

This plan covers a number of themes, setting local improvements against national themes. Key purposes of the plan are to improve the following:

- Understanding that the focus should be on the service user and informal carer when we define a crisis, solve a crisis, or believe that it has been solved
- Ensuring there is absolute clarity about who patients, carers and members of the public can call 24/7 if they are facing challenging behaviour or crisis that is beyond their expertise and causing significant stress. Where 111 is used, this needs to link appropriately to the specialist local crisis service number
- The response will need to be quick, although it will not always be necessary for it to be a physical response or visit
- Representatives from any agency responding to a crisis (e.g. Police and Ambulance services) need to listen effectively to both patients and informal carers to gain a clear understanding of the crisis situation, and to know the pathways for effective response
- Following a crisis, plans should be put in place to reduce the likelihood of reoccurrence, or to mitigate its impact, or to improve response to future crises
- All service activity should meet the five aspects of quality: is each support activity safe, effective, caring, responsive to peoples' needs, and be well-led

The numbered points cover the following areas:

1. Commissioning to allow earlier intervention and responsive crisis services

- Matching local need with a suitable range of services
- Improving mental health crisis services
- Ensuring the right numbers of high quality staff
- Improved partnership working in Northamptonshire

2. Access to support before crisis point

- Improve access to support via primary care
- Improve access to and experience of mental health services

3. Urgent and emergency access to crisis care

- Improve NHS emergency response to mental health crisis
- Social services' contribution to mental health crisis services
- Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983
- Improved information and advice to front line staff to enable better response to individuals
- Improved training and guidance for police officers
- Improved services for those with co-existing mental health and substance misuse issues

4. Quality of treatment and care when in crisis

- Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring
- Service user/patient safety and safeguarding
- Staff safety
- Primary care response

5. Recovery and staying well/preventing future crisis

- Joint planning for prevention of crises

Appendix 1

Red – Not yet started, Amber – Ongoing, Green – Completed

IN CRISIS						
No.	Action	Criteria	Time-scale	Led By	Outcomes	Rag Rating
1.7	Based on the A&E admissions analysis set out above, identify opportunities for developing a business case for community-based alternatives to hospital admission	Improving MH Crisis Services	Jul 2015	CCG Mental Health Commissioning Manager	People benefit from support provided at home or close to home where possible Business case for Crisis House is complete. Potential properties identified and ongoing discussion with service providers regarding delivery underway.	Green
1.8	Ensure that there is sufficient CPN cover in custody provision	Ensuring the right numbers of high quality staff	Mar 2016	Police/ NHFT	People's mental health needs are supported effectively while they are in custody New service in place	Green
1.9	Review the no s136 suites and staffing to reflect demand for children, young people and adults, in line with recommendations from the Royal College of Psychiatrists.	Ensuring the right numbers of high quality staff	March 2016	NHFT	People's mental health needs are supported effectively while they are detained under s.136. Work On-going	Amber
3.2	Review the EMAS support to enable enhanced access to crisis care through the urgent and emergency routes	Improve NHS emergency response to MH crisis	March 2016	EMAS	Improved access to crisis care for people experiencing a mental health crisis Business case awaiting response	Amber

3.4	Ensure that there is an up to date, online Directory of Services, so that all partners are able to contact relevant services and support swiftly and effectively	Improve NHS emergency response to MH crisis	March 2016	CCG	There are clear and effective pathways for emergency services and other partners which link service users to the right service at the right time On-going	
3.5	Continue implementation of the Acute Liaison Psychiatric Service, reviewing the effectiveness of the implementation, and rolling out consistently across the county	Improve NHS emergency response to MH crisis	Oct 2015	CCG Mental Health Commissioning and NHFT	People in crisis receive effective support for the mental health needs if they attend hospital, and unnecessary hospital admissions are avoided Acute Liaison Service now 24hr.	
3.5a	Review the potential for creating an appropriate mental health assessment room at NGH and at KGH, and make recommendations from the review	Improve NHS emergency response to MH crisis	March 2016	NGH/KGH	People experiencing mental health crisis are treated with dignity and respect, and able to receive person centred support Rooms available - complete	
3.7	Agree standard response times across partners and pathways	Improve NHS emergency response to MH crisis	March 2016	Concordat Steering Group	There is clarity of expectations for response times across agencies for people experiencing a mental health crisis Work on-going to use standard recommended times in Concordat and associated documents	
3.7(1)	Review the Adult Social Care Mental Health workforce strategy to ensure that sufficient AMHPs and qualified social work posts are maintained within the Council to meet growing demand.	Social Services' contribution to MH crisis services	March 2016	NCC	There are sufficient AMHPs to meet the needs of people requiring Mental Health Act assessments On-going	

