



**West Kent
Clinical Commissioning Group**

Kent and Medway Mental Health Crisis Care Concordat

Kent Health and Wellbeing Board

15th July 2015

Patient focused,
providing quality,
improving outcomes

Kent and Medway Crisis Care Concordat

SUMMARY

The paper provides an update on the implementation of the Mental Health Crisis Care Concordat across Kent and Medway. A multi-agency framework is delivering the commitments made in the Kent and Medway Mental Health Crisis Care Concordat through a partnership approach. This area of work is being addressed by use of existing and planned commissioning intentions and service delivery arrangements and through new partnership arrangements within Crisis Concordat focus working groups.

Recommendation

Members are asked to note progress and support planned work across agencies.

Members are asked to agree to Concordat reporting progress to Health and Wellbeing Board on an annual basis.

1. Budget and Policy Framework

- 1.1 The Kent Joint Health and Wellbeing Strategy set five strategic outcomes to improve health and wellbeing for Kent residents. Outcome 4 aims to support people with mental ill health issues to live well in all settings.
- 1.2 The NHS Forward View and local NHS CCG 2/5 year plans set a key strategic outcome to meet the national objective of improving parity of esteem and reducing inequalities for people with mental health problems.
- 1.3 There is no additional or dedicated Mental Health Crisis Care Concordat budget identified in the national Crisis Care Concordat. Implementation of its commitments, the cost of governance arrangements and operational changes will be actioned through partnership agencies and are expected to be made through existing resources, or through future commissioning decisions.

2. Background

- 2.1. The *Mental Health Crisis Care Concordat - Improving outcomes for people experiencing mental health crisis*, was published by Department of Health on 18th February 2014 and signed by 22 National Organisations, including NHS England, the Association of Chief Police Officers, the Local Government Association, Public Health England, the Care Quality Commission, the Royal College of General Practitioners, Mind, the Association of Directors of Children's Services (ADCS), and Adult Social Services (ADASS) and the Royal College of Psychiatrists.

- 2.2. The National Concordat Signatories made a commitment “to work together, and with local organisations, to prevent crisis happening whenever possible through prevention and early intervention. We will make sure we meet the needs of vulnerable people in urgent situations. We will strive to make sure that all relevant public services support someone who appears to have a mental health problem to move towards recovery.
- 2.3. The Concordat also provides important guidance based on service user experience about what is needed as urgent help. It sets out the case for change, the core principles and four domains around which outcomes should be designed and measured:
 - Access to support before Crisis Point
 - Urgent and emergency access to crisis care
 - Quality of treatment and care when in crisis
 - Recovery and staying well/preventing future crisis
- 2.4. The signatories of the Concordat expect local partnerships between the NHS, Local Authorities and the Criminal Justice System to work to embed the Concordat principles into service planning, commissioning and service delivery.
- 2.5. The Mandate from the government to NHS England for 2014-15 established specific objectives including that “Every community to have plans to ensure no one in Crisis will be turned away, based on the principles set out in this Concordat”.
- 2.6. The National Concordat recognised that real change can only be delivered locally and expects every locality across England to work together through local partnerships to adopt and implement its principles. This should be evidenced by the publication of a local Mental Health Crisis Care Concordat setting out the commitment of local agencies to:
- 2.7.
 - The development of a shared action plan to enable delivery;
 - To reduce the use of police stations as places of safety;
 - Evidence of sound local governance arrangements.

This expectation was reiterated in a joint letter to the Chairs of Health and Wellbeing Boards on 27th August 2014 from the Minister of State for Care and Support and the Minister of State for Policing and Criminal Justice (see Background Papers).

