

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	10 March 2015
Report Title:	Section 136 Review Monitoring
Reference:	6576
Report From:	Director of Policy & Governance, HCC Hampshire 5 CCGs / Health and Wellbeing Board / South Central Ambulance Service NHS FT/ Southern Health NHS FT

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1. Summary and Purpose

1.1. The purpose of this report is to update the Committee on progress made against the recommendations of the review titled 'the Use of Section 136 of the Mental Health Act 1983 in Hampshire'.

2. Contextual Information

2.1. The review's recommendations, which were drafted by the Adult Mental Health working group and signed off by the Health and Adult Social Care Select Committee (HASC) in July 2014, were sent in August 2014 to the various stakeholders who contributed evidence to the review for their consideration and action.

2.2. The Committee at that time agreed that a monitoring update should be requested from the relevant organisations to which the recommendations were aimed six months after publication.

2.3. The recommendations, for ease of reference, have been listed below:

- a) *That as a matter of urgency, a preferred proposal for a health-based place of safety for children and adolescents is identified and implemented in Hampshire.*
- b) *That as an interim measure, immediate temporary arrangements are put in place to use either an existing hospital-based or health-based place of safety for children and adolescents detained under S136.*
- c) *That any final model of health-based places of safety is forwarded to the HASC for their consideration.*

- d) *That as a matter of urgency, an agreement is put in place to ensure that individuals detained under S136 in North East Hampshire are conveyed by ambulance.*
- e) *That individuals detained under S136 who are perceived to be intoxicated have this detail recorded as part of normal data gathering, in order to ensure that partners understand the likely number of individuals who will in future require a hospital-based place of safety.*
- f) *That Hampshire Constabulary contribute to work to develop a toolkit nationally that aims to capture data on intoxicated persons detained under S136, as per the Mental Health Crisis Care Concordat.*
- g) *That the Health and Adult Social Care Select Committee work with acute trusts in Hampshire in conjunction with multi-agency partners in order to ensure that work is progressed to enable intoxicated individuals detained under S136 access to a hospital-based place of safety.*
- h) *That commissioners assist in identifying health funding for the continuation of Operation Serenity urgently, given its primary role in the reduction in S136 detentions, and contribution to early intervention and prevention in mental health crises.*

2.4. The full report can be found on the Meetings Information System via the below web link:

http://www3.hants.gov.uk/councilmeetings/advsearchmeetings/meetingsitemdocuments.htm?sta=0&pref=Y&item_ID=6017&tab=2&co=&confidential=

3. Monitoring of Recommendations

3.1. Responses have been received from the following organisations, and can be found in the relevant appendices below:

Hampshire 5 Clinical Commissioning Groups (CCGs)

- 3.1.1 The Hampshire 5 CCGs ([Appendix 1](#) and Annexe 1 to Appendix 1, page 8) have provided an update on the progress of the recommendations in relation to recommendations A, B, G and H.
- 3.1.2 In relation to recommendations A and B, the CCGs have informed the Committee that an agreement has been reached with Southern Health NHS Foundation Trust to deliver three health-based places of safety (Section 136 suites) for under-18s in Hampshire. These suites will be commissioned by the CCGs in Parklands (Basingstoke), Elmleigh (Havant) and Antelope House (Southampton). This model will be operational from 1 April 2015.
- 3.1.3 In relation to recommendation G, the CCGs state their support for this recommendation and have taken work forward through the crisis concordat multi-agency partnership group to achieve this aim. The

CCGs state that intoxication will not be a barrier to people in need of support when in crisis, and that action plans are being drawn together by a Section 136 task and finish group to ensure providers have the right tools in place to be able to support these individuals.

- 3.1.4 In relation to recommendation H, the CCGs state their support for this recommendation and highlight that they will be working with providers to identify resources to continue the Operation Serenity model. There is currently an aim to have two full time mental health working in emergency control rooms by April 2015.

Hampshire Health and Wellbeing Board

- 3.1.5 The Health and Wellbeing Board ([Appendix 2](#), page 13) have provided an update on the progress of the recommendations in relation to recommendations A, B and H. The Board have informed Members that, in line with paragraph 3.1.2, work has been progressed through partnership working to commission Section 136 services for under-18s.
- 3.1.6 In addition, the Chairman of the Board has been informed that in line with recommendation H and paragraph 3.1.4, funding has been identified by the Hampshire CCGs and Southern Health NHS Foundation Trust to implement street triage and mental health staff in the call centres following the success of Operation Serenity. Plans to recruit staff to undertake this development are now underway.

