

Compliance Team – Health Records

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FOI REQUEST NUMBER 275 2016

Request and Response:

Please could I request some figures regarding mental health crisis for Great Yarmouth and Waveney?

How many calls does the Great Yarmouth and Waveney crisis team receive per annum for the last 3 years? **Based on our current recording systems we do not hold this information.**

How many of these calls are out of hours? **N/A**

How many Crisis Team referrals are made via the Ambulance service? **Based on our current recording systems we do not hold this information**

Could I please have any information, documents or figures relating to the Street Triage Mental Health car scheme in Ipswich?

How is it funded? What is the annual cost? How many call outs does it attend?

Please find the Service Specification attached for the Police Triage team in Ipswich. Included within the Service Specification are specific details on the police triage car.

Funding has been provided by:

- **Ipswich and East Suffolk CCG - £122,000 – 2016/17**
- **West Suffolk CCG - £78,000 – 2016/17**
- **Suffolk Constabulary - £18,333 – 2016/17**
- **Suffolk Police and Crime Commissioner - £18,333 – 2016/17**
- **Lowestoft Rising (Great Yarmouth & Waveney CCG are not currently involved in this service, however, due to the Suffolk Constabulary being Suffolk wide the police were keen to establish funding in the Waveney area to support calls from this area. This funding was established through the Police & Crime Commissioner). - £18,333 – 2016/17**

The Trust provides a complaints procedure to deal with complaints about the Trust's handling of requests for information. If you feel you need to make a complaint, in the first instance, you should contact a Non-Executive Director via the Chair of the Trust. If you feel you have exhausted our internal complaints procedure, you also have the right and may feel you wish to write to the Information Commissioner who can be contacted on telephone number 01625 545740 or at www.ico.gov.uk.

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	Police mental health triage initiative
Commissioner Lead	West Suffolk and Ipswich and East CCG's.
Provider Lead	Norfolk and Suffolk Foundation Trust.
Period	2015/16
Date of Review	12 months

1. Population Needs

1.1 National / local context and evidence base

Police in England and Wales are empowered to detain individuals who are thought to be a danger to themselves or to others under Section 136 (s136) of the Mental Health Act 1983. Use of this authority is widespread, it requires the police to make judgments about mental health and involves detaining individuals in police custody who may not have committed any crime.

The current research, funded by the British Academy and National Institute for Health Research, uses secondary analysis of the existing records to establish statistical patterns of s136 detention in relation to age, gender, location and other demographics, as well as in-depth interviews and observations with health professionals, police and people who have been detained. The statistics indicate a need for more appropriate crisis interventions by out of hours services. Numerous Street Triage pilot schemes across the country suggest that using alternatives to s136 has positive outcomes not only with the Police, but for all relevant agencies.

There were a total 4123 mental health related incidents that were attended by the police across I&ESCCG and WSCGG areas in 2014 as shown below.

Town	Number of incidents	Town	Number of incidents
IPSWICH	1936	BRANDON	75
BURY ST. EDMUNDS	782	SAXMUNDHAM	66
SUDBURY	299	LEISTON	49
FELIXSTOWE	235	DISS	32
HAVERHILL	193	EYE	21
NEWMARKET	155	SOUTHWOLD	12
STOWMARKET	138	ALDEBURGH	8
WOODBIDGE	115	BURES	7

The prevalence of a wide spectrum of mental health related presentations has been well documented in offender populations. For example, 31% of young people (aged 13-18) who offended (including young people in custody and in the community) were identified as having a mental health need. The prevalence rates for personality disorder, psychosis, attention disorders, post-traumatic stress disorder (PTSD) and self-harm are notably higher than in the general population. Learning disability is more common in young people in custody; a prevalence of 23-32%, compared to 2-4% of the general population. Based on the study by Harrington & Bailey (2005), Chitsabesan et al. (2006) found that 20% of young offenders had a learning disability, with a further 31% assessed as 'borderline' in their intellectual functioning as measured via the Wechsler Abbreviated Scale of Intelligence (WASI). An analysis of data drawn from over 120,000 Offender Assessment System (OASys) Assessments found that nearly half (47%) had misused alcohol in the past, 32% had violent behaviour related to their alcohol use and 38% were found to have a criminogenic need relating to alcohol misuse and potentially linked to their risk of reconviction. Individuals in contact with the criminal justice system are also recognised to be at higher risk of suicide than the general population (10 times greater for the prison population than the national average and 30 times greater in the month after release – this high risk also applies to individuals discharged from acute psychiatric care). The following summarises key data on the burden of mental health problems and disorders for young people in Suffolk:

- In any year 1 in 5 children are estimated to have a mental health problem which equates to 25,000 5-19 year olds in Suffolk.
- It is estimated that 9.6% or 9600 5 to 16 year olds have one or more mental health disorders at any one point in time in Suffolk.
- The most common disorders are conduct disorder (ie behavioural problems). It is estimated this affects over 5,800 children or around 5.8% of the county's 5 to 16 year old population.
- Anxiety disorders, hyperkinetic disorders and autistic spectrum disorders also have prevalence in excess of 1% of the population, suggesting numbers of cases in excess of a thousand.
- Approximately 2% per cent of all children have two or more mental health disorders which equates to approximately 1900 children in Suffolk, with 700 experiencing a combination of conduct and emotional disorder and 700 children with a combination of conduct disorder and hyperkinetic disorder.

Whilst this is a West Suffolk and Ipswich and East Suffolk CCG commissioned service we acknowledge the longer term strategic aspiration from Suffolk Constabulary to also incorporate Waveney Locality into this service.

2. Outcomes

2.1 NHS Outcomes Framework Domains and Indicators

The implementation of the service described in this specification is anticipated to contribute towards improvement in the following indicators from the NHS Outcomes Framework:

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	
Domain 4	Ensuring people have a positive experience of care	
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

2.2 Local defined outcomes

- Reduction in S136's
- Reduction in patient escalation to acute/secondary care
- Prevent admissions to A&E
- Effective signposting of patients to appropriate services and support
- Improved staff confidence in recognising and responding to people with mental health presentations

3. Scope

3.1 Aims and objectives of service

Key Aims:

- To provide an exemplary and comprehensive mental health triage and advice service for Suffolk Constabulary by deploying mental health practitioners into the police contact control room and police triage car.
- Mental health professionals to provide on the spot advice to police officers who are dealing with people presenting with suspected mental health problems. This advice can include an opinion on a person's condition, or appropriate information sharing about a person's health history.
- Assisting police officers make appropriate and proportionate decisions, based on an understanding of the background to incidents and the presenting situation.
- Provide a robust system of onward referral and signposting of the service users to facilitate timely access to appropriate health and social care services.
- Reduce the number of people who are returning to the police, or who are repeat attenders to emergency services by working collaboratively with partner agencies in securing appropriate services.
- To reduce the overall number of Section 136 detentions by providing advice and facilitating referrals to other appropriate health and social care services. .
- To contribute to the wider development of a comprehensive mental health criminal justice liaison service by supporting the interface between this service and the Liaison and Diversion Service.
- To work with commissioners and stakeholders to develop integrated pathways of care for CYP with emotional behaviour and mental health needs.

3.2 Service Description and Pathway

This project is for the delivery of a dedicated mental health triage and advice service to the police. It will cover people of all ages, including those with known or suspected learning disability, personality disorder, or mental health presentations, including dementia.

The service will consist of two core elements; the deployment of mental health practitioners (MHP) into the Police Contact Control Room (CCR) and the Police Triage Car. The service will operate between 2pm and midnight seven days a week to align with high demand periods. .

The MHP situated in the police control room at Martlesham will provide advice through telecommunications to police officers attending mental health incidents. This role will extend to making decisions about the targeted deployment of the triage car where this expertise is deemed necessary.

