

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service Specification No.</b>	<b>05/MHLD/0045</b>
<b>Service</b>	<b>Dorset Street Triage Service</b>
<b>Commissioner Lead</b>	<b>Dorset County Council</b>
<b>Provider Lead</b>	<b>Dorset HealthCare University NHS FT</b>
<b>Period</b>	<b>June 2014 to June 2016</b>
<b>Date of Review</b>	<b>May 2015</b>

#### 1. Population Needs

##### 1.1 National/local context and evidence base

Police are the first point of contact within the Criminal Justice Process and they are regularly called to deal with people with mental health problems, regardless of whether an offence has been committed. The Association of Chief Police Officers report that 20% of police time is spent dealing with people who experience mental health problems.

If the police have concerns that a person in a public place has a mental disorder and requires immediate care or control in their own best interests or for the protection of others, that person can be taken to a place of safety under the provision of section 136 of the Mental Health Act (s136). This legislation allows for the person to be held in a place of safety for up to 72 hours to enable further assessment by a Registered Medical Practitioner and Approved Mental Health Professional. The assessment informs whether or not further mental health intervention is required and if so, whether such intervention should be provided under the ambit of the Mental Health Act. The Mental Health Act Code of Practice states that “a police station should be used as a place of safety only on an exceptional basis” and that “it is preferable for a person thought to be suffering from a mental disorder to be detained in a hospital or healthcare setting”.

There is increasing evidence to suggest that many of the people held under s136 are subsequently deemed not to require in patient follow up from mental health services. This is relevant because holding individuals under Mental Health Act has implications in terms of restriction of liberty and perceived stigma. For every person who is held under s136, there is a significant resource implication. For example, there is a statutory requirement for a registered medical practitioner to assess the individual. Additionally, in many cases, an Approved Mental Health Professional assesses the individual. In all cases, police officers are involved in initiating the s136 and taking the person to the place of safety, often staying with that person until completion of assessment if there are security concerns.

A multi-agency group of partners in Dorset, the Pan Dorset s136 Triage Task and Finish

Group was created to progress the development of a business case and subsequent service specification. The group have taken specialist advice and received input from Sue Staddon, Head of Health and Justice Commissioning for Thames Valley and Wessex NHS England.

There is much national and local momentum to make such a change including the publication of the national Mental Health Crisis Care Concordant (February 2014). The DH has now funded 3 tranches of street triage pilots. Originally, they were Leicestershire and Cleveland, with four areas - North Yorkshire, Devon and Cornwall, Sussex and Derbyshire being added in summer 2013. Since then, further DH support has been given to Metropolitan Police, Thames Valley Police, West Midlands Police, West Yorkshire Police and the British Transport Police to create s136 triage services.

The Dorset Scheme will be a Pan-Dorset arrangement and the Partners involved are:

- Dorset Police
- NHS England
- NHS Dorset Clinical Commissioning Group
- Dorset Healthcare University NHS Foundation Trust
- Bournemouth Borough Council
- Borough of Poole Council
- Dorset County Council

The task and finish group recommended a pilot that will be incremental in nature i.e. it will gather experiential evidence to support an ongoing, sustainable, partnership arrangement in the long term. It will also link to the CCG's review of the mental health acute care pathway which as a priority project in 2014 - 2016. Acknowledging this, the multi-agency group of the partners has agreed to use historical data as an evidence source to base decision making.

The Dorset s136 Street Triage Pilot creates a new access point for the police to gain advice and guidance on the mental state presentation of people coming to their attention. The dedicated police officer and MH professional will work together to form a mental health and criminal justice response to any reported incidents.

The Street Triage service is one factor in reducing the number of section 136s in Dorset. Dorset Police have committed to reviewing how they use Section 136 and will always use other powers available where appropriate. It is acknowledged that a distinction needs to be made between mental distress and mental disorder and there is an acknowledged need of training for the police to help them in their line of duty

The development of the street triage service ensures that s136 is used appropriately i.e. people will be detained under a S136 when there is reason to believe that there is a mental disorder and that the person is a risk to others or themselves and in need a place of safety. The triage service will enable people in mental distress to be assessed and signposted and followed up appropriately.

It is proposed that there will be physical presence of a mental health professional in the

police custody in Bournemouth and Weymouth.

