

# Scrutiny of Mental Health Service

## Policing Context

### Summary

The focus within NYP and the PCC comes from the emerging gaps in service provision. These come from the increase of cases where the police are called to, dealing with people with mental health issues. This demand on the police has identified gaps in how the police deal with this increase particularly regarding with crisis points and meeting the requirements of the s.136 changes.

The OPCC are looking to work with the respective CCGs to review the current pathways, commissioning arrangements and identify potential alternative and additional beds that could be allocated as places of safety going forwards to see how we can align processes to these changes.

Currently the services we provide includes Street Triage (ST) services which aim to reduce the number of people detained under s.136 in a few areas of North Yorkshire and a ST nurse embedded at the Force Control Room (FCR). The identified gaps include demand on the police, the provision of 136 suites and transportation of those people. The barriers to these include the lack of understanding in demand on the police and the lack of consistent processes in place.

### Mental Health Current Provision

The services currently provided in NY are to reduce demand on the force in relation to first time and repeat offending and calls for public safety and welfare. The Force Control Room and Street Triage services are to reduce the use of section 136 of the mental health act. Current provision is:

- FCR Triage, commissioned via the OPCC, embedded within the FCR at Fulford Road, 7 days a week, 12 hours a day. Offers county wide provision and support to NYP for those coming into contact with the force where MH is thought to be an issue
- Scarborough, Whitby and Ryedale (SWR) street triage, co-commissioned via OPCC, CCG & TEWV, 7 days a week, 12 hours a day
- York ST is not a commissioned service but a partnership agreement to deliver where resources allow. Meaning that ST will be pulled to deliver crisis when the need arises

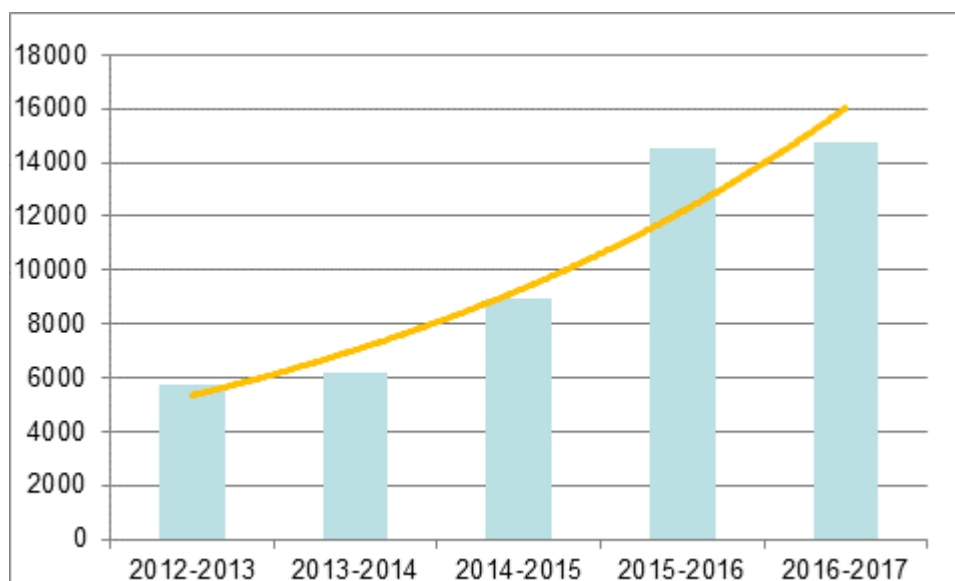
There is currently no provision in Harrogate. The OPCC originally offered to contribute towards a ST in all localities but SWR were the only place to agree matched funding (via CCG & TEWV).

## Gaps

### Rising Demand

The increase on demand on the police related to mental health rose steadily and has nearly doubled in the last couple of years. Public Safety and Welfare incidents dealt with by the police for 17/18 is currently at 79,709 which is up by 34.16%.

Police identify vulnerable people using a “Mental Health” qualifier, this involves a person who has, or appears to be suffering from, a mental disorder or mental impairment including learning difficulties, and this increase is shown below.



### 136 Suites

There are currently 4 x 136 suites across North Yorkshire and York and there is capacity within current 136 provisions to meet any future increase according to Harrogate and Rural CCG.

However, with the closing of Friarage in Northallerton going ahead and a soft consultation in place for Briary Wing in Harrogate, this would essentially reduce the capacity by half.