The MHP situated in the triage car will attend incidents with the police and provide face-to-face assessment to inform joint decision making with the police officers. Where appropriate this role will involve facilitating onward referrals or signposting to appropriate services in accordance with the persons prevailing needs

The MHP's will draw on information held on NSFTs electronic patient care record system and descriptions provided by the police attending incidents to formulate the advice provided.

The MHP's will:

- develop with police and other services agreed plans to manage people who are identified through the initiative.
- assist with welfare checks and missing person alerts (where the individual may be known to MH Services).
- ensure referrals onward to the appropriate service are carried out at the earliest possible time and in line with the presenting needs of individuals and NICE guidelines.
- provide professional liaison to other health colleagues such as Psychiatric Liaison teams and primary care professionals.
- upskill Police professionals to better understand the presentations of mental health and to manage the interaction with people with mental health presentations effective and with confidence.

Referrals to other services will be carried out within timescales that are in line with local specifications.

3.3 The service will provide the following performance management information to the CCG monthly:

- Number of advice activities.
- Summary of immediate outcome of each advice activity.
- Number of Section 136's issued.

- Update of follow up activity.
- How many incidents the triage car has been attended.
- Location of all police triage car attendances.

3.4 Population covered

The initiative is to cover the population served by Ipswich & East Suffolk and West Suffolk CCG's.

The population of West Suffolk and Ipswich and East Suffolk CCGS is 730,100, an increase of 9.2% on ten years earlier.

By 2031, it is projected that there will be a 55% increase in the number of persons over the age of 65 in Suffolk, and a 72% increase in the number of persons over 75. In addition, the number of people with dementia will double by 2030.

One in four people will suffer from a form of mental illness at some point in their lives, and one in six of the population is suffering from a common mental health problem at any one time. In Suffolk around 9,000 people are seen by secondary mental health services each year.

East Suffolk & Ipswich and West Suffolk CCG's are served by over 450 GP's 2 hospitals and 4 community hospitals.

3.5 Any acceptance and exclusion criteria and thresholds

The service is for all people presenting to Suffolk Constabulary with a mental health or suspected mental health presentation.

The service will not exclude people with substance misuse presentations to ensure that they receive the appropriate support from whichever agency is best placed to meet their needs.

3.5 Interdependence with other services/providers

The initiative has interdependencies with:

- The Police Service,
- Suffolk Liaison and Diversion Service
- Primary Care,
- Psychiatric Liaison Services,
- Statutory Mental Health and Learning Disability Services
- Social Care Services
- Voluntary Sector
- Drug and Alcohol Services
- Acute Hospital Providers
- Probation
- Youth Offending Teams

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The service must, on request, provide evidence to demonstrate compliance with all statutory requirements.

Particularly relevant to the service include:

- NHS Constitution
- Mental Health Act 1983 as amended in 2007
- NHS Community Care Act 1990 and associated guidance
- Health and safety requirements
- Healthy Children Safer Communities (DoH, 2009)
- Children Act 1989
- Children Act 2004
- Human Rights Act 1998
- Care Programme Approach
- Care Quality Commission Standards

4.2 Applicable standards set out in guidance and / or issued by a competent body

4.3 Applicable local standards

Response times for onward referral should be in line with immediate/urgent/routine criteria.

The service will provide an instant response to all calls to Suffolk Police. Onward referral to Mental Health Services will comply with Access and Assessment time standards.

An agreed monitoring programme is adhered to, which will include:

- Monthly reporting (broken down into East and West Suffolk CCG) of:
 - Number of referrals to the MHP for triaging
 - Number of S136's issued
 - Location, date and time of triage event.
- An analysis for onward referrals.

For onward referrals, the provider will be expected to adhere to the pathways set in place by Ipswich and East Suffolk CCG and West Suffolk CCG, as appropriate.

5. Applicable quality requirements

5.1 Applicable Quality Requirements (See Schedule 4 Parts [A-D])

6. Location of Provider Premises

The Provider's Premises are located at:

7. Individual Service User Placement