Mental Health Crisis Care Concordat Steering Group

Wednesday 20th May 2015, 14.30 – 16.30

County Room, Kent Police Headquarters, Sutton Road, Maidstone, Kent, ME15 9BZ

CONFIRMED MINUTES

Approved Date: 23rd July 2015

Discussions and Actions	Lead
Welcomes and Introductions Apologies were received from; *Ann Lisseman, Sean Nolan, Nicola Jones, Richard Giles, Judith Ward, Caroline Harris, Heidi Butcher and David Chesover.*	
Minutes & Actions of the previous meeting held on 24th March 2015 **The minutes of the previous meeting were approved as an accurate record of information.** **Confirmed minutes:** 10. confirmed minutes 24 03 15.doc› **Actions:** 104 – Discharged. Meeting date is set in July. 105 – Discharged to agenda 106 - Discharged to agenda 107 – Discharged. Meeting took place on 15th May 108 – Discharged 109 – Discharged 110 – Discharged 111 – Discharged to agenda 112 – Discharged. Wayne Goodwin (WG) will invite Mike Brown to next meeting. **113 – Outstanding. Concordat work has not yet been shared with Accountable Officers. Penny Southern (PS) is to follow up initial request for this to be on the next Accountable Officer (AO)/Directorate Management Team (DMT) meeting agenda.** 114 – Discharged 115 – Discharged 116 – Discharged	**PS**

117 – Discharged. WG is meeting Kent and Medway Partnership Trust (KMPT) on 21.05.15 regarding the serious incident backlog. 118 – Discharged to agenda 119 – Discharged to agenda 120 – Discharged 121 – Discharged Updated actions: updated actions Concordat Steering Gr	
Sub Group Highlight barrie.sheppard@edc.uk.net Reports 1. **Recovery, Staying Well & Preventing Future Crisis** *Chair - Tim Woodhouse (TW)* • The group discussed their views on the local issues in Kent and Medway. Actions arose from the discussions and are presented in the following document: Recovery pathway issues and actions ppt • The next step is to develop a business case on crisis cafes and out of hours care, and produce a vacancy rates briefing • Continuity of care was highlighted as the biggest barrier for recovery. Suggestion was made to increase peer support available. • TW felt the membership of this sub group was suitable, but is in need of attendance from clinicians at primary care level. **2. Access To Support Before Crisis Point** *Chair – Naomi Hamilton (NH)* • This group has compiled mental health training programmes that exist across agencies and captured in one document. This is a live document	

across all agencies and any new training taking place within agencies can be updated as and when.

- BME (black and minority ethnic) action regarding hard to reach communities and in particular focusing on outreaching to schools. The mental health charity MIND are looking at how to work with schools, a framework is being developed by MIND BME forum for sharing with Concordat re approach for awareness and engagement with schools.
- The KMPT single point of access stage 2 went live in April and is being piloted until end of May in Swale and Medway. The pilot is an Initial Response Team that clinically triages any call from Swale CCG or Medway CCG patients.
- A presentation on services provided by Kent Fire Rescue highlighted there is a gap in communication with substance misuse services. It was agreed that this was an area for focus.

3. **Urgent & Emergency Access To Crisis Care**

Chair – Debbie Wade (DW)

- This group discussed the fast track programme. Child and Adolescent Mental Health Services (CAMHS) are finding the 3 hours target challenging and not meeting this yet.
- There are gaps in Psychiatric liaison services in Accident and Emergency (A&E)
- This group also expressed concerns on the limited opportunity to make radical changes, and this sits within commissioning decisions.

4. **The Right Quality of Treatment & Care**

Chair – Malcolm McFrederick (McF)

- This group looked at some areas including the crisis care model but felt that work was duplicating everyday commissioning business. It was proposed that this group ceases to exist.

Chair discussion

- At the chairs meeting held on 15th May, it was discussed whether the current structure of the Concordat sub groups is the right format for achieving the

principles of the concordat. It was felt that the work being done by the sub groups should be undertaken as normal commissioning business and there could be duplication of work. The Steering Group needs a more strategic role to feed into commissioning intentions. • It was suggested that in place of the 4 working sub groups, there are 2 focused Task and Finish groups which can show tangible outcomes. One of these task and finish groups will focus on section 136 as this is an urgent area to resolve. • A couple of queries from members were raised in response; The 14 Key Performance Indicators (KPIs) have not yet been reviewed and this needs to be done which will then determine what our priorities should be for the 2 task and finish groups. It was also felt that the work undertaken by TW's sub group on recovery should not be lost, and focus cannot just be on s136 without looking at recovery. It was suggested for the 2nd Task and Finish group to focus on recovery. • The KMPT thematic review will progress recommendations through this group. The top 3 recommendations from the report are: Sharing of information, training and s.136 **Actions:** • **Dave Holman (DH) is to email the sub group chairs to confirm structure and priorities going forward** • **DH and TW are to review KPIs** • **TW is to continue with the positive work done by the Recovery, Staying Well & Preventing Future Crisis sub group**	**DH** **DH/TW** **TW**
s136 14 day review Diane Meddick (DM) provided an update to the group: • A multi-agency Task and Finish group took place on 20th April which focused on s.136. • The suggestion from this group echoes the Chairs meeting in that they suggest there should be 2 focused Task and Finish groups going forward, one to look at cases in time of crisis, and the second at preventing crisis. • DM has been developing links - better care fund, primary care workers, A&E liaison service	