This was further reiterated in the Queen’s Speech and the plans for the implementation of the Police and Criminal Justice Bill which will take forward the policing powers elements of the review of the use of sections 135 and 136 of the Mental Health Act 1983, including:

- prohibiting the use of police cells as places of safety for those under 18 years of age and further reducing their use in the case of adults
- reducing the current 72 hour maximum period of detention
- extending the power to detain under section 136 to any place other than a private residence

3. Progress to date

Governance and Process

- 3.1. Prior to the publication of the National Concordat, a Policing and Mental Health Partnership Board was already in place with representation from NHS, the Local Authorities and the Police. This group was set up to address concerns over the lack of Mental Health Act S136 Place of safety for children and young people in the county. This group provided the basis for the formal Kent and Medway Concordat Steering Group. The group is Co-Chaired by Dave Holman (Mental Health Commissioning Lead, West Kent CCG) and until April 2015 Chief Superintendent Adrian Futers, Strategic Partnerships Command, Kent Police. Adrian Futers has now been replaced by Ann Lisseman, Detective Superintendent, Head of Criminal Justice Department, Strategic Partnerships Command, Kent Police.
- 3.2. Membership of the Kent & Medway Concordat Steering Group includes the Kent and Medway Clinical Commissioning Groups (with West Kent CCG as the lead CCG); South East Coast Ambulance Service (SECamb); Kent & Medway NHS and Social Care Partnership Trust (KMPT); Kent Police; Sussex Partnership NHS Foundation Trust; Medway Council; Kent County Council; South East Commissioning Support Unit; South London and Maudsley NHS Foundation Trust; and Medway NHS Foundation Trust, West Kent Mind, Samaritans, Healthwatch and the Magistrates Association.
- 3.3. Kent and Medway Mental Health Crisis Care Concordat declaration and initial action plan was published in December 2014 in line with national guidance. (See background papers).
- 3.4. The Steering Group developed a Multi-agency Action plan to enable the Concordat's core principles and outcomes to be delivered locally (see attached). The plan is organised to address the four domains set out at 2.3. The Action Plan was last updated in May 2015. The original plan of four working sub groups to oversee delivery of the action plan changed in May 2015. Following a review there was a recognition that some of the concordat work was duplication of core business already being undertaken by each agency. There will be two focused Task and Finish groups which can show tangible outcomes to achieve the core principles of the Concordat, ensuring the group's limited resources are better utilised. One of the task and finish groups will focus on section 136 reductions in line with the mandate from central government and as locally this is an urgent area to resolve. The second

group will focus on the prevention agenda and on supporting people following a mental health crisis. Key performance indicators have been developed to measure the progress of delivery.

- 3.5. Local governance for the local Mental Health Crisis Care Concordat is now in place. NHS England has recommended the Concordat reports directly to the Kent Health and Wellbeing Board on an annual basis to monitor progress, and for the board to provide the strategic partnership framework, which is crucial for this service area. This arrangement has been agreed in Medway through the Medway Health and Wellbeing board in April 2015.

Key actions

- 3.6. Good progress has been made by the Kent & Medway Concordat Steering Group. The multi-agency Action Plan demonstrates the complexity of work that is required to ensure there is urgent and emergency access to crisis care for a person experiencing a mental health crisis; locally the response needs to be proportionate, focused upon the person's needs and co-ordinated across partner agencies. Services must also be arranged so that there can be access to support *before* a crisis (to promote prevention) and *following* crisis, so that the person can make a recovery, stay well and learn from the crisis event preventing future crisis episodes.
- 3.7. Kent and Medway Partnership Trust (KMPT) have taken steps to develop a single point of access to a multi-disciplinary mental health team on a 24/7 basis and this telephone number has been shared with the Police and local GPs. This service is also linked to Mental Health Matters Helpline and NHS 111 provision.
- 3.8. A Mental Health Act S136 Place of Safety for children and young people is now operational in the county situated in Dartford, this was agreed in 2014 through a joint approach between children's and adult services. Further negotiations across agencies are ongoing to increase capacity across the county to alleviate the risk to children and young people if they have to travel to access this provision. NHS Contract Quality improvement and innovation (CQUIN) Contract arrangements are embedded in contracts for 2015/16 across children and adult agencies to enhance smooth transition pathways. This includes operational co location between children and adult crisis services on a 24/7 basis.
- 3.9. The Concordat Steering Group has accessed various patient and carer platforms including the Mental Health Action Groups established across Medway and Kent as a means to consult and engage with service user/patient groups and to highlight the commitments made in the local Concordat published in December 2014.

