

## **HEALTH AND WELLBEING BOARD**

**19 FEBRUARY 2019**

### **KENT AND MEDWAY MENTAL HEALTH CRISIS CARE CONCORDAT – ANNUAL REPORT 2017/2018**

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#### **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 been undertaken in in 2017/18.

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.

#### **1. Policy Framework**

- 1.1 The Joint Health and Wellbeing Strategy for Medway sets five strategic themes. Theme 4 is to improve physical and mental health and wellbeing.
- 1.2 The NHS Forward View and local NHS CCG for Kent & Medway 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 18 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 principals 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 27 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 has been further reiterated by the implementation of the Police and Crime Act 2017 which has reviewed the policing powers elements 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 72 hour maximum period of detention to 24hrs;
  - Extending the power to detain under section 136 to any place other than a private residence.
- 2.9 At its meeting on 6 November 2018, the Medway Health and Wellbeing Board requested a report to the next meeting of the Board on the work to address the Section 136 concerns. It was requested that this should set out what an effective system would look like, what type of provision would be most effective and if this could not be achieved, what would be the alternative. It was asked that the report also include details of timescales and actions required to facilitate delivery. Appendix A to the report provides an analysis of the S136 Mental Health Act Detentions in Kent and Medway and a proposed way forward.

### **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 Concordat underwent a governance review in June 2017 which has resulted in new arrangements. There is now a strategic concordat group supporting four geographical based local concordat groups across Kent and Medway to drive the programme forward. The strategic group is chaired by Dave Holman, Head of Mental Health and Children's Commissioning, West Kent CCG and Rachel Curtis, Chief Superintendent Head of Strategic Partnership Command, Kent Police.

### **3.3 Strategic Concordat Review Sept 2018:**

A further review of the Terms of Reference for both the Strategic and local concordats in light of mental health developments and Sustainability and Transformation Partnership (STP) arrangements is currently being undertaken. It will be an opportunity to take forward this important area in a new direction and to review and understand the goals, objectives, and desired outcomes of the Concordat, taking into consideration the STP, strategic partnerships and governance arrangements that impact on the decision making processes across Kent and Medway that drives improvements in crisis care. The outcome of the review will be published on completion.

### **3.4 Membership of the Kent and Medway Concordat Strategic Group includes:**

- Kent and Medway Clinical Commissioning Groups
- South East Coast Ambulance Service (SECAmb)
- Kent and Medway NHS and Social Care Partnership Trust (KMPT)
- Kent Police
- Sussex Partnership NHS Foundation Trust
- North East London NHS Foundation Trust
- Medway Council
- Kent County Council
- Kent Police and Crime Commissioner

## **4. Progress to date**

- 4.1 Overall good progress continues to be made by the Kent and Medway Concordat. However, the emergence of STP's and new governance arrangements are challenging the way the Concordat makes decisions and promotes new planned initiatives. Wider strategic crisis plans including 111 and the development of Urgent Care Treatment Centres add a new dimension to the Concordat that require consideration and complexity to agreeing a mental health crisis offer. Plans still need 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, focuses upon the person's needs and co-ordinated across partner agencies.
- 4.2 A range of Kent and Medway CCG's commissioning plans and intentions 2017/18 have been developed in line with Concordat requirements and good practice. The focus is to develop services to support patients in crisis and preventing attendance at Accident and 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.

## 5. Reduction of Mental Health Act Section 136 admissions

- 5.1 The main aim of the crisis prevention agenda is to reduce the need for section 136 admissions under the Mental Health Act and to provide alternative intervention services for people in crisis. Despite initiatives across Kent and Medway there has been an increase in the number of s136 in 2017/18; this increase in activity is also reflected in the national figures which have increased over the last 5 years.
- 5.2 In the twelve month period from April 2017 to April 2018, 1691 section 136 assessments were undertaken for people presenting to the police from across Kent and Medway, in comparison to 1026 in 2016/17.

