



**West Kent
Clinical Commissioning Group**

Kent and Medway Mental Health Crisis Care Concordat

Kent Health and Wellbeing Board

20th July 2016

Patient focused,
providing quality,
improving outcomes

Summary

The paper provides an update on the commitments made in the Mental Health Crisis Care Concordat (MHCCC) across Kent and Medway. It provides an overview of the work that has both been completed and that is ongoing as part of the action plan.

A multi-agency framework is delivering Kent and Medway MHCCC plans 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 of the Board are asked to note progress and support planned work across agencies

1. Budget and Policy Framework

- 1.1. The Joint Health and Wellbeing Strategy for Kent set five strategic outcomes. Outcome 4 is that people with mental health issues are supported to 'live well'.
- 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 are matters for partnership agencies and are expected to be made through existing resources, or in 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 principals 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 principals. This should be evidenced by/or the publication of a local Mental Health Crisis Care Concordat setting out the commitment of local agencies for:
- The development of a shared action plan to enable delivery;
 - A commitment to reduce the use of police stations as places of safety;
 - Evidence of sound local governance arrangements.
- 2.7 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).
- 2.8 This was further reiterated in the Queens 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. Governance and Process

- 3.1 Prior to the publication of the National Concordat, a Kent and Medway Policing and Mental Health Partnership Board were 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.
- 3.2 The group is Co-Chaired by Dave Holman, Head of Mental Health and Children's Commissioning, West Kent CCG & Rachel Ireland, Chief Superintendent, Head of Strategic Partnership Command, Kent Police
- 3.3 Membership of the Kent & Medway Concordat Steering Group includes:
- 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
 - Medway NHS Foundation Trust
 - West Kent Mind
 - Samaritans
 - Healthwatch
 - The Magistrates Association.
- 3.4 Kent and Medway MHCCC declaration and initial action plan was first published in December 2014 in line with national guidance. The action plan is updated at after each MHCCC meeting.
- 3.5 The Steering Group developed a Multi-agency Action plan to enable the Concordat's core principles and outcomes to be delivered locally (see background papers). The plan is organised to address the four domains set out at 2.3. The Action Plan was last updated in May 2016.

- 3.6 There are three 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. The current Task and Finish groups focus on:
- a) Section 136 reductions in line with mandate from central government and as locally this is an urgent area to resolve.
 - b) The crisis prevention agenda and on supporting people following a mental health crisis (including Mental Health Triage Service, Acute Liaison Services and Crisis Café)
 - c) Single Point of Access development to provide a 24/7 access to a multi-disciplinary mental health team
- 3.7 Key performance indicators have been developed to measure the progress of delivery for each task and finish group.
- 3.8 Local governance for the local Mental Health Crisis Care Concordat is in place, the Concordat report directly to the Kent & Medway Health and Wellbeing Boards on an annual basis to monitor progress and for each board to provide the strategic partnership framework, which is crucial for this service area
- 3.9 A robust system of resolution exists to collate and analyse serious incidents at operational level between Kent Police and KMPT and incidents not deemed to meet the criteria of the Serious/Adverse Incident process are investigated locally by a network of Single Points of Contact, which has been agreed across different agencies so lessons can be learnt and applied to avoid and prevent future serious incidents. Serious Incidents are reported on through the MHCCC.
- 3.10 Over the last 12 months there have been 36 reported serious incidents, of which, zero incidents remain outstanding

4. Progress to date

- 4.1 Overall good progress continues to be 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.

