HOW IT ALL STARTED
STREET TRIAGE PILOT
NOV 2012 - MARCH 2013

THE FIRST STREET TRIAGE IN THE UK

• Friday and Saturday nights for 6 months
• 112 deployments
• s136 police powers used 5 times (4%)
• Police reported that 45 s136 prevented
• 36 referrals made
A SECOND PROBLEM

165 s136 detentions for 69 people

but just 6 service users caused 54!

Percentage of s136 detentions caused by High Intensity patients

2012

2015
WHO ARE THEY?
“Within my mental health service, I have two groups of service users with Personality Disorder. The first group makes clinical progress. The second is simply **uncontrollable**”

_A Mental Health Manager of an NHS Trust_

Comment made during an informal discussion at a Mental Health Crisis Care Concordat Regional Conference (Summer 2014)
common characteristics of high intensity users

Female
Over 30 years of age
History of sexual abuse or violence
Diagnosis of Borderline or Anti-Social Personality Disorder
Dissociative episodes ('out of body')
‘Disenfranchisement’ (deprivation of rights or privileges) from the NHS
A preference to be dealt with by police officers, not NHS
Highly stigmatised people
Socially isolated
Downward mobility
Co-morbidity (2 or more illnesses)
Physical health problems

Data used with kind permission of Professor Gillian Bendelow and Claire Warrington
School of Applied Social Science, University of Brighton
THEY ARE....

- Not making any significant **clinical progress**
- Having a **high impact** on their NHS care co-ordinator
- Repeatedly being **detained under s136** Mental Health Act
- Attending **A&E** for compassion and emotional rewards
- Requesting **ambulance** with malicious medical claims
- Putting members of the **public at risk** from their suicidal acts
- A **Medium-High** risk of death by ‘**accidental suicide**’
- Behaving in **disorderly** ways that could end with a court order
- Impacting on **family life**
People who:
• we need to understand and support
• are ‘broken’ – not ‘bad’
• Are often victims of crime, abuse and neglect
• cannot be ‘quick fixed’
• we cannot write a ‘tactical plan’ for them
• we need levels of patience we are not used to
• need to avoid court at every opportunity
• do not belong in prison

People who need an new, innovative approach?
Integrated Recovery Programme

Supporting high intensity users of public services

Pilot

June 2013 – December 2014
The core members of any team has to be the police and the MH nurse.
- Only the police officer can bring the **strictest possible sanctions** to the team.
- Only the MH nurse can make the **clinical MH risk assessments**
- All other members of the team play important roles but the blue roles are essential to success
integrated recovery programme

- transparent
- positive risk taking
- patient
- non judgemental
- risk management
- honest
- nobody changes behaviour that works
- personal responsibility
- holistic
- sufficient time
- adaptable
- recovery focussed
- reliable
- proportionate use of criminal justice
- mentoring
- compassionate
- boundaries
- mentally capacity
- consent and attendance
- collectively resilient
- presence
- care and response planning
ACCESS:
1. The service is accessible to minority and ethnic groups
2. A specialist service when PD becomes criminal/anti-social
3. Mid to long term in duration
4. Ability to self refer
5. Includes PD patients who self harm

AUTONOMY AND CHOICE
6. Not compulsory

OPTIMISTIC AND TRUSTING RELATIONSHIP
7. Offers an approach that provides hope and optimism
8. Patient trusts the process and the panel
9. Open and engaging
10. The service is consistent and reliable
11. The service is robust with boundaries but not judgemental
12. Boundaries are provided
13. Sufficient time is given to the patient

MANAGING ENDINGS AND SUPPORTING TRANSITIONS
13. It provides fully structured exit strategies

ASSESSMENT
14. It involves staff from community MH teams
15. It can access psychological support
16. It focuses on occupational development
14. It focuses on social development

CARE PLANS (ACTION PLANS)
18. It is centred around care or response plans
19. The approach and style is transparent – no hidden agendas
20. The service can provide access to therapists
21. The service offers a flexible frequency of contact
22. The service lasts longer than 3 months

THE ROLE OF DRUG TREATMENT
23. Anti-psychotic meds not used for PD
24. No use of medication (except for short term use of sedatives)
25. No poly-pharmacy

MULTI-DISCIPLINED SPECIALIST TEAMS
26. A multi-disciplined team that can deal with high levels of risk.
27. The service offers access to diagnostic services if there is doubt
28. The service is supported by a robust information sharing agreement
29. Collaboration with other services
30. Links in nationally, has training component & multi centred research.

EXTRA ELEMENTS:
Non MH staff are trained in KUF PD course

NHS
National Institute for Clinical Excellence
<table>
<thead>
<tr>
<th></th>
<th>CLINICAL PROGRESS</th>
<th>IMPACT ON PRACTITIONER</th>
<th>FAMILY AND FRIENDS</th>
<th>S136 MHACT</th>
<th>CRISIS DEMAND</th>
<th>RISK REDUCTION</th>
<th>PREV OF CRIME &amp; DIS</th>
<th>OTHER</th>
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<tbody>
<tr>
<td>Jane 40’s</td>
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<td>Susan 40’s</td>
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<td>Tina 60’s</td>
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<td>Wendy 40’s</td>
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<tr>
<td>Mia 50’s</td>
<td>HIGHER RISKS DURING DISCH'GED PERIOD</td>
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</table>
“The Integrated Recovery Programme promotes a ‘focus to change’. Our therapeutic pathways go somewhere different”

“I don’t dread coming to work anymore”

“They may never thank you for it but inside they know it is exactly what they needed”

“She no longer phones me 40 times a day”

“I dislike her less now”

“It becomes a two parent structure”

“Suddenly, we become the good cop!”

