HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

8 APRIL 2014

ACUTE MENTAL HEALTH INPATIENT BED REVIEW UPDATE

Report from: Barbara Peacock, Director of Children and Adults

Author: Rosie Gunstone, Democratic Services Officer

Summary

This report sets out the response from West Kent Commissioning Group in respect of the request at the last meeting for regular updates on the position with the acute mental health inpatient beds review.

1. Budget and Policy Framework

1.1 Under Chapter 4 – Rules, paragraph 22.2 (c) terms of reference for Health and Adult Social Care Overview and Scrutiny Committee has powers to review and scrutinise matters relating to the health service in the area including NHS Scrutiny.

2. Background

2.1. At the last meeting of the Committee considered the acute mental health inpatient beds reconfiguration which was introduced by the Chief Officer of West Kent Commissioning Group and the Chief Executive of Kent and Medway NHS and Social Care Partnership Trust.

2.2. Considerable concerns were raised during the meeting and it was agreed that the position with regards to acute beds should be kept under permanent review with a report to each meeting of the Committee until further notice.

2.3. At the last meeting Members requested that the next update should include the following:

a) more information requested on street triage to explain what is actually happening as opposed to what proposed
(b) further information requested on what information is available to carers and families of service users in relation to assistance with transport
(c) daily occupancy details of bed usage requested and full details of where Medway residents are being placed in centres of excellence (this could be in exempt part of agenda)
(d) clarification needed on staff/patient ratio at Park Avenue and numbers on site at any one time
(e) further discussions with Police requested re their concerns on Park Avenue

2.4. Attached, as appendix 1, to this report is the acute service redesign, which is the second update as requested.

2.5. The Chief Officer, West Kent Clinical Commissioning Group will be in attendance to respond to Members' questions.

3. Risk management

3.1. There are no specific risk implications for Medway Council arising directly from this report.

4. Legal and Financial Implications

4.1. There are no legal or financial implications for the Council.

5. Recommendations

5.1. Members are asked to consider and comment on the update.

Background papers:

None.

Lead officer:

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ACUTE SERVICE REDESIGN

HIGHLIGHT REPORT

Version:	1	**Status:**	Draft	**Date:**	24/03/14

PROGRAMME:	Acute Service Redesign	MONTH REPORTING:	March 2014	REPORTING TO & DATE OF BOARD:	
SENIOR RESPONSIBLE OFFICER [SRO]:	Anne Markwick	REPORT COMPLETED BY:	Philippa Macdonald	DATE REPORT COMPLETED:	24/03/2014

Summary on progress – including next steps: The table below provides a headline summary of the work that we have undertaken to date and are proposing on our transformation programme.

PROJECT / SCHEME	PROGRESS THIS MONTH	FORECAST ACTIVITY NEXT MONTH	DEPENDENCIES
STR Development	No change from previous month report: Recruitment of STR posts. Medway has full compliment of STR workers within CRHT.		• KMPT is engaging with commissioners with regards to securing long term support for this development.
Transport	• Transport plan is implemented, support being provided as required. • Trust website states that if difficulties in visiting are being experienced then Carer/family member should approach the ward manager who will discuss the situation with them and agree the appropriate course of action required. • Staff are aware to be mindful of possible difficulties experienced be visitors accessing inpatient unit and should check if visitors (close family /significant carers) would like	• Audit post implementation to be conducted March to evaluate impact of relocation slight delay in conducting this due to availability of users by experience to conduct the audit. • Review Trust website and ensure that information re access to support is highlighted for Medway.. • 3-6 month post implementation review to be completed. We would anticipate this review being completed in	• External signage is dependent on highways agencies. KMPT is awaiting a response from them re the potential to improve signage to hospital.

	opportunity to discuss this with the ward manager. Ward managers are aware of options available from flexible visiting times, to access to voluntary transport or financial support if appropriate). • Posters are being developed to ensure visitors know who to contact to discuss any transport difficulties when visiting an inpatient unit within Kent and Medway. This will also be made available on the website. • During the visit of Medway Councillors to the service in March they suggested ways of improving information to be given to patients and carers on admission	partnership with Medway CCG, Council, Carers and service users Posters displayed in all acute units informing carers and family members who to contact if they are experiencing difficulties travelling to the unit. The poster will also be viewable via the web site. Packs for users and carers will be enhanced in terms of travel information and support available	
Street Triage	• Pilot period coming to an end –a nurse and police officer together respond to all potential S136 and any request for support and advice from police between the hours 6pm and midnight Thursdays to Saturdays. The proposed model in agreement with Kent Police is to have a dedicated mental health nurse based in each place of safety to provide the Street Triage Function through responding to all referrals from Kent police, and attending assessments in the	• Pilot running September 2013 to March 2014. • Agreement gained re future provision of service - details being agreed • Implementation	• Ongoing joint working

	community, if required, to potentially divert S136 assessments • Police have reviewed funding required from a policing perspective. • Business Case being developed includes expansion to include the ambulance service. • Final evaluation due to be completed by April 2014		
DVH refurbishment	• DVH decanted to Edmund ward 19/02/14 • Work commences on DVH upgrade on 30/3/14	• Ward returns to refurbished ward July /August 2014	• On going commissioner support in relation to additional capacity created
Additional capacity – existing wards	• Work packages for additional rooms in Priority House, Maidstone have gone out to tender. • Little Brook Hospital, Dartford clinical user group have identified work required to facilitate the development of additional rooms. The designs are being developed and finances/resources required to deliver this is currently being pulled together along side operational plans to manage the service whilst works are undertaken.	Pre implementation – design & tender phase • Timeframe to commence work at Priority House agreed and start date provided. • Design, phasing and work packages agreed for Little Brook Hospital • Sign off achieved for works to provide additional rooms in Little Brook • Packages for Little Brook Hospital sent to tender	• On going commissioner support in relation to additional capacity created. • Permission from landlords re PFI building at Little Brook Hospital – Dartford. KMPT are engaging with landlords and are sharing initial design with them for comment and commencing the approval process.

