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
1. **Access to support before crisis point**
* Improve access to spport via primary care
* Improve access to and experience of mental health services
1. **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 detailned 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
1. **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
1. **Recovery and staying well/preventing future crisis**
* Joint planning for prevention of crises

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| **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.****Crisis house is now open and functioning well** |  |
| 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 and model developing alongside national guidelines** |  |
| 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.**Carry forward into 2017 priorities to build upon the success of the 136 suites and police triage function** |  |
| 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** |  |

**Appendix 1**

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

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| 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 Ask Normen is now active, crisis cards ready for printing – to develop a crisis page on ask Normen** |  |
| 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 and reaching PLAN status** |  |
| 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 and meets PLAN standards** |  |
| 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 utilise standard times and expectations and formally discuss in Concordat and meetings** |  |
| 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**Review complete and agreed by NCC – discussions in place with NHFT re possible outcomes / actions to work closer together.** |  |

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| 3.7a | As part of AMHP review, develop, agree and implementan 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)**As above** |  |
| 3.8(1) | As part of AMHP review, ensure that there are effectivepathways 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  **As above** |  |
| 3.9 | As part of AMHP review, review the policy for Policeassistance 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 **As above** |  |

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| 3.10 | Review and make recommendations relating to theeffectiveness of mental health social workers within theCAMHS 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, has since been reviewed updated and continually monitored. Will report into the concordat meeting** |  |
| 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****Carry forward into priorities in 2017** |  |
| 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 data collection form in place and data available.- complete – Information sharing agreement agreed for update to enable further projects in priorities for 2017** |  |
| 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**Priorities for 2017 we are increase CPN presence at Police Force Control to enable a screening of all potential 136 to inform of most appropriate pathway** |  |
| 4.1 | Ensure that there are clear protocols and pathways forpeople who require medical intervention before beingtaken to a designated Place of Safety and who areintoxicated | Review police use of places of safety | March 2016 | **NGH/** Police/EMAS/NHFT/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** |  |

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| **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**Carried forward to the MH Transformation plan and is not a key priority for this plan in 2017** |  |
| 2.4a2.4b | Ensure that a delivery of ‘how to manage a crisis’workshops are offered through the Wellbeing EducationNetworkDevelop 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**NHFT have employed a Carers Peer Support Worker who is working on a carers skills group and network that has evidence in other areas to improve experience, reduce carer burden and avert crisis** |  |
| 5.4 | Improve the support and information to informal carersafter a crisis episode, where this is appropriate.  | Joint planning for prevention of crises | March 2016 | VoicabilityNCC | Informal carers are able to help people plan better ways to manage their mental health in future**Carers Peer Support Worker looking at material for carers alongside NCC** |  |
| 5.5 | Review the step up and step down processes betweenthe tiers including the recovery plans and maintainingwellbeing 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 Priority in 2017** |  |
| 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**Out for tender but access to advocacy is available and in each agency.** |  |
| 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**Carers Peer Support Worker due to train clinical teams re working with carers. In addition CCG developing webinar for GP’s re working with MH carers.** |  |

