Working in partnership to improve the response to people in mental health crisis

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Presentation To Cover:

• Developing a partnership approach between ambulance services and the police

• Updates from the Liaison and Diversion schemes across the UK

• Developing street triage and where should street triage sit? Should street triage be part of 111?
# The future NHS

The Forward View identifies three ‘gaps’ that must be addressed:

<table>
<thead>
<tr>
<th>Gap</th>
<th>Description</th>
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| 1. Health & wellbeing gap | - Radical upgrade in prevention  
- Back national action on major health risks  
- Targeted prevention initiatives e.g. diabetes  
- Much greater patient control  
- Harnessing the ‘renewable energy’ of communities |
| 2. Care & quality gap     | - New models of care  
- Neither ‘one size fits all’, nor ‘thousand flowers’  
- A menu of care models for local areas to consider  
- Investment and flexibilities to support implementation of new care models |
| 3. Funding gap          | - Efficiency & investment  
- Implementation of these care models and other actions could deliver significant efficiency gains  
- However, there remains an additional funding requirement for the next government  
- And the need for upfront, pump-priming investment |
Question?

How do blue light services respond to patient care and criminal justice interventions?
Selection of key recommendations for 2020/21:

• No acute hospital should be without all-age mental health liaison services in emergency departments and inpatient wards, and at least 50% of acute hospitals should be meeting the ‘core 24’ service standard as a minimum.

• A 24/7 community-based mental health crisis response should be available in all areas across England and services should be adequately resourced to offer intensive home treatment as an alternative to an acute inpatient admission. For adults, NHS England should invest to expand Crisis Resolution and Home Treatment Teams (CRHTTs); for children and young people, an equivalent model of care should be developed within this expansion programme.

• At least 10% fewer people should take their own lives through investment in local multi-agency suicide reduction plans.
Health and Social Care Act 2012

• The Health and Social Care Act 2012 gives the Secretary of State the power to require NHS England to commission certain services. This includes ‘services or facilities for persons who are detained in a prison or in other accommodation of a prescribed description’.

• This covers community, secondary and certain specialised services provided in:
  • Prisons
  • Young offender institutions
  • Immigration removal centres
  • Children and young people’s secure settings
  • Public Health in detained and secure settings
  • Liaison & Diversion in Police Custody and Courts (subject to Full Business Case)
  • Sexual Assault Referral Centres
What we currently commission

Budget of £533m for 2016/17 covering a population which has a changing turnover

<table>
<thead>
<tr>
<th>Prisons</th>
<th>Immigration Removal Centres</th>
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<tbody>
<tr>
<td>• 116 in England</td>
<td>• 11 in England</td>
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<td>• Population of 85,000</td>
<td>• Population of 3,600</td>
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<table>
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<tr>
<th>Police custody, courts and Liaison &amp; Diversion</th>
<th>Children and young people secure estate</th>
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<tbody>
<tr>
<td>• 40 police forces</td>
<td>• 14 Secure Children Homes (welfare and youth justice)</td>
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<tr>
<td>• 1.4m go through custody suites each year</td>
<td>• 3 Secure Training Centres</td>
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<td>• 4 Under 18 Young Offender Institutions</td>
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<tr>
<th>Public health in secure and detained settings</th>
<th>Sexual Assault Referral Centres (children and young people/adults)</th>
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<tbody>
<tr>
<td>• Public health of all prisons, children &amp; young people secure estate and Immigration Removal Centres</td>
<td>• 43 SARCs in England</td>
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<tr>
<td>• Includes substance misuse</td>
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Services are commissioned from a mixed market of providers including NHS Trusts but also a large percentage of independent and private sector organisations.
The health needs faced by those in or at risk of being in secure and detained settings

They experience a disproportionately higher burden of illness (including infectious diseases, long term conditions and mental health problems) and poorer access to treatment and prevention programmes and problems with substance misuse (drugs, alcohol and tobacco).

Physical health
- Higher rates of hepatitis B and C, tuberculosis, HIV and sexually transmitted infections
- Over a quarter of young men and a third of young women have a long standing physical complaint

Substance misuse
- 77% sentenced men and 82% sentenced women smoke
- 81% of those entering prison report they have taken drugs (40% report injecting within 28 days before custody)

Mental health and learning disabilities
- 72% male and 70% female sentenced prisoners suffer from two or more mental health disorders
- Wave 1 and 2 Liaison & Diversion services identified learning disability in 4% of adult cases in the 5 months to 31 August 2015.

