two related recommendations from the Mental Health Task Force -</p> <ul style="list-style-type: none"> • Recommendation 32: HEE should work with NHS England, PHE, the Local Government Association and local authorities, professional bodies, charities, experts-by-experience and others to develop a costed, multi-disciplinary workforce strategy for the future shape and skill mix of the workforce required to deliver both the mental Health Task Force strategy and the workforce recommendations set out in Future in Mind. This must report by no later than 2016 • Recommendation 36: The Department of Health and NHS England should work with the Royal College of GPs and HEE to ensure that by 2020 all GPs, including the 5,000 joining the workforce by 2020/21, receive core mental health training, and to develop a new role of GPs with an extended Scope of Practice (GPwER) in Mental Health, with at least 700 in practice within 5 years. 	From April 2016	Ongoing	Health Education England and partners
1.10	Work with HEE to ensure its workforce strategy aligns with the NHS England Crisis Care programme, including to deliver national workforce surveys for liaison mental health and CRHTTs.	2016	2020	NHS England / HEE
1.11	PHE has led a national programme of work to identify the Mental Health Leadership and Workforce needs. This work has been endorsed by many national organisations and includes responding to the needs of people in crisis.		Ongoing	Public Health England

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1.12	Ensure the industry continues to promote and provide the Managing Suicidal Contacts training to staff to increase opportunity and capacity for interventions.	October 2016	Ongoing	Network Rail
1.13	Promote the use of the Learning Tool as another option for staff training to increase opportunity and capacity for interventions.	October 2016	Ongoing	Network Rail
1.14	Promote CCC through networks. Possible contribution to wider crisis data collection.	October 2016	Ongoing	Chief Fire Officers Association Mental Health Network
1.15	Police Annual Data Requirement (ADR) – Implement a new police annual data requirement in relation to detentions under sections 135 and 136 of the Mental Health Act. The data set will include numbers of detentions, key personal characteristics, method of conveyance and place of safety used. The data will be published on an annual basis.	From April 2016.	Ongoing	Home Office
1.16	To provide data to all localities (local authority level) on mental health and BTP activity on the rail network.	October 2016	Ongoing	British Transport Police

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1.17	Ensure mental health crisis care is incorporated into transparency agenda and other relevant national levers: e.g. PHE's Mental Health Intelligence Network, MyNHS, CCG Improvement and Assessment Framework, CQUINs, CCG Quality Premiums, NHS Planning Guidance, Sustainability and Transformation planning, CYPMH Local Transformation Plans, suicide prevention local action plans	2016	2020	NHS England / PHE / DH
1.18	Research: Continue to use research as a mechanism for learning		Ongoing	Network Rail
2. Access to support before crisis point				
2.1	Deliver expansion of Crisis Resolution and Home Treatment (CRHT) teams so that a 24/7 community-based mental health crisis response is available in all areas and that these teams are adequately resourced to offer intensive home treatment as an alternative to an acute inpatient admission, supported by £400m new investment over 4 years from 2017/18. (adult)	2017	2021	NHS England
2.2	Scope and implement a programme of work to improve provision of community mental health care, delivering evidence based treatment pathways for a range of conditions, from referral through to recovery.	2016	2021	NHS England
2.3	Develop evidence base and consensus for models of children and young people's community crisis response and mental health liaison in acute hospitals – as a specific element of life course, all ages provision and/or a dedicated children & young people's	2016	2021	NHS England

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	team, including through funding and supporting the UEC Vanguard to test and evaluate models during 2016/17.			
2.4	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)
2.5	Support, develop and improve GPs knowledge and experience of management of severe mental illness including physical health and crisis care through the RCGP Curriculum statement for mental health and the appointment of an RCGP Mental Health Clinical Lead.		Apr-17	Royal College of General Practitioners

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2.6	<p>The Mental Health Taskforce report recommended “The Department of Health should appoint a new equalities champion with a specific remit to tackle health inequalities amongst people with mental health problems and carers across the health and social care system and through cross-government action.</p> <p>“This role should include responsibility for advising on operational activity within the NHS to reduce discrimination for people found to be at particular risk It should also pilot a Patients and Carers Race Equality Standard in mental health. “</p>	April 2016	Ongoing	DH
2.7	Ensure that rates of detention under the Mental Health Act in acute settings are reduced with specific reductions among BAME and any other over-represented groups.	2016	2021	NHS England
3. Urgent and emergency access to crisis care				
3.1	Ensure that no Emergency Department is without all age mental health liaison services, with at least 50% of acute hospitals are meeting the ‘core 24’ service standard (adults) for liaison mental health, supported by £247m new investment over 4 years from 2017/18	2017	2021	NHS England