South Central Ambulance Service NHS Foundation Trust

- 3.1.7 South Central Ambulance Service (SCAS) NHS Foundation Trust ([Appendix 3](#), page 14) have provided an update in relation to recommendation D, and provides assurances on several on the report's conclusions.
- 3.1.8 The Trust has informed the Committee that in relation to recommendation D, the National Ambulance s136 Protocol was fully implemented in April 2014, and that any request to transport a patient who has been detained under Section 136 of the Mental Health Act 1983 will be responded to in accordance with this. SCAS have included evidence with their submission which shows that they now convey patients in North East Hampshire.
- 3.1.9 In addition, SCAS has also informed the HASC that they are the sole ambulance Trust in England to have a full time Mental Health Lead in post (Clinical Lead for Mental Health & Learning Disability). This individual is fully engaged with local multi-agency groups implementing Mental Health Crisis Care Concordat Action Plans across the geographic area, including Southern Health NHS Foundation Trust and Solent NHS Trust within Hampshire.

Southern Health NHS Foundation Trust

- 3.1.10 Southern Health ([Appendix 4](#), page 20) have provided an update on the progress of the recommendations in relation to recommendations A, B, C, E and H.
- 3.1.11 In relation to recommendations A and B, the Trust confirm the information provided by the CCGs under paragraph 3.1.2 and the Board in paragraph 3.1.5, and set out the next steps in relation to this.
- 3.1.12 In relation to recommendations A and C, the Trust confirm that there are three health-based places of safety in Hampshire, in line with paragraph 3.1.2. Southern Health outline their direction of travel with Hampshire Constabulary and multi-agency partners to have zero custody in police cells by April 2015, unless all health-based places of safety are occupied and no alternative places of safety can be found. They set out proposals to ensure that all health-based places of safety can be safely staffed in line with best practice until an assessment can be completed.
- 3.1.13 The Trust state that one of their next steps is to implement recommendation E, ensuring that perceived intoxication of individuals detained under Section 136 can be captured.
- 3.1.13 Regarding recommendation H, the Trust notes that it is seeking through contract negotiations with commissioners to secure mainstream funding (rather than one-off non-recurrent income) for Operation Serenity.
- 3.1.14 In addition, Southern Health provide examples of work they have undertaken to ensure that Section 136 processes in Hampshire meet best practice and national guidance/legislation. This includes the Care Quality Commissions guidance titled 'A Safer Place to Be', the updated Mental Health Act Code of Practice, and the Crisis Care Concordat.
- 3.2 The Hampshire Police and Crime Panel have determined to take forward the recommendations of the HASC in relation to the responsibilities of the Police and Crime Commissioner for Hampshire and Hampshire Constabulary. They will be undertaking a light-touch review of the progress of these recommendations at their next proactive scrutiny session on the afternoon of 10 April 2015.

4. Conclusions

- 4.1. Updates from partners contributing to work on Section 136 in Hampshire have shown that good progress has been made against the recommendations of the HASC's report.
- 4.2. The Hampshire Police and Crime Panel will be taking forward work to review progress against recommendations e), and f).

5. Proposed Recommendation

- 5.1. That this report and the attached monitoring updates are noted.

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate): n/a	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate): n/a	
Enhancing our quality of place:	yes
Corporate Improvement plan link number (if appropriate): n/a	

Other Significant Links

Links to previous Member decisions:		
<u>Title</u>	<u>Reference</u>	<u>Date</u>
Health: Adult Mental Health Working Group Section 136 Review	6017	29 July 2014

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. **Equalities Impact Assessment:** This is a scrutiny review monitoring recommendation on the use of Section 136 of the Mental Health Act in Hampshire. It does not therefore make any proposals which will impact on groups with protected characteristics.

2. Impact on Crime and Disorder:

2.1 This is a scrutiny review monitoring recommendation on the use of Section 136 of the Mental Health Act in Hampshire. It does not therefore make any proposals which will impact on crime and disorder, although the original recommendations, if implemented, would causally increase the number of police cells available for use related to crime and disorder, rather than mental health.

3. Climate Change:

- a) How does what is being proposed impact on our carbon footprint / energy consumption?

This is a scrutiny review monitoring recommendation on the use of Section 136 of the Mental Health Act in Hampshire. It does not therefore make any proposals which will impact on our carbon footprint/energy consumption.

- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

This is a scrutiny review monitoring recommendation on the use of Section 136 of the Mental Health Act in Hampshire. It does not therefore make any proposals which will impact our need to adapt to climate change.

Hampshire 5 CCGS: request for S136 report recommendation monitoring item

Purpose of report

To provide up-date on actions by Hampshire Clinical Commissioning Groups in response to the HASC's final report on 'the Use of Section 136 of the Mental Health Act 1983 in Hampshire'

This report follows the letter sent by Richard Samuel, Hampshire Commissioning group in response to recommendations as per HASC letter dated 19th August 14.

Recommendation A: That as a matter of urgency, a preferred proposal for a health-based place of safety for children and adolescents is identified and implemented in Hampshire.

The Hampshire five Clinical Commissioning Groups are delighted to confirm that an agreement has been reached with Southern Health Foundation Trust for the delivery of s136 suites for adolescents. The plans are currently going through mobilisation phase and the suites will be ready for use by 1 April 2015.

Southern Health have reviewed their current Section 136 suites and have proposed the use of three places of safety for children (Parklands, Elmleigh and Antelope House) these sites will be single occupancy so if in use by a child, an adult would not be sent there. Southern Health considers that these suites can be adapted to meet relevant standards for young people.

Southern Health has developed a partnership arrangement with Med-Sec Ambulance service. Med-Sec is a private ambulance service that is currently based out of Fareham.

Med-Sec is a regulated Patient Transport Service who already provides a service for patients with mental health diagnosis. The staff are qualified HPC registered paramedics and IHCD technicians.

The full 136 (Alternative Place of Safety) under 18s model is outlined in annexe 1.

Recommendation B: That as an interim measure, immediate temporary arrangements are put in place to use either an existing hospital-based or health-based place of safety for children and adolescents detained under Section 136.

The above is proposed from 1st April 2015.

Recommendation G: That the Health and Adult Social Care Select Committee work with acute trusts in Hampshire in conjunction with multi-agency partners in order to ensure that work is progressed to enable intoxicated individuals detained under Section 136 access to a hospital-based place of safety.

We support the recommendation and will continue to work with the crisis concordat SHIP-wide multi-agency partnership group (formally the criminal justice liaison group) in the delivery of the mental health crisis concordat. The group will report to the Health and Wellbeing board on a bi-annual basis.

All Hampshire CCGs including Southampton and Portsmouth have agreed and signed declarations committing to the recommendations and principles of the mental health care crisis concordat.

An action plan is currently in draft format and due to be signed off by the group on the 9th March and will subsequently be shared with local groups for implementation. Intoxication will not be a barrier to people in need of support when in crisis and the action plan includes the development of protocols to support services to manage persons who are intoxicated and experiencing mental health difficulties.

There is currently a s136 task and finish group and this will progress with working towards revised code of practice and ensuring that there are no exclusion criteria for places of safety unless an individual needs medical attention.

Recommendation H: That commissioners assist in identifying health funding for the continuation of Operation Serenity urgently, given its primary role in the reduction in Section 136 detentions, and contribution to early intervention and prevention in mental health crises.

We support this recommendation and will work with providers to identify resources to continue and develop this scheme. We aim to have 2 x FTE mental health workers in police and ambulance controls rooms by April 2015, and will work closely with colleagues in 111 who are planning a similar pilot.

Southern Health NHS Foundation Trust has proposed a replica model as described in s136 for children to increase the capacity and utilisation of s136 suites for adults. It is proposed that this will start 1st April 2015.

We will continue to monitor health s136 places of safety via our contract and quality review processes.

Annexe 1

Children & Maternity Commissioning

Section 136 (Alternative Place of Safety) under 18s Model

1. Background

- 1.1 The Mental Health Act provides the power for a police officer to remove a person to a place of safety, from a place to which the public have access, who appears to be suffering from mental disorder and to be in immediate need of care or control, where it is believed necessary to do so in the interests of that person or for the protection of others.
- 1.2 Central Government released a Mental Health Crisis Care Concordat on 18 February 2014 which provides a commitment from relevant organisations in relation to the care that should be in place for people in Crisis.
- 1.3 The five Hampshire Clinical Commissioning Groups have been reviewing current practice in relation to Section 136 for under 18s and the provision of an appropriate place of safety.
- 1.4 In the last 12 months twenty under 18 year olds have been detained under a s136 order from the following locations:

Southampton City 2; Fareham & Gosport 7; South East 1; Portsmouth 4; North 1; West 5

2. Purpose of the report

- 2.1 The purpose of the report is to provide an update to the Board with regard to the commissioning solution that has been approved by the Pan-Hampshire Clinical Commissioning Groups (Hampshire Five, Southampton and Portsmouth).