	3.7a As part of AMHP review, develop, agree and implement an all age AMHP workforce strategy	Social Services' contribution to MH crisis services	March 2016	NCC	There are sufficient AMHPs who are able to meet the needs of people requiring Mental Health Act assessments, including children and young people, and people with other needs and conditions (such as learning disability) On-going	
	3.8(1)As part of AMHP review, ensure that there are effective pathways between daytime and out of hours services	Social Services' contribution to MH crisis services	March 2016	NCC	People who require Mental Health Act assessments receive and effective support from AMHP services On-going	
	3.9 As part of AMHP review, review the policy for Police assistance for AMHPs	Social Services' contribution to MH crisis services	March 2016	NCC, supported by the Police	There are clear procedures in place across agencies which mean that AMPH assessments are carried out safely, and support makes best use of partnership resources, and meets people's needs in a timely manner On-going	

	3.10 Review and make recommendations relating to the effectiveness of mental health social workers within the CAMHS service	Social Services' contribution to MH crisis services	June 2015	NCC/ CCGs/NCC	Children and young people experiencing mental health crisis receive joined up support across health and social care On-going , submission to NHS England, awaiting response	
3.13	Ensure that there are effective pathways and connections with Deprivation of Liberty services and processes	Social Services' contribution to MH crisis services	September 2015	NCC	People's best interests are appropriately considered Completed	
3.14	Develop revised guidance and protocol for the s136 pathway across agencies, including use of Police powers under the Mental Health Act and information sharing protocols	Improved quality of response when people are detained under s.135 and 136 of the MH Act 1983	March 2016	Police, supported by all partners	There is a safe and effective service for patients and staff Flow chart and Interagency Data collection form in place - completed	

3.15	Review local arrangements against the Association of Ambulance Chief Executive national s136 guidelines for transportation of patients and implement any necessary improvements including the alignment of EMAS and Police response on expectation of waiting times to coordinate on a case by case basis	Improved quality of response when people are detained under s.135 and 136 of the MH Act 1983	March 2016	EMAS	People in crisis and potentially requiring a Place of Safety are transported to the right place, with appropriate support during transportation, with the acute hospitals and Police briefed on waiting times to better support people Business case written, awaiting response	
3.19	To improve information sharing and handover to partner agencies via streamlined data recording between EMAS, NHFT, S136 suite and notification to primary health/schools where appropriate	Improved info and advice available to frontline staff to enable better response to individuals	March 2016	All partners and DHL	There is a streamlined information flow to reduce safeguarding risk and prevent readmission into in-patient provision. Interagency cdata collection form in place and data available.- complete	
3.21	Review the potential need for safe places for people who require a mental health assessment but are too intoxicated to be interviewed	Improved services for those with co-existing MH and substance misuse issues	March 2016	Police and NHFT	People who are intoxicated and in mental health crisis are assessed in a safe place, and partners' resources are used effectively On-going	

	4.1 Ensure that there are clear protocols and pathways for people who require medical intervention before being taken to a designated Place of Safety and who are intoxicated	Review police use of places of safety	March 2016	NGH/ Police/EMAS/NHF T/A&E depts	People who are intoxicated and in mental health crisis are assessed in a safe place, and partners' resources are used effectively Pathway in place - complete	
--	---	---------------------------------------	------------	--	---	--

OUT OF CRISIS - RECOVERY

No.	Action		Time scale	Led By	Outcomes	Rag Rating
2.4	Implement a Wellbeing Education Network	Improve access to support via primary care	Ongoing	CCG Mental Health team	People with mental health needs are able to improve their own mental wellbeing by contributing to others, and others can learn and benefit from their experiences Work on-going	
	2.4a Ensure that a delivery of 'how to manage a crisis' workshops are offered through the Wellbeing Education Network 2.4b Develop and deliver specific training to carers through the Recovery College on managing challenging behaviours specifically related to Mental Health.	Improve access to support via primary care	Ongoing	CCG Mental Health team	Carers are better able to: Cope with more crises at home without involvement of emergency services. Handle situation reducing the risk of injury to themselves and/or the person experiencing carers the crisis. Deploy strategies that help them remain calm which will help person remain calmer Will be the work of the Recovery College	
5.4	Improve the support and information to informal carers after a crisis episode, where this is appropriate.	Joint planning for prevention of crises	March 2016	Voicability NCC	Informal carers are able to help people plan better ways to manage their mental health in future Not yet started	
5.5	Review the step up and step down processes between the tiers including the recovery plans and maintaining wellbeing for children and young people	Joint planning for prevention of crises	April 2016	NHFT/CCG	To reduce re-entry into crisis services and support the ability for children and young people to thrive in their community. On-going	