Emerging data from pilot schemes across the country suggests that joint working between mental health care provider organisations and the police forces can substantially reduce the number of people being subjected to Mental Health Legislation. The potential beneficial outcomes include:

- Reduced distress for people
- Better utilisation of professional skill mix,
- Cost savings to police, healthcare and local authority services
- Improved sign-posting and provision of appropriate interventions

Leicestershire has seen a reduction in the number of people detained under Section 136 of the Mental Health Act by around 40 per cent. They report that their triage scheme is saving the partner organisations £9,700 per month. LPT has a population of 1 million compared with Pan Dorset population of 744k. Applying the Leicestershire savings to scale in Dorset would equate to a monthly saving of £7,275. This is a full year equivalent of £87,300.

Cleveland state that the cost of putting someone through the custody process without any following sanctions is around £1,780 per person. This includes all health, social care and police costs.

In Dorset During 2012/13 there were 423 recorded s136 detentions across Dorset. Of these, 250 were released from custody/place of safety with no further involvement. Assuming that the costs in Dorset are broadly similar to those in Cleveland and that we could divert every single person away from entering the s136 place of safety route, the savings figure for the full year is as follows.

The following table shows the financial effect of reducing the numbers of people being detained under s136 in bands of 10%

10% reduction in numbers	Reduction in numbers of people	Cost saving	Cost saving less the £160k investment
10%	23.5	£41,800	NIL
20%	47	£83,600	NIL
30%	70.5	£125,400	NIL
40%	94	£167,200	£7,200
50%	117.5	£219,000	£59,000

Even allowing for a conservative estimate of 40% of a reduction in people being detained under s136, the saving would equate to £7k per year. The first year of the pilot shows a reduction of approximately 50% (Av 41 in 12/13 and Av 22 in 14/15).

This service specification is for a two year Pilot s136 Street Triage Service.

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

## 2.2 Local defined outcomes

The main objective is to reduce the number of people detained on s136 by intervening earlier to support the police officers and service users.

The street triage service should also reduce the amount of time spent by statutory agencies dealing with people who may be detained under s136 and therefore improve the pathway of care for service users requiring access to psychiatric care.

Not only will this be a better use of resources, it will also create better outcomes for a cohort of people who are possibly being detained due to the lack of suitable alternatives.

### The key objectives will be to:

- Reduce the number of Section 136's to St Ann's, Forston Clinic and Custody Suites
- As well as decreasing the number of people detained under section 136 the pilot will ensure that Section 136 is appropriately used measured by an increase in the percentage rate of people that are admitted for treatment following a Section 136 being carried out
- Reduce the time police officers spend dealing with members of the community who have (or appear to have) mental health issues
- Police officers gain support and advice from an appropriately trained mental health professional about mental health, intervention options and available services
- Improve the experience of people who may have previously been detained under s136 by ensuring that they are appropriately signposted/referred to services and followed up
- Identify individuals who have high propensity for crisis and share relevant information across agencies to manage the individual's care

### Operationally

The project is a first response team that will triage any call that comes to the police system and will include people of all ages, including those who have learning disabilities, personality disorder, substance misuse, problems.

The police might use the Street Triage at the scene once they have ruled out using other powers of arrest or intervention. The contact with the triage service will be made prior to any decision about whether to detain a person under the Mental Health Act. The Street Triage will assist the officer to decide on the best way of intervening in any given case.

The objective is to prevent where possible the use of the MH Act, sec 136 and divert offenders from the CJS where appropriate and facilitate access through referral or signposting, to services within the community.

Use of the service will lead to timely intervention by mental health professionals and in turn avoid unnecessary detention either in a police station or hospital which would ensure that they had a better experience of care and support.

The development of this service will have a number of benefits:

- Reduce the number of inappropriate detentions to hospital or police custody
- Reduce the number of call outs for FME's and AMHP's within custody
- Reduce the waiting time for police and health staff while an assessment is being carried out
- Improve the outcomes for people detained and those who are dealt with in the community
- Increase the accessibility to CJLS staff beyond normal working hours
- There will be some integration with existing CJL and Prison Mental health Services due to the slight overlap with the times the services operates, giving an opportunity for a handover
- Experiential learning due to multi-agency teamwork, leading to greater understanding of the roles of other professionals within the CJS and a greater understanding of mental illness and mental health care pathways
- By working in partnership with the police and community mental health services, the team can offer an assertive outreach and ensure follow up for those who are difficult to engage
- Reduce costs to health/criminal justice system

The pilot will operate across Dorset and will seek to prioritise resource availability within the geographic localities of Bournemouth, Poole and Weymouth; providing phone triage intervention to outlying rural locations proportionate to service availability.

