

**Report to:** Bracknell Forest Wellbeing Board

**Date:** 10<sup>th</sup> December 2015

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## **Part I**

### **Mental Health Street Triage Pilot for Berkshire East**

#### **1. For Consideration**

Mental Health Street Triage Pilot for East Berkshire (Bracknell Forest, Slough, Windsor and Maidenhead)

#### **2. Purpose of Report**

This report is offered by Thames Valley Police (TVP) for the introduction of a Street Triage Service in the East Berkshire area. This proposal is made using an evidence base generated as a consequence of a current Street Triage pilot in Oxfordshire.

The Board is being asked to support the introduction of the pilot.

#### **3. Summary**

In the period April to November 2015 there has been a 3% increase in the number of persons detained under s136 of the Mental Health Act in Slough, Windsor and Maidenhead and Bracknell Forest. This rising trend contrasts with an overall 10.9% reduction in the use of s136 detention powers across the whole of the Thames Valley Police area.

In Oxfordshire a Street Triage team was set up, consisting of a police officer and mental health practitioner to provide a rapid response capability between 1800hrs and 0200hrs to meet the needs of people who come to attention of Police rather than health services. A triage assessment is provided either by face to face or by telephone to attending Police Officers. Out of hours a dedicated advice line is available to Officers to enable informed decision making and to help to signpost an appropriate care pathway.

The service focuses on improving access to support and avoiding unnecessary detentions under s136 of the Mental Health Act. It feeds back about each individual to GP practices (where consent is given) to provide a closed loop of care and support. Street Triage supports parity of esteem for mental health services by ensuring a responsive, high quality, service is provided to persons experiencing mental health crisis.

This paper outlines a proposed business case for £136,000 investment per annum to commission a Street Triage Service for Slough, Windsor and Maidenhead and Bracknell Forest. TVP will support the Street Triage by providing resources with the

estimated cost of £57,000 per annum.

#### 4. Background

Oxford Health NHS Foundation Trust and TVP established a Street Triage model whereby a dedicated clinical mental health professional (MHP) works alongside Police to assist with mental health incidents. This pilot has demonstrated measurable success in terms of delivering better care and service for individuals facing a mental health crisis as well as time and cost savings across services. The pilot has also been adopted by Buckinghamshire, Milton Keynes and West Berkshire. It is proposed that a similar service be delivered in East Berkshire that would have considerable advantages for both individuals and service providers. East Berkshire is the only area within TVP without a street triage pilot.

The implementation of a triage pilot supports the commitment of the *Mental Health Crisis Care Concordat* (2014) to improve the experience and outcomes for people facing mental health crisis. The Concordat requires that each local area:

- Has a jointly agreed local declaration across key agencies
- Shared action plan to review, monitor and track improvements
- A commitment to reduce the use of police stations as places of safety
- Evidence of sound local governance arrangements

Street Triage is a service that supports the Concordat statement that '*the police must be supported by health services which includes mental health services*'. Street Triage aims to help Police Officers make appropriate decisions, ensure people receive support quickly which leads to better outcomes, reduce unnecessary detentions under s136 of the Mental Health Act and reduce the use of police cells as a place of safety.

Street Triage fits with other strategic priorities around mortality and mental health. Suicide accounts for a proportion of avoidable deaths for people with mental health issues. Having accessible crisis services is imperative to providing quick, timely interventions.