3. Service Proposal

- 3.1 Southern Health have reviewed their current Section 136 suites and are proposing the use of three places of safety for children (Parklands, Elmleigh and Antelope House) these sites will be single occupancy so if in use by a child an adult would not be sent there. Southern Health considers that these suites can be adapted to meet relevant standards for young people. This will be further

explored by the task and finish group during the mobilisation phase.

- 3.2 They are developing a partnership arrangement with Med-Sec Ambulance service. Med-Sec is a private ambulance service that is currently based out of Fareham.
- 3.3 Med-Sec is a regulated Patient Transport Service who already provides a service for patients with mental health diagnosis. The staff are qualified HPC registered paramedics and IHCD technicians.
- 3.4 The latest CQC report from Med-Sec (January 2014) they met all five standards
 - Respecting and involving people who use services
 - Care and welfare of people who use services
 - Safeguarding people who use services from abuse
 - Requirements relating to workers
 - Assessing and monitoring the quality of service provision
- 3.5 All staff have an advanced CRB check and are trained to the following minimum standards:
 - Physical interventions, de-escalation and restraint
 - Communication skills verbal and non-verbal
 - Active communication
 - Conflict management
 - Secure and safe transportation
 - Emergency driving skills
 - Emergency first aid
- 3.6 Med-Sec staff will be trained to escort the child to the place of safety and oversee them whilst the mental health assessment process is undertaken. Clinical supervision and oversight will be maintained from appropriately qualified clinicians from Southern Health.
- 3.7 Southern Health has undertaken an initial review of current occupancy rates. Based on this review and the low numbers of young people requiring a Section 136 suite it is extremely unlikely that there will be an impact on the ability to provide a Section 136 suite for adults, as a result of this arrangement. This will be further explored by the task and finish group.

4. Assurances

- 4.1 A Task and Finish Group has been established to oversee the development of the proposal with Specialist Commissioning, Adults, Police, CAMHs and Children Services plus other relevant partners to ensure pathways and protocols are

effectively established and understood and patient safety is optimized.

- 4.2 All estates will be fully compliant with crisis concordat guidelines; if throughout the mobilisation phase any estates issues arise then alternative accommodation will be sought.
- 4.3 The mobilisation phase has commenced and the new service will be operational from 1 April 2015.

Hampshire Health and Wellbeing Board

(Excerpt from letter to Chairman from Cllr Liz Fairhurst, Chairman of the Health and Wellbeing Board, dated 23 February 2015)

“Section 136 Recommendations

The Board also considered your letter dated 19 August 2014 regarding the outcomes of the HASC’s review of the use of Section 136 of the Mental Health Act 1983 in Hampshire. The Board discussed the recommendations made by the HASC relating to health-based places of safety for children and adolescents, and noted in particular recommendation a), which requested that as a matter of urgency, a preferred proposal for a health-based place of safety for children and adolescents is identified and implemented in Hampshire.

The Board heard that a solution has been agreed by the Hampshire Clinical Commissioning Groups, with Southern Health proposing the use of three places of safety for children (located at Parklands, Elmleigh and Antelope House). Furthermore, arrangements are being made with a private ambulance service, whose staff have the appropriate training to convey and escort under 18s to places of safety. The new service will be operational from 1 April 2015. I attach the briefing note on this which was provided to the Board for your information [please see Annex 1 to Appendix 1].

Regarding recommendation h) (that commissioners assist in identifying health funding for the continuation of Operation Serenity urgently, given its primary role in the reduction in Section 136 detentions, and contribution to early intervention and prevention in mental health crises), I can confirm that the Hampshire and Isle of Wight Crisis Concordat Steering Group has identified a number of priorities to deliver the concordat commitments in Hampshire, including the proposal to extend the use of street triage services across the whole of Hampshire. I will inquire regarding the funding for such services, and update you when I have clarified this point.”