District	s136
Dartford	128
Gravesham	92
Medway	251
Swale	110
Maidstone	243
Sevenoaks	49
Tonbridge & Malling	49
Tunbridge Wells	41
Ashford	113
Shepway	108
Dover	104
Thanet	219
Canterbury	145
Other	39
<b>Total</b>	<b>1691</b>

## 6. The Police and Crime Act 2017

- 6.1 The Police and Crime Act came into force in December 2017 and work has been undertaken to address changes highlighted below as a result of Police and Crime bill:
- It will be unlawful to use a police station as a place of safety for anyone under the age of 18 in any circumstances;
  - A police station can now only be used as a place of safety for adults in specific circumstances (where behaviour poses an imminent risk of serious injury or death themselves or another person);
  - Before exercising a section 136 power police officers must, where practicable, consult one of the health professionals listed in section 136(1C), or in regulations made under that provision;

- The previous maximum detention period of up to 72 hours has been reduced to 24 hours (unless a doctor certifies that an extension of up to 12 hours is necessary);
- Section 136 powers may now be exercised anywhere other than in a private dwelling;
- Section 135(1) provides for a magistrate to issue a warrant allowing a police officer to enter premises to remove a mentally disordered person to a place of safety. The amended legislation allows an assessment to take place in the premises under certain circumstances.

6.2 Following these changes, reducing the number of S136 placements under the MH Act and eliminating all S136 admissions to police custody suites, 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 2017/18 and the continued development of alternative places of safety as part of the crisis pathway is key in supporting this.

6.3 The S136 countywide steering group has a local multi-agency improvement plan to monitor and address the specific key issues identified below:

- Reduction in S136 and increased percentage 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.

## **7. The Kent and Medway Standards for Section 136 and Health Based Place of Safety Specification (HBPoS)**

7.1 In light of the amendments made to S135 and S136 by the Police and Crime Act 2017 the Concordat agreed to a six month secondment to write the S136 Strategy and HBPoS specification, as this required a focused, targeted approach that would engage all services in the development of this pathway.

7.2 The Strategy builds on the collaborative work already underway in Kent and Medway and supports our vision for developing a 24/7 Mental Health Response Pathway.

- 7.3 A series of task and finish groups were set up to look at the Pan London Strategy that was launched in 2016 and to agree similar standards that met the needs of the population of Kent and Medway. A gap analysis has been completed and actions arising from this now form part of the action plan for the S136 Countywide Steering Group, who retain ownership to ensure the actions are reviewed and updated to monitor the work required to fulfil the agreed standards.
- 7.4 The strategy is essential in ensuring that we develop a whole systems approach with agreed protocols for mental health crisis. Engagement from each agency has been very good and a commitment to deliver a pathway together has been exceptionally positive.
- 7.5 The S136 Strategy and Health Based Place of Safety specification has been completed and presented to all the Accident and Emergency Boards across the county and went to the Kent and Medway Crisis Care Concordat in September for final sign off. The final Strategy is due to be published in March 2019.

## **8. Crisis Prevention Agenda**

### **8.1 Street Triage**

- 8.1.1 The service provides Mental Health support and advice to Police Officers and Ambulance Crews 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.
- 8.1.2 The aim is, where appropriate, to support police officers in making appropriate decisions, based on a clear understanding of the background to these situations. This is expected to lead to people receiving appropriate care more quickly, leading to better outcomes and a reduction in the use of S136.
- 8.1.3 The Kent and Medway countywide service commenced on 12 December 2015, the team consists of one Registered Mental Health Nurse (RMN) to cover the whole geographical area, two Recovery Workers based in Police Force Control and Ambulance Control Room, to support with calls and a Team Leader who has been effective in working with Police and Ambulance staff to offer call handler training, promotion of the service and managing the effective delivery of the service commissioned.
- 8.1.4 The service function times are continuously reassessed to ensure they are able to meet demand. The service has been consistently operating on Sunday, Monday and Tuesday between 18:00 – 02:00.
- 8.1.5 The service outcomes are continuously reviewed at a bi-monthly multi agency meeting which includes service representatives from KMPT, SECAMB and Kent Police, commissioners, quality leads and carer and CHYPS representatives and due to the input received at these meetings the outcomes

dataset have continued to evolve to ensure the most informative information is received to assess effectiveness of the service and where further improvements are required.