### 3. Scope

#### 3.1 Aims and objectives of service

The service will be open and accessible to people of all ages, where it is believed that they may have a mental illness, learning disability, personality disorder or misuse substances and come into contact with the police outside of custody.

The service will monitor calls coming in to the police and determine whether or not mental health appears to be an issue and they will then provide the police with advice about mental health in general and more specifically where a person happens to be known to mental health or other services. The object being to ensure that officers have good mental health advice and support and to help them avoid the use of section 136 where possible and divert people from the Criminal Justice System when appropriate.

Face to face triage assessments can be carried out on people outside of a custodial setting and risk assessments will be completed on for all individuals who come into contact with the service.

The service will also facilitate access to community services through referral or signposting when it is agreed that detention is not necessary or appropriate.

The service will ensure that when they signpost or when a referral is required to another

service that it is followed up. This will ensure that the person is linked in with the appropriate service. The aim being to ensure that the individual has support that will prevent them from reaching similar crisis points.

The services will be working out of hours and so there will nearly always be a slight delay in referring people to other services and especially to non DHC services but the service will ensure that all referrals are done and followed up to ensure that the signposted or referred individual does not fall through the net.

Because this is a pilot it is anticipated that the work will highlight gaps in provision and communication and referral pathways. The data reported by the STT will ensure that commissioning partners can understand the gaps and work to improve or develop pathways to close gaps.

### **3.2 Service description/care pathway**

The service will be the first point of contact for police officers prior to any decision being made about whether to detain a person under the Mental Health Act.

#### **Care pathway**

The service will be open to people of all ages who come into contact with the police outside of custody settings. Everyone seen by the services will be offered as needed an appropriate referral, follow up and or signposting to other appropriate services.

The service will operate seven nights per week.

- One mental health practitioner is on duty Monday to Thursday and two on duty Friday, Saturday and Sunday nights
- The hours of operation are 7pm – 3 am (7.5 hours per shift)
- Staff members are based in the Bournemouth custody suite and at the Dorset Police Command Centre in Winfrith.
- The service will have access to the police system to monitor all incoming calls to ensure that mental health cases are picked up by the services and triaged
- At the weekend a single point of contact will be identified to liaise with the Police Force Command Centre

#### **Referral and follow up Process**

- Police Officer will contact the control room if they have contact with an individual where there are concerns about the person's mental state
- On receipt of a notification from Dorset Police Control Room, the Street Triage Team will establish the nature of the incident and the gather the necessary information to perform an initial check on RIO to see if the individual is known to services.
- On gathering the appropriate information the service will discuss with Dorset Police Control Room and the response which could either be information and or advice or it could be a face to face assessment.
- If a face to face assessment is required a response time and a rendezvous point will be agreed between the service and the police officer at the scene
- All assessments regardless of whether it is advice or face to face assessment will be recorded onto Rio by the end of the shift
- Once the case is recorded on RIO it will be followed up. There might be several

options for following up the person, urgent follow up might be a referral to crisis home treatment teams or the Local Authority out of hours service, less urgent might result in a referral to substance misuse or housing advice services

- The follow up initially will be carried out by the service to ensure that the person is signposted or referred to another service for example adult community services or housing or other health services
- The follow up is vital in terms of outcomes e.g. preventing the person repeatedly coming into contact with the police or preventing the individual's mental state from deteriorating, to the point where they might require other MH intervention etc
- The service will pay due regard to any safeguarding issues and will raise a safeguarding alert if necessary

### **Assessment**

Once the MH Professionals has assessed an individual (system checking or face to face) the worker will inform the police officer at the scene of any pertinent information:

- History of involvement with services
- Main presenting problems
- Key risks
- Outcomes /recommendations

The staff member will also contact the Dorset Police Control Room quoting the incident number and give a brief update.

If a more detailed update is required then this can be typed and emailed to control room later, but in any case **must** be completed before retiring from duty.

If the outcome of the assessment is that the person needs to be taken to another location the responsibility to convey someone is with the police as this will ensure safe transit for person and staff member. The STT worker will not convey the person to another location in their own vehicle.

### **3.3 Population Covered**

The service is available for people of all ages who come into contact with the police due to an incident and require some form of MH or other intervention.

