

Public Document Pack

NOTICE OF MEETING



HEALTH AND WELLBEING BOARD

will meet on

TUESDAY, 1ST DECEMBER, 2015

at

2.00 pm

in the

COUNCIL CHAMBER - TOWN HALL

TO: MEMBERS OF THE HEALTH AND WELLBEING BOARD

COUNCILLOR DAVID COPPINGER (LEAD MEMBER FOR ADULT SERVICES AND HEALTH) (CHAIRMAN), COUNCILLOR NATASHA AIREY (CABINET MEMBER FOR YOUTH SERVICES AND SAFEGUARDING) AND COUNCILLOR STUART CARROLL (DEPUTY LEAD MEMBER FOR PUBLIC HEALTH), CHRISTABEL SHAWCROSS (INTERIM MANAGING DIRECTOR AND STRATEGIC DIRECTOR OF ADULT AND COMMUNITY SERVICES, RBWM), ALISON ALEXANDER (STRATEGIC DIRECTOR OF CHILDREN'S SERVICES, RBWM), DR LISE LLEWELLYN (STRATEGIC DIRECTOR OF PUBLIC HEALTH), DR ADRIAN HAYTER (WAM CCG CLINICAL CHAIR AND LEAD FOR WINDSOR), DR JACKIE MCGLYNN (BRACKNELL & ASCOT CCG, GP DIRECTOR FOR ASCOT), MIKE COPELAND (CHAIRMAN OF HEALTHWATCH WAM) AND RACHEL PEARCE (DIRECTOR OF THAMES VALLEY AREA TEAM, NHS ENGLAND).

Karen Shepherd
Democratic Services Manager
Issued: Date Not Specified

Members of the Press and Public are welcome to attend Part I of this meeting.
The agenda is available on the Council's web site at www.rbwm.gov.uk or contact the Panel Administrator **Wendy Binmore** 01628 796 251

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AGENDA

PART I

<u>ITEM</u>	<u>SUBJECT</u>	<u>PERSON</u>	<u>TIMING</u>	<u>PAGE NO</u>
1.	<u>APOLOGIES FOR ABSENCE</u> To receive apologies for absence.			
2.	<u>DECLARATIONS OF INTEREST</u> To receive any Declarations of Interest.			5 - 6
3.	<u>MINUTES</u> To confirm the Part I minutes of the previous meeting.			7 - 12
4.	<u>THAMES VALLEY POLICE</u> Mental Health Street Triage Pilot for Berkshire East – to receive the above report from Gavin Wong, Chief Inspector, Thames Valley Police.			13 - 20
5.	<u>CHILDREN'S SERVICES</u> <ul style="list-style-type: none">➤ Emerging Issues regarding the status of the Multi-Agency Safeguarding Hub (MASH) – Alison Alexander, Managing Director and Strategic Director of Children’s Services.➤ Health Services – School Nurses, Health Visitors and Family Nurse Partnership – Hilary Hall.➤ Child and Adolescent Mental Health Services Transformation Planning – Theresa Leavy. To receive the above written and verbal updates.			To Follow
6.	<u>ALEXANDER DEVINE CHARITY</u> Berkshire’s Children’s Palliative Care Team Proposal – To receive a verbal update			Verbal Report
7.	<u>HEALTH AND WELLBEING DEVELOPMENTS AND THE JOINT STRATEGIC NEEDS ASSESSMENT</u> Update from the feedback from the event and the next stages of drafting the JHWS – Catherine Mullins, Health and Wellbeing Development. To receive the above presentation.			