- 4.2 A range of Kent and Medway CCGs' commissioning plans and intentions 2016/17 have been developed in line with Concordat requirements and good practice. The focus is on developing services to support patients in crisis and 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.
- 4.3 Reduction of Section 136:
- 4.3.1 The main aim of the crisis prevention agenda is to reduce the need for section 136 admissions and to provide alternative intervention services for people in crisis. (see 4.4– 4.6)
- 4.3.2 Kent and Medway have limited access to hospital based places of safety for both adults and children. There is currently one S136 Place of Safety for children and young people operational in the county, which is situated in Dartford. However it is recognised that there needs to be an increase in capacity, due to the fact that the suite in Dartford has two beds, and if a child is placed there, the other bed becomes unavailable. Currently negotiations are taking place between CCGs and KMPT to provide additional capacity in Canterbury and Maidstone to alleviate the risk to children and young people.
- 4.3.3 Arrangements to enhance smooth transition pathways across children and adult agencies are embedded in contracts for 2016/17. This includes operational co location between children and adult crisis services on a 24/7 basis.
- 4.3.4 Despite commissioning intentions to support people in crisis, such as street triage, which aims to help reduce the number of S136's, numbers have not significantly reduced and the trend to date indicates that S136's are increasing, this is due to a number of factors:-
- Limitations of the street triage service which only runs 3 nights a week
 - Lack of alternative places of safety, such as the Sanctuary model in Manchester. This will be even more significant from April 2017 when new legislation comes into effect removing the use of police cells as a place of safety in all but violent patients that can't be managed in a health based place of safety
 - Lack of crisis support such as crisis cafes

- Population of Kent, which has the 3rd highest prevalence of S136 nationally

4.3.5 Canterbury Christchurch University have been commissioned to undertake research to look at the demographics and contributing factors for why Kent has such a high rate of S136 nationally.

4.3.6 In the twelve month period from May 2015 to April 2016, 1018 section 136 assessments were undertaken for people presenting to the police from across Kent and Medway, (862 for Kent & 156 for Medway) of these 8% (79) resulted in an admission under section compared to 21% in 2014/15. 122 (12%) resulted in an informal admission and 817 (80%) were not admitted. The table below provides a monthly breakdown and summary of the outcome of these presentations.

	2015-05	2015-06	2015-07	2015-08	2015-09	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	Grand Total
Admitted Informal	3	6	4	3	12	6	16	6	5	6	8	4	79
Admitted Sectioned	5	8	15	6	11	9	7	20	11	7	11	12	122
Not Admitted	64	73	69	71	61	56	70	79	68	71	68	67	817
Grand Total	72	87	88	80	84	71	93	105	84	84	87	83	1018

4.3.7 Work with partner organisations continues through the Crisis Concordat Steering group which has a great emphasis on reducing S136. The Policing and Crime Bill, currently before Parliament, seeks to make a number of amendments to the use of section 136. For example, it will seek to define what is meant by “exceptional circumstances”, it will remove police custody as a place of safety for people aged 17 and younger, and it will reduce the amount of time a person can be detained under section 136. These, and other proposals contained within the Bill will likely have the effect of further reducing the use of police custody for these detentions.

Crisis Prevention Agenda

4.4 Mental Health Triage Service (MHTS):

4.4.1 MHTS is when mental health professionals (usually mental health 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.

4.4.2 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.

- 4.4.3 All CCGs across Kent and Medway have been working closely with KMPT in the development of a new service model for MHTS. The new service will examine not only diversion at the point of contact but identifying that contact much earlier and in a more timely way so we actually avoid the person reaching crisis point in the first place. This should then support the primary issue to reduce the use of Section 136 admissions.
- 4.4.4 The current MHTS operates Thursday to Saturday between 18.00 and 02.00 hours and is a pan-county service based out of the Kent Police force control room. The service includes an experienced mental health worker providing a telephone response within the control room and a mental health triage nurse response for assessment at the scene as required. The aim is to provide a swift and effective resolution to a mental health crisis and a reduction in the use of S136 MHA.
- 4.4.5 Plans to operate a similar service in partnership with South East Coast NHS Ambulance Foundation Trust [SECAMB] were delayed but have just been agreed. Following successful recruitment we aim to provide a mental health worker within their Emergency Operations Centre and a mental health triage nurse will provide assessment at the scene as required. Similar to the Police Street Triage Service the aim is to provide an effective resolution to a mental health crisis in the absence of a physical health concern and so avoid conveyance to A&E
- 4.4.6 The plan is for a daytime street triage service (0800 to 1800 hours, 7 days a week) to operate out of the police custodies across Kent and Medway through an enhancement of the current Criminal Justice Liaison and Diversion Service (CJLDS). This service responds to Police and SECAMB and was trialled out of Northfleet custody with plans to extend to other custody suites. Plans are still being finalised with NHSE, who fund the CJLDS, and the CCGs.
- 4.4.7 Below is a table demonstrating the number of referrals and Section 136 avoidances.

