



#caringplymouth



Democratic Support and Member Support
Chief Executive's Department

Plymouth City Council
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Plymouth PL1 3BJ

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CARING PLYMOUTH

Thursday 17 March 2016
2.00 pm
Council House, Armada Way, Plymouth, PL1 2AA

Members:

Councillor Mrs Bowyer, Chair
Councillor Mrs Aspinall, Vice Chair
Councillors Mrs Bridgeman, Sam Davey, Mrs Foster, Fox, James, Mrs Nicholson, Parker-Delaz-Ajete, Dr. Salter and Stevens.

Members are invited to attend the above meeting to consider the items of business overleaf.

For further information on attending Council meetings and how to engage in the democratic process please follow this link - <http://www.plymouth.gov.uk/accesstomeetings>

Tracey Lee
Chief Executive

CARING PLYMOUTH

6. Mental Health - Place of Safety (Pages 1 - 14)

The panel to receive a presentation on Mental Health – Place of Safety.

7. Health and Social Care Integration Update (Pages 15 - 22)

The Panel to receive a presentation on the progress made on Health Social Care Integration.

Mental Health and Emergency Department A System Wide Response



Plymouth Hospitals 
NHS Trust



Northern, Eastern and Western Devon
Clinical Commissioning Group



Background

- Devon and Cornwall Police seen as an outlier nationally in the number of S136 detentions under the Mental Health Act that ended up in custody.
- Chief Constable wrote to health organisations that this position was unsustainable and that from 1st March 2015, if the person did not need to be in police custody for a substantive offence, they would be conveyed under S136 to the Place of Safety
- Consensus that mentally disordered patients should be within the healthcare system rather than police custody however for some, ED is appropriate as the priority may be treatment as a result of deliberate self harm.

Key Actions

Improved Pathways and Joint Working

- Close working between with the Police, Livewell Southwest, Plymouth Hospitals NHS Trust, Partnership Trusts and Local Authority to improve the pathway for patients detained under S136 requiring ED assessment, prior to arrival at the Place of Safety (Appendix One)
- Across agencies, meetings on a monthly basis to review incidents, to identify themes and inform future work to improve the pathway for this group of patients.

Key Actions

Place of Safety

- Since April 2015, the adult place of safety is more readily accepting those who are intoxicated and who may pose an increased risk of violence. This has resulted in a significant reduction in the use of custody for assessment.
- Police are no longer expected to remain in the unit for the duration of assessment unless the person poses an increased risk of violence.
- There has been an increase in the average waiting time for assessment due mainly to the increase in detainees who are unable to undergo assessment for several hours due to intoxication. These incidents are logged to establish overall impact.
- When a person is receiving medical treatment at Derriford and not fit for transfer to the PoS, staff from the PoS now coordinate the assessment rather than ED staff which is leading to better outcomes for patients and staff.
- Patient feedback is very positive in favour of PoS staff and the assessment process.

Key Actions

Place of Safety

Plymouth 136 Detentions																		
	2009		2010		2011		2012		2013		2014		2015			2016		
	Custody	PoS	Custody	PoS	Custody	PoS	Custody	PoS	Custody	PoS	Custody	PoS	Custody	PoS	Under 18 POS	Custody	PoS	Under 18 POS
January			16	13	19	19	20	7	28	6	21	16	13	19		6	31	
February			11	19	18	16	19	1	21	3	18	23	10	14			18	
March			17	17	15	16	20	Closed	21	2	22	12	5	18				
April	22	4	15	8	16	15	26	Closed	31	6	9	18	3	23	5			
May	15	7	14	10	12	15	20	Closed	17	14	12	19	4	23	2			
June	22	11	17	11	16	14	24	Closed	22	8	19	15	4	28	2			
July	20	11	20	22	20	12	21	Closed	10	12	20	23	4	41	7			
August	10	19	15	15	7	20	24	Closed	27	16	17	22	8	29	4			
September	12	17	14	20	17	3	30	Closed	14	16	27	16		21				
October	19	15	14	14	16	10	32	Closed	23	11	15	26		21				
November	19	18	12	11	14	8	15	Closed	16	18	20	19		15				
December	12	13	18	3	23	9	18	Closed	20	22	11	12		12				
Total - Custody	151		183		193		269		250		211		51			6		
Total - POS		115		156		146		8		134		221		264	20		49	0
Refused Admission				7		11				5		3					2	
	2009 total	266	2010 total	339	2011 total	339	2012 total	277	2013 total	384	2014 total	432	2015 total	335		2016 total	55	
																		0
Notes:	April 2009 Glenbourne Place of Safety opened		December 2010 D+V outbreak at GB - Place of Safety closed		February 2012 Place of Safety closed from 03.02.12 due to Staffing pressures				January 2013 - Place of Safety re- opened from 02.01.13									