### **3.4 Any acceptance and exclusion criteria.**

There are a few exclusions and service limits, the STT service will not :

- Provide an appropriate adult service
- Be expert witnesses
- Be the first option for the police officer - the police officer must ensure that they have considered all other possibilities for detention or action before considering a Sec 136 or the need for place of safety and requesting the STT
- Carry out a face to face assessment where there is reason to believe that the person should be managed through the criminal justice system

### **3.5 Interdependence with other services/providers**

There are related areas of work that need to be undertaken and linked to the s136 street triage project:

- Identification of police officer mental health training needs
- Understanding of outcomes for people who are intoxicated through drink or drugs
- Impact on crisis and out of hours services (either positive or negative impacts)
- Mapping of available services that can be accessed by the street triage service that offer an alternative to s136 place of safety
- The Role of Public Health
- The review of mental health acute care pathway
- The Crisis Care Concordat

#### **4. Applicable Service Standards**

##### **4.1 Applicable national standards (e.g. NICE)**

Emerging data from pilot schemes across the country suggests that joint working between mental health care provider organisations and the police forces can substantially reduce the number of people being subjected to Mental Health Legislation.

The potential beneficial outcomes include reduced distress to service users, better utilisation of professional skill mix, cost savings to police, healthcare and local authority services; and improved sign-posting and provision of appropriate interventions to this population of individuals. Leicestershire has seen a reduction in the number of people detained under Section 136 of the Mental Health Act by around 40 per cent.

##### **4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)**

The MH Crisis Care Concordat 2014 is supported by the Royal College of Psychiatrists but the evidence base is being gathered through a range of pilot schemes similar to the Dorset pilot.

The Concordat makes recommendations about how an individual in mental health crisis should be supported, to access care as quickly as possible in the least restrictive way. The pilot is one component that will enable this to be achieved.

##### **4.3 Applicable local standards**

#### **5. Applicable quality requirements and CQUIN goals**

##### **5.1 Applicable quality requirements (See Schedule 4 Parts A-D)**

Over the whole system it is anticipated that there will be a positive impact primarily on individuals and how they experience MH care when in crisis. However there is likely to be a positive impact on services by way of reduced demand upon Dorset police, Out Of Hours AMHPs, s12 Doctors and Police Force Medical Examiners (FME) and NHS in-patient s136 places of safety.

The impact on services will need to be independently evaluated in terms of service users' outcomes but also with a clear cost benefit analysis that demonstrates how financial efficiency has been improved in each organisation from the service changes.

The service will be monitored by way of contract monitoring process.

The national Mental Health Crisis Care Concordat states that “Commissioners and providers should make sure there is accurate and detailed data showing why and how often police cells are used as places of safety. Local partners should also review each individual case where a police cell has been used, to make sure the use was appropriate and to see whether there are lessons to be learned for the future.

The Department of Health will monitor the national figures on the use of section 136 and expects to see the use of police cells as places of safety falling rapidly, dropping below 50% of the 2011/12 figure by 2014/15.”

There is a clear need for commissioners to ensure that a baseline is in place ahead of the street triage service going live so that the impact of the service can be accurately measured. Much data is available within the Pan Dorset s136 annual report and partners need to establish whether they are holding information within their own organisation which may enrich this data. For example, LA Out of Hours service hold data on s136, the CCG will hold data on s12 payments for doctors’ s136 assessments.

The service will collect data regarding the outcomes for people who did not need admission and what the main ‘diagnosis’ was. This is so that we can understand the issues that need to be addressed from the learning in the pilot – i.e. what is the profile of the people being detained potentially unnecessarily and how many are repeat offenders, what might be the contribution of Public Health (who commission drug and alcohol services) to this services?

The service will be required to report on the following on a quarterly basis in an agreed format or as requested by any of the commissioning partners:

- Total number of referrals to the STT each month by area
- S136 Diversions
- Place of safety used and reason
- Conversion rate from s136 to s2/3 admissions
- A&E attendances
- S136 Place of safety attendances
- Custody attendances
- Triage Assessment Outcomes i.e. where they were signposted or referred
- What the outcome of the signposting/referral was (this requires the services to follow up on the individuals seen by the STT service)

Further data can be collected in relation to:

- Demographic data
- Patient diagnosis
- Use of drug and alcohol i.e. being primary diagnosis/reason for crisis
- Geographical location
- Whether patient known to secondary MH services
- Whether the person was open to crisis home treatment service at time of incident

## **5.2 Applicable CQUIN goals (See Schedule 4 Part E)**

## 6. Location of Provider Premises

### The Provider's Premises are located at:

Staff members are based in the Bournemouth custody suite and at the Dorset Police Command Centre in Winfrith

## 7. Individual Service User Placement