		• Additional rooms at Priority House operational May/June 2104	
Additional capacity – New Emerald ward /modular build	• Design developed • Decision made to integrate new build into existing building (Priority house) design being reviewed and adapted to meet this requirement. • Wider user involvement gained including representation from Medway. • Medway Councillors visited the site to gain an understanding of the project. They also visited New Sapphire an commented that they felt it was a very welcoming and calm environment.	Pre implementation: • Design phase Dec 2013 – April 2014 • Design Sign off 2 April 2014 • Tender phase commences in May 2014 Identify preferred provider • Contractor appointed • Gain planning permission • Finalise design • Installation commences • Unit operational March 2015	• Planning permission.
Acute Day Treatment	• Scoping of models and examples of best practice underway. • Exploration of potential sites to provide acute day treatment – on going scoping of potential impact and demand for service. • Visit to leading centre yielded interesting data	Planning phase. Jan – March 2014 Implementation due to commence October 2014. • Develop model • Develop PID and Business case Post April: • Secure Resources • Identify base to deliver service from • Develop transport plan • Support to implement gained from Trust and CCGs	• Identification of suitable estate to deliver service. • Commissioner support to ensure service can be developed and is sustained. • Resources

Crisis/ Recovery Accommodation	• High level PID outlining potential future service being developed • Identification of potential partners and key stakeholders	Planning phase Jan –March 2014 • Begin engagement with potential partners • Scope models of crisis and recovery accommodation used nationally Post April: • Explore development of supported accommodation with potential partners • Develop business case • Gain Trust and CCG agreement to implement.	• Commissioner support • Support from potential partners • Resources to deliver crisis /recovery accommodation (estate and staffing)
Personality Disorder Hostel Pilot **Please note hostel aspect of this service now to be known as:** **'a Therapeutic House'** **And will be referred to as such in subsequent reports.**	• Capital project re refurbishment of Park Avenue due to completed • Crisis pathway has now moved from Canada House to Park Avenue – no specific issues have been raised by local residents to date. • Therapeutic house staffing and operational principles: The therapeutic house will have a psychotherapist and a senior	• Business case re hostel element to be presented at Trust business case clinic. • Development of operational policies and protocols – approved by STAR chamber and quality committee prior to therapeutic house becoming operational.	• KMPT agreement regarding staffing ratios for PD Hostel • Decision re CQC re type of registration required for Hostel. • Securing recurrent funding post pilot.

	support worker on each shift every day. At night there will be one senior support worker- this has been agreed by the Star Chamber. Monday- Friday will also have a consultant psychiatrist/ psychotherapist and a principle psychotherapist during the day running the crisis pathway. The house will eventually have approx. 24 people daily for the crisis pathway and 5 females using the accommodation- so the staff to service user ratio will be 2 to 12 during the groups, 2 to 5 outside of group hours and 1 to 5 overnight. • The service has met with Inspector Joy Deans to explain the therapeutic model, admission criteria and the daily operation of the service. Joy understood the aims of the service and the service has agreed to have regular meetings to maintain contact and keep them updated. The next meeting with the police is scheduled for early March to update on progress.		

Transport Plan

Introduction

This plan outlines the national and local drivers around transport and the development of the integrated transport strategy which aims to improve transportation across North Kent. This plan has been specifically developed to acknowledge and address some of the issues arising from the proposed relocation of Acute Mental Health Inpatient services for the residents of Medway and Swale from A Block Medway Maritime Hospital to Littlebrook Hospital Dartford and Priority House Maidstone respectively. It will address issues which arise for those accessing Psychiatric intensive care from East Kent as this service will move from Canterbury to Dartford.

The Transport group which has been established to oversee the development and implementation of this plan has sought input from expert by experience and have actively engaged with relatives/ carers and others who visit Medway to seek their views regarding transport issues, their concerns and how they would like to be supported should proposed changes occur.

National Policy

The Government has focused on reducing car dependency and increased travel choices through key guidance in the Transport White Paper, Road Traffic Reduction Act and the Planning Policy Guidance 13 (Transport). Of these, Planning Policy Guidance 13 (PPG 13), this provides the strongest imperative for travel plans and any arising planning obligation. It recommends travel plans for various land uses, including places of work.

PPG13 (Transport) 2001 indicates that travel plans should be submitted alongside major planning applications, developments likely to generate a significant amount of traffic, or to generate traffic in sensitive locations (e.g. Air Quality Management Areas). They should help to deliver:

1. reductions in car usage (particularly single occupancy journeys) and increased use of public transport, walking and cycling;
2. reduced traffic speeds and improved road safety and personal security particularly for pedestrians and cyclists; and
3. more environmentally friendly delivery and freight movements, including home delivery services.

Travel plans, or elements from them, are often secured by a planning condition or agreement. Information on planning obligations secured under Section 106 of the Town and Country Planning Act (1990) can be found in Circular 05/2005 published by the Office Of The Deputy Prime Minister (ODPM). The ODPM is now the Department for Communities and Local Government.

Regional Policy

Medway council's Local Transport Plan (LTP3) and Kent County Council's Local Transport Plan (LTP3) were adopted in April 2011. Both documents make numerous references to continued support of schools and businesses in the development of travel plans, as part of their commitment to actively promote the use of alternatives to car based travel. Throughout the lifetime of LTP3 (2011 to 2016),

the intent is to increase the number of travel plans across Kent and Medway. There is a commitment from both Medway Council and Kent County Council to adopt a whole systems approach and have both contributed to the development of North integrated transport strategy which looks at improving transport networks across (and within)Medway and the north of the county.