Key actions

Refurbishment of Glenbourne



Key Actions

Street Triage

NHSP Street Triage (Control Room based Exeter or Plymouth)

- Street Triage Clinicians are present in the control room during the higher demand out of hours periods- able to provide advice within the control room to incident managers, contact and advise officers or service users directly, or attend the scenes of a critical incident in support of police across Devon

Outcomes and Aims

- Information sharing to reduce harm and manage risk at first point of Police contact
- Working together to avert unnecessary s.136 detentions from the earliest opportunity
- Improving access to services
- Saving Police time/freeing up Police resources
- To provide a cost effective service across a large geographical patch

Street Triage

Impact

- **Referrals by area**
- Torbay and South= 203
- Exeter=93
- North/West=84
- East and Mid= 77
- Plymouth= 76
- 81 people had previously been referred to this Street Triage Service
- 423 people were known to Mental Health Services
- 21 young people known to CAMH's Services
- 188 people had an active care plan in place
- 185 people had an existing open referral to Mental Health Services
- 7 people had a subsequent informal admission post Street Triage intervention
- 133 people required Street Triage liaison with existing services
- 17 people were referred by Street Triage to other services
- 11 people subsequently sectioned under mental health act post Street Triage intervention
- 93 known s.136 aversions as a direct consequence of Street Triage intervention (Likely to be considerably higher)

Key Actions

Psychiatric Liaison

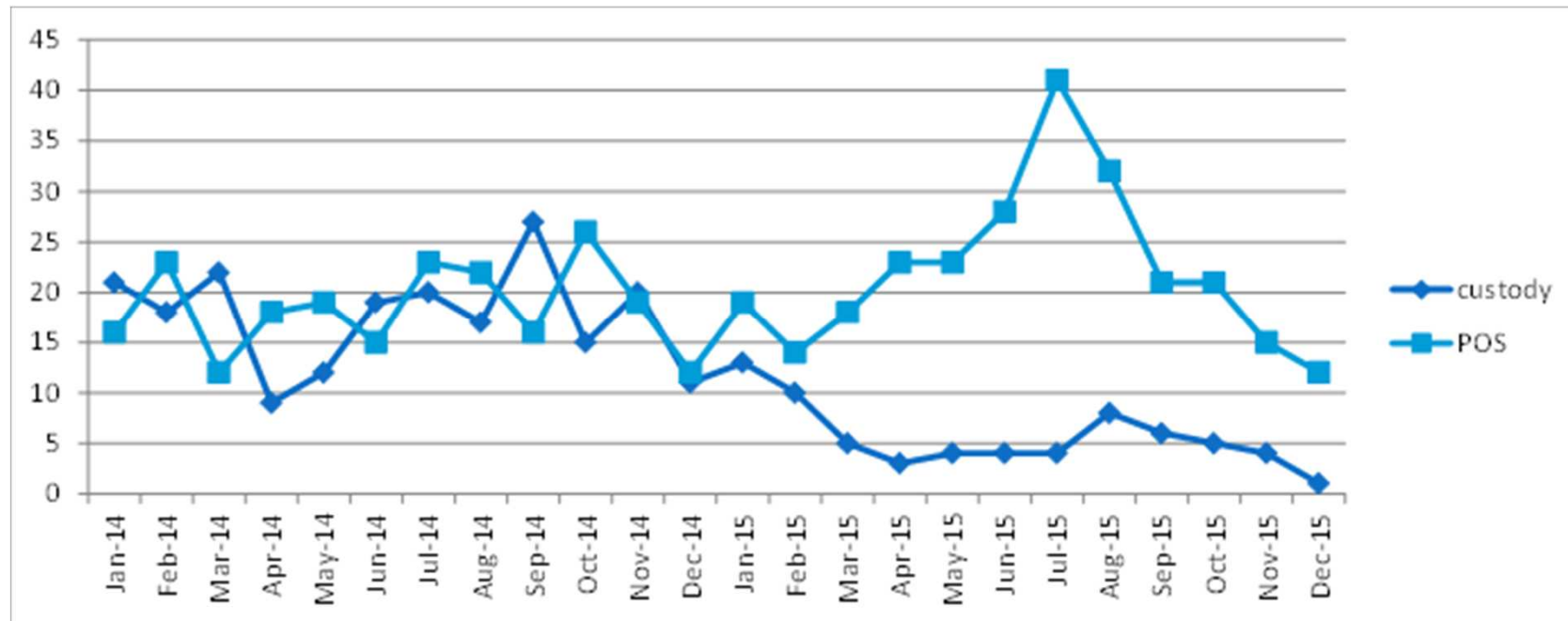
- Liaison mental health services are multi-disciplinary, comprising Consultant Psychiatrist, associated medical teams and Psychiatric Liaison Nurses. They aim to increase the detection, triage and early treatment of impaired mental wellbeing and mental ill health to improve patient outcomes
- Currently Livewell Southwest supports Plymouth Hospitals NHS Trust by providing an on-site Psychiatric Liaison Team in support of Derriford Hospital. This comprises of 2 teams:
 - Adult Team covers 09:00-21:00, 365 days a year
 - Older Adults covers 08:30-19:00 Monday to Friday, excluding bank holidays
 - overnight cover is provided by the SHO at the Glenbourne Unit
- Recent increases to the consultant team have also allowed the development of a training programme offering training opportunities for trainee psychiatrists in the service two ST4-6 posts and two CT1-3 posts and two F1 Foundation Year posts
- Livewell Southwest has received £247k to extend the liaison psychiatry support available to ED and is currently recruiting staff . This will enable patients with mental illness to be assessed in a more timely manner but does not address the issue of assessments being undertaken in an appropriate environment for patients in mental health crisis - in line with the Mental Health Crisis Concordat requirements