8.	<p><u>BETTER CARE FUND</u></p> <ul style="list-style-type: none"> ➤ Update of the activities and planning ahead for 2016/17 – Marianne Hiley, Better Care Fund Manager, WAM CCG / RBWM – to received the above presentations. ➤ WAM CCG & BA CCG – Bracknell and Ascot CCG. To receive the above presentation. 		
9.	<p><u>E-CONSULTATIONS</u></p> <p>Technological advances for accessible healthcare. (Verbal discussion)</p>		Verbal Report
10.	<p><u>SAFEGUARDING PEER REVIEW, INCLUDING MODERN DAY SLAVERY AND HUMAN TRAFFICKING</u></p> <p>To receive the above verbal update from Christabel Shawcross, Strategic Director of Adult and Community Services.</p>		Verbal Report
11.	<p><u>PUBLIC HEALTH ACTIONS UPDATE</u></p> <ul style="list-style-type: none"> ➤ Exercise in the Borough ➤ Cancer Services ➤ Smoking Cessation Provision ➤ Early Help ➤ Drug and Alcohol Update <p>To receive the above verbal update - Dr Lise Llewellyn, Strategic Director of Public Health and Sue Longden, Interim Head of Public Health RBWM.</p>		Verbal Report
12.	<p><u>ADDITIONAL ITEMS FOR THE HWB.</u></p> <p>To receive any additional items concerning the Health and Wellbeing Board.</p>		
13.	<p><u>POTENTIAL FUTURE AGENDA ITEMS</u></p> <ul style="list-style-type: none"> ➤ A New Vision of Care Services ➤ Advocacy Services in RBWM 		
14.	<p><u>STANDING ITEMS</u></p> <ul style="list-style-type: none"> ➤ Better Care Fund Update ➤ Public Health Activity Updates ➤ Joint Health and Wellbeing Strategy update (until March 2016) 		
15.	<p><u>FUTURE MEETING DATES</u></p> <p>Formal HWB Meetings – 8 March 2016 Informal Session – 10 February 2016</p>		

MEMBERS' GUIDANCE NOTE

DECLARING INTERESTS IN MEETINGS

DISCLOSABLE PECUNIARY INTERESTS (DPIs)

DPIs include:

- Any employment, office, trade, profession or vocation carried on for profit or gain.
- Any payment or provision of any other financial benefit made in respect of any expenses occurred in carrying out member duties or election expenses.
- Any contract under which goods and services are to be provided/works to be executed which has not been fully discharged.
- Any beneficial interest in land within the area of the relevant authority.
- Any license to occupy land in the area of the relevant authority for a month or longer.
- Any tenancy where the landlord is the relevant authority, and the tenant is a body in which the relevant person has a beneficial interest.
- Any beneficial interest in securities of a body where
 - a) that body has a piece of business or land in the area of the relevant authority, and
 - b) either (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body **or** (ii) the total nominal value of the shares of any one class belonging to the relevant person exceeds one hundredth of the total issued share capital of that class.

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This is an interest which a reasonable fair minded and informed member of the public would reasonably believe is so significant that it harms or impairs your ability to judge the public interest. That is, your decision making is influenced by your interest that you are not able to impartially consider only relevant issues.

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If you have not disclosed your interest in the register, you **must make** the declaration of interest at the beginning of the meeting, or as soon as you are aware that you have a DPI or Prejudicial Interest. If you have already disclosed the interest in your Register of Interests you are still required to disclose this in the meeting if it relates to the matter being discussed. A member with a DPI or Prejudicial Interest **may make representations at the start of the item but must not take part in discussion or vote at a meeting.** The term 'discussion' has been taken to mean a discussion by the members of the committee or other body determining the issue. You should notify Democratic Services before the meeting of your intention to speak. In order to avoid any accusations of taking part in the discussion or vote, you must move to the public area, having made your representations.

If you have any queries then you should obtain advice from the Legal or Democratic Services Officer before participating in the meeting.

If the interest declared has not been entered on to your Register of Interests, you must notify the Monitoring Officer in writing within the next 28 days following the meeting.

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Public Document Pack Agenda Item 3

Health and Wellbeing Board - 06.10.15

WENDY BINMORE

HEALTH AND WELLBEING BOARD

AT 3.00 PM

06 October 2015

PRESENT: Councillors David Coppinger (Chairman) and Stuart Carroll

MEMBERS: Dr Adrian Hayter, Dr William Tong, Alison Alexander, Christabel Shawcross, Mike Copeland, Sue Longden,

Officers: Wendy Binmore, Nick Davies, Marianne Hiley and Catherine Mullins

Attendees: Mary Purnell

PART I

1/15 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Natasha Airey, Lise Llewellyn and Rachel Pearce.

2/15 DECLARATIONS OF INTEREST

Cllr Carroll – Declared a personal interest as he worked for a pharmaceutical company, Biogen. Cllr Carroll declared his employment in the interests of full transparency and to highlight that should for any reason during any point of the meeting, or indeed during future meetings, the HWB discussed anything directly related to Biogen's business he would abstain from the discussion and leave the room as required. Cllr Carroll confirmed he had no pecuniary interests or conflicts of interests for any of the agenda items under discussion.

3/15 MINUTES

RESOLVED: That the minutes of the meeting of the Meeting held on 2 July 2015 be approved.

