

DERBY CITY HEALTH & WELLBEING BOARD:
REPORT OF THE POLICE AND CRIME COMMISSIONER FOR DERBYSHIRE

MENTAL HEALTH CRISIS CARE CONCORDAT

1. PURPOSE OF THE REPORT

- 1.1 To inform the Derby City Health and Wellbeing Board (HWBB) of the Mental Health Crisis Care Concordat, launched in February of this year jointly by the Department of Health, Home Office and Deputy Prime Minister's Office.
- 1.2 To inform the HWBB of the work being undertaken within the Office of the Police and Crime Commissioner for Derbyshire around Mental Health.
- 1.3 To seek support from the HWBB of the approach that has been adopted locally for the sign up and roll-out of the Concordat.

2. BACKGROUND

- 2.1 The [Mental Health Crisis Care Concordat](#) was launched by the Department of Health, Deputy Prime Ministers Office and Home Office in February 2014.

- 2.2 In a joint statement they stated:

"We commit to work together to improve the system of care and support so people in crisis, because of a mental health condition, are kept safe and helped to find the support they need – whatever the circumstances in which they first need help – and from whichever service they turn to first.

We will work together and with local organisations, to prevent crises 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.

Jointly, we hold ourselves accountable for enabling this commitment to be delivered across England."

- 2.3 The agreement has subsequently been signed by more than 20 national organisations in a bid to drive up standards of care for people experiencing crisis such as suicidal thoughts or significant anxiety.
- 2.4 It has implications for the way the ambulance, police and mental health services work together. It will have a significant impact in the way the current Mental Health Act arrangements, particularly in relation to Section 136 and the police

power to detain and take a person to a place of safety operate.

- 2.5 The government intends that the concordat will help cut the numbers of people detained inappropriately in police cells and drive out the variation in standards across the country.
- 2.6 The intention is that local areas present at the OPCC Mental Health Summit will have signed the Derbyshire Mental Health Crisis Care Concordat at the event with others following, to commit to working together across services to improve care and potentially save lives.
- 2.7 The Concordat is arranged around:
 - Access to support before crisis point
 - Urgent and emergency access to crisis care
 - The right quality of treatment and care when in crisis
 - Recovery and staying well, and preventing future crises.
- 2.8 The Concordat contains an action plan and an annual 'Concordat Summit' will take place to review progress and hold signatories to account on the delivery of the action plan.

3. THE CHALLENGE

- 3.1 The Crisis Care Concordat challenges local areas to make sure that:
 - Health-based places of safety and beds are available 24/7 in case someone experiences a mental health crisis
 - Police custody should not be used because mental health services are not available and police vehicles should also not be used to transfer patients. We want to see the number of occasions police cells are used as a place of safety for people in mental health crisis halved compared 2011/12
 - Timescales are put in place so police responding to mental health crisis know how long they have to wait for a response from health and social care workers. This will make sure patients get suitable care as soon as possible
 - People in crisis should expect that services will share essential 'need to know' information about them so they can receive the best care possible. This may include any history of physical violence, self-harm or drink or drug history
 - Figures suggest some black and minority ethnic groups are detained more frequently under the Mental Health Act. Where this is the case, it must be addressed by local services working with local communities so that the standards set out in the Concordat are met
 - A 24-hour helpline should be available for people with mental health problems and the crisis resolution team should be accessible 24 hours a day, 7 days a week

- 3.2 It challenges local services to make sure beds are always available for people who need them urgently and also that police custody should never be used just because mental health services are not available. It also stipulates that police vehicles should not be used to transfer patients between hospitals and encourages services to get better at sharing essential need-to-know information about patients which could help keep them and the public safe.
- 3.3 The Concordat builds on recent initiatives in mental health care between the department of health and ministry of justice:
- **Liaison and Diversion** - These place mental health professionals in police custody and court settings to help identify mental health problems in offenders as early as possible. The majority of people who end up in prison have a mental health problem, a substance misuse problem or a learning disability and one in four has a severe mental health illness, such as depression or psychosis.
 - **Street Triage** – There is a pilot currently running within Derby where mental health clinicians, usually nurses, accompany police officers making emergency responses to people suffering from a mental health crisis. The nurses may also advise and support officers by telephone.

4.0 POLICY CONTEXT

- 4.1 The NHS Mandate 10 for 2014/15 sets out a number of objectives for the NHS to improve mental health crisis care. The Government expects:
- NHS England to make rapid progress, working with clinical commissioning groups (CCGs) and other commissioners, to ensure delivery of crisis services that are at all times as accessible, responsive and high quality as other health emergency services
 - NHS England to ensure there are adequate liaison psychiatry services in emergency departments
 - Every community to have plans to ensure no one in crisis will be turned away, based on the principles set out in the Concordat.
- 4.2 NHS England's review of urgent and emergency care services recognises that the NHS urgent and emergency care system must be responsive to the needs of the most vulnerable people in society. This includes people suffering mental health crises.
- 4.3 The government launched a Mental Health Action Plan in January, as part of a major conference which brought together mental health experts, charities and users of mental health services to talk about how mental health can be improved in this country. 'Closing the Gap: Priorities for Essential Change in Mental Health' sets out 25 of the most important changes for the NHS and social care to make in the next few years to improve the lives of people with mental health problems and help reduce health inequalities.