Street Triage referrals (night service)	Dec-15 (service commenced 12 Dec-15)	Jan-16	Feb-16	Mar – 16	Apr-16
Total Referrals	27	48	56	61	40

Total S136 Avoided	7	4	19	12	13
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There is committed investment from each CCG to support the continuation of the service following the completion of a 6 month pilot in June 2016

4.5 Acute Liaison Psychiatry

4.5.1 People with mental health problems attending or admitted to an acute hospital environment should receive the same priority as those with physical health problems. 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.

4.5.2 Access to embedded liaison psychiatry with advice from a consultant specialising in mental health problems in hospitals needs to be available 24 hours in order to provide an urgent and proactive response. All CCGs are working towards delivering a 24/7 service; currently Medway CCG are the only ones who have this.

4.5.3 In West Kent Adult Acute Liaison will be operating an 08.00-20.00hr service seven days a week on two sites and Children and Young Peoples will be running a service from 14.00-22.00hr seven days a week on two sites

4.5.4 In North Kent Acute Liaison services is currently operating between 09.00hrs and midnight seven days a week on one site and Children and Young Peoples service are present from 14.00 – 22.00hrs.

4.5.5 In East Kent Adult Acute Liaison services is currently operating between 8 – 8 seven days per week

4.6 Crisis Café (Wellbeing Café)

4.6.1 Crisis cafés are intended to offer additional support for people with mental health problems outside of normal office hours. Providing a safe place for people to go and receive support when in crisis without having to access mainstream mental health services. The scheme can be delivered through the voluntary sector.

4.6.2 It is evident that other crisis cafes in Kent (Sheppey, Thanet) and elsewhere (Aldershot) are beginning to demonstrate with additional community based

help, crises can be avoided and the impact on other services can be reduced and people with mental health problems show increased mental wellbeing, self-management and reduced isolation.

- 4.6.3 North Kent CCG opened a pilot wellbeing café in Swale for 6 months, but unfortunately further funding was not available to continue this.
 - 4.6.4 East Kent CCG currently has a wellbeing café in Ashford and short term funding has been secured to continue until September 2016 following the end of the pilot scheme.
 - 4.6.5 West Kent CCG will be running a pilot service from July 2016 – January 2017 Two Crisis cafés will be opened in Tonbridge and Maidstone, these will be run by West Kent Mind & Maidstone Mind. 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.
- 4.4 Improved information sharing arrangements
- 4.4.1 It was a key priority last year to improve 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 included the development of the following services:
 - 4.4.2 Single Point of Access (SPoA):
Kent and Medway Partnership Trust (KMPT) have developed a single point of access to a multi-disciplinary mental health team. The SPoA is a referrals management function. The team is staffed by both clinically trained and support staff which was launched in April 2016. The service is available 24hrs, seven days a week, including bank holidays. Patients with an urgent or emergency referral can access services across Kent and Medway.
 - 4.4.3 Early evaluation of SPoA has identified efficiencies through improved utilisation of resources, which better meet the needs of our patients. Staff have more time to provide treatment and meaningful contacts with their caseload of clients.
 - 4.4.4 Service users who have used the Single Point of Access have been monitored and, from a report generated on 13 May, the following responses were recorded:

- 82% of those surveyed thought their call was answered promptly
- 88% said that staff members introduced themselves and explained the process they would be taken through
- 82% said they were kept informed about 'what will happen next'
- 82% of those surveyed said they were treated with dignity and respect by staff members at all times
- 82% said that they felt their views about the help they required were listened to.

4.4.5 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.

4.5 Development of a Health Service Directory.

4.5.1 This has been developed for emergency 111 services, so that callers can be signposted to appropriate services. It is a live directory which is updated regularly and contains all services that people can self-refer to.

4.6 Service User Engagement

4.6.1 The Concordat Steering Group have accessed various patient and Carer platforms including the Mental Health Action Groups established across Kent & Medway as a means to consult and engage with service user/patient groups and to highlight the commitments made in the local Concordat and improve information sharing.