8.1.6 The dataset below identifies data recorded between April 17 and December 17, please note this is not a full year's dataset:

- A total of 576 referrals have been received, this is a 26% increase when comparing April 16 to December 16, in which 426 referrals were received.
- 284 of the referrals received in 2017 (49%) were known to Mental Health services, this is also an increase on 2016 activity, in which 37% were known to Mental Health services.
- As a result of a Street Triage assessment, onward referrals were made predominately to the Community Mental health Team (CMHT) and Crisis Resolution Home Treatment (CRHT). Of all referrals received this equated to 123 to CMHT (21%) and 64 to CRHT (11%).
- 22 (4%) of all referrals still required detention under S136.
- 33 (6%) still required police attendance.
- 45 (8%) still required attendance at A&E.
- A total of 128 referrals indicated drug or alcohol intoxication this equated to 22% of all referrals.
- Between April 2017 and December 2017 the Street Triage service have supported the avoidance of 173 A&E attendances, 157 S136 detentions and 85 non-deployments of ambulances.

8.1.7 Using the Department of Health NHS Reference Costs we are able to apply an approx. cost saving to the health economy on the avoidances supported by the team, between April 2017 and December 2017, which equates to approx. £254,990. These costings were based on the following methodology:

Average costings based on Department of Health. NHS reference costs:

- S136 cost as an acute psychiatric ward for one bed day plus a mental health act assessment - £1388
- A&E attendance - £138
- Ambulance deployment and treatment at home - £155.30

8.1.8 Currently an evaluation is being undertaken to assess the outcomes of both the countywide and two community (Medway and Thanet) services, with support indicated to incorporate the services together to support increasing and expanding into a 7 day per week service.

## 8.2 **Acute Liaison Psychiatry**

8.2.1 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's standards for introduction in 2015/16. These commitments were reaffirmed in the NHS mandate and in the NHS 5 Year Forward View.

- 8.2.2 Access to fully integrated Liaison Psychiatry Services, with advice from a consultant specialising in mental health problems, in acute hospitals needs to be available 24 hours in order to provide an urgent and proactive response. All CCGs are working towards delivering a dedicated 24/7 Liaison Psychiatry service in partnership with KMPT as part of a review of crisis care secondary care support, currently Medway and Thanet CCGs are achieving this.
- 8.2.3 In West Kent (Maidstone and Tunbridge Wells Hospitals) Adult Liaison Psychiatry operates a 08.00 - 20.00hrs service, seven days a week on two sites. Following a successful bid for NHS England Transformation Pump Prime Funding there is opportunity to further develop the West Kent service. Work to develop a revised care pathway across the locality is ongoing and will work to ensure a more robust response to patients across the full 24 hour period. Children and Young Peoples will be running a service from 14.00 - 22.00hrs, seven days a week on two sites.
- 8.2.4 In North Kent (Darent Valley Hospital, Dartford) Adult Liaison Psychiatry Service are 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. In Medway (Medway Maritime Hospital), Adult Liaison Psychiatry operates 24 hours a day, seven days a week on one site.
- 8.2.5 Medway has had a 24/7 Liaison Psychiatry Service since November 2013. Following a successful bid for NHS England Transformation Pump Prime Funding the service expanded to provide a Core 24 Service from October 2017 for one year and Children and Young Peoples service are present from 14.00 – 22.00hrs.
- 8.2.6 In East Kent (Queen Elizabeth the Queen Mother Hospital, Thanet; William Harvey Hospital, Ashford; Kent and Canterbury Hospital, Canterbury), Adult Liaison Psychiatry Services are currently operating 24 hours a day, seven days a week on one site (Thanet), 08.00 - 23.00hrs, seven days a week on one site (Ashford) and 08.00 - 16.00hrs, five days a week on one site (Canterbury). The development at Thanet was as a result of a successful bid for NHS England Transformation Pump Prime Funding, enabling the service expanded to provide a Core 24 Service from November 2017. Children and Young Peoples service are present from 14.00 – 22.00hrs on three sites.