Local Policy

The Kent and Medway NHS and Social Care Partnership Trust (KMPT), has recently published its Carbon Management Plan. Through this Plan the Trust states a clear commitment to reducing the carbon footprint of its sites. Of particular relevance to this Travel Plan is the Carbon Management Plan's strategic theme of 'Tackling Transport and Travel Emissions'. This theme promotes the use of sustainable transport modes across the Trust's sites, and the use of travel plans to help achieve this.

Patients and Visitors

We wish our patients and visitors to benefit from having a variety of transport options available to them, and from being able to make informed choices about those transport options, when travelling to and from our site. Measures we propose to achieve this include:

- Travel information leaflets detailing options for all modes of transport, and travel contact numbers and websites, will be issued at point of admission to acute care.
- Trust website will include a dedicated website page providing travel information for all modes of transport to visitors, and links to useful resources e.g. journey planning website, etc.
- Main visitor receptions areas will display public transport information e.g. maps and take-away timetables, in.
- Support for patients accessing acute care and home leave; such as use of voluntary transport service, STR workers to facilitate leave.
- Access to secure transport if required to facilitate admission or transfer between units.
- Flexibility with visiting times to support families/carers accessing inpatient facilities via public transport. This will need to be agreed on a case by case basis to ensure needs of the individual are met in regards to receiving visitors and engagement with treatment.
- The Trust will continue to monitor and liaise with partners regarding transport plan developments as per Integrated Transport Strategy, and any future developments between MFT and DVH.
- Improve signage to hospital sites.

We acknowledge that the changes in the delivery of inpatient acute care will have an impact on visitors. We recognise the importance of maintaining links with family and carers and in addition to

the above to aid transition The Trust will, within its absolute discretion provide financial assistance to enable service users to travel to and from in patient units where such units are more than 14.5 miles from the patients home. Eligibility for such assistance will be determined by the criteria set out below. In providing such assistance the Trust is not accepting any ongoing continuing liability to do so. The level of assistance is solely within the discretion of the Trust

Criteria for access in Financial support:

- Immediate Family member (spouse, parent, Child, Sibling) and or main carer.
- In receipt of benefits
- Known disability or infirmity.
- Support would be calculated on distance to new inpatient facility (for Medway this would be Little brook, Dartford, and Swale Priority House Maidstone) less 14.5 miles. This is currently the largest distance from where someone would visit A Block, Medway Maritime Hospital
- Support for East Kent residents visiting PICU in Dartford would be calculated on similar terms – distance to PICU less mileage from larges current distance within East Kent to access intensive care facilities at St Martins Hospital, Canterbury.

Action Plan

When	Activity	By whom
By Dec 2012	Set up Travel Plan Steering Group	Philippa Macdonald & Janet Lloyd
January 2013	Display public transport information in main visitor reception areas then maintain up-to-date	Site managers
February – May 2013	Improve signage within KMPT inpatient sites including signage to bus stops etc	Site managers
February 2013	Contact local authority regarding provision of signage to inpatient facilities	Site manager
February 2013	Implement flexible visiting times as required to support relatives accessing inpatient facilities via public transport	Service managers/ Ward Managers
March 2013	Complete audit of visitor views at Medway regarding transport and the proposed option.	PALS team/ Expert by experience group
April 2013	Review findings and ensure plan reflects views raised within questionnaire	Steering group/ Acute service line

April 2013	Prepare dedicated travel plan website page then maintain up-to-date	IT and TPC
April 2013	Design and print travel information leaflets	TPC with Kent Highway Services
Point of service change	Extension of voluntary transport scheme to support home leave as required.	Janet Lloyd Service line
Point of service change	Use of STR workers (within CRHT) to support home leave and transition from inpatient care to community care.	Locality CRHT
Point of service change	Budget allocated to support relatives visiting inpatient unit – via voluntary transport of subsidy for public transport as per eligibility criteria.	Service Director
May 2013	Policies underpinning access to voluntary transport, financial support developed and approved	Transport steering group
June 2013	Clear communication to patients, carers, relatives, and other stakeholders regarding transport policy and support available post service change.	Transport steering group
June 2013	Provision of patient internet access in all inpatient units	IT & transport steering group
June 2013	Access to technology to support case discussion and liaison between acute services and community and primary care	IT & transport steering group
June 2013	Guidance notes to staff re considerations to make when establishing meetings where relatives/carers are required to attend.	Transport steering group / service managers
ongoing	monitor and liaison with partners regarding transport plan developments as per ITS, and any future developments between MFT and DVH.	Transport steering group
Beyond Dec 2013	Annual actions and new actions determined as a result of the annual review of the Travel Plan	Steering Group

Kent and Medway NHS
NHS and Social Care Partnership Trust

VISITING

Are you a close relative or carer for a service user?

Are you having difficulty getting to the hospital to visit?

Then speak with the Ward Manager or the Nurse in Charge, and discuss ways it may be possible to offer you the support you need

KENT & MEDWAY NHS & SOCIAL CARE PARTNERSHIP TRUST

VOLUNTARY SERVICES DEPARTMENT

VOLUNTEER TRANSPORT SCHEME – Acute Mental Health

The Volunteer Transport Scheme provides a service to Acute Mental Health Services within Kent & Medway. We provide a service to the inpatient units in Priority House, Little Brook Hospital, St Martins Hospital & CRHT. This is in addition to services currently provided within the Maidstone locality for Community Mental Health Teams, Therapy Unit, Forensic Unit and Eating Disorders.

The service is funded by the Trust although donations are sometimes offered, and accepted, and the money paid in to the budget to offset some of the cost. The service has to be run within budget, therefore it is essential that the service is used appropriately. All of our drivers are volunteers who give their time freely. They use their own cars and receive reimbursement for their mileage and any other out of pocket expenses.