South Central Ambulance Service **NHS**
NHS Foundation Trust

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PRIVATE & CONFIDENTIAL

Katie Benton
Scrutiny Officer
Democratic & Member Services
Corporate Services - Governance
Hampshire County Council
The Castle, Winchester, SO23 8UJ
(via email)

18th February 2015

Dear Ms Benton,

I am writing in response to the email received from you regarding an update on recommendations from the HASC's final report on 'the Use of Section 136 of the Mental Health Act 1983 in Hampshire'

Please find attached our update in response to the report recommendations to offer assurance that South Central Ambulance Service NHS Foundation Trust is indeed taking action to improve the care for these patients and also to work in partnership with our key stakeholders.

In addition we also wanted to use the opportunity to update you on the work that SCAS are undertaking for this patient group. South Central Ambulance Service NHS Foundation Trusts (SCAS) is the only ambulance Trust in England to have a full time Mental Health Lead in post (Clinical Lead for Mental Health & Learning Disability). Our post holder is fully engaged with local multi-agency groups implementing Mental Health Crisis Care Concordat Action Plans across our geographic area, including Southern Health NHS Foundation Trust and Solent NHS Trust within Hampshire. In addition to these we have an internal action plan to enhance the quality of response to people calling with (or for) patients in mental health crisis.

The internal action plan includes four key areas, which depend on strong partnerships:

- Improved alternative care pathways (to reduce unnecessary journeys/admissions to Emergency Departments).
- Mental Health Practitioners (MHP) in our Emergency Operations Centre (to improve the triage process, providing expert/specialist advice at time of call and being able to directly refer to appropriate mental health services as necessary).
- Access to existing Care Plans (MHP being able to access existing care plans when the patient is already known to local statutory mental health services, and/or the addition of special notes which will alert staff when a patient has complex needs).
- Increase in mental health education to staff who have direct contact with our patients (face to face or telephone). This will include joint training with Concordat partners whenever possible.

This plan is monitored through the SCAS Patient Safety Group and the Executive Board receives regular updates from the Clinical Lead for Mental Health & Learning Disability.

The SCAS Clinical Lead for Mental Health & Learning Disability is a core member of the Southern Health and Solent Health Concordat implementation groups and is fully engaged with both. Both action plans include the four key elements identified for SCAS. In addition SCAS has representatives at all the multi-agency Partnerships in Practice Groups across Hampshire which meet regularly to consider operational issues and monitor use of the joint interagency protocols in use (Transport and S136).

In response to the National Concordat Action Plan, SCAS has fully implemented the National Ambulance s136 Protocol and data (collected between April 1st 2014 – January 31st 2015) shows that we achieved an average response time of less than 15 minutes for 74% of s136 transport requests, compared with a national average of 61.8% (for a 30 minute response, in line with RCPsychs recommendations). Use of an ambulance to transport a patient detained under s136 rose from 5% to 69% during the same time span.

In addition to the above Will Hancock SCAS CEO is the Mental Health Executive Lead / Sponsor for the Association of Ambulance Chief Executives.

We are committed to continuously improve our services and to working in partnership across our geography.

If you require any further information please do not hesitate to contact me

Yours sincerely



Deirdre Thompson
Director of Quality and Patient Care



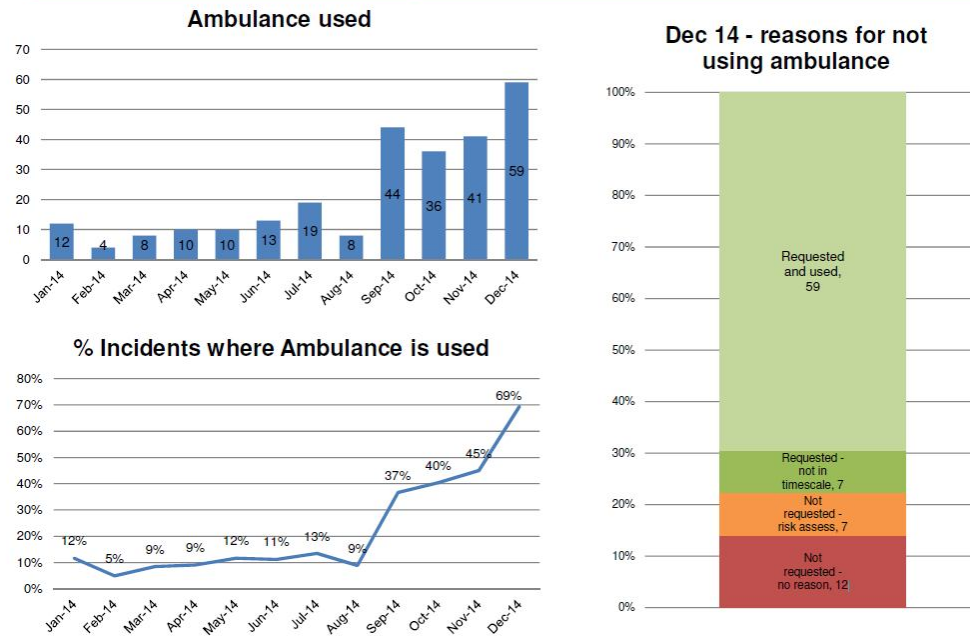
Response to HASC’s final report on ‘the Use of Section 136 of the Mental Health Act 1983 in Hampshire’