Health issues are complicated by social issues like homelessness, unemployment and poor levels of education. For more data please see Annex 3.
The vision for Liaison & Diversion Services

Liaison and Diversion services are intended to improve the health and criminal justice outcomes for children, young people and adults who come into contact with the youth and criminal justice systems, where a range of complex needs are identified as factors in their offending behaviour.

Liaison and diversion services should ensure that individuals can access appropriate interventions, in order to reduce health inequalities, improve physical and mental health, tackle offending behaviours including substance misuse, reduce crime and re-offending, and increase the efficiency and effectiveness of the criminal justice system.
Liaison & Diversion Core Model

• Early intervention in criminal justice processes
  ➢ Identification, assessment and referral

• Integrated model for children, youths and adults

• Targeting a range of vulnerabilities such as:
  ➢ Mental Health, Learning Disability, Substance Misuse
  ➢ Social issues, Housing, Education…

• Provision at Police Custody and Courts

• Hours to suit operational requirements 24/7

• Range of referral pathways to suit needs identified

www.england.nhs.uk
Liaison & Diversion Rollout

Current Coverage

26 Schemes
53% population coverage
Coverage 2016/17

Gloucestershire
Cumbria
Birmingham and Solihull
Grimsby and South Humberside
Derbyshire
North Essex
Cambridgeshire
Greater Manchester
Berkshire and Buckinghamshire
North Hampshire
Coverage 2016/17

Gloucestershire
Cumbria
Birmingham and Solihull
Grimsby and South Humberside
Derbyshire
North Essex
Cambridgeshire
Greater Manchester
Berkshire and Buckinghamshire
North Hampshire
Street Triage Background

- Street Triage schemes were originally established by mental health providers and local police forces in Leicestershire and Cleveland.

- The schemes were set up in response to the ongoing challenges facing mental health services, the police and service users who were in crisis.

- They tested a new kind of service in which health professionals worked in partnership with police officers, offering a direct response to people who were in crisis.

- Both schemes reported some early evidence of success.
Recommendations

- Consider extending hours to 24/7
- Review referrals from and contacts in private settings
- Consider key functions identified in the evaluation when developing or extending Street Triage schemes
- Co-location of health and police staff or dedicated phone line(s) appear to be an important component of effective Street Triage schemes and cost-effective
Benefits of integrated Liaison & Diversion, Street Triage and police healthcare custody

• Improved access to treatment and support services for service users, decreasing health inequalities, improving health outcomes

• Improved use of police and improve and the provision of information to the judiciary

• Improved efficiency as vulnerable people are identified earlier, thus reducing the likelihood that they will reach crisis-point leading to possible reductions in repeat arrests

• Improved information on vulnerable people and their conditions

• Reductions in the time it takes to process vulnerable individuals through police custody, by the provision of timely information to the charging / disposal process

• Reductions in court time and unnecessary adjournments, by the provision of timely assessment information

• Assurance that vulnerable people have been able to understand, and participate appropriately in the justice system

• Street Triage continues to develop. Some Forces have added Force control room support to their already mobile schemes. Many have extended the area that Street Triage covers. Police and Health are working in Partnership to develop Mental Health Hubs and in some areas (East Midlands) the Ambulance Service are actively working to co-locate with the Street Triage schemes.

• Many Forces have had independent academic evaluations conducted of their schemes, which provide positive feedback in terms of results and service user experience.

www.england.nhs.uk
NHS England Objectives 2016 / 2017

2016-17 deliverables: (Mental Health, Learning Disability & Autism)

• 50 percent of people experiencing first episode of psychosis to access treatment within two weeks

• 75 percent of people with relevant conditions to access talking therapies in six weeks; 95 percent in 18 weeks

• Increase in people with learning disabilities/autism being cared for by community not inpatient services, including implementing the 2016-17 actions for Transforming Care

• Agree and implement a plan to improve crisis care for all ages, including investing in places of safety

• Oversee the implementation of locally led transformation plans for children and young people’s mental health, which improve prevention and early intervention activity, and be on track to deliver national coverage of the children and young people’s Improving Access to Psychological Therapies (IAPT) programme by 2018

• Implement agreed actions from the Mental Health Taskforce

Reference: Delivering the Forward View: NHS planning guidance, 2016/17 – 2020/21
December 2015
Service User Involvement