3.11	Ensure that the needs of people experiencing mental health crisis are incorporated into review of advocacy services	Social Services' contribution to MH crisis services	March 2016	Link to CCG Advocacy services NCC	People experiencing mental health crisis are able to access advocacy services if they require them On-going	
3.12	Ensure, through training and audit of practice, that people attending or responding to a crisis are also aware of the needs of carers, and how they can be appropriately involved and offered support	Social Services' contribution to MH crisis services	March 2016	NCC	Information known to carers is used positively to help improve the experience of the person experiencing a mental health crisis; and carers' immediate needs are also considered On going	

PREVENTION

No.	Action		Time-scale	Led By	Outcomes	
1.3	a) Review perinatal mental health risks, and b) incorporate recommendations into transfer of 0-5 services into local commissioning	Matching local need with a suitable range of services	October 2015	Nene/Corby CCG (supported by NCC Public Health team)	There is effective identification of mental health needs and support during the perinatal period On-going work	
1.10	Amend 'crisis' training as part of mental health awareness training to universal providers (e.g., café's, museums, garden centres, libraries voluntary services, faith communities etc.), including the needs of carers as well as people with mental health issues	Ensuring the right numbers of high quality staff	March 2016	NCC Integrated Wellbeing Services / Commissioners	Appropriate responses are made by universal services to support improved emotional wellbeing outcomes. Exploration of need for action to take place (for 1.10, 1.11a, b and c)	
1.11a	Improve community based awareness of mental health issues, including issues for carers.	Ensuring the right numbers of high quality staff	March 2016	NCC Public Health team	There is raised awareness, translated into action, among employers regarding reducing emotional wellbeing episodes, destigmatisation, mental health first aid and supporting the return back to work for staff affected	
	1.11c Raise awareness and achieve destigmatisation in schools and with young people.	Ensuring the right numbers of high quality staff	Ongoing	Nene/Corby CCG, supported by NCC	Reduced stigma, enabling children, young people and their support staff to respond appropriately to need On-going Work	

	3.6	Develop and promote an information sheet setting out standard pathways mental health help	Improve NHS emergency response to MH crisis	March 2016	CCG/Suicide Prevention Group	People receive high quality, person centred services regardless of which agency is supporting them Work to commence January 2016	
	4.6	Implement a standard process across partners for Incident reporting	Service user/ patient safety and safe-guarding	March 2016	Concordat Steering Group	Services continually improve based on learning from incidents, shared across partners On-going work	
1.12		Developing knowledge and skills of primary care to respond appropriately to people in crisis or at risk of crisis.	Ensuring the right numbers of high quality staff	June 2016	Nene/Corby CCG	Appropriate responses are made by general practice to support improved emotional wellbeing outcomes. On-going work. Connecting for people project established.	
	2.6	Improve mental health in processes and skills in primary care – through workforce development for prevention, identification, early intervention, and step up/step down	Improve access to support via primary care	On-going	CCG Mental Health team	People with mental health needs are supported effectively in primary care by clinicians who also manage their own mental wellbeing effectively Process of mapping primary care skills and knowledge underway. Suicide mitigation training project started with plan for all GPs to be trained by the end of 2016.	

1.14	Re-establish inter-agency Strategy Group relating to suicide reduction, linked to both the Steering Group for the Crisis Concordat Plan and to structure which address self-harm, and with clearly agreed brief and mandate. 1.15 Review the potential to set ambitious targets for levels of reduction in cases of suicide where people have been diagnosed with depression	Improved partnership working in Northamptonshire Improved partnership working in Northamptonshire	January 2015	NCC Public Health team	All partners have a shared understanding of local needs relating to suicide, and there is co-ordinated implementation of actions to reduce suicide On-going work to set up Countywide Suicide Prevention Strategy Group	
2.2	Promote actions for improving mental wellbeing across the population, such as 10 Actions for Happiness	Improve access to support via primary care	March 2016	NCC Public Health Team	There are increased levels of mental wellbeing across the population of Northamptonshire - Work On-going	
2.3	Implement integrated services and support for mental wellbeing, including used of WEMWEBS tools for measuring subjective wellbeing	Improve access to support via primary care	March April 2016	NCC Integrated Wellbeing, supported by CCGs	There are increased levels of mental wellbeing across the population of Northamptonshire Under review – alignment with CIC	
2.7	Review and improve self referral pathways into mental health and mental wellbeing support services	Improve access to and experience of MH services	Dec 2015	CCG Mental Health Commissioning Manager	People are able to manage their own mental health needs, receiving timely support when appropriate Go-live Decmebr 2015	