• The concern for police officers is they are the first point of access and sometimes there are no alternatives available. Issues of limited access to information and limited communication between organisations were raised at the previous steering group meeting. Following this, DM has had discussions with CCG safeguarding teams on whether the sharing of information for s136 could be shared using the safeguarding framework. This would allow health and police to see information, and adhere to governance process. • More understanding is needed on the cohort of people frequently attending • There needs to be immediate actions taken, and then a long term plan put in place. • WG informed the group that the Home Secretary, Theresa May at the Police Federation Annual Conference 2015 announced that on the 27th May in the Queen's speech there will be introduction of a new policing bill. *"This will include measures to reduce the amount of time the police spend dealing with people suffering from mental health issues – while ensuring that these individuals still receive the support they need at a time of crisis. The Bill will therefore include provisions to cut the use of police cells for Section 135 and 136 detentions, reduce the current 72 hour maximum period of detention for the purposes of medical assessment, and continue to improve outcomes for people with mental health needs by enabling more places, other than police cells, to be designated as places of safety" (www.gov.uk website)* **Actions:** • **DM and DW are to facilitate another s136 task and finish group as a matter of urgency to look at immediate actions** • **DM is to continue investigating the process of information sharing via the safeguarding framework** • **DM requires a contact in KMPT and Kent Police who can pull activity data and information together in other areas of Kent. McF/KDR to identify a project support in KMPT, and DW the same in the Police.**	**DM/DW** **DM** **DM**
Future of Street Triage • The Future of Street Triage is to be a standing item • KMPT and South East Coast Ambulance Service (SECAmb) colleagues met to discuss a new model for the street triage (which has been drawn upon a model used in East Midlands) • It is similar to the previous model with Kent police, but it will be SECAmb colleagues working with a medical practitioner. SECAmb raised similar	

concern as Police colleagues with regards to doubling up on man resource. The plan will be to pilot this model • Karen Dorey-Rees (KDR) is meeting Helen Medlock (HM) (SECAmb) within 1 month to progress discussions. • The aim is to launch the new model for quarter 3. **Action:** • **DH to attend the meeting with KDR and HM. KDR to send details to DH.**	**KDR**
AOB **Dartford Place of Safety** – *McF* • Refurbishment will be taking place and KMPT are asking for timescales, and the scale of work required and will share with the steering group when information is available. **KMPT perfect week** – *McF* • Held in last week of June • It will focus on operations and how to make the organisation operationally better. **Communication** – *TW* • TW suggested for an event to take place to celebrate 1 year of the Concordat to promote the work further than health and wellbeing boards, and the good work which is being done. Going forward, we need to think about how the Concordat engages with and communicates to all stakeholders, including elected members, Health and Wellbeing Boards, carers, media). **Action:** **TW is to produce a brief communication plan to be discussed at the next Steering group meeting.** • The event is to include Healthwatch and Mental Health Action Groups (MHAG) where good relations have been formed. **Action:**	**TW**

• **Catherine Masters (CM) is to contact the Strategic Commissioning Network (SCN) to see what funds could be available for such an event to raise the profile of the concordat.** **Suicide Strategy** – *TW* • TW informed the strategy will be live from July 2015.	**CM**

In Attendance:

Name	Title	Organisation
Dave Holman (DH)	[co-chair] Head of Mental Health Commissioning	NHS West Kent Clinical Commissioning Group (CCG)
Debbie Wade (DW)	[co-chair] Head of Custody and Healthcare, Strategic Partnerships Command	Kent Police
Wayne Goodwin (WG)	Force Mental Health Liaison Officer	Kent Police
Jane Hurn (JH)	Mental Health Project Team, Strategic Criminal Justice	Kent Police
Neil Wickens (NW)	Superintendent	The Association of Police Crime Commissioners
Caroline Scott (CS)	Commissioning Project Manager	NHS Swale and Dartford, Gravesham and Swanley CCG
Naomi Hamilton (NH)	Commissioning Manager	NHS Swale and Dartford, Gravesham and Swanley CCG
Diane Meddick (DM)	Interim Mental Health Commissioning Manager	NHS Medway CCG
Germana Lampo (GL)	Services Manager	Dartford and Gravesham MIND
Tim Woodhouse (TW)	Public Health Manager	Kent County Council
Penny Southern (PS)	Director of Learning Disability and Mental Health	Kent County Council
Malcolm McFrederick (McF)	Executive Director of Operations	Kent and Medway Partnership Trust
Karen Dorey-Rees (KDR)	Assistant Director - Acute Service	Kent and Medway

	Line	Partnership Trust
Cathryn Masters (CM)	South East Quality Improvement Lead	NHS England

Apologies

Name	**Title**	**Organisation**
Sean Nolan	Superintendent	The Association of Police Crime Commissioners
Nicola Jones	Head of Quality and Safety	NHS Swale CCG
Judith Ward	Head of Quality	NHS Ashford CCG and Canterbury & Coastal CCG
Bethan Haskins	Chief Nurse	Ashford, Canterbury &Coastal and Thanet and South Kent Coast CCGs
Caroline Harris		Healthwatch, Kent
David Chesover	Mental Health Clinical Lead & Vice Chair	NHS West Kent CCG
Anne Lisseman	Supt Criminal Justice, Custody & Healthcare	Kent Police
Stephanie Clarke	Assistant Director Community Recovery Services (West & Swale) & AMHP Service	Kent & Medway NHS and Social Care Partnership Trust
Heidi Butcher	Operations & Engagement Manager	Healthwatch Medway CIC
Elaine Bolton	County IPAG Vice	Beckwith Consulting
Sharon Dosanj	Mental Health Commissioner	NHS Medway CCG