4/15 CHILDREN'S SERVICES

Emerging issues regarding the status of the Multi-Agency Safeguarding Hub (MASH)

Alison Alexander, Strategic Director of Children's Services and Dr Adrian Hayter had an offline conversation and agreed to set up a local MASH. It would be a Royal Borough of Windsor and Maidenhead MASH with input from health professionals and practitioners. It was due to go live from January 2016.

Health Services – School Nurses, Health Visitors and Family Nurse Partnership.

Health Visitors and School Nurses were in a good position. The Service wanted greater integration of Children's Services were working on a service description. They were looking at providing the service either internally or on a commissioning basis. A report would be brought to the Board at a later date.

Dr Tong stated he was looking to get a generic nurse to work across all three service areas. The Strategic Director of Children's Services confirmed she had a contractor delivering all three services. The service was hoping to move towards a workforce that provided a range of services. CCG's and Public Health were active in working in partnership to get the provision moving forward. She added that CCG's, Public Health and herself would conclude how to deliver the service. Dr Hayter agreed with the integration approach and stated there were real opportunities in that area. Marianne Hiley commented in addition to integration, it would be helpful to know how data sets would move across. There was a need to share information effectively. The Strategic Director of Children's Services responded that the good thing about the Local Authority being the provider was that it could get through so many of the data governance issues. She proposed that during the December 2015 meeting, she would bring a paper to the Board. It would go to Cabinet in November 2015 and could be signed off by the Health and Wellbeing Board in December 2015.

CAHMS (Child and Adolescent Mental Health Services) and Thrive – Transformation Planning.

Local providers of CAHMS felt it should be reshaped to so that more people could receive the service as needed. It was an area of huge waiting lists for those not in the higher need bracket and that was where support needed to be. The Royal Borough and CCG's were working on a bid which should be submitted in October 2015. It was requested that Members of the Health and Wellbeing Board agreed to electronically sign off on the bid. The Chairman agreed he was happy to sign off on behalf of the Health and Wellbeing Board.

5/15 HEALTH AND WELLBEING DEVELOPMENTS AND THE JOINT STRATEGIC NEEDS ASSESSMENT

Catherin Mullins gave a brief presentation and Members noted the following key points:

1. That the Health and Wellbeing Board agree:
 - To form a task and finish group to look at the Joint Health and Wellbeing Strategy refresh, which will be tasked to –
 - Agree the focus and contents of the Strategy.
 - Support the identification of the key priority areas that HWB will give its collective support to achieving.
 - Set the measures so that the JHWS continues to be a document where the success can be identified.
 - Progress:
 - Workshop session for HWB Members identified key elements to develop the JHWS and agreed:
 - Rewrite rather than refresh – Policy context had changed: Care Act, Five Year forward view.
 - From April 2016 – March 2019.
 - The priority themes in the current strategy should continue – they were still relevant.
 - Consultation and engagement for residents to input to design.
 - Engagement Event 10 November (invitations were being sent out) – to gather views from the public and stakeholders.
 - A leaflet had been produced that promoted themes of the Health and Wellbeing Board.
 - The leaflets were being delivered to residents in the Royal Borough.
2. That the task and finish group also support the collective redesign of the Terms of Reference for the HWB.
 - Progress:
 - Terms of Reference (TOR) were being updated – how did other HWB's develop themselves and conduct themselves.
 - TOR from CIP/FA comparator groups being looked at.

Health and Wellbeing Board - 06.10.15

- Identifying a clear statement of purpose that was reflective of the partners of the HWB visions and compliments the added value that the HWB will bring – other HWB's had mission statements and vision statements.
 - Draft TOR for the HWB to be circulated outside of next meeting to look at finalising for the HWB at the next formal meeting.
3. Consider the contents and deliver of the action points identified by the Kings Fund development session with the Health and Wellbeing Board.
- Progress:
 - Of the nine actions that were identified:
 - Four were in progress (update JHWS, an annual work programme, develop HWB statement of purpose/vision and to work with other bodies for flexible memberships – possible providers being members of the Board).
 - Four completed/final stages (informal board workshops, meetings in other venues than Maidenhead, retention of statutory membership and consideration of relations to other bodies and promote the external profile of the HWB – community engagement exercise).
 - One due to start 2015 – HWB development programme.