2.8	Develop a single point of access across tiers for children and young people for services in prevention, early intervention, targeted and specialist services including a managed step up and step down with Tier 4 in patient provision commissioned by NHS England.	Improve access to and experience of MH services	Phase 1 (CAMHS/ Paediatrics went live Sep2014)	Nene/Corby CCG, supported by NHFT	Children and young people receive timely support for their mental health needs Green Sept 2015 complete	
2.9	Consider expanding information on www.asknormen.co.uk to cover adults information, or ensure that there is an appropriate single trusted online resource for adults and carers.	Improve access to and experience of MH services	Mar 16	CCG Mental Health team	Patients and practitioners know where and how to access up to date, trusted information and advice Will be considered as part of the overall review of the Primary Care Pathway.	
3.17	Provide training to primary and third sector organisations re mental health services available in the locality, pathways into services within that locality, how to identify a crisis and referring to appropriate services	Improved info and advice available to frontline staff to enable better response to individuals	Ongoing	CYP – CCG with support from NCC Adults – NCC Integrated Wellbeing/CCG	There is improved awareness across partners of available services and support, so that patients can be referred appropriately and receive timely and effective support On-going work	

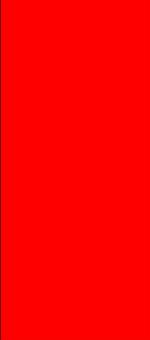
4.5	Improve links with schools regarding information sharing, early identification and support, and implementation of urgent/crisis flags for children and young people affected by mental health issues, including the Talk Out Loud Anti Stigma Programme	Service user/ patient safety and safe-guarding	On-going	NCCG	Children and young people are supported effectively in the school environment, with early access to support, and clarity regarding referral routes in crisis Date planned in February 2016 for Mental Health anti stigma campaign LETC grant from Health Education England for schools and GPs Work on-going	
5.1	Review process and protocols for crisis planning including advance statements, and implement improvements	Joint planning for prevention of crises	September 2016	Concordat Steering Group	People can reflect on the crisis and plan for better ways to manage their mental health in future Various Crisis plans of different types in place. On-going Work	
	5.1a Implement the STORM Future Safety Plan	Joint planning for prevention of crises	March 2016	NHFT	The likelihood of a further crisis for someone at risk of suicide is reduced On- going work- rolling programme of STORM training in place	
	5.3 Agree and implement process for WRAP/Relapse prevention and support	Joint planning for prevention of crises	March 2016	Concordat Steering Group	Appropriate support is provided after the crisis and people are able to plan for better ways to manage their mental health in future Not yet started	

INFORMATION ANALYSIS

No	Action		Time-scale	Led By	Outcomes	
1.1	Carry out annual refresh of the Joint Strategic Needs Analysis, including of risk and protective factors for mental health	Matching local need with a suitable range of services	May 2015	NCC Public Health Team	Evidence and needs analysis to support service planning is up to date	
1.4	Carry out an A&E admissions audit to improve the prevention, early intervention and discharge pathways including a review of the adherence to NICE guidance	Matching local need with a suitable range of services	March 2015	Support from Nene CCG and the local hospitals safeguarding teams	Reduced number of admissions or reduced length of stay for patients experiencing a mental health crisis Completed	
1.6	Carry out a clinical audit of suicide cases over the last 5 years, drawing on sources of information including public health data, mental health service provider data and coroners' information (including suicides and open verdict cases)	Matching local need with a suitable range of services	Sept 2015	NCC Public Health Team	Completed	
2.1	Carry out longitudinal study of levels of wellbeing in the population	Improve access to support via primary care	March 2016	NCC Public Health Team	There is evidence that wellbeing is improved across the population of Northamptonshire Work On-going	

