

## **Great Yarmouth and Waveney Joint Health Scrutiny Committee, 15 July 2016**

### **Information Bulletin**

The Information Bulletin is a document that is made available to the public with the published agenda papers. It can include update information requested by the Committee as well as information that a service considers should be made known to the Committee.

This Information Bulletin covers:

1. [Policing and Mental Health services – an update on the plans for using control room nurse / triage car from 2016/17 onwards](#)
2. [System-wide Root cause analysis of the 3-4 Jan 2016 'Business Continuity' Event](#)

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1. **Policing and Mental Health services – an update on the plans for using control room nurse / triage car from 2016/17 onwards.**

### NORFOLK

*[Source: Chief Inspector A.Ellis]*

[Policing and Mental Health services – Long term plan for GY&W area. – an update on the longer term budgeted plans for using control room nurse / triage car from 2016/17 onwards.](#)

This update relates to the Norfolk Integrated Mental Health Team in the Police Control room which covers the Norfolk county area including Great Yarmouth but not Waveney. This is an all age service covering 08.00 – 22.00 hours 365 days a year.

The impact of the Integrated Mental Health Team has been significant in terms of quality of response for those suffering with mental illness, better use of police, county council and NSFT resources and enhanced partnership working. It supports the delivery of the overarching aims of the Mental Health Crisis Care Concordat.

It is recognised nationally as good practice and the future sees a network of IMHT across the country to assist in tackling cross border issues.

The UEA evaluation final report was received 27/6/16 and will be shared once it has been signed off by the senior management team.

Within the review period 1/1/14 – 31/10/15 the team viewed a total of 24,771 police calls (CADS) 13.6% of those were for the Great Yarmouth area. Within the review period 1/1/14 – 31/10/15 the team viewed a total of 24,771 police calls (CADS)

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In the same period the nurses recorded that they had averted 132 section 136 detentions by the police with an estimated cost saving of £224,400

The nurses have also conducted 131 joint home visits in the evaluation period. These visits have been a combination of police, nurses and housing. Please see a case study at appendix A to illustrate the benefits.

#### **2016/2017**

Funding has been secured for the next financial year some of which is ongoing, some is over 3 years and the remaining for this year only (figure 1.0)

The negotiations with broader partners have allowed the team to grow by one nurse with the intention of offering further support to District Councils (some of whom have contributed to the funding and others who haven't).

There is currently a service level agreement being drawn up for districts to allow them to access the IMHT to assist with early intervention and prevention of escalation of needs / resource demands where Mental Health is an underlying factor. The team has already worked with districts however this is a more structured approach to the team's response.

The benefits for the individual are obvious however there are far reaching benefits for other partners which include prevention of escalation to criminal matters, keeping people well, avoiding crises and therefore admission aversion.

There will be an evaluation of this broader work and a business case built leading up to 2017/2018.

#### **Figure 1.0**

Norfolk Constabulary (50% contribution) – Amanda Ellis lead	135,832
OPCCN – Gavin Thompson lead	50,000
NHS England - Claire Weston lead	42,000
Public Health – Martin Hawkins lead - <a href="mailto:martin.hawkings@norfolk.gov.uk">martin.hawkings@norfolk.gov.uk</a>	
CAMHS – Clive Rennie lead - <a href="mailto:clive.rennie@nhs.net">clive.rennie@nhs.net</a>	30,000
Breckland Council -	
Broadland District Council – Nancy Cordy co-ordinating - <a href="mailto:cordy@broadland.gov.uk">cordy@broadland.gov.uk</a>	10,000
Norfolk County Council Adult Services – via Harold Bodmer <a href="mailto:harold.bodmer@norfolk.gov.uk">harold.bodmer@norfolk.gov.uk</a>	
Norwich City Council – lead Bob Cronk – <a href="mailto:bob.cronk@norwich.gov.uk">bob.cronk@norwich.gov.uk</a>	
South Norfolk District Council – Paula Boyce – South Norfolk District Council	5,000

## Appendix A

DP is a 54 year old man with a diagnosis of schizophrenia. He lives in a flat in a housing complex run by Flagship housing. He was referred to the Integrated Mental Health Team in the police control room via the Operational Partnership Team as he had hit one of his neighbours with a shovel and the housing association were taking steps to evict him. He refused to open the door when they tried to visit him.

DP had previously been sectioned and spent 3 months in hospital as he was homeless and it had taken a long time to stabilise his mental health and then to rehouse him.