“We can tell a service user that consequence X could happen. Police tell the same person that consequence X will happen”.

“Jane’s discharge would never have happened if it wasn’t for the Integrated Recovery Programme”

“IRP re-sets the boundaries, re-tunes the goals and re-boots the focus”.
The 2 ways we are reducing crisis demand and s136 detentions

1. FIRST STREET TRIAGE TEAM IN THE UK
   Launched 1st November 2012

2. RECOVERY programme
   2013 - 2014

188
s136 TOTAL
2012

63
s136 TOTAL
2015

Response Plans
_________________
_________________
_________________
IS THIS METHOD COST EFFECTIVE?
### health economics – a case study

#### ‘Jane’

**2010-2013**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td><strong>POLICE DEPLOYMENTS TO LIVE INCIDENTS</strong></td>
<td>52</td>
</tr>
<tr>
<td>Average time spent at incident</td>
<td>1 hour 19 minutes</td>
</tr>
<tr>
<td>Average cost of 2 constables attending a MH incident</td>
<td>£45</td>
</tr>
<tr>
<td><strong>CORE POLICING COSTS</strong></td>
<td>£2340</td>
</tr>
<tr>
<td><strong>POLICE USE OF S136 DETENTION POWERS</strong></td>
<td>7</td>
</tr>
<tr>
<td>NHS COST OF ASSESSING PERSON DETAINED UNDER S136</td>
<td>£645</td>
</tr>
<tr>
<td><strong>NHS ASSESSMENT COSTS</strong></td>
<td>£4515</td>
</tr>
<tr>
<td><strong>MENTAL HEALTH WARD ADMISSIONS</strong></td>
<td>21</td>
</tr>
<tr>
<td>DAYS/NIGHTS ADMITTED</td>
<td>111</td>
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<tr>
<td>NHS COST PER DAY OF ADMISSION</td>
<td>£283</td>
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<tr>
<td><strong>NHS COSTS OF WARD ADMISSIONS</strong></td>
<td>£31413</td>
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<tr>
<td><strong>A&amp;E ADMISSIONS</strong></td>
<td>54</td>
</tr>
<tr>
<td>NHS COSTS PER ADMISSION (HIU RATE)</td>
<td>£80</td>
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<tr>
<td><strong>A&amp;E COSTS</strong></td>
<td>£4320</td>
</tr>
<tr>
<td><strong>AMBULANCE DEPLOYMENTS TO LIVE INCIDENTS</strong></td>
<td>40</td>
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<tr>
<td>COST PER AMBULANCE DEPLOYMENT</td>
<td>£208</td>
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<tr>
<td><strong>AMBULANCE COSTS</strong></td>
<td>£8320</td>
</tr>
<tr>
<td><strong>TOTAL PUBLIC SERVICE COSTS FROM JANE</strong></td>
<td>£50903</td>
</tr>
</tbody>
</table>

**JANE’S COST PER YEAR BEFORE IRP = £16968**
8 HIU patients in every 140,000 population

60 million people in England and Wales

428 populations in the Home Office

3424

Police
A&E
Ambulance
s136 events
MH Ward days

4 years

£58.1m a year

£16968 a year
IS THERE A WIDER RISK PICTURE?
other risk profile information of **Cluster 8 (PD)** service users who have been detained s136 in 2015 on the Isle of Wight

<table>
<thead>
<tr>
<th>Risk Profile Information</th>
<th>% of the cohort</th>
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<tbody>
<tr>
<td><strong>PREVIOUS CONVICTIONS</strong></td>
<td>70%</td>
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<tr>
<td><strong>NAMED SUSPECT IN 2015</strong></td>
<td>55%</td>
</tr>
<tr>
<td><strong>CHARGED WITH AN OFFENCE IN 2015</strong></td>
<td>20%</td>
</tr>
<tr>
<td><strong>REPORTED A POLICE INCIDENT IN 2015</strong></td>
<td>80%</td>
</tr>
<tr>
<td><strong>VICTIM OF CRIME OR ASB IN 2015</strong></td>
<td>70%</td>
</tr>
<tr>
<td><strong>SUBJECT OF A CASE MNGT PROCESS</strong></td>
<td>70%</td>
</tr>
<tr>
<td>e.g. MARAC – CHILD PROTECTION – ADULT SAFEGUARDING</td>
<td></td>
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<tr>
<td><strong>REPORTED MISSING DURING 2015</strong></td>
<td>40%</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Average No of Police Incidents During 2015</th>
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<tbody>
<tr>
<td><strong>LOWEST</strong> 1</td>
<td><strong>HIGHEST</strong> 72</td>
</tr>
</tbody>
</table>
DEVELOPING THE SIM COURSE
Removal of the word ‘Recovery’
- Removal of performance pressure
- Implies complete discharge at some point which can increase anxiety

Inclusion of the word ‘Serenity’
- Proud of our brand
- Implies peace and calm

Inclusion of the word ‘Mentoring’
- Reinforces the clinical approach
- Emphasises personal responsibility