3.1	Review evidence of effectiveness of Triage Car, and agree business case for future investment, including the voice of service users, and implement model as agreed	Improve NHS emergency response to MH crisis	January 2015	Police/NHFT	Maintain and improve reductions in use of custody for Place of Safety, and improved triage of Place of Safety cases Triage Car now embedded. Data available for reductions of 136 in police custody.	
3.3	Review 24/7 crisis model, particularly in regard to out of hours cover, and the links to support for suicide related harm, and recommend improvements	Improve NHS emergency response to MH crisis	Dec 2015	CCG Mental Health Commissioning	There is clear understanding across partners regarding existing crisis services and how they are connected (e.g. British Transport Police Suicide Line, The Samaritans); and service users are linked to the right service and the right time All mental health crisis services to be linked to 111. Directory of services to be developed as part of 111 procurement. Workshop to be held in early 2016 hosted by CCG to look at crisis care.	
	3.3a Within the review of the crisis model, ensure that the CRHTT service delivers the home treatment element effectively	Improve NHS emergency response to MH crisis	Jan 2016	NHFT	There is timely support for people in their own homes Awaiting final CORE fidelity Score to demonstrate compliance	
	3.3b Within the review of the crisis model, incorporate the evaluation of the CRHTT pilot to support Personality Disordered patients with care plans to avert crises	Improve NHS emergency response to MH crisis	March 2016	NHFT	Reduced length of stay in hospital for people with personality disorder Learning from Pilot project incorporated into Structured Clinical Management approach - Complete	
	3.3c Within the review of the crisis model, ensure that there is sufficient and effective access to social care staff NCC to reword?	Improve NHS emergency response to MH crisis	March 2016	NCC mental health	People experiencing mental health crisis receive joined up support across health and social care On-going	

	3.3d Within the review of the crisis model, ensure that there are effective links with children and young people's services, including CAMHS, as well as reviewing the acute pathways on presentation to A&E	Improve NHS emergency response to MH crisis	March 2016	CCGs/NHFT	There are clear arrangements, understood by all relevant partners, which ensure that children and young people receive effective crisis mental health support	
	3.3e Within the review of the crisis model, ensure compliance with NICE and CQC standards	Improve NHS emergency response to MH crisis	March 2016	CCGs/NHFT	On-going work. Awaiting CORE fidelity Study results.	
	3.6 (1) Evaluate the scope of the local 111 helpline to respond and provide mental health support through the provision of a trained MH specialist and consider potential for OOH Single Point of Access	Improve NHS emergency response to MH crisis	April 2016	CCG Mental Health Commissioning with the CCG Project Team	Improved access to support for people experiencing mental health crisis Carers better able to: <ul style="list-style-type: none"> ▪ Cope with more crises at home without involvement of emergency services. ▪ Handle situation reducing the risk of injury to themselves and/or the person experiencing carers the crisis. Will be considered as part of 111 procurement	
3.8	EMAS to have timely access to a support telephone line to enable them to provide information, advice and guidance	Improve NHS emergency response to MH crisis	March 2016	Concordat Steering Group	Improved access to support people experiencing a mental health crisis Work Ongoing	

3.16	Carry out an audit of the experience of s136 patients, and recommend practice improvements following that audit	Improved info and advice available to frontline staff to enable better response to individuals	March 2016	All partners	Services continually improve, learn from the experience of the people they support, and become more person-centred Work to start in 2016	
------	---	--	------------	--------------	--	---

OPERATIONAL FUNCTIONS

No	Action		Time-scale	Led By	Outcomes	
1.2	Ensure that there is effective engagement and consultation with service users and carers with additional outreach to BME groups to inform service planning incorporating the 4PI's National Involvement Standards	Matching local need with a suitable range of services	July 2015	CCG Mental Health Commissioning Manager in conjunction with NHFT, Northamptonshire County Council Social Care and Public Health	Service Users and their Carers are engaged and involved in the on-going development and delivery of the Crisis Care Concordat Plan. Services are shaped around the needs of individuals and the population as a whole. On-going work – Development of new CCG Mental Health Strategy to commence shortly.	
1.5	Develop improved pathways between homeless and mental health services, and substance misuse service and mental health services, including the user/ carer experience	Matching local need with a suitable range of services	October 2015	NCC Integrated Wellbeing team/ Public Health	People benefit from joined up support across health, social care and other agencies Ongoing work	
1.13	Establish a time-limited Steering Group for the implementation of the Crisis Concordat Plan, linked to the existing Joint Commissioning Board and the Criminal Justice Mental Health subgroup, and reporting back to the Health and Wellbeing Board	Improved partnership working in Northamptonshire	March 2015	H&W Board Secretariat	The Crisis Concordat Plan is implemented effectively, and there are appropriate on-going links established between strategy (through the Joint Commissioning Board) and operational issues (through the Criminal Justice Mental Health group, which reports to the Local Criminal Justice Board) Complete	

