The Mental Health Network

The Mental Health Network is the voice of mental health and learning disability service providers for the NHS in England. We represent providers from across the statutory, independent and voluntary sectors. We work with government, NHS bodies, parliamentarians, opinion formers and the media to promote the views and interests of our members and to influence policy on their behalf.

The Network has 68 member organisations, which includes 93 per cent of statutory providers (NHS foundation trusts and trusts) and a number of independent, third sector and not-for-profit organisations. Our membership also includes housing associations to reflect the link between mental wellbeing.

Executive summary

The Mental Health Network (MHN) welcomes the aims behind the Policing and Crime Bill of stopping children and young people who are experiencing a mental health crisis being detained in custody and restricting the circumstances where adults can be taken to police stations.

MHN is therefore supportive of many of the principles set out in this bill, such as providing a wider definition of ‘places of safety’, requiring the police to consult a health professional before detaining a person under section 136 and reducing the maximum amount of time for which a person can be detained under section 136.

However banning use of police cells does not address the reasons that they are currently used as places of safety. Similarly, reducing the time limit for assessment does not in itself guarantee sufficient trained professionals to ensure the new standard can be delivered within the maximum assessment time of 24 hours. It is therefore imperative that the House of Lords fully debate and resolve the capacity and resource issues in order to ensure that the bill’s aims can be implemented effectively without any unintended or adverse consequences for service users or mental health providers.

Key points

- MHN is supportive of the principles behind this bill. We remain concerned that there is no implementation plan for some of the challenging measures it sets itself. We would be disappointed to see the opportunity for positive change, as outlined in the bill, not fully realised due to a lack of a properly and carefully resourced plan for implementation.

- There are varying geographic challenges, particularly for rural and isolated populations, requiring police and mental health services to work closely together to make
local agreements and adaptations. Police responsibilities relating to risk, safety of service users and staff and crime must not be undermined.

- Mental health funding fell by 8.25 per cent over the course of the last parliament and continues to be a real challenge in this parliament. 45.6% of NHS mental health providers reported a deficit by 30th September 2015. A recent survey by NHS Providers and the Healthcare Financial Management Association shows that 90% of mental health trusts and 60% of commissioners do not feel confident £1 billion additional taskforce investment will be enough to meet mental health service challenges. The measures outlined in this bill are not cost neutral and will require investment to ensure they are realised. Designating additional places of safety outside of custody, greater engagement with mental health professionals and significant changes to out of area commissioning all cost money.

- This bill must provide real opportunities to ensure that the use of police cells for vulnerable adults is eradicated for all but ‘exceptional circumstances’. It is imperative therefore that the £15 million capital funding, announced by the government in 2015, and open for bidding in May of this year, reaches the frontline of care to improve the provision, capacity and quality of health based places of safety. There also needs to be assurance that this welcome funding is sufficient to meet population need across the country, especially for under 18’s.

- There needs to be transparency about how much funding has been allocated to increase the number of health based places of safety, broken down by geography, the total number of health based places of safety across the country and the numbers of health based places of safety available for under 18’s.

- While we recognize the value of police seeking input from mental health professionals before using section 136, this is of course reliant upon professionals being available. There are reports of declining numbers of mental health professionals and we therefore worry that the provision to enact this measure simply will not be there. Freedom of Information data returned by 119 of 174 local authorities in England and Wales in 2013 found that numbers of Approved Mental Health Professionals (AMHPs) had fallen within 43% of councils. Figures from the Health and Social Care Information Centre’s monthly workforce statistics for England, show that the number of qualified nurses working in the psychiatry area has dropped by 10.8 per cent from 41,320 as at 30 September 2010 to 36,870 as at 31 September 2015.

- It is important to note that the provisions of the bill which, shorten the timescales within which AMHPs will be required to conduct assessment, will increase pressure upon this already stretched group of professionals. The last national survey of AHMPs found that over a fifth

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1 TDA (20/11/15), Performance of the NHS trust sector six months ended 30/9/15; Monitor (20/11/15), Performance of the NHS foundation trust sector six months ended 30/9/15
2 HFMA and NHS Providers (2016), Funding mental health at local level: unpicking the variation. 27 trusts and 18 commissioners responded to this question.
3 Andy McNicholl (20 March, 2013) AMHP numbers fall at two-fifths of councils despite rising demand for support Community Care
4 HC Deb, 12 January 2016, cW
wanted to leave their role, due to “unacceptably high” stress levels.\(^5\) It is imperative that there is appropriate capacity within the mental health workforce to meet the demands of the bill. This must that be addressed as a matter of urgency.

**The wider context**

- The proposals in the bill cannot be considered in isolation of the wider transformation agenda in the health and care system. This includes the Mental Health taskforce\(^6\) recommendations to deliver 24/7 community-based mental health crisis response in all areas and adequately resource alternatives to an acute inpatient admission. \(^7\) This is work in progress, as is NHS England’s work to reduce the fragmented commissioning to improve community and inpatient care pathways and reduce out of area treatment placements. These are however vital components for improving access to the right support and care at the right time, in the right place.

- It will also be imperative that NHS England continues to work with partners to fund and implement the whole system approach described in Future in Mind, building capacity and capability across the system in children and young people’s mental health services.

**Key questions for the government**

There are a number of questions MHN feels it would be useful to raise during the Second Reading of this bill:

1. How can we ensure there are enough age appropriate places of safety across the country for under 18s?
2. How can we ensure there is greater access to alternatives to police custody for adults driven by local population need?
3. How do we address the current challenges to reducing assessment time from 72-24 hours?
4. There are already signs of a shortfall in parts of the mental health workforce, how do we address this challenge?
5. How can we ensure that mental health crisis care is at the heart of Sustainability and Transformation Plans (STPs) currently under development?

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\(^5\) Andy McNicholl (October 2012) One in five AMHPs wants to quit role amid ‘unacceptably high’ stress levels Community Care

\(^6\) The Independent Mental Health Taskforce (2016): The Five Year Forward View for Mental Health

\(^7\) Mental Health Taskforce (2016) The Five Year Forward View for Mental Health