Key Actions

Strengthening support in the Community

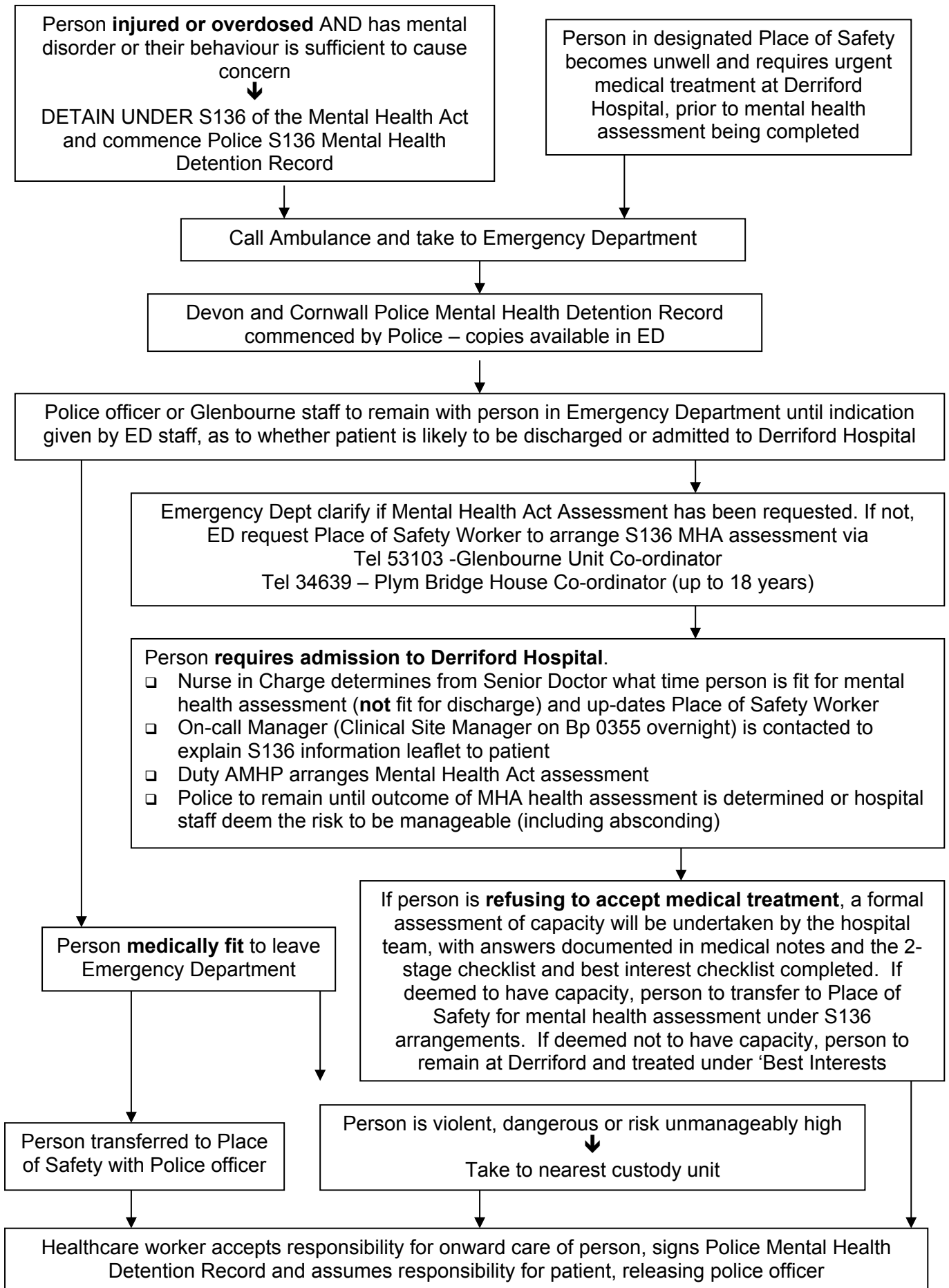
- Plymouth Options (Improving Access to Psychological Therapies) has launched a range of workshops across Plymouth to help people manage non-acute mental health. These include managing anxiety and stress, mindfulness and sleeping well.
- Plymouth Options also provides counselling and CBT for people managing common mental health problems such as depression, anxiety and stress. It is a self-referral service available to anyone aged 16 or over and who is registered with a Plymouth GP.
- Access and recovery rates have increased significantly since autumn 2015 and are meeting targets.