1.16	Develop opportunities for partnership working between the Mental Health Crisis Concordat Steering Group and the planning and targeting of Community Fire Safety initiatives	Improved partnership working in Northamptonshire	March 2016	Crisis Concordat Steering Group chair	Reduce risk factors using an evidence-led approach Work On-going	
2.5	Continue implementation of primary care liaison worker roles	Improve access to support via primary care	October 2016	NHFT	There is improved access for people experiencing mental health needs Completed	
3.18	Provide training for paramedics re mental health services available in the locality, pathways into services within that locality, and how to refer to them	Improved info and advice available to frontline staff to enable better response to individuals	March 2016	EMAS	There is improved awareness across partners of available services and support, so that patients can be referred appropriately and receive timely and effective support New Mental Health practitioner in place, work on-going	
3.20	Continue Police training programme for mental health, which may include the use of www.minded.org.uk as a training tool	Improved training and guidance for police officers	Ongoing	Police	All police officers have appropriate understanding of their powers, the local pathways and support, and the needs of people experiencing mental health crisis. In place - complete	

3.22	Maintain and improve the process for early identification of clients with dual diagnosis, and provision of support to them	Improved services for those with co-existing MH and substance misuse issues	March 2016	DSIP (Police/S2S)	Ensure that the needs of people with dual diagnosis are met as early as possible, and co-ordinated across agencies so that they receive joined up support On-going work	
3.23	Implement substance misuse elements and pathways within the acute liaison service	Improved services for those with co-existing MH and substance misuse issues	March 2016	CRI (S2S)	People in with mental crisis and dual diagnosis receive effective support for the mental health needs if they attend hospital, and unnecessary hospital admissions are avoided Work on-going	
3.24	Provide a clear view of provision and availability for first responders	Improved services for those with co-existing MH and substance misuse issues	March 2016	EMAS	There is support available to front line staff to take appropriate action subject to the service capacity availability (e.g. places of safety) On-going work	
4.2	Develop a proposal across partners for implementing a "Families and Friends" test for people using mental health services Reword ... explore the use of families and friends test for people using mental health services ...	Service user/ patient safety and safe-guarding	March 2016	Concordat Steering Group	Services continually improve based on feedback from patients and service users Services use friends and family tests but in various formats look at where these can be synergised.	

4.4	Develop and implement best practice regarding reduction in restrictive practice	Service user/ patient safety and safe-guarding	March 2016	NHFT/ SAH Concordat Steering Group	People are treated with dignity and respect All guidance implemented. Awaiting further National Guidance	
4.3	Implement a process for providers of mental health crisis services to share (with each other, and key stakeholders) their progress against implementation of the Positive and Proactive Care guidance and the Mental Health Act 1983 Code of Practice in relation to restraint, with each provider reporting progress to the Steering Group and focusing on issues including training and staffing levels	Service user/ patient safety and safe-guarding	March 2016	NHFT/ SAH Concordat Steering Group	Best practice in relation to restraint in Northamptonshire is promoted All guidance implemented. Awaiting further National Guidance	
4.7	Ensure that there is effective access to appropriate adults with clearly understood pathways	Service user/ patient safety and safe-guarding	March 2016	Police	Evidence -Services users are appropriately supported Completed	
4.8	Ensure that effective risk assessment arrangements are in place for all mental health action plans and projects	Staff safety	March 2016	Concordat Steering Group	Patients and staff are safe Existing arrangements	
4.9	Ensure that there are clear protocols for GPs to identify and arrange community health care	Primary care response	March 2016	Nene CCG	There is timely primary care support for people who have experienced a mental health crisis New Referral forms for PCLW issued to GPs giving greater clarity on referral points - Completed.	

5.2	Review pathways to support in CMHTs and primary care so that there are clear discharge and entry criteria, including protocols for people not eligible for CPA	Joint planning for prevention of crises	March 2016	NHFT	Appropriate support is provided after the crisis and people are able to plan for better ways to manage their mental health in future Completed – New policy for CMHTs in place.	
-----	--	---	------------	------	--	--