Catherine Mullins confirmed she had talked to other colleagues in the South East as they were also in the process of updating; theirs was much more fluid and was always changing. Slough had the Slough Story as the JHWS; they had a lot of businesses on their Board. She stated she would speak to them to get more information. A lot of places were in the same position as the Borough's HWB, they had done a three year strategy and were now also looking to refresh.

Dr Hayter stated in terms of external communication of the JHWS, he had had a debate at a workshop about how important it was to tell a story, he added he felt the Health and Wellbeing Board had been missing a trick on getting the message out. Catherine Mullins responded that they should make it something people can connect with. Dr Tong said they were looking over the borders; focus groups were great but people still did not know what the JHWS was. Mary Purnell commented a lot of the work was aligning different strategies to work together from existing strategies. Members noted it needed to be in a language people understood.

The Strategic Director of Adult & Community Services stated people did not always want to know about strategies, they just wanted to ring up and speak to one person who could advise them on what care or services they could access, such as Children's Services. There should be one person who can manage different aspects. Cllr Carroll stated it could focus around strategy when Members spoke to residents. They were not aware of the HWB or the strategy but they would be aware of certain aspects of it due to using services. The strategy should be looking at how to describe the JHWS using symbols and simple animations on You Tube to make people aware of the HWB and the JHWS.

Councillor Carroll commented that when the leaflet came through people's doors, most people would put it in the recycling bin. He suggested producing a leaflet with a few bullet points and if people wanted to know more, they could go to the link on the web. Sue Longden stated she attended the WAM CCG AGM which was most lively and popular. It was well attended with a cartoon of everything the CCG had achieved. It was a real opportunity to show what the JHWS could do for communities.

6/15 BETTER CARE FUND

Marianne Hiley gave a presentation to Members which included the following key points:

- The BCF was undertaking a dementia review to prevent incorrect or inappropriate diagnosis of dementia when it could be delirium.

- BCF Metrics were a real opportunity in understanding and sharing information. It was not just a tick box exercise.
- Delayed transfers of care (adults 18+) from hospital per 100,000 population was shown as green for Windsor and Maidenhead but it was not green for Bracknell and Ascot.
- Permanent admissions of older people to residential and nursing care homes per 100,000 population showed tracking data indicated they were in excess of target for both nursing and residential care.
- The number of falls showed significant improvement in July 2015 figures.
- The numbers were going in the right direction.
- There had been great progress on falls prevention. The approach had been very proactive and falls week had been well advertised.
- There was now a programme funded to support delivery of non-elective admissions.
- GPs still visiting homes with high percentage of non-elective admissions to support.
- There were more opportunities for GP appointments out of hours and at weekends to help those working full time.
- Received feedback from a parent saying how helpful it had been taking their child to the doctors on a weekend.

Dr Hayter said he was looking to put forward a bid for a training to get resources to see what workforce needs were. It would include nursing and residential homes.

7/15 HEALTHWATCH WINDSOR, ASCOT AND MAIDENHEAD (HW WAM)

Mike Copeland of Healthwatch gave a verbal update and stated Healthwatch had completed a food survey at Wexham Park Hospital. The hospital had promised to address issues; they had acted and provided a new menu. Healthwatch would go back again in a few months time to see how the changes had been progressed.

The new management at Frimley Park were working with the staff; they were getting their new system up and running at mealtimes to improve them. A survey had gone out to gather information from patients and their friends and family. The results would form part of information submitted for inspection.

Healthwatch had a university student carry out work to find out how quickly assessments were made on how to move people on quickly so they weren't staying longer than medically required. WAM came out top and Healthwatch was waiting for comments from Local Authorities which would be published in a couple of weeks. The Royal Borough had a few spaces available but were moving patients on quickly; other areas had lots of spaces in care homes but were not moving people on quickly enough.

Healthwatch were working with GP's to do a survey soon on monitoring waiting times across the Borough when the new seven day GP access came in. they were liaising with GP's regarding a start date.

Healthwatch were monitoring 111 and 999 services, the transfer between the two numbers and outcomes to see if different services followed on to admissions or other services. Also to see if public were aware of the two services. Healthwatch had also been working on an outreach programme. The aim was to have sessions at different venues so people could go along and talk to Healthwatch so they could be signposted to a service that could help. Healthwatch were in the process of appointing a new engagement officer to raise awareness of Healthwatch.