### 8.3 **Kent Police**

- 8.3.1 Usage of S136 continues to rise both in Kent and nationally with Kent also experiencing higher than the national average rates of suicide (especially amongst males).
- 8.3.2 Following evaluation of the triage systems in operation in the county, an enhanced service is being progressed that will provide 7 evening a week coverage operating from the Police and Ambulance control rooms. With Community Psychiatric Nurses will be based around the county and able to attend incidents in support of both police and ambulance crews when required.
- 8.3.3 Alternative options for detention under S136 are also being developed with partners that will see sub-crisis support 7 evenings a week in the East and North of the county, this will work alongside the Crisis Cafes that are already in place.
- 8.3.4 Challenges still exist around transportation of vulnerable people by ambulance once they are detained.
- 8.3.5 In January 2018, Kent Police commenced delivery of a 2 day mental health training package for all frontline police officers and staff that is co-delivered with KMPT and also has partner agencies attending.
- 8.3.6 Since the changes to the Mental Health Act in Dec 2017, no persons have been taken into police cells as a place of safety purely for reasons that there was no other place of safety available to them.

### 8.4 **Suicide Prevention**

- 8.4.1 In early 2018, Kent and Medway STP were invited to bid to NHS England and Public Health England for additional suicide prevention funding £667,978 was awarded for this financial year (ending March 19). This funded programme does not replace the 2015-2020 Strategy, rather it forms part of the Strategy's annual implementation plan.
- 8.4.2 The aspirational long-term vision is to have zero-suicides across Kent and Medway and to harness all available resources in Kent and Medway in a united, evidence based and co-ordinated effort to reduce suicides. The objective is to achieve a minimum 10% reduction in suicide rates across Kent and Medway by 2021

2017/18 Aims for Suicide prevention:-

- Key high risk groups (particularly middle-aged men) given extra support
- At least 1000 individuals trained in suicide prevention and mental health

- Greater public awareness of suicide warning signs and how to respond
- Greater system understanding about individuals who die by suicide
- Implement zero-suicide action plans within Kent and Medway mental health trusts.

## 8.5 Crisis and Wellbeing Cafés

- 8.5.1 Crisis and wellbeing 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.
- 8.5.2 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.
- 8.5.3 North Kent CCG opened a pilot wellbeing café in Swale for 6 months, but unfortunately further funding was not available to continue this.
- 8.5.4 Medway has had a wellbeing café in operation since November 2014. The café is open from 6pm to 9pm on Fridays, 3.30pm to 6.30pm on Saturdays and 1pm to 4pm on Sundays.
- 8.5.5 East Kent CCG currently has a wellbeing café in Ashford and short term funding was secured to continue until September 2016 following the end of the pilot scheme.. Ashford CCG have reviewed the service and agreed funding to continue up to end September 2018.
- 8.5.6 West Kent CCG commenced a pilot service in March 2017, two Crisis cafés opened in Tonbridge and Maidstone; these are run by West Kent Mind and Maidstone Mind. The service was evaluated in September 2017 and funding was extended for a further 6 months which was due to end 31 March 2018. A paper went to the Senior Executive team on 6 March who agreed continued funding for a further 2 years in line with PCC's commitment.

## 8.6 Frequent Service Users (FSU)

- 8.6.1 The National Commissioning for Quality and Innovation (CQUIN) 4 requires MTW and KMPT to work collaboratively to improve the care provided to frequent service users with mental health needs presenting to A&E.
- 8.6.2 There is no nationally defined definition of what a frequent service user is. Locally it was agreed that MTW and KMPT should review the most frequent A&E attenders who had attended 10–15 times or more within the previous 12 months (2016/17). An initial subset of 23 people was identified from this group

who would benefit from assessment, review and care planning with specialist mental health staff.

8.6.3 MTW and KMPT have established a joint CQUIN delivery group which meets quarterly and is represented by senior team members from both organisations along with CCG Commissioning leads. The group monitors the delivery of the CQUIN, the performance of liaison psychiatry in relation to the ED department and the implementation of the core 24 service.

8.6.4 The Trusts have provided evidence that a framework is in place to improve services to patient with mental health needs to present frequently to A&E, including working with other key system partners (including SECamb and NHS111) as appropriate/necessary to ensure that care plans (co-produced with the patient and written in the first person) are in place for each patient in the identified cohort.