All requests for transport should come from staff involved in the client's care. We do not know the circumstances of individual clients and therefore we assume that a risk assessment has been undertaken before requesting transport. Whilst a client is an inpatient a nurse escort is required for all journeys and they should sit in the back of the car with the escort next to them behind the driver. The drivers will only undertake the journey and carry the passengers we have asked them to do, so please do not ask them to deviate from this. All changes to journeys must come through the Voluntary Services Office and if transport is no longer required please inform us as soon as possible. Please give our number to clients so that they can take responsibility to cancel if they do not intend to travel. Clients that repeatedly fail to travel will need to be reviewed.

Within the service provided to the Acute Mental Health Service volunteer transport scheme is extended to close/significant family and carers. Where support to visit an inpatient is required this should be discussed with the ward manager in the first instance who will then make the necessary request.

We can be contacted on the following numbers:-
01622 723210/723212 – direct lines
01622 725000 ext. 210/212

Please do not confuse our scheme with Patient Transport Services provided by NSL. The volunteer transport scheme covers the services and types of journeys **not** covered by the SLA with NSL.

Before requesting volunteer transport there are points which must be considered.

Need

- Should the client/carer/relative be able to make their own way?
- Is there a mental or physical health problem that prevents them from using public transport/driving?
- Is there socioeconomic financial factors which inhibit the client/carer/family member from accessing the inpatient unit?
- Is there a family member or friend that could help?
- Should it be time-limited?
- Should it be the first stage of the process for client to work towards making their own way?

Suitability

- Have the risks been assessed?
- Any physical/mental health needs that could affect their suitability to travel in a car?
- Are there any mobility problems or disabilities that we should aware of?
- Any aids etc used?

Information Needed

- Name
- Pick up address
- Destination address
- Times
- Reason for request e.g. o/p appt, group
- Age (if child travelling) Is booster seat required/available?
- Mobility problems/disabilities
- Any other relevant information e.g. confused, anxious, child locks needed, key safe no.
- Single or regular journey
- If discharge, amount of luggage, medication ready

Reasons for journeys

- Bringing in relatives/carers to visit (up to an hour)
- Transfers
- Home visits
- Home leave
- Home assessments
- Discharge (escort not required unless staff feel it is needed)
- Other hospital/clinic appointments (whilst inpatients)
- Ad hoc requests e.g. Post Office, bank, court, visit children.
- Outpatient appointments/therapy/physio/CPA review/bloods/injections
- Outings/activities
- Trust-run groups

31/01/13

STREET TRIAGE PILOT
12 WEEK REVIEW

1 Introduction

One in four people experience a mental health problem at any one time. For the police, this often means that of the victims, suspects, and witnesses they deal with on a daily basis, many will be experiencing mental health difficulties. The police may be first on the scene of a person in a mental health crisis therefore assisting police officers to be able to identify people with mental ill health from the very first point of contact - and getting them the right care - can play a critical role in improving health outcomes and response.

The Street Triage Pilot is a joint initiative between Kent Police and Kent & Medway NHS and Social Care Partnership Trust (KMPT). This report is a collaboration between both agencies and includes data and insight provided by Senior Analyst, Naomi Bennett, Kent Police, and analysis of data from Street Triage Screening forms by Dr Vijay Bhatia, KMPT.

The aim of the Street Triage service is to enhance working relationships between KMPT and the Police and provide a responsive service to those in a mental health crisis. It aims to achieve improved outcomes for the individual ensuring services are provided in the right place, by the right person at the right time.

The Street Triage Service is based in the East Kent Crisis Resolution Home Treatment (CRHT) team based in St Martins Hospital, Canterbury and comprises a Police Officer and a Mental Health Nurse. The service runs 3 days a week on Thursdays, Fridays and Saturdays; initially between 1600 hours and midnight however this was changed at week 4, in order to meet the needs of the service, to 1800 hours to 0200 hours. The service responds to referrals from Police Officers across the county who are considering a S136 assessment or need advice, support or assessment in response to a mental health presentation in the community.

The pilot was agreed for the 12 week period between 12 September 2013 and 2 December 2013 and this report reflects the activity during this period. However the pilot has continued in order that a service model going forward can be agreed and rolled out without a gap in service impacting on the positive outcomes so far.

Data has been gathered by KMPT and Kent Police to monitor activity, experience of those delivering and accessing the service, and screening/assessment outcomes.

It was anticipated that the street triage service would achieve the following benefits:

- Improved response to those experiencing mental health crisis.
- Improved experience of services for individuals in mental health crisis.
- Improved partnership working between KMPT and Kent Police.
- Improved education and understanding of work between agencies
- Reduction in use of S136 MHA
- Improved access to mental health services from primary care and A&E
- Improved length of stay for acute inpatient services through a more efficient use of CRHT Teams as an alternative to admission

2 Background and key drivers for change

2.1 Use of Section 136 Mental Health Act (as amended 2007)

	2012-09	2012-10	2012-11	2012-12	2013-01	2013-02	2013-03	2013-04	2013-05	2013-06	2013-07	2013-08	Grand Total
Informal	17	9	17	11	5	12	14	8	9	6	11	8	127
Not Admitted	62	63	46	61	47	51	85	49	81	95	113	103	856
Sectioned	12	8	8	9	5	8	10	12	10	16	19	9	126
Grand Total	**91**	**80**	**71**	**81**	**57**	**71**	**109**	**69**	**100**	**117**	**143**	**120**	**1109**

Over the 12 month period September 2012 – August 2013 there were 1,109 referrals from Kent police to KMPT under S136. 23% of those individuals required admission to hospital. The average over the 12 month period is 92 detentions each month however between September 2012 and April 2013 detentions were lower with an average of 79 per month. In the four month period from May to August 2013 detentions rose significantly to 480 in 4 months and an average of 120 detentions per month and 18% requiring admission to hospital. It is unclear why there was this increase and did not correlate with the same 4 month period in 2012 where the average was 95 per month.

