

Right Care, Right Person

Purpose of Report

For direction.

Summary

To update the Board on the 'Right Care, Right Person' National Partnership Agreement.

LGA Plan Theme: Putting people first

Recommendation

That the Board:

- (a) Notes the lobbying actions taken by the LGA in relation to the National Policing Agreement to date: and
- (b) Considers what other steps the LGA may take to highlight the concerns of councils over the summer.

Contact details

Contact officer: Kevin Halden

Position: Adviser

Email: kevin.halden@local.gov.uk

Right Care, Right Person

Background

1. The Department of Health and Social Care (DHSC) are developing 'Right Care, Right person' a National Partnership Agreement (NPA) on mental health and policing. This will be signed by Government, NHS England, the National Police Chiefs Council and the Association of Police and Crime Commissioners.
2. The intended aim of the NPA is to improve outcomes and the experience for people who need mental health support, improve accessibility to suitable places of safety, and to act as a catalyst for removing the focus on police being a primary responder to mental health.
3. Prior to introduction of the NPA the Metropolitan Police have already stated that they will not respond to mental health crises from August 30th 2023. We have also heard that other police forces may be considering introducing the approach in advance of the NPA being finalised.
4. Concerns have been raised by the LGA, the Association of Directors of Adult Social Services (ADASS), the Association of Directors of Children's Services (ADCS) and other partners:
 - 4.1. That this model would be rolled out too quickly, with inadequate local engagement and partnership working, meaning that other agencies are unable to pick up demand.
 - 4.2. About how it will work in practice. Risks that police cease engaging in cases where their involvement remained appropriate, leading to dangerous situations for patients and staff. The DHSC had proposed a NPA supporting toolkit and pilot sites to trial the approach.
 - 4.3. That the agreement will have financial impact on local authorities – we have raised this as a potential new burden. Mental Health services provided by councils are funded from their social care budgets which are under great pressure. The Agreement if implemented by all police services without additional resourcing or planning will put extraordinary pressures on councils and health partners.
 - 4.4. To ensure its success, alternative community services to support people of all ages who find themselves in mental health crisis need to be funded and in place. We are concerned that if the agreement is implemented without strong engagement from councils and other partners, as in Humberside, together with sustainable funding of social care then it will not be successful in improving outcomes for people in mental health crisis.

- 4.5. Furthermore, Councils are also preparing for the implementation of a revised Mental Health Act (subject to legislation). During consultation the LGA and ADASS highlighted that to meet the ambitions of the Act to reduce inpatient detentions alternative community mental health services will need to be established or developed. The need for additional appropriate service provision was also a recommendation of the recent Joint Committee Inquiry into the Mental Health Act.
 - 4.6. Children's services have not been meaningfully involved in the development of the National Agreement to date and members of the LGA, ADASS and ADCS have highlighted safeguarding concerns for younger children living in a household with an adult in crisis and for older children who themselves maybe in crisis, particularly children in care or 16- and 17-year-olds transitioning to independence.
 - 4.7. We have not seen the final Partnership Agreement and are concerned that it does not outline in detail how the new approach is expected to work in practice. Recent drafts have had little focus on children and young people's rights and interests. The draft Agreement outlines 'How we will work together' as a set of principles, but not a clear practice approach. We understand that two Police service pilots are in the process of being established to trial the approach and that there will be supporting guidance and a toolkit. The findings from the pilots and the supporting resources should be published before the model is introduced more widely.
 - 4.8. Undertaking such a radical change in delivery without appropriate resourcing, planning or established networks could increase the risk for people already vulnerable because of mental health crisis.
 - 4.9. We are calling on the government to develop a clear implementation plan to ensure the Agreement works effectively for individuals and communities.
5. The LGA will continue to work with DHSC to identify implications of the Right Care, Right Person for local government and cost any new burdens.
 6. We have written a joint letter with ADASS and ADCS to Ministers responsible for Mental Health, Social Care, Children and Young People and Criminal Justice expressing our concerns and asking for further discussions and a delay in implementation to establish what the impact of the approach.

Proposal

7. It would be helpful for members to consider what other steps the LGA may take to highlight the concerns of councils over the summer. Members may consider it useful for the LGA to engage with key stakeholders such as the National Police Chiefs Council

and Association of Police and Crime Commissioners. Members may also consider it useful for the LGA to continue to work with ADASS and ADCS to gather views and information from member authorities about the impact of the proposed changes.

Implications for Wales

8. The health system and local government are devolved responsibilities of the Welsh Government, and it has implemented a similar approach to that outlined in the National Agreement in its Six Goals for Urgent and Emergency Care – right care, right place, first time.

Financial Implications

9. There will likely be financial implications for councils, but no formal impact assessment has been undertaken.

Equalities implications

10. There are clear implications in having the Agreement in place for people experiencing mental health crisis, with the potential to improve multi-agency responses, but there could also be worse outcomes if individual agencies press ahead with their own decisions instead of working with other local partners.

Next steps

11. Officers will use the steer provided by members to progress the LGA's lobbying around the National Partnership Agreement over the summer.