8.6.5 A system is in place to identify new frequent attenders and ensure that care plans are put in place swiftly; Care plans are shared with key system partners (with the patient's permission).

8.6.6 The Liaison Team Manager and the A&E Matron have also provided the relevant staff within A&E with a supportive package of learning so as to enable them to best support A&E frequent attenders with mental health needs.

8.7 Frequent Service User (FSU) project (West Kent):

8.7.1 The FSU Manager is a Registered General Nurse and independent prescriber who has an interest and qualification in substance misuse. Background as an Advance Chronic Pain Practitioner who also delivered pain services into local prison, as well as, community based on a biopsychosocial model. The role focuses on the highest users of urgent care services across the whole of West Kent.

8.7.2 This has resulted in a clear, demonstrable and measurable reduction in A&E attendances for 2 new cohorts of frequent service users (48 patients). The program has been so successful to date that a business case has been developed and the recruitment of recruit an additional team member is in progress.

Summary of FSU project:

8.7.3 The first cohort identified the top 25 highest users across the sites of Maidstone and Tunbridge Wells, in the four months prior to Frequent Service User Manager starting role. Cohort 2 recruited patients using the same process and a further 25 were identified. The same approach has been used again for Cohort 3 which is currently in progress; this will also consist of 25 patients. This currently remains a West Kent project; the outcomes of this

project will be shared with the STP to look at how this can be expanded across Kent & Medway, funding permitting.

8.7.4 The focus is away from medical model and toward self-management, this means supporting (visits/telephone/text) and preventing crisis occurring, planning strategies for the individual; signposting but more so on counselling/coaching, attending appointments to advocate for the individual, relaxation techniques, accompanying an individual to support groups, mentoring, liaison across multiple service to ensure joined up working, the list goes on but the focus is on what the patients want.

8.7.5 There continues to be no formal discharge as the service is there but support reduces as patients develop self-management strategies, thus support reduces. Patients have the security of knowing they can access FSU Manager if they wish.

8.7.6 Results so far (Cohort 1) have been productive:

At one year:

- ED attendances have reduced overall by 79%
- Non elective admissions have reduced by 74%
- Ambulances conveyances have reduced by 75%.

8.7.7 Cohort 2 is complete and the data will again be looked at. So far the four month data for Cohort 2 shows on average a reduction of a third in activity.

8.7.8 Patient reported outcomes for anxiety, loneliness and isolation and perceived health show improvements across both cohorts. There have been no complaints or SUI's and the level of patient satisfaction is high.

## 8.8 **Single Point of Access (SPoA)**

8.8.1 Kent and Medway Partnership Trust (KMPT) developed a single point of access to a multi-disciplinary mental health team in April 2016. The SPoA is a referrals management function. The team is staffed by both clinically trained and support staff. 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. 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.

8.8.2 A recent review of SPoA out of hour's activity indicates the number of calls is low with an average of 10 calls a night across Kent and Medway. Of those most clinical calls are already diverted to the Crisis Home Treatment Team (CRHT). KMPT reviewed the resources available and agreed that the following changes are the best use of funds and the most practical and clinically safe option.

### 8.8.3 Key changes from June 2018:

- SPoA operating hours will be 08:00 to 22:00 hours for all GPs or emergency/urgent referrals for the public.
- The public can still self-refer to SPoA in hours if in crisis.
- The Crisis Home Treatment Teams will accept urgent referrals from GPs and liaison services out of hours.
- No direct self-referrals will be accepted out of hours.
- The Crisis Home Treatment Teams will continue to provide the out of hours crisis support telephone contact for people known to services – people on case load are given the number as part of their contingency planning.
- Emergency assessment options remain for people in urgent crisis with access to 24/7 Crisis Assessment either through 111 or mental health liaison services in A&E.
- The police will continue to get a direct response in line with the requirements of the Police and Crime Act 2017.

## 9. Development of a Health Service Directory

- 9.1 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.

## 10. Service User Engagement

- 10.1 The Concordat Steering Group have accessed various patient and Carer platforms including the Mental Health Action Groups established across Kent and 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. Service user involvement played a key function in the participation of the Task and Finish group that developed the Kent and Medway Standards for S136.

- 10.2 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.