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| **PREVENTION** |
| **No.** | **Action**  |  | **Time-****scale**  | **Led By** | **Outcomes** |  |
| 1.3 | 1. Review perinatal mental health risks, and
2. 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**Business case for perinatal service has been developed between agencies and submitted to NHSE** |  |
| 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.**The vehicle for this is through Ask Normen website this has now been advertised in all areas** |  |
| 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 inschools 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**All services work to this goal – we have “talk out loud” anti stigma programme in relation to this – this is ongoing programme** |  |
| 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**We have single access points for crisis in all localities and this is planned to link with 111 in the future. Ask Normen advises of this and this is where to direct all concerns.** |  |
| 4.6 | Implement a standard process across partners forIncident reporting | Service user/ patient safety and safe-guarding | March 2016 | Concordat Steering Group | Services continually improve based on learning from incidents, shared across partners**136 and Police Triage meetings to have exception reporting in the agenda, this will be fed back to the crisis concordat meeting and also have a section for AOB for those outside of these forums.** |  |
| 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.****Safe tool and risk assessment training completed, will continue training to ensure maximum training, currently being evaluated** |  |
| 2.6 | Improve mental health in processes and skills inprimary care – through workforce development forprevention, identification, early intervention, and stepup/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.** **Work now complete and webinars are set up to meet their reported needs** |  |
| 1.141.15 | 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. Review the potential to set ambitious targets for levelsof reduction in cases of suicide where people havebeen diagnosed with depression | Improved partnership working in NorthamptonshireImproved 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****Suicide prevention partnership, had 2 multi agency meetings and clear plan in place. This links to NHFT strategy** |  |
| 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****In the self care and prevention work stream of the MH transformation plan will take this action** |  |
| 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****In place for first for wellbeing** |  |
| 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 Commissi oning Manager | People are able to manage their own mental health needs, receiving timely support when appropriate **Self referral to IAPT and single access point in localities for known people** |  |
| 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](http://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.** **In progress and allocated budget for this** |  |
| 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 NCCAdults – 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 through ask normen** |  |
| 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****Priority for 2017** |  |
| 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****This has now been included in the CPA process for NHFT go live in Dec 2016. Paperwork coproduced with carers and service users.** |  |
| 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. This tool is used across MH services and training will be ongoing to support its use** |  |
| 5.3 | Agree and implement process for WRAP/Relapseprevention 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****Now incorporated in the CPA plans go live Dec 2016** |  |

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| **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**Is in the proposed commissioning intentions for 2017** |  |
| 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****Completed and results published** |  |
| 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. This is due to be expanded with daytime control room cover.** |  |
| 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.****Discussions in place to update algorithms for 111 and to have local MH response** |  |
| 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 Core fidelity has shown compliance****NHFT have developed and transformed model to allow the clarity between assessment and home treatment function so that home treatment can be protected and grown.** |  |
| 3.3b | Within the review of the crisis model, incorporate theevaluation of the CRHTT pilot to support PersonalityDisordered 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 | 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****Meetings to take place following NCC review paper of AHMP and hoe to co work with crisis staff in future** |   |
| 3.3d | Within the review of the crisis model, ensure that thereare effective links with children and young people’sservices, including CAMHS, as well as reviewing theacute 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 Acute Liaison are screening all CAMHs referrals to A&E |  |
| 3.3e | Within the review of the crisis model, ensurecompliance with NICE and CQC standards | Improve NHS emergency response to MH crisis | March 2016 | CCGs/NHFT | **On-going work. Awaiting CORE fidelity Study results.****Core fidelity results show compliance.** |  |
|  | 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 crisisCarers 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.

**Will be considered as part of 111 procurement****Discussions taken place****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.****Discussions in place to update algorithms for 111 and to have local MH response** |  |
| 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****Bid being considered for EMAS triage care in addition with developments in police control room considering joining up EMAS support to enable a triage hub and coordination of MH crisis. Priority for 2017** |  |
| 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** **Completed via I Want Great care – ongoing this is an outcome within the crisis pathway money and picked up through responses from Crisis house, Acute liaison and police triage** |  |

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| **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. – engagement completed, coproduced meetings going forward****Reverse commissioning strategy action plan in place for NHFT** |  |
| 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****Reviewing membership of group to include fire servcie** |  |
| 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**EMAS now have mental health leads in place. Work ongoing re EMAS car bid and also joining up the police control advisor nurse with EMAS. Priority for 2017** |  |
| 3.20 | Continue Police training programme for mental health, which may include the use of [www.minded.org.uk](http://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 Priority for 2017 and webinar for GP on dual diagnosis** |  |
| 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 to be concluded after substance misuse tender process** |  |
| 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 see above for triage / advice post for police and EMAS – Priority for 2017** |  |
| 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**Covered in the I statements of the Crisis pathway outcomes – looks at the overall experience not service / agency specific.  |  |
| 4.3 | Implement a process for providers of mental healthcrisis services to share (with each other, and keystakeholders) their progress against implementation ofthe Positive and Proactive Care guidance and theMental Health Act 1983 Code of Practice in relation torestraint, with each provider reporting progress to theSteering Group and focusing on issues includingtraining 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. Any further National Guidance to be reviewed at the Crisis Care concordat** |  |
| 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.** |  |