5. THE LOCAL RESPONSE

- 5.1 Across England, local partnerships of health, criminal justice and local authority agencies are encouraged to agree and commit to:

- A jointly agreed local declaration that mirrors the key principles of the national Concordat, a commitment for local agencies to work together to continuously improve the experience of people in mental health crisis
 - Development of a shared action plan and a commitment to review, monitor and track improvements
 - Improving performance in the key area of using police stations as places of safety – by reducing the number of such uses, and by working towards a fast-track assessment process whenever a police cell is used
 - Evidence of sound local governance arrangements.
- 5.2 A briefing produced by the Mental Health Confederation has been taken to clinical networks and Joint commissioning Boards in the City and County. There is a high degree of commitment from those consulted so far that crisis care is a priority for Derbyshire. It has had particular resonance for primary care and it is in accordance with the feedback obtained during Derbyshire Healthcare Foundation Trust (DHcFT) consultation on service redesign.
- 5.3 The Mental Health Commissioning Team, led by Hardwick CCG, has met with the Police and Crime Commissioner's Office and a Mental Health Summit for Derbyshire has been set for 25 June 2014.

This will include:

- Mental Health and the Criminal Justice System – an integrated approach
 - Young Offenders with mental health needs
 - Street Triage Project in Derbyshire – progress report
 - Voluntary Organisation perspective
 - Mental Health Crisis Care Concordat – local delivery
 - Organisational culture and Parity of Esteem
 - Screening and treatment of offenders with Learning Disabilities within the Criminal Justice System
- 5.4 Hardyal Dhindsa, Deputy PCC, and Mental Health Commissioner for Hardwick CCG, David Gardner, have taken the lead role for coordinating a multiagency group to bring together local strategic leads on the concordat themes. It is intended that this will not duplicate existing work, rather pull together information and structures that already exist. A further partnership event will be held in the autumn with the aim of producing the multiagency action plan to be shared with the two Health and Well-Being Boards and the Criminal Justice Board, and their sign-up sought .
- 5.3 In addition DHcFT and commissioners are undertaking a joint review against closing the gap and parity of esteem.
- 5.4 The CCGs have already taken action to commission additional acute bed capacity, which was a considerable pressure locally for ambulance and the police in 2013.
- 5.5 The review group looking into s136 has been asked to feed into the multi-agency crisis care concordat work.

- 5.5 DHcFT have a Suicide prevention strategy group and a commissioning framework is in place on managing suicide risks that directly supports the aims of the concordat.
- 5.6 DHcFT are also planning changes to their planned care services including extended hours and 7-day week working and are planning pilots to integrate crisis response with their pathfinder service, with the intention of reducing hand off points and improving response times.
- 5.7 South Derbyshire CCG has invested in a crisis house, a partnership between the Richmond fellowship and the DHcFT Crisis and Home Treatment Team providing an alternative to admission and this is evaluating well.
- 5.8 North Derbyshire and Hardwick CCG have invested in a pilot whereby a crisis team nurse works as part of the 111 service at weekends. This started in March. It is hoped this will provide a more appropriate response to callers who often are inappropriately directed to the Emergency Unit.
- 5.9 Derbyshire CCGs and The County Council continue to fund a mental health helpline provided by Rethink called Focus Line telephone 0800 027 2127 (Mon-Thurs Fri 5pm-9am & Sat-Sun 24 hours)
- 5.10 As previously mentioned, Derby City has a street triage pilot running funded centrally by the Department of Health. The scheme is in early day as and full data is not yet available. However it appears from reports from DHcFT that there has been a welcome reduction in demand for use of the 136 suite. Historically the vast majority of people taken to the suite have not been admitted or detained under a treatment order. Most have been discharged home. This has been hugely wasteful of multi-agency resources and often contributed to poor patient experience.
- 5.11 In Derbyshire Prisons DHcFT have been working on a way of identifying people with autism and CCGs and the local authority have supported a conference (October 2013) on autism and offender health with a local commitment to police training.
- 5.12 There are already Court Diversion schemes in place in Derbyshire whereby mental health professionals can assess people prior to court. The majority of Derbyshire offenders will pass through Nottingham Prison.
- 5.13 It is intended that the four CCGs and the OPCC co-commission independent research and evaluation of the effectiveness of the operational implementation of the Concordat.

6. RECOMMENDATIONS

- 6.1 The HWBB are requested to note and support the development of a multiagency group and its work, and the Mental Health Summit.
- 6.2 The HWBB is requested to support a coordinated local approach via the two Health and Well-Being Boards and to support the development and

implementation of the local action plan.

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