Although many individuals not admitted may be appropriately diverted into community mental health services following assessment the restrictive nature of detention under Section 136 and the resource impact for both KMPT and Kent Police pointed to the need to consider new ways of working, to support people more effectively, to avoid the use of S136, and to provide less restrictive alternatives to care. This is in line with national practice.

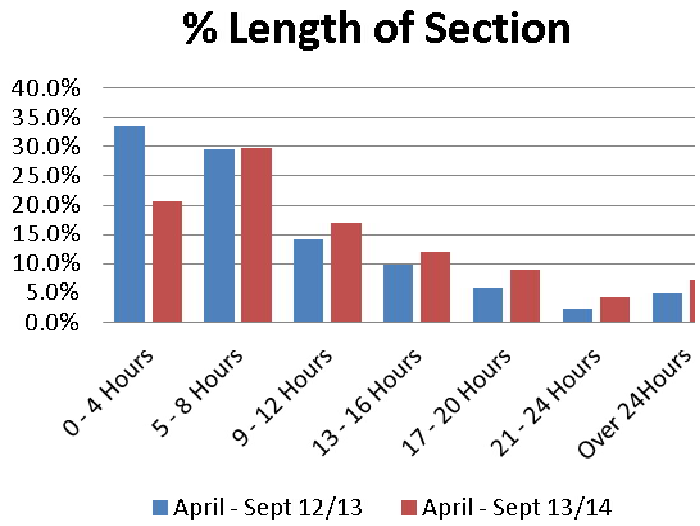
2.2 Section 136 detentions by CCG area

	2012-09	2012-10	2012-11	2012-12	2013-01	2013-02	2013-03	2013-04	2013-05	2013-06	2013-07	2013-08	Grand Total
Ashford	**6**	**5**	**3**	**3**	**4**	**4**	**6**	**3**	**6**	**3**	**7**	**6**	**56**
Canterbury/coastal	**13**	**6**	**12**	**9**	**7**	**3**	**7**	**11**	**7**	**11**	**18**	**10**	**114**
DGS	**9**	**6**	**5**	**18**	**10**	**6**	**11**	**3**	**11**	**14**	**14**	**16**	**123**
Medway	**18**	**19**	**8**	**5**	**7**	**10**	**30**	**11**	**11**	**17**	**22**	**25**	**183**
Outside Kent	**6**	**9**	**4**	**3**	**2**	**2**	**5**	**4**	**5**	**8**	**7**	**2**	**57**
SK Coast	**11**	**5**	**15**	**11**	**13**	**12**	**10**	**7**	**16**	**12**	**16**	**12**	**140**
Swale	**2**	**5**	**4**	**7**	**2**	**8**	**5**	**2**	**13**	**9**	**20**	**13**	**90**
Thanet	**8**	**7**	**9**	**9**	**3**	**14**	**18**	**14**	**16**	**27**	**19**	**15**	**159**
Unknown	**2**	**6**	**2**	**4**			**2**	**5**	**5**	**3**	**4**	**1**	**34**
West Kent	**15**	**9**	**8**	**11**	**7**	**8**	**13**	**9**	**9**	**6**	**12**	**15**	**122**
	91	**80**	**71**	**81**	**57**	**71**	**109**	**69**	**100**	**117**	**143**	**120**	**1109**

In the 12 month period the highest detentions occurred in the Medway area followed closely by Thanet. The East Kent S136 place of safety has 2 suites and covers a wider area therefore the service pressures are felt more in East Kent although the impact is felt across the county.

2.3 The role of the Crisis Resolution Home Treatment Team

The Crisis Resolution Home Treatment Teams are an alternative to hospital admission and respond to referrals across a 24/7 period, gate keeping all admissions. Within this role they coordinate S136 assessments. Following detention under S136 it is recommended that the Approved Mental Health Practitioner and Section 12 doctor attend for assessment within 3 hours (*Guidance for commissioners: service provision for Section 136 of the Mental Health Act 1983. RCP February 2013*) however the high numbers across the county and other factors prevent immediate assessment and lead to a high length of detention; the impact of this is felt by both Kent Police and KMPT.



2.4 Impact of lengthy detention

Those detained under S136 are detained in a S136 suite which is designed to enable an assessment to be undertaken within 4 hours. The impact on the patient experience if this assessment is prolonged is significant and can lead to distress and an escalation of agitation and disturbed behaviour.

If the individual is displaying a high level of disturbed behaviour the police remain to support the CRHT Team and if the local suite is full due to high numbers or delays in assessment the police are diverted across the county to an alternative S136 suite; this impacts on their ability to deal with other Police matters. S136 assessments are more like to occur during evening and night-time hours. The CRHT need to have a minimum of 2 staff for an individual in the suite at all time which depletes their resources considerably particularly at night when staffing is less; this in turn impacts on their ability to undertake home assessments, home treatment or to respond to new referrals for assessment from GPs or A&E..