- 3.10. Crisis and Mental Health Awareness Training is delivered to local agencies through Mental Health First Aid training. In Medway this is delivered through the Medway Public Health Directorate.
- 3.11 A process to collate and analyse serious incidents has been agreed across different agencies so lessons can be learnt and applied to avoid and prevent future serious incidents. Over the last 12 months there have been 70 reported serious incidents, of which, 19 are still awaiting resolution.
- 3.12 A comprehensive police training package and including a training video has been agreed and delivered to over 3000 police officers, 500 police staff and watched a further 3378 times by other staff within the organisation. The DVD is now used nationally as a training resource within other police forces throughout England.
- 3.13 A range of Kent and Medway CCGs commissioning plans and intentions 2015/16 have been developed in line with Concordat requirements and good practice. The focus is to develop services to support patients in crisis, preventing attendance at Accident & Emergency and avoiding acute psychiatric admission. These include the developments of 24/7 acute Liaison Psychiatry, 111 service improvements, Street Triage initiative, Crisis Cafes and a focus on supporting frequent attenders within the acute environment with holistic packages of support.
- 3.14 KCC is currently undertaking a procurement process to deliver a Community Mental Health and Wellbeing service in conjunction with our CCG colleagues. This service will provide prevention, early intervention and recovery services for mental health. This service will help prevent entry into formal social care and health systems reduce suicide and prevent negative health outcomes associated with poor mental health.
- 3.15 There is a need to re-shape these services to meet increasing demand, re-balance investment across Kent and ensure compliance with the Care Act. The implementation of the new service in April 2016 will end current grant funded services with the voluntary sector and move to an integrated new Community Mental Health and Wellbeing Service. The approach will use investment in a more effective way to ensure Parity of Esteem for people experiencing mental health problems. Kent County Council is developing a strategic partnership model with a delivery network which will ensure that there remains a vibrant and diverse voluntary sector market.
- 3.16 The approach offers a unique opportunity to commission joined up services across social care, public health and CCGs, reducing duplication and ensuring best value across the whole spectrum of wellbeing. KCC are leading this piece of work but working collaboratively with CCGs.

4 Key priorities / Next Steps

Reduce the use of Section 136

- 4.1 Section 136 of the 1983 Mental Health Act (as amended 2007) is a power to detain a person that can be used by the Police where there is a concern that the person is suffering from a mental disorder. It is used at the Police Officer's discretion. Under this legal power the person can be taken to a Place of Safety. A Place of Safety can be an acute psychiatric in-patient unit, such as at Little Brook Hospital in Dartford. However there are occasions that such a Place of Safety may not be available and the person has to be detained in Police Custody, although this is not desirable and not in line with good practice guidance and police custody is not a suitable place of safety.
- 4.2 In Kent in 2014/15 there were 719 S136 episodes; only 21% of section 136 detentions result in hospital admission, with only between 10-12% of all section 136s being converted into formal hospital detention under the Mental Health Act. This is not sustainable and impacts on other parts of the mental health system. The use of out of area non-commissioned bed usage is currently high, in West Kent currently 11 patients a day are placed out of area, one reason for this is the use of S136 and the impact it has on KMPT Crisis care team staff that are required to support the 136 system, leading to resource gaps in supporting people in crisis in the community.
- 4.3 The key Crisis Care Concordat action through 2015/16 will be to significantly reduce the use of section 136 placements under the MH Act through a number of jointly agreed partnership initiatives providing officers with alternative options for someone presenting in crisis. A detailed review of all S136 placement activity for 2014/15 will be completed to enhance understanding of the current blocks in the system. Crisis intervention alternatives including need to be commissioned as a matter of urgency. These alternatives are highlighted further on in this report.

Improve information sharing

- 4.4 Improve information-sharing arrangements - both about local services that can be accessed in a crisis; and arrangements between partner agencies where there are specific causes for concern about particular individuals, including persons who may frequently present to local services in a crisis. This includes a single number for police to obtain advice.