The Oxfordshire experience indicates the following deliverables are achievable in East Berkshire:

- Improved experience for service users with appropriate access to support
- Approximately 72 averted s136 detentions each year
- Estimated savings of £144,000 per annum
- Relieve pressure on AMHP services and s12 Doctor demand
- Reduction in police time spent on mental health incidents

Further anticipated benefits identified by the Oxfordshire pilot are summarised as:

- A reduction in the use of police custody for people in crisis
- Access to records and sharing of information and improved partnership working
- Early intervention with mental health services and social care

- Increased Police understanding/confidence in dealing with mental health issues
- Strategies for people frequently in crisis, decrease in people repeatedly detained

## **5. Current Provisions**

The current provision within East Berkshire provides for patients in public suffering from mental health disorder and in need of immediate care or control, to be 'detained' by police under s136 Mental Health Act. At this point, the patient is taken to a place of safety (POS) and can be detained there for a period of 72 hours for an assessment to be conducted. The designated POS for Berkshire is Prospect Park Hospital or a police cell. It is recognised that a police cell is not an appropriate location for someone suffering from a mental health condition and should only be used as a last resort. If there is no available space at Prospect Park, then patients may be taken to custody.

The provision of beds at Prospect Park is limited and the subsequent assessment of the patient required specialist resources i.e. AMHP and a Section 12 doctor.

Demand for s136 provisions at Prospect Park rose across Berkshire by 33% from 2013/14 to 2014/15 from 265 cases to 352, reflecting both an increase in s136 detentions and diverting from the use of custody. Of this demand, 153 cases came from the East of Berkshire.

Analysis of police custody data demonstrates Maidenhead custody suite experiences an average of 10 hours 30 minutes period of s136 detention, similar to the 10 hours Thames Valley average. The delay awaiting assessment is the highest in TVP at 7.45 hours from request to arrival of AMHP and s12 doctor. This is in contrast to 2.44 hours in Milton Keynes and 4.03 hours in Aylesbury and Wycombe. Prolonged detention periods may be attributable to increasing pressure on AMHP services.

Further analysis shows that year to date as of November 2015, the ambulance service was not used to transport s136 patients to a POS 22% of the time, despite the responsibility for transporting patients under section 136 being with the ambulance service. This would then fall to the police to transport the patient.

## **6. The Oxfordshire Pilot**

The Oxfordshire pilot objectives were agreed as follows:

- To improve the experience and outcomes for service users
- To reduce the number of s136 detentions by identifying suitable, appropriate less restrictive alternatives
- To reduce police time spent managing mental health crisis situations
- To reduce costs

### **6.1.1 Improved the experience for service users**

Service users who have used the service and completed questionnaires have reported they felt listened to, their issues were taken seriously, and they were given the right advice and treated with courtesy and respect. At a recent focus group service users were unanimously positive about the pilot scheme.

### **6.1.2 Improved outcomes for service users**

There is evidence to suggest that there has been more considered use of s136 detention powers by the Police as a result of the support of the MHP. The number of patients not requiring admission or referral to community mental health services has fallen from over 40% prior to the pilot to less than 20% in December 2015. Admissions to acute wards have also fallen with more patients being treated in the community.

Research shows early intervention helps people get better quicker. People are remaining in contact with mental health services after triage, an average of 75% were still open to mental health services 2 weeks later. This rose to 83% in June.

Joint multiagency working is coordinated for people who repeatedly use the service to help the person manage their mental health and subsequent behaviours. The number of persons being repeatedly detained under s136 has decreased as people are receiving support and directed into care pathways. Last year 22% of people were repeatedly detained compared to 14% this year.

### **6.1.3 Reduction in the use of S136 detentions**

S136 detentions have reduced by 21% across Oxfordshire and 29% in Oxford city. This is against a force wide decrease of only 1%. A total of 93 s136 detentions have been averted during the last 9 months as a result of Street Triage.

In Oxfordshire there has been a 78% reduction of Custody as a place of safety through the increased availability of s136 suites and the ability of the MHP to communicate directly with wards.

### **6.1.4 More appropriate use of police resources**

Savings in Police time are evident through access to information and expertise allowing faster and better decision making. The presence of a MHP reduces the need for double crewed response units to be engaged in the care of patients whilst awaiting other services. Reducing s136 detentions prevents lengthy bed and cell watch duties. Officers are therefore able to resume to more appropriate duties.

There has been an overwhelmingly positive response from Police Officers.