- 10.3 These groups include:

- The Kent and Medway Suicide Prevention Strategic Steering Group
- Kent Drug and Alcohol Action Team (DAAT) Board
- Medway Drug and Alcohol Services
- Kent Safeguarding Children's Board

- Kent and Medway CQUIN Working Group on Safe and Effective Transitions
- Kent and Medway Adults Safeguarding Board
- Community Safety Partnership
- Kent and Medway Domestic Abuse Strategy Group.

## **11. Approved Mental Health Practitioner Service (AMHP)**

- 11.1 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.
- 11.2 The Kent AMHP Service has been in operation for four years. Medway have a dedicated daytime service but KCC deliver the AMHP Service on behalf of Medway out of hours. This is between 5pm until 9am Mon - Friday and all hours Weekends and Bank Holidays.
- 11.3 Since the service began, the demand of referrals has continued to rise across each CCG area. The service has used its data and governance to establish the number of AMHPs Kent needs to deliver the service. From this data additional resources have been allocated to the service. When the service is fully recruited to then changes to the service can be undertaken to respond to referrals in a timelier manner.
- 11.4 The partnership transformation work has established a clear workforce strategy for the AMHP Service. In 2018, 5 AMHP trainees have been funded to undertake their AMHP training and next year 6 trainees have been awarded funding.
- 11.5 The changes to the Mental Health Act that the Police and Crime Act have generated continue to place significant pressure on the AMHP Service and can detract from other pressing Community referrals that do not carry a statutory timeframe.
- 11.6 Based on 2016/17 data, there has been an increase based on the previous year's statistics in Kent & Medway police use of section 136.
- 11.7 The work of an AMHP is often protracted by the availability of other services that are required to work in partnership during a Mental Health Act assessment. This means that there are inefficiencies in the service that impact on the services ability to respond in a timely manner.
- 11.8 Outside of the Crisis Pathway, Kent AMHP Service has to ensure that it delivers Kent County Council and 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.

- 11.9 The Kent AMHP Service now has an AMHP who leads on all Nearest Relative displacement and regular meetings, it also has a central data base, intelligence around displacements and appointments and a robust system with strong governance, quality assurance and statutory compliance is emerging. Guardianship is maintained within the Local Authority and through the partnership this is well monitored and supported.
- 11.10 S136 statistics are reported upon within KMPT and these can be sourced upon request. As aforementioned the pressure of S136 is a continued concern and especially that fact that a significant percentage of referral is subject to alcohol or substance and therefore not fit to be interviewed.
- 11.11 Kent and Medway AMHP Service is delivered as part of the section 75 agreement between Kent County Council and Kent and Medway NHS and Social Care Partnership Trust until 1st April 2019 when it returns to KCC. Ongoing work is being completed to ensure that this has no impact on service users and carers.
- 11.12 The AMHP Service was also successful in its bid for high impact change money and has used this money to employ additional admin and 6 Social Work assistants. These additional roles have increased the services efficiency.

## **12. Community Mental Health and Wellbeing service**

- 12.1 The Community Mental Health and Wellbeing service - Live Well Kent was launched in April 2016 and is managed and delivered by two strategic partners: Porchlight and Shaw Trust. This service is currently available in Kent, consideration to expand this into Medway will need to be considered in future contract planning discussions
- 12.2 Developed and funded by Kent Adult Social Care, Public Health and Clinical Commissioning Groups, the service was set up to:
- transform fragmented delivery of different grant-funded mental health services into a collaborative network;
  - support people to better manage their wellbeing within their local community, focusing on recovery and self-management;
  - better understand and evidence the impact of the support provided.
- 12.3 The service has continued to go from strength to strength in year 2 of the contract (2017/18). They received 5,422 referrals between April 2017 and end of March 2018 with 3,562 formal sign ups. Services provided through a range of community network providers include advice and support on housing, employment, accessing peer networks and participating in local community groups with a focus on improving mental and physical wellbeing and reducing isolation for those people experiencing mental health issues. Live Well Kent



are currently working closely with primary and secondary care colleagues, social care and voluntary sector organisations to improve pathways of those people with Mental Health issues and identify how gaps in the system can be addressed to improve the user experience so that people can access the right support at the right time.