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3.2	<p>In 2016/17 NHS111 mental health programme to include:</p> <ul style="list-style-type: none"> ▪ Data review to assess and monitor the level of use of 111 for people requiring mental health care in order to inform commissioners ▪ Gap analysis of mental health algorithms / dispositions including a review of the new MH triage scale ▪ Direct referral to liaison mental health services in emergency departments via the DoS ▪ Inclusion of mental health pathways within digital offering. ▪ Examining approaches to managing repeat frequent callers ▪ Explore enhancing access to NHS 111 for service users with a Learning Disability ▪ Additional MH training modules for NHS 111 Call Handlers 	2016	2017	NHS England
3.3.	<p>In the medium term, NHS111 Mental Health programme to:</p> <ul style="list-style-type: none"> ▪ Ensure that the NHS111 service is staffed by competent call handlers who are appropriately trained in life course mental health care, who are supervised and supported by qualified clinicians. ▪ Clinicians to have access to relevant aspects of patients' mental health crisis records - for all ages, including through the Summary Care Record ▪ Ensure that the NHS 111 Directory of Services holds accurate information across all acute, primary care and community MH services and is expanded to include health based places of safety and other NHS commissioned services. 	2016	2021	NHS England

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3.4	<p>Embed mental health crisis care into the implementation of the objectives of the urgent and emergency care (UEC) review, including:</p> <ul style="list-style-type: none"> ▪ Integrated Urgent Care and other emerging UEC programme priorities; ▪ Operational resilience programme (with a specific focus on winter), including A&E Delivery Board assurance. ▪ Development of UEC system-wide outcome measures and the proposed Emergency Care Data Set (ECDS); ▪ Governance, through bringing local Concordat groups and UEC Networks closer together; ▪ Development of UEC payment model guidance. 	2016	2021	NHS England, RCEM (for the ECDS)
3.5	Include mental health crisis care in UEC Vanguard programme.	2016	2017	NHS England
3.6	<p>Legislative changes – Amend sections 135 and 136 of the Mental Health Act 1983 to improve the response to those in mental health crisis and reflect evolving practice.</p> <p>This work will take forward the recommendations of the DH/HO joint review of s135 and s136 and introduce clarity to aspects of the law.</p>	February 2016	April 2017	HO / DH
3.7	NHS and police compliance with new legislative requirements set out in the Policing and Crime Bill, regarding s.135/6, use of health-based places of safety and police custody.		2017/18	HO / NHSE / DH

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3.8	Support the provision of additional Places of Safety. Implement the Government's commitment to improve local crisis care pathways and provide additional health-based places of safety using designated DH/NHS England funding of up to £15m.	Timescale – during 2016/17 and 2017/18	April 2018	DH / NHS E / HO
3.9	Ensure that the practice of sending adults out of area inappropriately for acute inpatient mental health care is eliminated, including data collection to allow national measurement of out of area placements.	2016	2021	NHS England, DH, NHS Improvement, HSCIC
3.10	Set out how standards are to be introduced for adult acute mental health care services over the next five years as part of full response to RCPsych's Crisp Commission Report into adult acute psychiatric care.		2016	NHS England
3.11	Audit and Review Emergency Department access to specialist mental health services across England and report back findings to NHS England and CCG networks		Ongoing	Royal College of Psychiatrists / College of Emergency Medicine
3.12	Following NHS England Urgent and Emergency Care review, develop best clinical practice around mental health crisis.		Ongoing	RC Psych