Improved Performance Place of Safety and Custody Utilisation



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**LOCAL PROCEDURE FOR USE OF EMERGENCY DEPARTMENT
DERRIFORD HOSPITAL, PLYMOUTH FOR
S136 PATIENTS EN-ROUTE TO PLACE OF SAFETY**



Notes:

- ❑ The 72hr timing for a Mental Health Act Assessment starts at the point of detention by the Police
- ❑ Mental health assessments must be requested in a timely manner, in order for patients to be assessed and Police officers released
- ❑ The person should receive their mental health assessment when fit for assessment and not wait until medically fit for discharge
- ❑ ED Consultant can only support the process and is not able to discharge a person from the S136
- ❑ Intoxication should not delay general assessment process, although may delay formal Mental Health Act assessment
- ❑ Whilst in the Emergency Department, medication to relieve symptoms should be actively considered, including for those under the influence of drugs and/or alcohol
- ❑ Mental health assessment should be undertaken by S12 Approved Clinician and Approved Mental Health Professional. If the S12 Approved Clinician is delayed a non-S12 Approved Consultant Psychiatrist may be used. The reasons why a non-S12 Approved Consultant is used must be recorded. The On-call Junior Doctor must never be used for the Assessment
- ❑ Mental Health Team to continue to provide care and advice whilst finding appropriate bed
- ❑ Place of Safety Workers will co-ordinate the assessment and support ED staff in the management of the patient, until they move to the Place of Safety (Glenbourne or Plym Bridge).
- ❑ In the event that the Plym Bridge interim facility is not available, due to another child being in their extra care area, the CAMHS Place of Safety Worker will attend ED, to support the child, until follow on arrangements are agreed. When CAMHS Place of Safety becomes empty/available, the child will transfer to Plym Bridge.
- ❑ If a child is in mental health crisis in ED but has not been detained under S136 by the Police, they should be admitted to a paediatric bed on Level 12 at Derriford Hospital and detained under Section 5(2) of the Mental Health Act. The CAMHS Place of Safety Worker can be contacted for management and advice.