### Previous Police calls

Call received in CCR reporting assault to neighbour of DP. Three Police Officers deployed. Total cost £98

### First Visit

Mental Health Nurse Supervisor with Taser trained officers (as he had warning signals for violence), an Operational Partnership Team Sergeant, and a housing officer.

In total with pre brief and debrief the visit took approximately three hours.

GP spoken to and medication increased.

### Second Visit

Mental Health Nurse Supervisor, OPT Sergeant and Housing Officer. This was a door step visit to build a relationship with DP, to review DP's medication and to deliver a food parcel. Discovered DP had no benefits and no food for dog.

Dog food obtained and benefits subsequently sorted.

### Third Visit

Mental Health Nurse Supervisor, OPT Sergeant and Housing Officer. On this occasion a notice had been served to allow entry. DP did allow the team inside the house and the 'before' photographs were taken.

Admission prevented, Eviction prevented and entry allowed to repair the property.

## Case Study – Example Costs

Type	Cost (approx.)
Previous Police Calls	£98
Joint Visits	£918
Housing repairs	£9,000
<b>Total</b>	<b>£10,016</b>
Previous Admission (@ £300 per day)	£27,000
Eviction costs	£20,000
Future Hospital Admission Prevention	£300 per day

## SUFFOLK

*(Source: Chief Inspector J Powell, and S Hemmett, Mental Health Coordinator)*

Just to let you know where we are with the Triage Pilot we have got 3 nurses which is equivalent to 2.6 and 2 nurses that will be Triage car.

Since June 2016 2 of the 3 control room nurses advising and helping officers, we are currently just waiting on the vetting of the other staff and then they will shadow Becky and Louisa who have great experience in the control room and triage car.

We are looking by the end of July both the control room and triage car will be up and fully operational.

We will then have all three components of our model triage car, CCR nurses and Liaison and Diversion in the PICS.

We also have 18 Mental Health single points of contacts within the Safer Neighbourhood Teams and Neighbourhood Support Team who will be working with partners and clients within their areas.

We are still hoping for a Triage car in Lowestoft but this is currently on hold.

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Attached (*below*) is a presentation that Insp Mark Jackson recently gave to our Sgts with regards to the current progress of MH.

We are running a pilot between the Police Service and Waveney Community Health Services – details are attached (*below*). Its aim is to provide a better service to those individuals within the Waveney area of Suffolk who are suffering with mental health related issues.

We are also part of a joint social prescribing project at Kirkley Mill, which is working with health, the mental-well-being service, DA teams, Citizens Advice Bureau, Turning Point (to name a few partners) where we are looking to hold a range of afternoon triage sessions that either doctors can refer people into (they are based at the location, as are the community hospital teams) or people can drop in and request an appointment.

I have been trying to get a MH triage car specifically in Lowestoft but the stumbling block is currently with NSFT who cannot access nurses to run the car, even as a pilot and I am sure funding is part of this issue as well as availability of nurses. We obviously have access to the control room services – which I am sure Siobhan will have updated you on which is across the constabulary. I am hoping that if we can get the mental well-being service linked in at Kirkley, this may open access to secondary care and perhaps enable us to look at a joint venture which could include a triage car, combined with the wider community project. This remains on-going work.

# Mental health

An update regarding mental health services

## The Waveney CMHT FACT/Police Pilot

- What is F.A.C.T?
  - Morning Discussions based upon scores
  - Weighting System/Matrix concerning clients
  - CMHT - Staff allocated (Rota Basis)
  - Pilot – Police and CMHT providing the best service to these patients and to reduce demand.



## The Waveney FACT/Police Pilot

- Why the need for the Pilot?
  - Police time spent dealing with the incident
  - Supporting the clinical care for the individual
  - Another option available to police
  - Reduce the need to S136.
  - Better working relationship with CMHT



## The Waveney FACT/Police Pilot

- What is it and what's the Process?



## The Waveney FACT/Police Pilot

- Progress to date:
  - Eight feedback forms completed by officers
    - Same day/Next day appointment
    - Urgent home assessment
    - Contacting other specialist teams to help speed up the process
    - Handover to them
  - Positive feedback from CMHT
  - Quieter period than expected (several individuals are under section currently)
  - CMHT willing to continue partnership ?



## The Waveney FACT/Police Pilot

- Where to find the related documents.
- L Drive, SNT Docs, “East one stop shop” folder
  - FACT briefing document
  - FACT flow chart
  - ISA
  - Feedback form

On the wall outside the SNT office



## Mental Health Triage Car

- The latest update!
  - Funding in place
  - Finding Band 6 nurses with NSFT to support.
  - How they will work with us? The options!



