

No.	Action	Timescale	Led By	Outcomes	Lead or individual	Summary progress	RAG
Common actions across BHR							
1	Complete review of crisis care pathway to inform commissioning intentions for MH direct/street triage, EMHL and interface with inpatients/HTT and CRT and CYP crisis pathway (linking to CYP MH transformation plans) and ensure other interface issues (e.g. dual diagnosis of drug/alcohol and MH) are identified and addressed e.g. through borough based work	Mar-16	BHR CCGs	Improved crisis care pathway supported by commissioned services integrated into the urgent and emergency care pathway, underpinned by updated service specifications and performance indicators.	G Hughes		
2	Establish mental health workstream as part of urgent and emergency care vanguard which will review interface between MH direct and 111	Mar-16	BHR CCGs	Achieve parity of esteem for people with mh needs calling NHS 111	tbc (CCG lead)		
3	Establish mental health workstream as part of urgent and emergency care vanguard that will review ED arrangements for people in mh crisis, incorporating previous actions around the ED environment and intramuscular tranquilisation	Mar-16	BHR CCGs	Achieve parity of esteem for people with mh needs using BHR urgent and emergency care services	tbc (CCG lead)		
4	Establish mental health workstream as part of urgent and emergency care vanguard which will review liaison mental health service against "core 24"	Mar-16	BHR CCGs	Achieve parity of esteem for people with mh needs using BHR urgent and emergency care services	tbc (CCG lead)		
5	Establish workstream to improve crisis response to CYP as part of CYP MH Transformation Plans	Mar-16	BHR CCGs	Ensure appropriate crisis response in place for CYP with mental health problems	tbc (CCG lead)		
6	Review operation of protocols between police, mh services and LAS following crisis pathway review	Jun-16	NELFT	Ensure crisis care concordat standards are operationalised	TBC (NELFT lead)		
7	Implement primary care psychosis pathway	Mar-16	BHR CCGs	More consistent response to people with psychosis in primary care	Drs Kumar, Okorie and Adur		
8	Improve primary care response to mental health crisis through education and training through locality sessions, practice visits and PTIs	Ongoing with annual review of activities	BHR CCGs	More consistent response to people with mental health problems in primary care	Drs Kumar, Okorie and Adur		
9	Review local procedures for the use of restraint – to ensure that when it is being used it is done safely, supportively and lawfully.	Jun-16	NELFT	Assurance that restraint is only used safely, supportively and lawfully	TBC (NELFT lead)		

Barking and Dagenham actions							
1	Consider further the needs of people with dual diagnosis (LD and MH) to ensure they receive the most effective support and care with particular focus on information sharing and working with GPs to prioritise LD crisis and work more effectively with carers of people with LD	Mar-16	Joint Commissioner / Barking and Dagenham (BD) CCG	Improve response for people in mental health crisis with LD	K Stevens-Lee		
2	Consider output of B&D Mental health strategy and stakeholder engagement including how to improve communications around crisis/mental health services and improve engagement with CVS, BME and faith groups, housing, employment, training and other sectors	Dec-15	BD MH sub-group	A more holistic approach to managing mental health and mental health crisis	BD MH Sub Group		
3	Increase the awareness and use of personal health budgets for those with long term mental health needs	March 2016 with mid-year review in Q2/3.	NELFT and Local Authority	Increased awareness of the use of personal health budgets amongst people with long term mental health needs and providing them with greater choice and control over the support they access to manage their mental health.	BD MH sub group		
Redbridge actions							
1	To undertake programme of training/briefing for GP on crisis/risk assessment, using brief assessment tools to aid decision making in psychiatric emergencies. To include briefing on how to refer and to which service depending on nature of crisis	Mar-16	Redbridge CCG	Increased awareness through use of GP Protected Learning Event, with two hour dedicated timeslot for mental health services, with focus on EIP, in June and a two-hour slot dedicated to NELFT mental health services in September.	Clinical Director / CCG lead officer		
2	To improve quality of recovery and crisis planning through practice improvement training by NELFT	Mar-16	Redbridge CCG	Ongoing but September PLE included a mental health service-focused 'speed dating' format for 12 NELFT services to engage with 125 GPs in 12x10 minute slots.	Clinical Director / CCG lead officer		
3	To look at access arrangements to mental health services for people with stable mental health problems discharged to primary care based on Waltham Forest long term conditions pilot	Dec-15	Redbridge CCG	To review findings from Waltham Forest pilot	CCG Lead officer		
Havering actions							
1	Commissioners to work with community and Voluntary Sector and review accessibility of services for young men in a MH crisis	Dec-15	Havering CCG	Improved services for young men in a MH crisis	Clare Burns/Bob Barr		
2	Increase the awareness and use of personal health budgets for those with long term mental health needs	March 2016 with mid-year review in Q2/3.	NELFT and Local Authority	Increased awareness of the use of personal health budgets amongst people with long term mental health needs and providing them with greater choice and control over the support they access to manage their mental health. Carers and parents will be able to access personal budgets for their loved ones where appropriate.	Mental Health Partnership Board		
3	Review of step-down housing provision	March 2016 with mid-year review in Q2/3.	Havering CCG/Local Authority/NELFT	Appropriate supported housing for people following a crisis	Mental Health Partnership Board		
4	Review provision of recovery services (incl. Recovery College)	March 2016 with mid-year review in Q2/3.	Havering CCG & NELFT	Timely and appropriate recovery services	Mental Health Partnership Board		
5	NELFT SI - systematic review of SI involving people who commit suicide not known to NELFT	March 2016 with mid-year review in Q2/3.	Havering CCG & NELFT	Ensure key lessons learnt are applied to drive service improvement	Mental Health Partnership Board		