Improve training and learning on mental health crisis

- 4.5 There were 120 suicides in Kent in 2014/15. This issue highlights the need for prevention and the need for suicide prevention training to be offered to other professional groups and to the wider voluntary sector (this was taken forward jointly by the Council and KMPT in 2014 and is shortly to be repeated by KMPT). A pan-county suicide prevention group led by KCC has recently refreshed the Suicide Prevention Strategy to further develop the prevention agenda in line with Concordat actions.

Street Triage

- 4.6 Street Triage is when mental health professionals (usually psychiatric nurses) provide on-the-spot advice to Police Officers who are dealing with people with possible mental health problems. This advice can include a clinical opinion on the person's condition, or appropriate information sharing about a person's health history.
- 4.7 The aim is, where appropriate, to help police officers make appropriate decisions, based on a clear understanding of the background to these situations. This should lead to people receiving appropriate care more quickly, leading to better outcomes and a reduction in the use of section 136.
- 4.8 Street Triage arrangements were piloted in East Kent during 2013/2014, when 648 assessments were completed through phone and direct contact reducing the need for inpatient activity. The original pilot project was funded by the Police Commission (PCC), the project was only viable to March 2015. The pilot project was a means to evaluate its success against some key expected benefits. Evaluation demonstrated that 'street triage' concept is beneficial, but it needed to be delivered in a different format, achieving similar outcomes whilst removing the need for specific police officers as there is no funding.
- 4.9 A new service model is now being developed across Kent and Medway with a view to commencing provision in September 2015. The new service will examine not only diversion at the point of contact but by identifying that contact much earlier and in a more timely way so the person does not reach crisis point in the first place. This should then support the primary issue of reducing the use of section 136 admissions.

Acute Liaison Psychiatry

- 4.10 People with mental health problems attending or admitted to an acute hospital environment should receive the same priority as those with physical health problems. Access to embedded liaison psychiatry with advice from a consultant specialising in mental health problems in hospitals needs to be available 24 hours a day in order to provide a urgent and proactive response.

- 4.11 National data suggests that meeting mental health needs in an acute setting will equate to supporting approx. 440 patients per month in a 500 capacity hospital. The average across Kent is currently 120 per month. All Kent CCG's are working towards implementation of a 24 /7 service in all hospitals 2015/16.

Crisis Café

- 4.12 This service aims to ensure local people experiencing a mental health crisis are able to access support through the provision of an integrated community resource out of hours without having to access mainstream mental health services. The scheme can be delivered through the voluntary sector. A pilot in North Kent delivered by Mental Health Matters operated for 34 weeks in 2014/15; this service saw over 100 patients. Self-reports suggested 15 patients were prevented attending A&E and/or saw their GP less often as a result of the service. In West Kent a pilot service is being developed with West Kent Mind to commence in September 2015. This service will be evaluated and a decision made whether to extend this; depending on its impact in reducing demand for out of hours emergency services and how this is able to support the needs of those experiencing mental health crises. A further element of this workstream will be locating a Mental health nurse in the Police Force Control room, this will provide vital triage advice to police and potentially SECAMB.

The Approved Mental Health Professional Service

- 4.13 The delivery of AMHP Services in Kent was reviewed in 2012/13 with a new model of delivery going live on the 30 June 2014. Kent AMHP Service is a centrally managed service; all referrals for Mental Health Act Assessments are received, triaged and if necessary set up for assessment. The service has two office bases at Priority House Maidstone and St Martin's Hospital.
- 4.14 The AMHP service is a key part of the Mental Health Concordat and expects to measure itself against the national framework for the concordat in terms of its ability to respond to s136 and to referrals where a person requires an urgent Mental Health Act assessment.
- 4.15 Increasingly, the AMHP service follows up and assesses patients detained to private hospitals outside of Kent. This means sending AMHPs out of County or asking AMHP services in the North of England to do assessments on its behalf which entails paying them for their services.
- 4.16 Outside of the Crisis Pathway, Kent AMHP Service has to ensure that it delivers Kent County Council Statutory Responsibilities for the displacement and appointment of Nearest Relatives, Guardianship Orders and review of Community Treatment Orders under the Mental Health Act.
- 4.17 There was a 13% increase in referrals to Kent AMHP service from 2013/14 to 2014/15. Nationally from 2012/13 to 2013/14 there was a 5% increase in Mental

Health Act assessments. Section 136 assessments account for over a third of all Mental Health Act assessments completed in the last financial year.