## Meetings with Northgate

- Looking to establish regular meetings to:
  - Discuss repeat S136 Patients
  - Include Police in any partner care plans
  - Ensure we have accurate data on individuals
  - Discuss operational practice
  - Provide and receive feedback
  - First meeting – Fri 01/07/16



## Northgate Acute Services

- Building work is now complete
- Staffing in place to receive patients from officers
- Handover process based on risk (Low/Med/High)
- Report any issues



## Other Stuff!

- Draft policy document around police involvement with home assessments.
- All Sergeants have the ISA with NSFT.
- Hamilton House in Lowestoft.
- What to do with S136 youth patients?
- Escalation Process for disputes.
- N.H.R
- Additional Info.



### **Suffolk Constabulary / Waveney Community Mental Health Pilot**

Introduction and overview.

The pilot is a joint plan between the Police Service and Waveney Community Health Services which will run initially for a period of 8 weeks, starting on the 9<sup>th</sup> May 2016. Its aim is to provide a better service to those individuals within the Waveney area of Suffolk who are suffering with mental health related issues.

As an emergency service, Police officers often come into contact with individuals who have mental health issues. Police officers are asked to make difficult decisions based upon the circumstances of the incident and how the individual concerned presents at the time.

The Police officer has the option of using legislation under the Mental Capacity Act and the Mental Health Act to detain the individual and remove them to a place of safety if it's necessary, proportionate and lawful in order to negate any risk.

There are many occasions where the circumstances are such that the use of these two powers would not be necessary or proportionate, in such cases the officer would ensure measures are put in place to support the individual before a referral is completed and sent to the Multi agency safeguarding hub (MASH) for assessment.

This pilot is designed to help and support those that are managed under the Waveney Community Mental health "Flexible Assertive Community Treatment" rota (FACT rota).

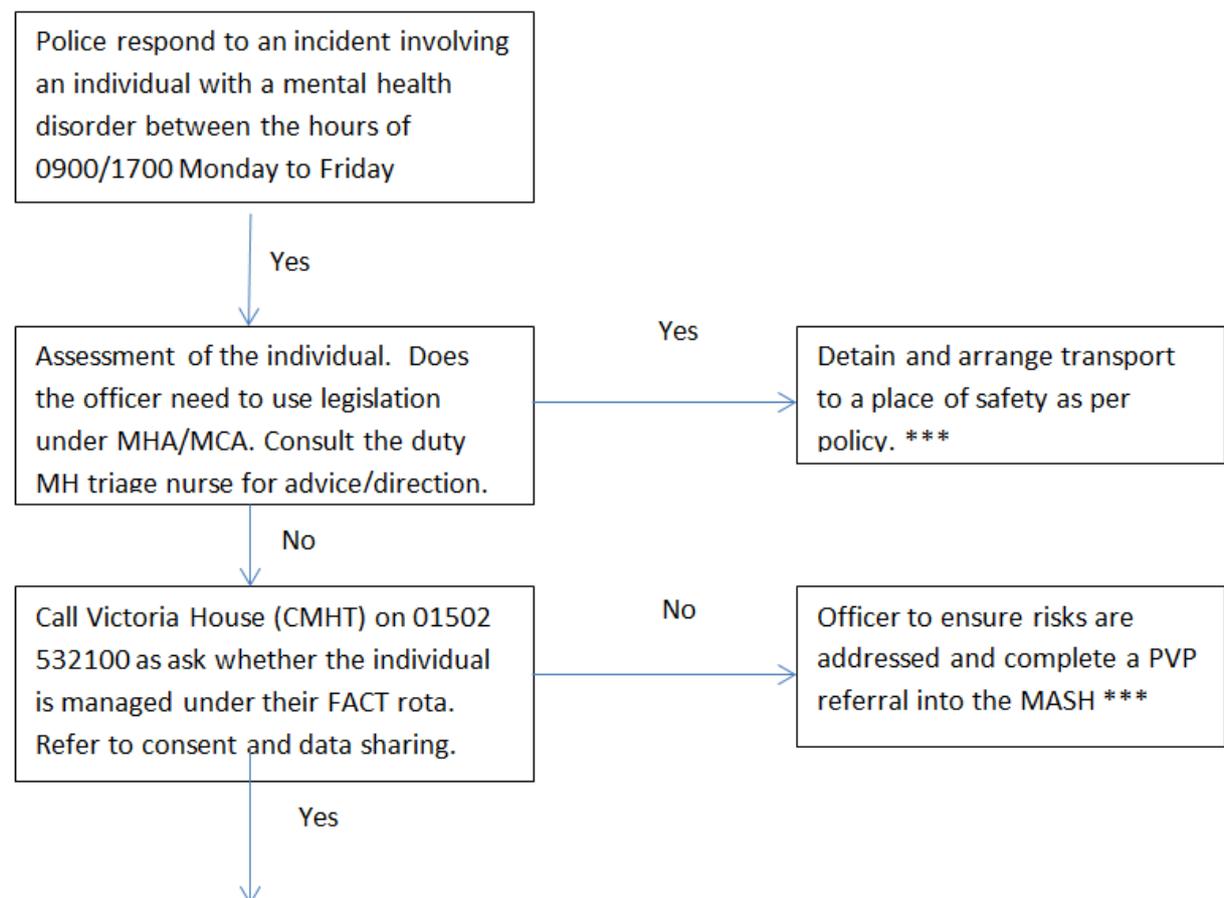
The community mental health team (CMHT) are based at Victoria House, Alexandra Road, Lowestoft and support individuals in the community who suffer with long term complex needs.