3 Week 8 results of Street Triage Pilot from 12 September to 2 December 2013

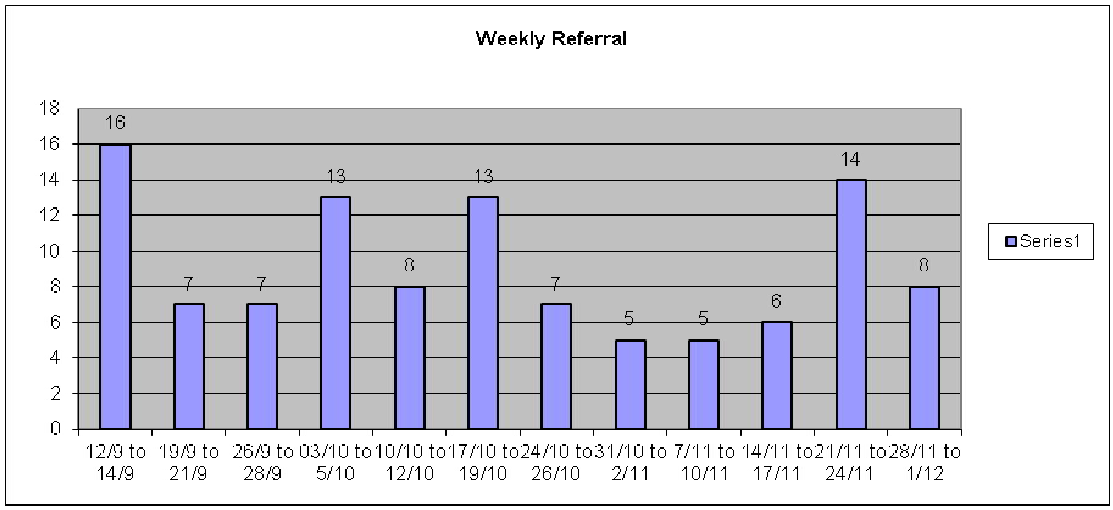
All the information in this summary review have been taken from the Street Triage Forms completed by the Street Triage Mental Health Nurse and Police Officer and STORM logs which have been completed by call handlers in the Force Control Room who have attended a call.[1]

3.1 Referrals

During the period there were 109 referrals to the service. Not all required attendance however advice was offered on occasions where the person was not accepted for triage

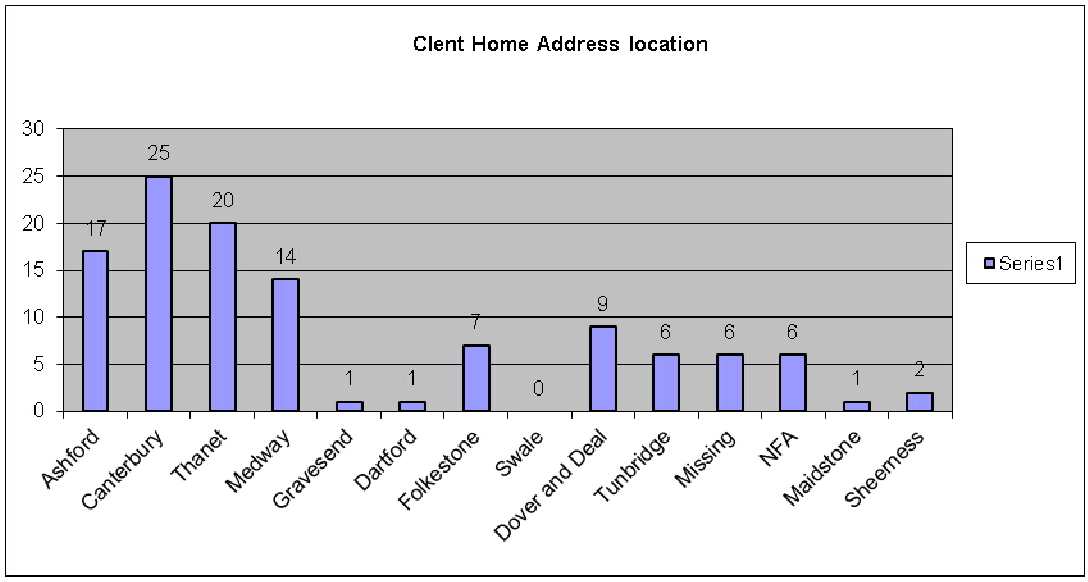
Referral Reason	Count
Advice	26
Request for attendance	31
Potential S136	13
Welfare visit	14
Other/unknown	2
Not recorded	23
Total	**109**

The referral numbers varied from week to week with the highest in the first week at 16 and the lowest in week 9 and 10. 58 of the referrals were accepted for triage 51 were not accepted but advice and support was given via telephone. 2 referrals were under 18 years old.

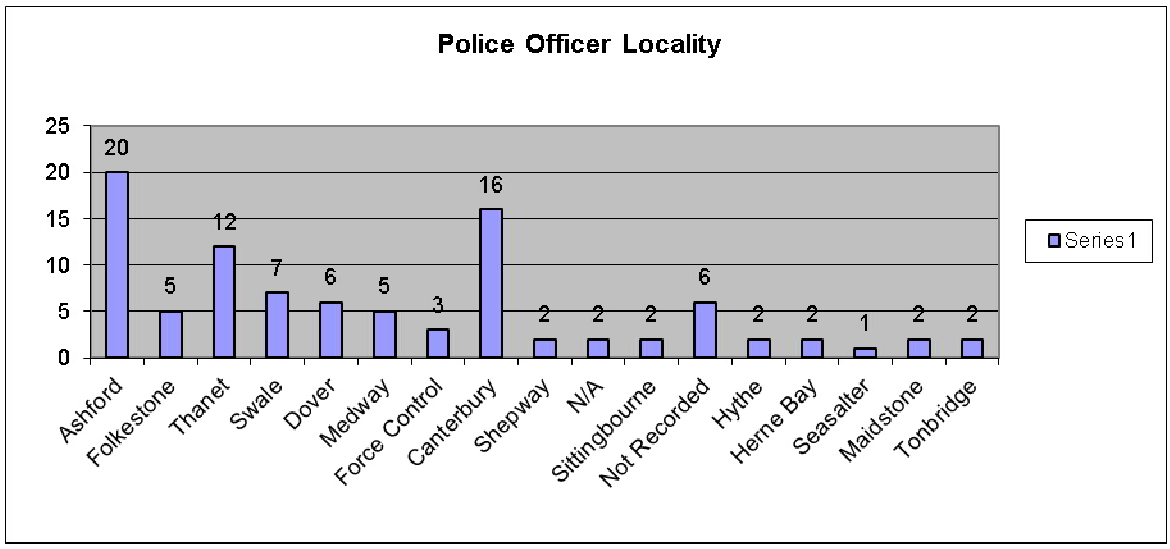


The majority of referrals came for those individuals who reside in Canterbury (23%) followed by Thanet (16%) and Ashford (18%).