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3.13	Update guidance, first published in Jan 2013, on the use of section 136 for commissioners and providers.	October 2016		Royal College of Psychiatrists (with partner agencies)
3.14	The NHS ambulance services in England will monitor its single national protocol for the transportation of S136 patients, which provides agreed response times and a standard specification for use by clinical commissioning groups.	Ongoing		Association of Ambulance Chief Executives (AACE)
3.15	Ambulance services will explore how to manage patients that may need a form of restrictive intervention to include indications, who should perform the intervention and training requirement and methods.	October 2016	July 2017	Association of Ambulance Chief Executives (AACE)
3.16	Ambulance services will consider how to prevent avoidable deaths occurring in cases life-threatening acute behavioural disturbances	October 2016	July 2017	Association of Ambulance Chief Executives (AACE)
3.17	The level of training and curriculum guidance for ambulance clinicians will be reviewed in partnership with the College of Paramedics, with regard to the appropriate assessment and management of patients with mental health needs.	October 2016	July 2017	Association of Ambulance Chief Executives (AACE) / College of Paramedics

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3.18	The Department of Health will continue to monitor the national figures on the use of section 136.		Ongoing	DH / HO / national Police Chiefs' Council
3.19	Produce case study materials to support agencies sharing key information about a person in mental health crisis.		Autumn 2016	DH/HO/Centre for Excellence Information Sharing
3.20	College of Policing to publish guidance around police interventions in mental health inpatient settings, including around the use of restraint.		November 2016	College of Policing/Metropolitan Police Service/ DH/ Mind
3.21	Work to review police use of restraint where mentally ill people are involved.		January 2017	College of Policing/NPCC
3.22	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. 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.		November 2016	PHE / LGA.

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3.23	For Service personnel presenting to NHS care in crisis – improve access to military held medical information	October 2016	TBC	MOD
3.24	For Service personnel presenting to NHS care in crisis – consider NHS Crisis care having access to MOD sites to provide assessment, monitoring and treatment. Pilot this between 1 Defence mental health team and local NHS team	October 2016	TBC	MOD
3.25	Develop flow chart for NHS providers (Primary Care, A&E) and other stakeholders (e.g. Police) that provides information on contacting military units when service personnel present (especially Out of Hours) to NHS facilities	October 2016	Apr 17	MOD
3.26	Consider electronic transfer of medical information between military and NHS records. Initially develop principles of information sharing.	October 2016	Long term objective	MOD
4. Quality of treatment and care when in crisis				
4.1	The Care Quality Commission will assess how it can strengthen its approach to regulating and inspecting NHS acute hospitals to include mental health as part of its planned approach to assessing the quality of care along pathways and in population groups. This will include how NHS acute hospitals respond to people who present in crisis.	October 2016	Long term objective	CQC
4.2	The Care Quality Commission will continue to update information held on the location of health-based places of safety, publishing the data and updating the interactive map on its website.	October 2016	Long term objective	CQC

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4.3	Ensure that organisations across all sectors (NHS trusts and foundation trusts including mental health, community, acute and ambulance providers) are aware of their responsibilities to sign up to and commit to delivery of the Concordat within their local area.	October 2016	Long term objective	NHS Providers
4.4	Engage with trust boards and FT governors to ensure that they: <ul style="list-style-type: none"> understand their responsibilities to build Concordat protocols and actions into their service delivery, management, accountability and assurance processes, and feed back their own experiences of implementation, how providers can best drive the process, what practical barriers might need to be addressed at a local level, and how to achieve this. Include Concordat protocols into education and training programs for FT governors and non-executive directors. Consolidate information from members and contribute this to the work of the Concordat steering group, key central government agencies, statutory bodies and regulators to ensure that the system learns and adapts to facilitate greater ease of Concordat implementation and minimises any policy or regulatory barriers. 	October 2016	Long term objective	NHS Providers
5. Recovery and staying well / preventing future crises				
5.1	Strengthen the link between the Crisis Care Concordat and Suicide Prevention.	October 2016		Public Health England and DH

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5.2	Develop evidence-based treatment pathway for self-harm.	2017/18	2018/19	NHS England
5.3	Suicide clusters: Network Rail will inform local authorities where three or more suicides/attempts have taken place in a rolling 12 month period on its infrastructure. It will then seek to work with them to make the community in and around at area less vulnerable to suicide.		Ongoing	Network Rail
5.4	Information and good practice guidance <i>about prevention and early intervention</i> produced and disseminated.		Ongoing	PHE
5.5	Roll out of all age Liaison and Diversion services to 100% of the population of England by 2021 is on track to deliver subject to further treasury approval in April 2019. Liaison and diversion services will continue to seek opportunities to operationally integrate with police custody, healthcare services, and others subject to local approval with PCC and other commissioners.	2016	2021	NHS England