

From: Ann Barnes, Kent Police and Crime Commissioner
To: Kent Police and Crime Panel
Subject: Progress with the Mental Health Concordat
Item & Date: Item B2, 4 November, 2014

Executive summary:

This paper summarises the progress that Health and Kent Police have made towards the delivery of the Mental Health Concordat. Due to significant work that has been undertaken, people suffering mental health illness who happen to come into contact with the police or other agencies, will experience a far more effective and joined-up level of care.

The Mental Health Concordat redefines the core responsibilities of health, police and other agencies in providing care for people experiencing a mental health crisis. The Concordat has been signed at a national level and Kent is in the process of developing a local version. Prior to the introduction of the national Concordat, Kent Police and partners were already significantly ahead of the game having put in place a number of measures to address concerns the Concordat is seeking to resolve.

A regional launch event was held in Surrey on 14 October, and a newly established Kent and Medway Mental Health Crisis Concordat Steering Group will convene on 12 November.

The Police and Crime Commissioner will maintain oversight of delivery of the local Concordat through representation at the Steering Group, the Governance Board, regular updates from senior officers and her influence with wider (non-policing) stakeholders.

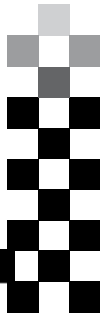
Introduction:

1. A national *Mental Health Crisis Care Concordat* was published by the Department of Health in February 2014. It is supported by a broad range of partner agencies including Police and Crime Commissioners, Directors of Public Health, Clinical Commissioning Groups and NHS England.
2. The Concordat redefines the core responsibilities of health, police and other agencies in providing care for people experiencing a mental health crisis. There is also an expectation that each force area in England will have a Local Concordat by December 2014.
3. The Commissioner's support for this area of work links directly to the "*Improving the health and wellbeing of our communities, particularly tackling mental illness*" and "*Meeting national commitments*" priorities in the Police and Crime Plan.
4. The Concordat seeks to address a range of concerns that have previously been raised at national level across a number of force areas:
 - Ambulance transportation for patients detained under Section 136, Mental Health Act 1983.
 - Challenging the use of police cells due to bed shortages.
 - Allowing the admission of intoxicated patients to mental health suites.

- Providing an in-county place of safety for children.
 - Training for police officers and staff.
 - Interagency information sharing.
5. Prior to the Concordat being signed, Kent Police (in consultation with the Commissioner's Office), had already put in place a range of measures to address the above issues:
- A monthly strategic Policing and Mental Health Partners' Meeting. This brings together director-level managers from the Approved Mental Health Practitioner Service, Clinical Commissioning Groups, Adult and Child Mental Health Service Providers, Public Health and the Clinical Quality Commission. This meeting focuses on key and enduring problems.
 - A sub-group of the Partners' Meeting focussing on delivery of the Concordat.
 - A Mental Health Gold Group (chaired by ACC Central Operations) to deliver an ambitious Tactical Delivery Plan. The plan already mirrored most of the Concordat aspirations.
 - Divisional Section 136 oversight meetings, bringing local police and relevant managers together to resolve problems.
 - Nominated Force 'Single Points of Contact' for every statutory mental health facility in Kent.
6. Locally, Commissioners are instrumental in ensuring their local action plan is agreed and delivered. This is achieved by supporting and holding their force to account for operational delivery as well as using their influence with partner agencies to ensure collaborative arrangements work.

Local Concordat Progress:

7. Originally a Concordat sub-group was convened reporting to the 'Policing and Mental Health Partners' Meeting'. However, following representations from Health it was clear that the Concordat aspirations were far wider than the Terms of Reference of the original partnership and other activity was taking place in an un-coordinated way which was slowing progress. Following a review in September 2014, the meeting was re-launched as the 'Kent and Medway Mental Health Crisis Concordat Steering Group' in order to bring greater focus and co-ordination around delivery. Terms of Reference have been redrafted and membership refreshed with the first meeting scheduled for 12 November.
8. The first priority is to ensure that all stakeholders' sign up to a local Concordat Declaration with an expectation that one will be in place by the end of the calendar year. Currently only five have been agreed nationally.
9. There appears to be a gap around Governance beyond the Steering Group and representations have been made to the chair of both Kent and Medway Health and Well Being Boards to ensure Concordat development features as a standing agenda item. This work is still being progressed under the direction of ACC Central Operations.
10. Progress in delivering the local Concordat in Kent is going well, with a number of aspirations already being met. These include:
- A 'Place of Safety and Assessment Suite' for young people in the county which previously had not been commissioned.
 - The initial Street Triage Pilot part funded by the Commissioner and extended to 7 days a week since September. This has ensured a mental health nurse is available to offer tactical advice to officers, enabling them to make better informed decisions around utilising Section 136 powers and thus, improving relationships and understanding between police and health practitioners. The



patient experience has also improved as a more informed decision is made at the scene and alternatives to S136 detention are explored. The pilot has proved the value of bringing existing services together to alleviate pressures and provide a seamless service for users. A regional meeting is planned for 28 November to explore alternative models in order to implement a more sustainable solution in the next financial year.

- The Head of Health and Justice Commissioning for the South East has agreed to fund an increase in capacity of Community Psychiatric Nurses (CPNs) to extend their coverage from 0800 - 1600 6 days a week, to 0800 - 2000 7 days a week. CPNs support custody officers and Forensic Practitioner Nurses in providing advice, triaging and facilitating Mental Health Act assessments for detainees.
- To complement the mental health awareness DVD developed in partnership with the lead consultant psychiatrist from Kent and Medway Partnership Trust (delivered through mandatory, annual Officer Safety Training), the Force is working with Oxford University and the Kent and Medway Partnership Trust to develop bespoke guidance for custody staff.

Comparative Data:

11. Whilst there is no readily accessible national comparative data, a useful comparison has recently been undertaken with Thames Valley Police and revealed the following, which identifies clear areas of focus for both forces:

	Kent Police Area	Thames Valley Police Area	Concordat Statement
% of S136 detentions that have to be taken to police cells	7.7% (highest for 4yrs)	10%	<i>Police officers should not have to consider using police custody as an alternative just because there is a lack of local mental health provision, or unavailability at certain times of the day or night.</i>
% of S136 detentions that result in police transportation	50.8%	90%	<i>Police vehicles should not be used unless in exceptional circumstances, such as in cases of extreme urgency, or where there is a risk of violence. As mentioned above, caged vehicles should not be used.</i>
Number of times dedicated mental health facilities have required police assistance	599	555	<i>There should be a clear local protocol about the circumstances when, very exceptionally, police may be called to manage patient behaviour within a health or care setting. In these cases, mental health professionals continue to be responsible for the health and safety of the person.</i>

Oversight:

12. The Commissioner will maintain oversight of the local Concordat delivery through representation at the newly formed Steering Group, through the Governance Board, regular updates from senior officers as well as her influence with wider (non-policing) stakeholders.