### **6.1.5 Reduction in costs**

The average s136 detention involves either 10 hours in a custody suite or 12 hours in a health based place of safety. The attendance of an AMHP and two s12 doctors is required following every s136 detention.

The cost of a s136 assessment is roughly estimated at £2,000 across all services:

AMHP £500  
2 x Doctor £1000  
Police time £200  
Health based place of safety £200

In 12 months, 130 s136s have been averted saving over £260,000. This saving is redirected back into scarce resources which can be used more appropriately.

### **6.2 Access to records and information sharing**

The MHP is able to look at records on RiO to offer appropriate support and advice not only to people presenting to the police in a crisis state but also those reported as missing or absent and to inform officers prior to welfare checks. Persons encountered were known to services in 74% cases.

## **7. Recommended/Proposed Action**

If the initial Oxfordshire approach was to be adopted for East Berkshire, the proposed Street Triage service would allow 24 hour access to advice for Police from MHPs. A dedicated MHP (Band 7) or AMHP resource would operate 5 days a week between the hours of 17:00 and 01:00. The MHP/AMHP would be available to be deployed to incidents with a Police Officer within the Slough, Windsor and Maidenhead and Bracknell Forest Local Police Areas (LPAs) and to provide telephone triage to clients or advice to Police Officers and the Control Room staff across the East of Berkshire.

Outside the working hours of 1700 to 0100hrs there should be a single telephone point of contact at Berkshire Health available as an advice line for Police. This will enable Police to make informed decisions and signpost to the appropriate care pathway.

### **7.1 Costs**

To enable the proposed model to operate, the draft funding budget required per annum is £136,000 divided as follows:

- 1.72 FTE Band 7 MHP/AMHP - £125,0000
- 0.35 FTE Band 4 Administrator (2 hours at the end of each shift) - £9,500
- Equipment/hardware – Laptop/iPad - £1500

In Oxfordshire Thames Valley Police have committed the following resources to the project which would be replicated in East Berkshire:

- Police Officer deployed during triage hours (32 hours per week) on plain time (£36,600)
- Use of a Standard Police Response Vehicle during triage hours (32 hours per week) - £3,000
- Provision of a Police Radio -£1000
- Training x 6 MHP in Command and Control and Radio £1,500
- Police Overtime contingency - £1,500
- TVP analytical support - £15,000

## **7.2 Identified benefits**

It is expected that the outcomes and experiences for those experiencing Mental Health Crisis and requiring police intervention will mirror those of Oxfordshire.

- Patients treated with more respect and dignity
- Lower probability of being detained in Custody Suites
- More appropriate use of s136 powers by police
- More appropriate pathways identified and longer engagement in services
- Early intervention to prevent future crisis and aid recovery through care pathways and feeding back into the primary care system
- Strategies for people frequently in crisis

Reduction and averting of s136 detentions (following the Oxfordshire experience) could prevent 40% of detentions (72 detentions):

- A cost saving/redeployment of resources of £144,000
- Reduced demand on AMHP time
- Reduced requirement for s12 Doctors
- Release pressure on s136 suites and acute beds
- Reduction in police time being spent on mental health incidents

Information sharing will enable better and faster decision making and provide police officers with greater confidence in dealing with mental health issues and improved partnership working.

Feeding back to GPs provides a closed loop of care and support and helps support parity of esteem for mental health services by ensuring a responsive service is provided with quality of care.

## **7.3 Risks of not providing a service**

- Failure to meet Berkshire Crisis Care Concordat Action Plan
- Negative experience for patients
- Continued increase in s136 detentions

- Necessitate extra places of safety and use of custody
- Reduction in appropriateness of detentions
- Not enough capacity to deal with s136s
- Increase in police time
- Lack of partnership working
- Service working in silos
- Parity of esteem not being achieved

## **8. Consideration**

The Committee is asked to support the introduction of a Mental Health Street Triage Scheme for Berkshire East by the 1<sup>st</sup> April 2016.