Healthwatch were monitoring patient transport services and a tender for the service was up. They got a snapshot every couple of weeks showing the times the services were used, when they were ordered and the time patients were collected. Healthwatch had found some patients being dropped home at 11.30pm which was not appropriate. However, when Mike Copeland had last checked, the drop off times had got a lot earlier with patients being dropped home no

later than 6.40pm. He noted communication had also improved between services ordering the transport and the company providing it. Marianne Hiley commented it was important to understand what services were commissioned by Wexham Park regarding transport as there was a community service provider which used to take patients home. Mike Copeland confirmed he had a few problems getting statistics from that provider as they had recently changed their system.

8/15 THE CARE AND SUPPORT ACT

Christabel Shawcross, Strategic Director of Adult & Community Services gave Members an update on the changes to Phase two of the Care Act and stated a stock take had been done on viability of Phase two; the government had decided in June 2015 to delay implementation until 2020. There had been lots of discussions on viability. A lot of work had been done on Phase two but, for significant changes the team were waiting on guidance for a couple of years' time. The Strategic Director of Adult & Community Services believed they had successfully implemented Phase one of the Care Act. The focus was now on getting people out of hospital safely and preventing people going in.

The Strategic Director of Adult & Community Services stated the government gave a grant last year to cover Phase one and two. The systems were then set up. However, the government were to decide if they provide further funding or if they could request a refund.

9/15 PUBLIC HEALTH ACTIONS - SMOKING CESSATION PROVISION - RESULTS FROM THE PUBLIC CONSULTATION

Sue Longden, Interim Head of Public Health stated shareholder sessions for stopping smoking had been held, although they were not as well attended as she had hoped. There was strong support in targeting people with the greatest need and those who were at health risk. There was strong support for free smoking cessation through the NHS. A paper had been discussed at ASCOSP where there was strong discussion and the programme was supported by the Panel.

Dr Hayter said he agreed with a targeted approach and suggested there needed to be wider public health awareness. The Interim Head of Public Health confirmed she had amended the service specification for tender so the new provider could work on the communication strategy. There was also a proposal to develop an app looking at engaging with younger smokers. The Strategic Director of Adult & Community Services commented people could go to a pharmacy for support. It would be promoted through the Borough's website.

10/15 ADDITIONAL ITEM FOR THE HEALTH AND WELLBEING BOARD - COMMUNICATION TO THE HWB MEMBERS ABOUT THE CHILDREN'S SERVICES LOCAL OFFER

Catherine Mullins had circulated a handout which detailed to Members of the HWB the promotion of the Local Offer. The handout was from the Children's Officer, Rachel Franklin the key points of the handout included:

In September 2015 Children's Services published their Local Offer Website bringing together information about services for children and young people with Special Educational Needs and Disabilities (SEND) and their families. The Local Offer aimed to enable families to see the range of services available in the area, including Education, Health and Social Care, and how to access them. Families and professionals also had the opportunity to shape and improve the Local Offer by being involved in its development and review.

A year on from the launch, Children's Services had produced a report on the feedback they had received from families and professionals on the Local Offer.

The Annual Report for September 2015 – August 2015 was available with the appendices on the website.

The report set out the key themes of the feedback and how Children's Services would take it forward to review and improve the Local Offer. The feedback was in relation to:

- The accessibility of the Local Offer.
- The content of the Local Offer.
- The range and quality of local services for children with special educational needs and disabilities.
- How the Local Offer has been developed and reviewed.

Catherin Mullins explained an E-consultation was being discussed at the Policy Committee and it was to be tabled as a future agenda item for the Health and Wellbeing Board. The Chairman confirmed the E-consultation was so older people could speak to their doctor or other appropriate health professional through skype from their care homes.

11/15 POTENTIAL FUTURE AGENDA ITEMS

- Children's Mental Health Services updates on Transformation Plan
- Working with stakeholders
- Advocacy Services in RBWM
- Triage Nurse for mental health across East Berkshire funding discussions.

12/15 STANDING ITEMS

- Better Care Fund Update
- The Care Act implementation (until October 2015)
- Public Health Activity Updates
- Joint Health and Wellbeing Strategy update (until March 2016)

13/15 FUTURE MEETING DATES

- Formal HWB Meetings:
 - 1 December 2015
 - 8 March 2016

The meeting, which began at 3.00 pm, ended at 4.50 pm

CHAIRMAN.....

DATE.....

Report to: Royal Borough of Windsor and Maidenhead Wellbeing Board

Date: 1st December 2015

Contact: Chief Inspector Gavin WONG, Thames Valley Police

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 1st April 2016.

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