Development of a health & justice lived experience team (service users, families and carers) to support coproduction of NHS England health & justice strategy and what good services look like and influencing pathways of care and quality services.
Priorities

• To improve effectiveness, value and patient experience

• **Refreshing the role of patient, public, participation** in the CRG, developing a forum and strengthening service user voice

• **Reducing Deaths in Custody** – response to the Harris Review, Assessment Care in Custody and Teamwork Review (ACCT), learning lessons from deaths in custody, clinical reviews and implementing change

• **Prison Reforms** – to support the Prime Ministers announcement, February 2016 to reform both the adult prison and youth justice estate with a focus on innovation and rehabilitation

• **Liaison and Diversion** - business case for an enhanced integrated model. Best value, improved pathway, outcome focus

• **Mental Health Task Force** – working to support Health & Justice patient group

• Clinical effective healthcare in **Immigration Removal Centres** improving quality and mental health provision

• **Substance misuse management in prisons** including management of presentation of misuse of novel psychoactive substances and persistent pain

• **Smoke Free Prisons** – joint strategy with Public Health England and Ministry of Justice
Five Year Forward View: Strategic direction

**Improving Health: Supporting Justice**

The focus of the strategic direction will be on:

i. Care not custody  
ii. Care in custody  
iii. Care after custody

<table>
<thead>
<tr>
<th>Eight strategic priorities have emerged:</th>
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<tbody>
<tr>
<td>A decisive shift towards <strong>person-centred care</strong> that provides the right treatment and support</td>
<td>Drive to <strong>improve the health</strong> of the most vulnerable and <strong>reduce health inequalities</strong></td>
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<tr>
<td>Spearheading a <strong>radical upgrade</strong> in early intervention</td>
<td>Strengthening the <strong>voice</strong> and <strong>involvement</strong> of those with <strong>Lived Experience</strong></td>
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<td><strong>Supporting rehabilitation</strong> and the move to a <strong>path of recovery</strong></td>
<td>Greater <strong>integration of services</strong> driven by better partnerships, collaboration and delivery</td>
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<tr>
<td>Ensuring <strong>continuity of care</strong> by <strong>bridging the divide</strong> between health care services provided in <strong>justice and community settings</strong></td>
<td><strong>Improving quality</strong> and <strong>reducing variation</strong></td>
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# Commissioning by local NHS England teams

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<tr>
<th>Region</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>North</strong></td>
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</tr>
<tr>
<td>✓</td>
<td><strong>Cumbria and North East</strong> (Cumbria, Northumberland, Tyne and Wear &amp; Durham, Darlington and Tees)</td>
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<tr>
<td>✓</td>
<td><strong>Lancashire and Greater Manchester</strong></td>
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<tr>
<td>✓</td>
<td><strong>Yorkshire and the Humber</strong> (North Yorks and Humber, South Yorks and Bassetlaw &amp; West Yorks)</td>
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<td><strong>Cheshire and Merseyside</strong> (Cheshire, Warrington and Wirral &amp; Merseyside)</td>
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<td><strong>Midlands and East</strong></td>
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<tr>
<td>✓</td>
<td><strong>North Midlands</strong> (Derbyshire and Nottinghamshire &amp; Shropshire and Staffordshire)</td>
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<tr>
<td>✓</td>
<td><strong>Central Midlands</strong> (Leicestershire and Lincolnshire &amp; Hertfordshire and South Midlands)</td>
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<tr>
<td>✓</td>
<td><strong>West Midlands</strong> (Birmingham, Solihull and Black Country &amp; Arden, Herefordshire and Worcestershire)</td>
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<td>✓</td>
<td><strong>East</strong> (East Anglia &amp; Essex)</td>
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<td><strong>South</strong></td>
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<tr>
<td>✓</td>
<td><strong>South Central</strong> (Bath, Gloucestershire, Swindon and Wiltshire &amp; Thames Valley)</td>
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<tr>
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<td><strong>South West</strong> (Bristol, North Somerset, Somerset and South Gloucestershire &amp; Devon, Cornwall and Isles of Scilly)</td>
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<td><strong>Wessex</strong></td>
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The long term strategy being set for Health & Justice commissioning must be bold to truly address the challenges facing integrated Health & Justice service delivery.

Crisis Care and delivery of integrated criminal justice and mental health service provision should be a priority for all healthcare commissioners and providers as a mainstream provision to support parity of esteem.