### **13. Key Priorities for 2018/19:**

1. In order to address Children and Young Persons (CYPS) bed provision in light of the reduction of holding time for S136 to 24hrs, a bid was successfully submitted to NHS England to develop a dedicated 136 suite for CYPS at Woodlands in Staplehurst. Plans are now being developed to initiate this project.
2. Successful bids were secured from NHSE Transformation Funding to increase Liaison Psychiatry services across sites in Kent and Medway, this money is being used to review and develop the entire crisis offer. Potentially, this could include the separation of functions currently provided by the Liaison Psychiatry Service and the Crisis Resolution Home Treatment Team into three distinct strands; Home Treatment, Liaison Psychiatry to inpatient medical and surgical wards, and Urgent Assessments. By remodelling the care pathway in this way the Urgent Assessment team would be in a position to provide a 1 hour response to both Emergency Departments for Urgent Assessments, 24 hours a day.

Work will commence on developing this new model in West Kent in partnership with WKCCG and other stakeholders, with a view to finalising a proposal by the end of September 2018.

3. There was an increase in street triage services through the development of the two pilot community triage services in Medway and Thanet. These services ran on the following days:

Medway:

Wednesday: Midday - 22.00hrs

Thursday: Midday - 22.00hrs

Friday: Midday - 22.00hrs

Thanet:

Friday: 14.30 - 01.00hrs

Saturday: 14.30 - 01.00hrs

Sunday: 14.30 - 01.00hrs

These were in addition to the countywide street triage out of hour's service which runs on:

Sunday: 16.00 - Midnight

Monday: 16.00 - Midnight

Tuesday: 16.00 - Midnight

4. A review of the current AMHP service identified areas for change and investment in order to be able to work with key stakeholders in delivering the new timeframe for S136.
5. Countywide options are being explored to review alternative places of safety i.e. crisis cafes based on a model currently used by Hestia group in London. The police / SECamb are still being encouraged to consider/utilise alternative support for people in crisis.
6. The Kent and Medway Standards for s136 and Health Based Place of Safety specification have been written and are awaiting publication.

#### 14. Risk management

<b>Risk</b>	<b>Description</b>	<b>Action to Avoid or Mitigate Risk</b>	<b>Risk Rating</b>
Governance	Failure to have the right structures in place to replace the role of the Crisis Care Concordat could lead to fragmentation of the crisis pathway work. Processes need to be in place to measure and monitor progress and report on a quarterly basis	New structures are being put in place and current meetings are being reviewed and Terms of Reference agreed. The PCC Oversight Group will become the decision making arm of the concordat, structures beneath this need to be agreed and implemented	Amber
Financial	There is a risk of financial gaps if investment and efficiency savings is not identified	Identify efficiencies through transformation of services and pathway redesign Financial investment in Mental Health Crisis Services to be anchored in CCG investment plans in line with NHS 10 year plan	Amber
Workforce	Developments in the crisis pathway may be hindered by lack of appropriately skilled staff to support the services required	Develop a workforce plan to support the crisis pathway that links with the wider system plan to ensure that we have the right staffing mix to deliver the services required	Amber

## **15. Financial implications**

- 15.1 There are no identified financial implications for the 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.

## **16. Legal implications**

- 16.1 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 and Medway. Supporting the development of the Kent and Medway Mental Health Crisis Care Concordat is therefore within the remit of the Health and Wellbeing Board. The Concordat commitments are particularly relevant, in light of the amendments made to S135 and S136 by the Police and Crime Act 2017, as a reflection of robust contingency plans in place to give due regard to the amendments.

## **17. Recommendation**

- 17.1 The Health and Wellbeing Board is asked to note the progress made in 2017/18 in delivering the Mental Health Crisis Care Concordat (MHCCC) and support planned work across agencies set out in section 13 of the report.

### **Lead officer contact**

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### **Appendices**

Appendix A: Section 136 Mental Health Act Detentions in Kent and Medway Analysis

### **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](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>

The S136 Strategy and Health Based Place of Safety specification  
<https://democracy.medway.gov.uk/mglIssueHistoryHome.aspx?IId=25192>