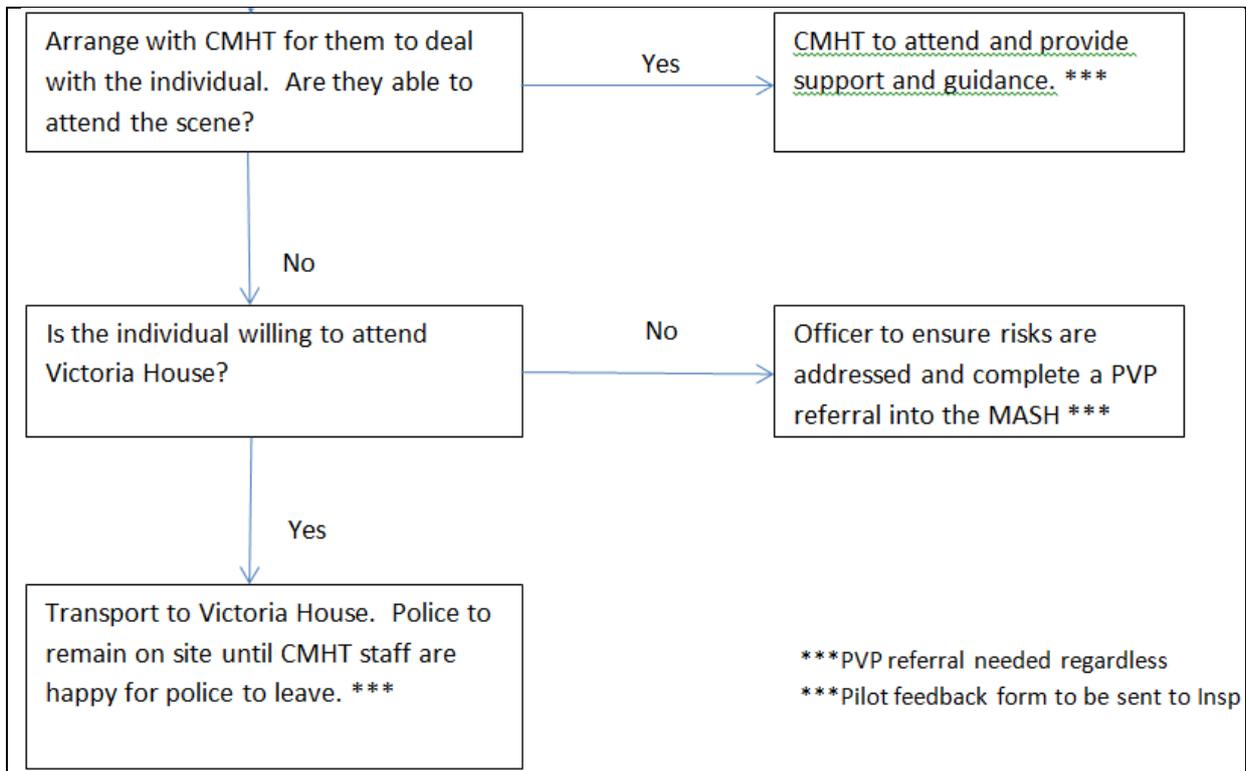
The FACT rota is designed to ensure that Staff within the CMHT are allocated time within office hours to manage those individuals whom they are most concerned about so that resources are able to respond to any care and support needs and to prevent any escalation in mental disorder.

The joint pilot will bring the Police Service and Waveney Community Health services together to ensure a more cohesive and effective service is provided to individuals managed under the FACT rota which will help improve their care and may reduce the need to evoke powers under the MHA and MCA.