INTEGRATED HEALTH AND SOCIAL CARE

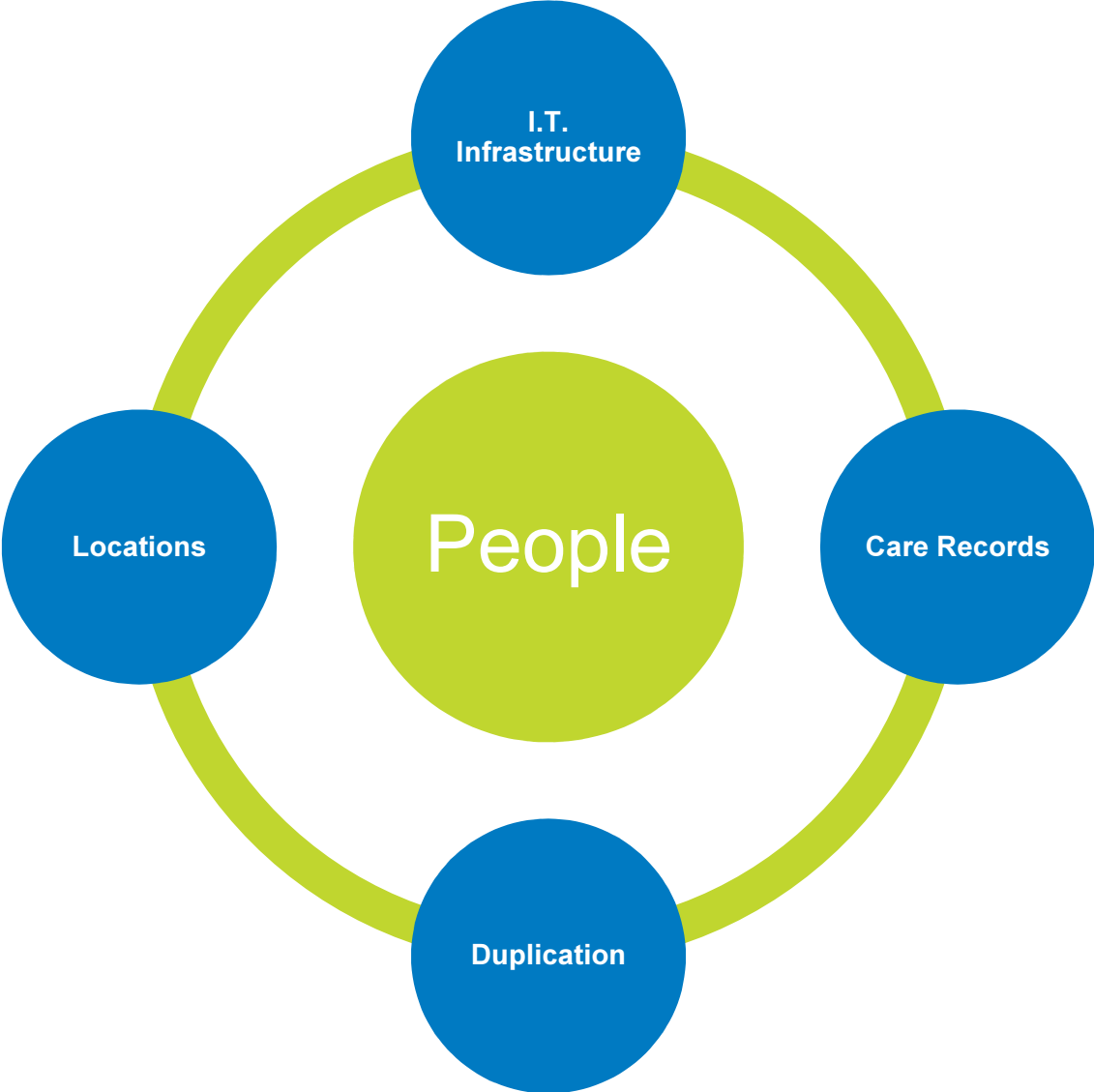
Our journey so far
17 March 2016

Supporting people to be Safe, Well and at Home

JOINING IT TOGETHER



CHALLENGES AND OPPORTUNITIES



DEVELOPING NEW SERVICES

Colleagues involved in shaping future care delivery

- Community Crisis Response Team
- Acute Care at Home
- Robin Community Assessment Hub
- Integrated Discharge Team
- Four Community Hubs – one referral, one response



Thinking differently about recruitment and retention

- Career opportunities – Work experience, Apprentices, Assistant Practitioners, Scholarships, University Leadership Programme
- Support roles and training
- Continuous Professional Development Frameworks

DEVELOPMENTS & ACHIEVEMENTS

Integrated
Hospital
Discharge Team

The number of complex discharges achieved throughout February 2016....

261

... exceeding the goal of 242

Robin
community
Assessment
Hub

16th February 2016 : **10** people received care referred from:

- 3 X Southwest Ambulance Service
- 5 x Acute GP Service
- 1 x Community GP
- 1 x Kingfisher Ward

HERE IS WHAT OUR STAFF HAVE TO SAY.....

Co-locating and integrating in the East Locality



THANK YOU

www.livewellsouthwest.co.uk

[@livewellsouthwest](https://twitter.com/livewellsouthwest)

Supporting people to be Safe, Well and at Home