4.6.2 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 MHCCC. Strong links are being forged with each of these groups in order to achieve and ensure delivery of the MHCCC principles.

4.6.3 These groups include:

- 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

- 4.7 Approved Mental Health Practitioner Service (AMHP)
- 4.7.1 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.
- 4.7.2 The Kent AMHP Service has been in operation for almost two years. Medway have a dedicated daytime service but KCC deliver the AMHP Service on behalf of Medway during out of hours. This is between 5pm until 9am Mon - Friday and all hours Weekends and Bank Holidays.
- 4.7.3 Since the service began the demand for referrals has continued to rise across each CCG area. The dedicated AMHP workforce has increased and the Service now has a substantive Service Manager. There are other infrastructure developments planned as more is learned about how the service needs to operate from a perspective of governance, statutory compliance, performance and CQC regulations.
- 4.7.4 This year succession planning yielded 17 applicants for interview to train as AMHPs. This potential year on year growth will support the mixed role AMHP having to spend less time on statutory work and to focus on CMHT Service delivery
- 4.7.5 Work has been undertaken with Mental Health Matters Helpline to develop a new service to support people who are assessed under section 136 but not detained under the Mental Health Act. Mental Health Matters will provide telephone follow up for 4 days in order to support that individual. This new service commenced on the 24th May 2016. Referrals to this new service is made via the AMHP service
- 4.7.6 The s136 demand and subsequent discharge following assessment remains a strong indicator that the Mental Health Act is used as a primary consideration for the Police. This level of referrals and the attached timescales places significant pressure on the AMHP Service and can detract from other pressing Community referrals that do not carry a statutory timeframe. There is evidence of a lack of understanding around the process and systems as the Police will escalate if a s136 cannot be responded to promptly. This is not a satisfactory situation, and whilst relationships in the main are positive with the Police, a continued lack of understanding persists with no shift in practice.
- 4.7.7 Increasingly, the AMHP service follows up and assesses patients detained to private hospitals outside of Kent and Medway. This means sending AMHPs out of County or asking AMHPs services in the North of England to do

assessments on its behalf which entails paying them for their services. This continues to be a problem with detained patients going out of area. There are less reciprocal arrangements between Local Authorities (even with charging being available) across the Country as nationally there is a shortage of AMHPs. This results in the AMHP workforce becoming depleted and is not good use of time.

- 4.7.8 Outside of the Crisis Pathway, Kent AMHP Service has to ensure that it delivers Kent County Council & Medway Council Statutory Responsibilities for the displacement and appointment of Nearest Relatives, Guardianship Orders and review of Community Treatment Orders under the Mental Health Act.
- 4.7.9 The Kent AMHP Service has now set up an Off Shoot Nearest Relative process, which involves: regular meetings, a central data base, improved intelligence around displacements and appointments and all in all a robust system with strong governance, quality assurance and statutory compliance. There are plans to create a role specific to Nearest Relative as this is an area of unprecedented growth as the transient nature of family systems and relationships becomes more complex. An essential element of this role is the upholding of rights and safeguarding individuals.
- 4.7.10 Guardianship is maintained within the Local Authority and through the partnership this is well monitored and supported.
- 4.7.11 A Community Treatment Order (CTO) working group is currently being re-established and further this work forms part of a KMPT Task and Finish group which is reviewing the management of high risk cases in the Community. This will focus on all those with a statutory framework around their care, including; CTO, S37, S37/41, s41, absolute discharge for Ministry of Justice and Guardianship.
- 4.7.12 S136 statistics are reported upon within KMPT and these can be sourced upon request. As mentioned the pressure of s136 is a continued concern, and especially so as a significant percentage of referrals are of people subject to alcohol or substance abuse and therefore not fit to be interviewed.
- 4.7.13 Kent & Medway AMHP Service is delivered as part of the section 75 agreement between Kent County Council and Kent and Medway NHS & Social Care Partnership Trust. The Kent AMHP Service remains delegated to KMPT. It is a developing Service and is delivered in close partnership with the KCC Local Authority.
 - Community Mental Health and Wellbeing service

4.7.14 Kent County Council has undertaken a procurement process to deliver a Community Mental Health and Wellbeing service in conjunction with the CCG. 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.