A review of this initial pilot programme will be held after four weeks of the pilot commencing to allow discussion by all those involved to establish if this pilot has assisted with addressing mental health issues in Waveney and to look to establish a more formalised approach and policy.

### The Process





### Data Sharing

Data Sharing with the mental health (Norfolk and Suffolk Foundation Trust) community team is covered under the Information sharing agreement (ISA) already in place. However, officer would have to apply the following:

- 1) Officers would only be able to contact the CMHT with the individuals consent, which they can record in their PNB. If the individual is not capable of giving consent or refuses consent they will have to apply the public interest test, to see if they can meet the requirements necessary to disclose without their consent (see page 5 – consent).
- 2) CMHT must be employed by one of the signatories to the ISA or are providing their service under contract with one of the signatories – NSFT.
- 3) The information sharing is only done verbally, and only relevant and proportionate information is shared.

This pilot is aimed to provide a better service to those service users under the CMHT “Fact Rota”.

***This CMHT pilot option is not to be used as an alternative for those occasions when an individual is suffering from a mental disorder and needs to be in immediate need of care or control. In cases where the officer believes the individual needs to be detained to protect the individual or others then the use of the MHA/MCA should always be considered and used if appropriate and proportionate.***

Any issues of concern throughout the period of the pilot programme should be directed as follows;

Suffolk Police Insp Mark Jackson: Tel 01986 835453 or email

[Mark.Jackson@suffolk.pnn.police.uk](mailto:Mark.Jackson@suffolk.pnn.police.uk)

Waveney Community Health Services: Tel 01502 532100 or email

[Cameron.thomson@nsft.nhs.uk](mailto:Cameron.thomson@nsft.nhs.uk)

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## 2. System-wide Root cause analysis of the 3-4 Jan 2016 'Business Continuity' Event.



### **Great Yarmouth and Waveney Clinical Commissioning Group**

HealthEast

#### **Briefing for Great Yarmouth and Waveney Health Scrutiny Committee on the business continuity event at JPUH on 3 Jan 2016**

On Sunday 3 January the Great Yarmouth and Waveney system experienced unprecedented demand with 231 attendances to A&E. This included 93 ambulance arrivals to A&E. Normal activity for a Sunday would be approximately 185 attendances to A&E, of which approximately 50 would be ambulance arrivals.

Of the 231 attendances, 54 patients required an emergency admission. However, capacity issues within the James Paget University Hospital (JPUH), community services and social care meant that the patient flow through the emergency system was compromised, and A&E were unable to move patients to the appropriate area.

The significant increase in demand on Sunday 3 January had an impact on performance on Monday 4 January. Although A&E attendances and ambulance conveyances were back to a normal level for a Monday (192 A&E attendances of which 61 via ambulance) emergency admissions remained a concern and risk for the system given the lack of capacity.

A full business continuity incident was declared on Monday 4 January (following the JPUH Internal Majax policy). Throughout this period system partners worked collaboratively to address capacity issues, for example -

- an additional eight beds were put in place at Beccles Hospital to support discharge from JPUH
- All Hallows Hospital made four 'spot-purchase' beds available
- Out of hospital teams in reached to help identify patients suitable for discharge
- The CCG continuing healthcare team worked within the hospital to make sure patients were discharged safely and quickly, often being moved to discharge to assess beds in the community.

An internal Root Cause Analysis (RCA) was drafted based upon statements from all staff involved and a detailed chronology via the JPUH Major Incident documentation procedures. This will be reviewed by the executive led strategic risk group and once finalised will be provided to the CCG via the usual processes for all Serious

Incidents. The JPUH has identified some learning which has been developed into an action plan and this will be monitored at executive level to ensure delivery of the improvement actions. The CCG will then utilise this and the feedback from the system-wide de-brief meeting to formulate the system-wide RCA report to identify any wider learning.

Since the incident the CCG has led on a number of actions to support the management of patient flow:

- Daily conference calls between providers: JPUH, ECCH, Social Care and Continuing Healthcare to discuss patient flow and discharge and share capacity across the system.
- A new Manager of the Day system is now in place at CCG, giving all providers one number access to a senior manager who can help resolve any issues quickly and escalate any incidents if appropriate.
- Expanded and dedicated Systems Resilience Group meeting held monthly incorporating all providers.
- Urgent Care Board has established two Task and Finish Groups - one for Front Door (emergency/A&E) and one for Back Door (discharges)

**Lorraine Rollo**

Head of Communications and Engagement

28 June 2016