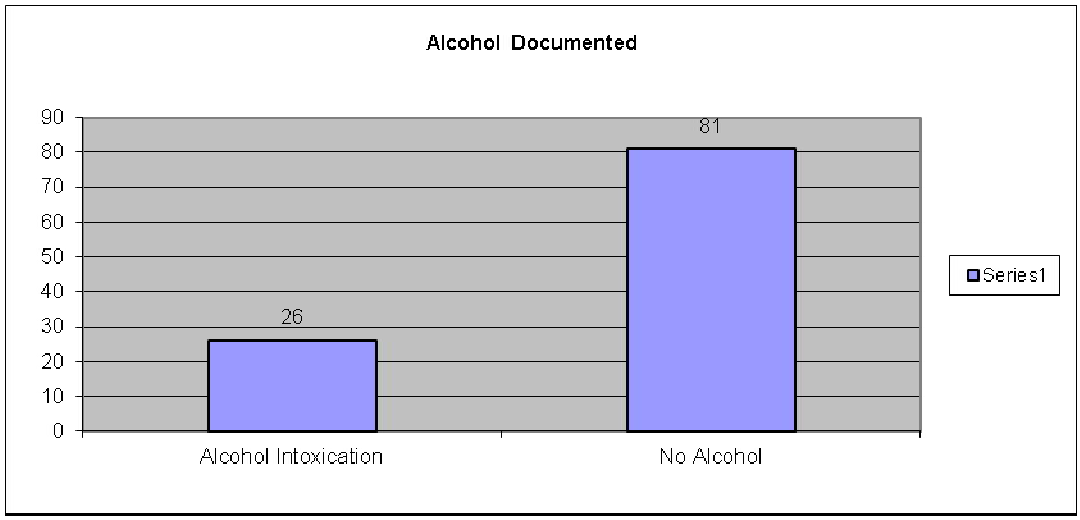
[1] STORM is a national computer system to record the reporting of incidents and despatch of Police Officers to resolve them. A 'CAD' or 'STORM Record' is an individual log of such an incident



The highest location of the referral were from officers in Ashford (18%) followed by Canterbury (5%) and Thanet (11%)



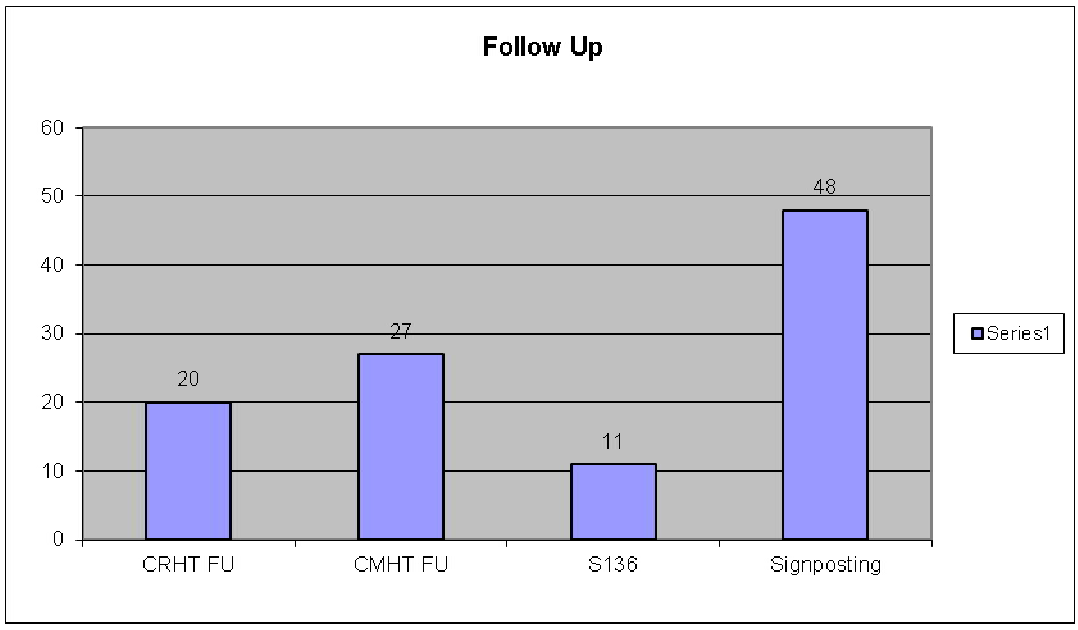
In 24% of referrals there was evidence of alcohol intoxication.



3.2 Outcome of referrals

The outcome of the referrals were predominantly signposting to other services (44%). 11 were detained (10%). The CRHT took 18% on for home treatment and 25% were referred on to the Community Mental Health Team. Of those signposted many were directed to alcohol services, their GP or A&E due to physical health concerns

The Average time spent with each referral to the Street Triage Service was 1 h 33 minutes. The longest duration was 4 hours. On numerous occasions other police patrols were at the scene prior to the Street Triage Team attending therefore this is not an accurate reflection of Officer time spent on the mental health call



Of those detained 10 were under S136 and 1 was a MHA assessment in the Clinical Decisions Unit of the Acute General hospital.