4.7.15 The vision for the new service is to keep people well and provide a holistic offer of support for individuals living with mental health and wellbeing needs in Kent and to deliver support in line with national and local guidance and protocols. Everyone who experiences mental health needs has the right to individually tailored one-to-one support to engage in mainstream social leisure, educational, and cultural activities, in ordinary settings, alongside other members of the community who do not use services. The new approach will put a greater focus on outcomes and engage people in innovative ways.

4.8 The new Community Mental Health and Wellbeing Service went live on the 1st April 2016 and the contract term is for 5 years with an option to extend for a further 2 years.

4.9 KCC have awarded contracts to two Strategic Partners who will work with a range of providers across Kent & Medway. The Strategic Partner is responsible for selecting delivery partners who can demonstrate that they are able to meet the outcomes people want. The network will change and adapt to meet people needs and aspirations over the life of the contract.

4.10 The new Strategic Partners in Kent are:

Porchlight, covering: Dartford, Gravesham, Swanley CCG
Swale CCG
South Kent Coast CCG
Thanet CCG

Shaw Trust, covering: West Kent CCG
Ashford CCG
Canterbury Coastal CCG

4.11 Both Strategic Partners will work with a wide range of providers offering choice and individually tailored services. Both already deliver mental health services in Kent and bring a wealth of expertise that they will share with smaller organisations. The new service will have a common identity "Live Well Kent" and will include a number of existing grant funded organisations and new organisations specialising in arts, culture, employment, volunteering, exercise and sports, as well as linking with counselling and other social care

and healthcare services.

- 4.12 Kent County Council is responsible for performance managing the new contract and will be working in partnership with both Strategic Partners to ensure the contract requirements are met.

The core of the new service is the promotion of mental health and wellbeing. The key outcomes below ensure that people:

- are connected to their communities and feel less lonely and isolated
- have more choice and control and feel empowered
- have access to a wide range of opportunities to support their personal recovery which include life-long learning, employment and volunteering, social and leisure and healthy living support
- are appropriately supported to manage their recovery

- 4.13 The service is open access, where people can refer for an assessment and will be offered a range of services matched to their needs. There will be a number of ways people can access the new service. This includes a Freephone telephone number, walking into a community building, via telephone, or online. The service will have a target to respond to new enquiries within 2 working days to ensure people with mental health needs can be supported quickly.

- 4.14 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 new service was implemented in April 2016 and this ended 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. The approach offers a unique opportunity to commission joined up services across social care, public health and CCG's, reducing duplication and ensuring best value across the whole spectrum of wellbeing. KCC are leading this piece of work but working collaboratively with CCG's

- Kent Police

- 4.15 A key issue remains for Kent police in that there is often no alternative but detention under Sec 136 of the Mental Health Act. Work has commenced with partners to look at an alternative place of safety model similar to the charitable sectors 'Sanctuary' model that operates in Manchester. A key time goal for this will be April 2017 when new legislation comes into effect removing the

use of police cells as a place of safety in all but violent patients that can't be managed in a health based place of safety. In the 15/16 financial year police cells were used 68 times and in the vast majority of cases their use was down to capacity issues with KMPT rather than violent patients.

4.16 Kent Police have developed a model that sees wellbeing workers from the mental health charity Mind working in the police control room taking calls from members of the public negating the need for a police response or accessing services of KMPT. This project is a national first and is in the process of being replicated nationally.

4.17 Improved training and learning on mental health crisis

4.17.1 This was identified last year as a key priority due to the high volume of suicides in Kent in 2014/15 (120). This issue highlighted the need for prevention and the need for suicide prevention training to be offered to other professional groups and to wider voluntary sector. Since the 2015-2020 Multi-agency Suicide Prevention Strategy was adopted last year a number of actions have been taken forward.