### Rising s136 Numbers

Since the 11<sup>th</sup> December changes, the guidance from the Home Office states “The expectation remains that, with limited exception, the person’s needs will most appropriately be met by taking them to a ‘health-based’ place of safety - a dedicated section 136 suite where they can be looked after by properly trained and qualified mental health and other medical professionals.”

Data released by Digital NHS last year about inpatients detained under the Mental Health Act states “The use of section 136 of The Act (under which people were brought to hospital as a 'place of safety') increased by 18 per cent since last year, to 22,965. This rise should be viewed in the context of the fall in the use of police cells as a place of safety over the same period, which was reported in data released earlier this year by the National Police Chiefs' Council (NPCC).

North Yorkshire police data shows a steady increase over the last 4 years in health based places of safety and also shows the transport mode used in these cases.

	Total	York	Harrogate	Friarage	Cross Lane	Custody Involved	A & E Involved	Ambulance transport	Police transport
<b>2014</b>	232	169	0	4	59	28	43	134	93
<b>2015</b>	314	124	58	50	82	23	55	77	232
<b>2016</b>	324	76	88	62	96	19	77	113	192
<b>2017</b>	344	114	80	37	107	15	36	160	178

The data from police and NHS both suggest that the number of patients detained will continue to increase so reducing the current provision of beds is not an option.

## Transportation

Significant work is required regarding conveyancing of patients. NY figures from the Home Office, for between March 2016 and March 2017 state that 126 patients were transported in an ambulance, 224 in a police vehicle, 16 other and 4 unknown, of the 370 retentions. The challenge is the capacity to ensure a reduction in patients transported in police vehicles to 136 suites. If the patient is taken to Harrogate from Hambleton or Richmondshire, that is at least 50 minutes extra travel time, which currently has been predominantly in a police van.

In 2017 police conveyed 52% of s.136 detentions to a health based place of safety rather than an ambulance; 14% of those times because no ambulance was available within 30 minutes and 30% being because an ambulance wasn't available or refused to convey.

## Current Demand

There is high demand on emergency services which means some services have been funded to meet these demands and to cover the wider mental health of NY.

These include:

- **York Pathways** which is commissioned via the OPCC for 1 year to support in building evidence base - working with multiple complex needs and those placing high demand on emergency services. Similar to **SAFE** in Harrogate which is commissioned via Harrogate Council (staff costs only). Bid gone in to Community fund for additional worker (for SAFE) with specialism in Substance Misuse
- **FOCUS** is a multi-agency approach to working within individuals placing high demand on Emergency Services (this is not a commissioned offer but a partnership approach to supporting vulnerable individuals in contact with emergency services). This is currently happening to Scarborough – plans to extend into Harrogate and other localities across the County. Learning taken from Scarborough
- The introduction of Alternative Places of Safety such as **Safe Haven** in York, which operates 7 days a week and is commissioned by TEWV, the **Crisis Café** in Scarborough which currently offers weekend cover and is funded via the OPCC Community Fund and there are discussions about further provision in Harrogate and Catterick Garrison
- Consideration for what a County Wide offer would look like (Pathways / SAFE Model) through volunteer / peer support / expert by experience group. This would need to link into Community Connectors to better understand

## Barriers

### Commissioning/Co-commissioning

The challenges facing commissioning is the lack of understanding around demand, what is currently in place, how they interlink/overlap and if they are duplicated. Reasons for this lack of understanding is the different priorities, different CCG areas, different STP footprints and the clear York/North Yorkshire divide.

The York/North Yorkshire divide also creates duplication of meetings which creates a lack of understanding and increased workload for us to be able to recognise the gaps and trends.

## Provision Parity

TEWV are the predominant MH providers across County Durham, Darlington, Teesside and North Yorkshire and the Vale of York, despite this there is inconsistencies in service offer, so it is difficult to understand.

There is currently *one* piece of legislation that covers s136 detentions, provisions and expected actions. This legislation is then written into policy and procedures that differ depending on each organisational need. The true multi agency response to a person in crisis that may be detained under a s136 detention should have the person in crisis at the centre of the procedure and their needs, care and support built around it.

Currently procedures are built around each organisation's needs and there are areas that mirror and work well together, but equally there are areas that differ. It's when these areas of difference are highlighted that there is confusion and delay and the only person that really suffers is the person in crisis. Inter-agency squabbling over who should take primacy, who should transport, who should retain ownership is not in the best interest of the person in crisis and causes more harm than can be measured.