3.3 Total S136 assessments for the 12 month period January – December 2013

	2013-01	2013-02	2013-03	2013-04	2013-05	2013-06	2013-07	2013-08	2013-09	2013-10	2013-11	2013-12	Grand Total
Informal	5	12	14	8	9	6	11	8	13	9	8	7	110
Not Admitted	47	51	85	49	81	95	113	103	79	56	54	41	854
Sectioned	5	8	10	12	10	16	19	9	6	7	6	4	112
Grand Total	**57**	**71**	**109**	**69**	**100**	**117**	**143**	**120**	**98**	**72**	**68**	**52**	**1076**

During the period of the Street Triage Service being operational Between September 2013 and December 2013 detentions were lower with an average of 74 per month compared to 120 per month in the preceding 4 months. In the same 4 month period in 2012 detentions were higher with an average of 81 per month. In December there were 52 detentions which is the lowest recorded for 2 years,

4 Costs

4.1 S136 assessment cost by assessment

KMPT
It is difficult to cost accurately a S136 assessment due to the unpredictability of the presentation which at times leads to additional staff involvement and the variation in length of detention. If taking an average 8 hours duration of assessment a S136 cost per assessments to KMPT is £917.51 – which is approximately £115 per hour for 1 individual assessment. This does not take into account any additional staff support for patients presenting with disturbed behaviour

In over 45% of cases assessments take more than 8 hours and at times exceed 24 hours.

Kent Police

S136 assessments in Kent Police are costed as a cost of an individual in custody

4.2 Cost of the Street Triage service

The indicative costs for the service are:

Kent Police

- 12 weeks: £5677 10 hour shift + car (£983) total: £6660

KMPT

- 12 weeks: Band 6 nurse on overtime rates £12169 + contribution to overheads. Total: £13842.84

Total cost of 12 week pilot: £20.502.84

5 Anecdotal evidence

A review of feedback by Police Officers has suggested that on many occasions if the advice and support of the Mental Health Nurse was not readily available they would have detained a patient under S136. There has been a wealth of positive feedback from officers who are enjoying engaging with the service and can see immediate benefits, especially around increasing confidence to not use their powers under S136. There is some recognition that the time spent by officers at calls has not necessarily always been significantly reduced however the most appropriate treatment has been identified. The impact on time is felt by the CRHT teams who have had a reduction in S136 assessments and therefore can focus on alternative assessments and home treatment.

Throughout the pilot Police Officers have retained the executive power to exercise S136. The fact that the Officer and Nurse have never been in conflict over the optimum pathway for a service user, indicates the confidence the Officer has had in the professional advice of the Nurse.

Officers report that the advice and experience offered by the nurse has in some cases been invaluable and having access to the health data system as well as the Police data systems ensure that all the relevant information is available to the officers attending the incident.

Nurses and Officers are also reporting that relationships are being strengthened by this pilot. Nurses have been surprised at the amount of mental health calls received by the police.

The provision of a Mental Health Professional as a first-responder reduces the incidence of S136 detention and the impact on S136 Suites and increases the incidence of alternative, least restrictive options which are preferable to service users.

6 Next steps

The success of the Street Triage service is evident in the reduced numbers of S136 assessments during the period the service has been running. It is proposed to continue the pilot until the end of March 2013 in order that a service model going forward can be agreed and rolled out without a gap in service impacting on the positive outcomes so far.

A research study is being undertaken which will dig deeper into the data and include patient feedback.

In order to ensure that the benefits from this pilot can be realised in the long term possible next steps have been discussed across agencies: -

1) Continue with existing service model
2) Expand existing service model to 7 nights per week
3) Expand existing service model to 24/7
4) Provide a Mental Health Nurse 24/7 in each place of safety to provide the Street Triage Function through responding to all referrals from Kent police and attending assessments in the community, if required, to potentially divert S136 assessments
5) Provide a Mental Health Nurse 7 nights a week, in each place of safety to provide the Street Triage Function through responding to all referrals from Kent police, and attending assessments in the community, if required, to potentially divert S136 assessments
6) Provide a Mental Health Nurse 7 nights a week, based at the Kent Police Force Control Room at Maidstone to provide telephone support and the Street Triage Function through responding to all referrals from Kent police, and attending assessments in the community, if required, to potentially divert S136 assessments.

The view at week 12 is that the current service model is not viable to continue in its present form as it does not reach all areas of the county and is limited to 3 nights per week. The essential educational aspect also does not reach all officers and nurses. Expanding the service in its existing form may also not be value for money particularly for Kent Police who have not seen a reduction in police hours spent with mental health calls.

The benefit to KMPT is greater with reduced time spent with S136 assessments this frees up the CRHT Team to respond to other assessments promptly and provide home treatment; this efficiency impacts on A&E and also enables more effective use of inpatient beds through their role as providing an alternative to admission.

At this stage the Street Triage Pilot project team value option 5 when looking at costs v benefits and a full option appraisal is planned to support a business case. Costs have been worked for all options except option 3 which is immediately disregarded as not being value for money due to the amount of ‘down-time’ of the Mental Health staff and Police Officers involved.

As the CRHT Team have by default ended up undertaking the role of coordinating S136 assessments as an add on to their role as an alternative to admission any efficiency savings made support releasing time to care and could not be viewed as cash releasing.

7 Conclusion

It has been clearly demonstrated by the pilot that the link between Police Officers and the Mental Health Nurse has had a positive impact on those presenting in mental health crisis. The use of S136 has been consistently lower than the months before the service was running and also lower when compared to a similar period in the previous year therefore potentially the Street Triage Pilot is having a positive effect in reducing detentions under S136.

In order to ensure the benefits from the pilot continue a service model needs to be agreed that improved the experience of those in mental health crisis and is value for money; investment is needed for skilled, substantive staff as running a service through the use of overtime is not a long term stable solution.

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