- 4.18 Kent AMHP Service is delivered as part of the section 75 agreement between Kent County Council and Kent and Medway NHS & Social Care Partnership Trust.

Kent Police

- 4.19 The key issue for Kent Police is to provide officers with an alternative option for someone presenting in a crisis. A range of service solutions to improve operational processes are being implemented and developed through 2015/16 NHS commissioning intentions in partnership with concordat agencies. Police now have a dedicated strategic lead and a team leading on the mental health and concordat agenda. A key early success is the implementation of a triage model providing access to a single phone number for police to obtain advice.
- 4.20 The Police are working with Kent County Council in the promotion of the Live it Well Strategy programme - six ways to wellbeing, focussing on diversion and making referrals at early opportunities to the wider system to support individuals.
- 4.21 Training and guidance will be provided for all Officers and Police staff through Kent Police's internal communications structure, internal briefings and Departmental Managers. In addition, this signposting resource will be incorporated into current relevant Kent Police training programs and within Kent Police's Suicide Prevention training scheduled for 2016.
- 4.22 There are several other standing groups across Kent and Medway that have within their Terms of Reference outcomes that contribute to achieving the principles of the local Crisis Care Concordat, including:
- The Kent & Medway Suicide Prevention Strategic Steering Group
 - Kent Drug and Alcohol Action Team (DAAT) Board
 - Kent Safeguarding Children's Board
 - Kent and Medway CQUIN Working Group on Safe and Effective Transitions of Adolescents from Children and Young People Mental Health Services to Adult Mental Health Service
 - Kent and Medway Adults Safeguarding Board
 - Community Safety Partnership
 - Kent and Medway Domestic Abuse Strategy Group

- 4.23 Going forward, it will be important for the Kent & Medway Crisis Concordat Steering Group to forge strong links to each of these groups, in order to achieve the principles in the local Concordat and ensure delivery.
- 4.24 In October 2014, NHS England and the DoH published *Improving Access to Mental Health Services by 2020*, this document set out a first set of mental health access and waiting time standards for introduction in 2015/16. These commitments were reaffirmed in the NHS mandate and in the NHS Forward View. A new allocation of £30million nationwide is to be targeted on effective models of liaison psychiatry in acute hospitals to help meet the new standards. Local planning will be required to modify service delivery accordingly through 2016/17. Furthermore, the Home Secretary, Theresa May, has pledged that there will be £15 million of new funding to provide health based place of safety for the 4,000 people a year who are detained under the Mental Health Act. The new funding will be targeted at the NHS, in partnership with Police and Crime Commissioners

5. Financial Implications

- 5.1. There are no identified financial implications arising for the Kent Health and Wellbeing Board arising from this report. Implementation of the Concordat commitments, the cost of governance arrangements and operational changes are matters for partnership agencies and are expected to be made through existing resources and future commissioning intention. Through the 2015/16 NHS planning framework CCG's have committed finances meeting the Parity of Esteem agenda, this includes crisis care commissioning intentions and plans.

6. Legal implications

- 6.1 The Health and Wellbeing Board has a statutory obligation under section 195 Health and Social Care Act 2012 to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner for the purpose of advancing the health and wellbeing of the people in Kent. Supporting the development of the Kent & Medway Mental Health Crisis Care Concordat is therefore within the remit of the Health and Wellbeing Board.

7. Recommendations

- 7.1 The Health and Wellbeing Board is asked to support the work of Kent & Medway Mental Health Crisis Care Concordat
- 7.2 The Health and Wellbeing Board is asked to agree to the governance framework of the concordat group reporting annually on progress to the Kent Health and Wellbeing board.

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Background papers

Mental Health Crisis Care Concordat -

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf

Kent and Medway Mental Health Crisis Care Concordat -

http://www.kent.police.uk/about_us/attachments/Kent_and_Medway_Mental_Health_Concordat.pdf

Letter from Norman Lamb and Mike Penning: Mental Health Crisis Care Concordat: Making Change Happen in your Area



Letter_Making
Change Happen