4.17.2 A major suicide prevention social marketing campaign called Release the Pressure has been developed and delivered mainly across Kent, although some informal marketing was carried out in Medway . The campaign consisted of radio and internet advertising, as well as posters in service station toilets, pubs and on buses which all encouraged men who are feeling under pressure to call a 24 7 helpline. As well as the paid-for advertising, the campaign received significant media attention across TV, radio and newspapers. Early results suggest that the number of calls to the helpline have increased by 20% which will hopefully mean less individuals experiencing a mental health crisis

4.17.3 KMPT have almost finalised their internal suicide prevention strategy which includes reference to the single point of contact and a new risk assessment framework

4.17.4 Suicide Prevention Training has been given to GPs and Primary Care Staff as part of a recent 'Protected Learning Time' session

4.17.5 Kent Police continue to provide a comprehensive police training package using the training DVD developed in 2014, which is now used nationally, as part of the police annual safety training.

4.17.6 Crisis and mental health awareness training continues to be delivered to local agencies through mental health First Aid Training.

5.0 Key Priorities & Next steps for 2016/17

5.1 Reducing the number of Sect 136 placements under the MH Act through a number of jointly agreed partnership initiatives providing officers with alternative options for someone presenting in crisis remains a key priority for the MHCCC for 2016/17 and the continued development of alternative places of safety as part of the crisis pathway is key in supporting this. The s136 working group has developed a local multi-agency improvement plan to address the specific key issues identified below:

- Reduction in S136 and increased % conversion rates of those admitted
- Improved access to places of safety across the county.
- Improved access to place of safety for children and young people
- Reduction in duration of lengthy S136 detention, focusing on the common causes i.e. AMHP availability / S12 availability / intoxication / access to a bed for admission and access to an interpreter
- Development of alternative place of safety (through a non NHS provider). KMPT and Kent Police have completed a Joint Strategic Threat and Risk Assessment for the Provision of Mental Health Support, which has made recommendations against the service provision gaps, these recommendations form a part of the action plan.
- Further development of the Mental Health Triage Service
- Avoidance of custody as a place of safety except in cases of extreme violence
- Continued education and training of police officers in recognising mental health issues. From April 2015 up until Mar 2016, 212 new police recruits received training along with 32 custody sergeants

Wider work plans, listed below, will continue to support the local action plan.

5.2 The MHCCC have developed a working group to look into alternative places of safety, focusing on successful models like The Sanctuary in Manchester, to help support people through a crisis and reduce the need for S136. The working group will feedback through the MHCCC and propose alternative solutions that may be considered in Kent & Medway.

5.3 Improved working with substance misuse services will be developed and will focus on reducing numbers of people detained due to intoxication. New models are being developed across the country to address this issue and the MHCCC will research these emerging models i.e. The Safe Haven project in

Manchester, and feedback through the MHCCC and propose alternative solutions that may be considered in Kent & Medway.

- 5.4 Improved working with British Transport Police (BTP) will continue as many detentions under S136 across Kent and Medway are through them and numbers are well above average when compared to national BTP data

6. Financial implications

- 6.1 There are no identified financial implications for the Kent & Medway 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 2016/17 NHS planning framework CCG's have committed finances incorporating the Parity of Esteem agenda, this includes crisis care commissioning plans.

7. Legal implications

- 7.1 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 & Medway. Supporting the development of the Kent & Medway Mental Health Crisis Care Concordat is therefore within the remit of the Health and Wellbeing Board.

8. Recommendations

- 8.1 The Health and Wellbeing Board is asked to support the work of Kent & Medway Mental Health Crisis Care Concordat
- 8.2 The Health and Wellbeing board is asked to agree to the governance framework of the concordat group to report annually progress to both the Kent and Medway Health and Wellbeing Boards.

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Background papers

DOH February 2014

<https://www.gov.uk/government/publications/mental-health-crisis-care-agreement>

Care Quality Commission October 2014

http://www.cqc.org.uk/sites/default/files/20141021%20CQC_SaferPlace_2014

Policing and Crime Bill 2015-17 to 2016-17

<https://www.gov.uk/government/collections/policing-and-crime-bill>

Multi-agency ActionPlan

<http://www.crisiscareconcordat.org.uk/areas/kent/>