

<b>For Consideration</b>	
<b>Public/Non Public*</b>	<b>Public</b>
<b>Report to:</b>	<b>Strategic Resources and Performance Meeting</b>
<b>Date of Meeting:</b>	<b>13<sup>th</sup> November 2014</b>
<b>Report of:</b>	<b>Paddy Tipping Police Commissioner</b>
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<b>Agenda Item:</b>	<b>09</b>

## **MENTAL HEALTH CRISIS CARE CONCORDAT EVENT**

### **1. PURPOSE OF THE REPORT**

- 1.1 The purpose of this report is to provide Members of the Strategic Resources and Performance Meeting with an overview of the key themes which emerged from the Commissioner's joint Mental Health Crisis Care Concordat event held on 25th September 2014.

### **2. RECOMMENDATIONS**

- 2.1 That the Members discuss and note the report
- 2.2 To make any recommendations as appropriate to take forward in any Action Plan

### **3. REASONS FOR RECOMMENDATIONS**

- 3.1 To give Members an opportunity to discuss the event and the key findings. Also to make any recommendations if appropriate to take forward in any joint action plan.

### **4. Summary of Key Points**

- 4.1 The Mental Health Crisis Care Concordat – Improving Outcomes for People Experiencing Mental Health Crisis (February 2014) makes clear the standard of response that people experiencing mental health crisis should expect from local agencies. The document focuses on four main areas:

- 1) Access to support before crisis point
- 2) Urgent and emergency access to crisis care
- 3) Quality of treatment and care when in crisis
- 4) Recovery and staying well

- 4.2 The Concordat also includes a section on prevention and intervention and contains a clear expectation that all partners should work together in an effective manner to ensure that individuals receive a “whole system response”.
- 4.3 Nottinghamshire’s Mental Health Crisis Concordat Conference was a collaborative event held jointly by the Commissioner and the City and County Clinical Commissioning Groups. The conference provided key stakeholders and partners, both statutory and third sector with, an opportunity to demonstrate their commitment to the delivery of the Concordat principles. The purpose of the event was to develop a local response to the Concordat which included seeking organisational commitment to the Concordat declaration and to consider priority areas for a local Action Plan.
- 4.4 There was a variety of presentations from key speakers including Dr Geraldine Strathdee, (National Clinical Director Mental Health, NHS England) and Nat Miles, (Senior Policy and Campaigns Officer, Mind UK). The event programme and all presentations are attached as **Appendices (A to I)**.
- 4.5 Amongst the themes highlighted in the presentations, Dr Strathdee noted the changing attitude towards mental health at a national level and how this is now gathering attention, particularly that the individual should be viewed as a person rather than a body part. She referred to the necessity of having integrated pathways for mental as well as physical health and for there to be more effective diversion schemes in the Criminal Justice System.
- 4.6 She commended the delegate attendance at the Conference and saw this as a clear demonstration of top level sign up to the Concordat in Nottinghamshire. Nat Miles, speaking on behalf of National Mind, highlighted the link between victimisation and mental health. Other speakers noted where progress is being made locally. One example includes Assistant Chief Constable Simon Torr who spoke very positively about the achievements of the Street Triage scheme and the impact this has had upon the reduction in the use of Section 136 detentions.
- 4.7 However, he also made clear there is more to be done to achieve better services. He emphasised the priority for all partners must be to get it right “first time, every-time”, and this must include addressing the number of children detained under Section 136 of the Mental Health Act 1983 in Nottinghamshire.
- 4.8 The afternoon session included an important roundtable partnership discussion which focused on the four priority areas in the Concordat and the action required to achieve more effective mental health services, including how to tackle gaps in provision. The discussion generated a constructive and positive dialogue. Following this, the session also included an opportunity for delegates to vote on what should be the priority areas for action going forward. The results from the voting are attached as **Appendix I**.
- 4.9 The following are some of the themes which the group discussion identified as areas to address to ensure that individuals get the right service at the right time here in Nottinghamshire:

- Parity of esteem – mental health and physical health must be valued equally
- Provision of services which are inclusive, readily available, and appropriate for adults and children
- A single point of access to promote timely entry to services
- The opportunity to self refer
- A clear referral pathway and a holistic approach to assessment and treatment, which takes into account other needs, including drugs, alcohol and domestic violence
- Increased awareness and education about mental health, including better training to frontline services and to promote greater understanding amongst the general public
- Improvement of prevention and early intervention provision
- An expansion of the Street Triage scheme
- Continue to reduce the use of Section 136 detentions, including those of young people
- Address the lack of suitable bed space, particularly for children
- Reduce the number of repeat callers by providing a more appropriate service
- Conveyance procedures require improvement
- Build resilience in individuals and communities
- Increase community engagement, and promote better access to support groups in the local area, including the voluntary sector
- Greater investment in longer term therapies
- An effective multi-agency approach which includes better quality information and data sharing to ensure services are appropriate and sensitive
- Service users and carers must be involved in the development of services

4.10 The Commissioner's office (NOPCC) is working with representatives from the Clinical Commissioning Group (CCG) to develop the key items into an Action Plan. A letter has already been sent to partnership agencies to ask them to formally commit their organisations to signing up to the Concordat Declaration.

4.11 The Nottinghamshire Declaration has to be submitted to the National Crisis Concordat team by 31st December 2014.

4.12 It is the intention that the Action Plan be reported through to the Police and Commissioner as well as the Health and Wellbeing Boards for Nottingham and Nottinghamshire.

**5. Financial Implications and Budget Provision**

5.1 Discussion is currently taking place with Partners about the need to have in place dedicated resources to support the co-ordination and implementation of the Concordat and Action Plan. Chief Inspector Kim Molloy is currently the dedicated 'Concordat' Lead for Nottinghamshire Police.

**6. Human Resources Implications**

6.1 None which directly affects this report.

**7. Equality Implications**

7.1 None which directly affects this report. However, victims and offenders with mental impairment are considered vulnerable.

**8. Risk Management**

8.1 None which directly affects this report.

**9. Policy Implications and links to the Police and Crime Plan Priorities**

9.1 The Commissioner's updated Police and Crime Plan 2014-2018 includes a strategic objective to 'protect, support and respond to victims, witnesses and vulnerable people'. The Commissioner has made a specific commitment in the plan to work in partnership to address the mental health needs of offenders and victims.

**10. Changes in Legislation or other Legal Considerations**

10.1 There are occasions when the Police may act if they believe that someone is suffering from a mental illness and is in need of immediate treatment or care. Their powers for such occasions are set out in Section 136 of the Mental Health Act. This gives them the authority to take a person from a public place to a "Place of Safety", either for their own protection or for the protection of others, so that their immediate needs can be properly assessed.

10.2 A Place of Safety could be a hospital, police station or some other designated place. However, the most recent guidance states that a police station should be used only in exceptional circumstances, and all areas in Wales are working to ensure Places of Safety are available in appropriate settings, usually in hospitals.

10.3 In 2014-15, the Commissioner set the Chief Constable a target to reduce the number of detentions under this power at Police Stations. So far this year the number of such detentions has reduced by 42.4% which is attributable to Street Triage.

## **11. Details of outcome of consultation**

11.1 The event was held at The International Indian Community Centre in Nottinghamshire and attended by 136 delegates with representation from across the mental health spectrum. This includes the Police, NHS, Local Authorities, Prisons, Public Health, as well as a wide range of third sector agencies such as AWAAZ, Framework, Health watch and the Carers Federation, amongst others. Attendees' feedback suggests that it was a highly successful day and well received by all delegates.

## **12. Appendices**

Appendix A - Event Programme

Appendix B - Mental Health Crisis Care Concordat, Professor Kane

Appendix C - Health and the Crisis Care Concordat, Dr Bicknell and Dr Read

Appendix D - A Local Authority Perspective, Oliver Bolam

Appendix E - Mental Health Crisis Care Concordat, Jon Wilson

Appendix F - How Mental Health Impacts upon Policing, ACC Simon Torr and CI Kim Molloy

Appendix G - Street Triage Team

Appendix H - Experiences of Victims of Crime with Mental Health Problems, Nat Miles, Mind UK

Appendix I - Tabletop Discussion Voting Results

## **13. Background Papers (relevant for Strategic Resources and Performance Meeting)**

- Refreshed Police and Crime Plan 2014-2018 (published)

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