Para	Extract from report.	Evidence from SCAS.	Comment.										
2.3.9 P8	<p>Multi-agency group partners state that the S136 process in Hampshire has already moved to a model where conveyance by ambulance is the sole transportation method, unless in exceptional circumstances. The working group commends this work, but has not received evidence which suggests that conveyance by police vehicle has ceased except in exceptional circumstances. It looks for reassurance from Hampshire Constabulary and South Central Ambulance Service NHS Foundation Trust that the Mental Health</p>	<p>SCAS figures October – December 31st 2014.</p> <table border="1" data-bbox="674 440 1167 783"> <tr> <td>Total Section 136 Requests</td> <td>101</td> </tr> <tr> <td>Total Section 136 Requests with best response time under 30 mins</td> <td>75</td> </tr> <tr> <td>% under 30 mins</td> <td>74%</td> </tr> <tr> <td>Section 136 average best response time</td> <td>00:14:39</td> </tr> <tr> <td>Average Job Cycle Time</td> <td>01:07:34</td> </tr> </table>	Total Section 136 Requests	101	Total Section 136 Requests with best response time under 30 mins	75	% under 30 mins	74%	Section 136 average best response time	00:14:39	Average Job Cycle Time	01:07:34	<p>These figures are from Thames Valley as all s136 detentions in Hants are transported by Medisec (including NE Hants).</p> <p>This data has been included to demonstrate that SCAS does transport the majority of s136 detainees (not the police) and is evidence to support that this would be the case in Hampshire if the separate agreement between Hampshire Constabulary and Medisec was not in place.</p>
Total Section 136 Requests	101												
Total Section 136 Requests with best response time under 30 mins	75												
% under 30 mins	74%												
Section 136 average best response time	00:14:39												
Average Job Cycle Time	01:07:34												

Crisis Care Concordat's recommendations on ambulance conveyance are fully implemented in Hampshire. (Evidence: paras 5.2.38, 5.2.43, 5.2.46 – 5.2.47)

TVP data Jan – Dec 2014.

Ambulances were used to transport S136 Detainees in 69.4% cases in December



2.3.10 P8

The working group are concerned that there is not in place an agreement for conveying individuals detained under S136 in North East Hampshire by ambulance. Both ambulance Trusts working in Hampshire



A1 National Section 136 Protocol complete

SCAS has fully implemented the National Ambulance s136 Protocol. This was implemented in April 2014.

Any request to transport a patient

<p>responding to this review have stated that they do not have a protocol in place for conveying S136 patients in this geographical area. <i>(Evidence: para 5.2.41)</i></p>	<p style="text-align: center;">Response from Hampshire Constabulary Mental Health Lead re Medisec and transport from NE Hants [amended].</p> <p>From: huw.griffiths@hampshire.pnn.police.uk Sent: 09 February 2015 11:59 To: Sue Putman Subject: RE: NE Hants</p> <p>Hi Sue,</p>	<p>who has been detained under s136 Mental Health Act will be responded to in accordance with this.</p>
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P9 (d) P9	That as a matter of urgency, an agreement is put in place to ensure that individuals detained under S136 in North East Hampshire are conveyed by ambulance.		
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Sue Putman. Clinical Lead, Mental Health and Learning Disability. February 9th 2015.

Committee:	Health and Scrutiny Panel
Date:	10 March 2015
Title:	Update on HASC Recommendations for section 136 provision in Hampshire
Report From:	Dr Lesley Stevens, Director of Mental Health and Learning Disabilities, Southern Health NHS Foundation Trust

1 Introduction

1.1 This paper provides an update on the work being carried out within Southern Health NHS Foundations Trust as a result of the HASC review into the section 136 provision across Hampshire on 29th July 2014. The specific recommendations and Southern Health response is summarised in Appendix A.

2 Background

2.1 Southern health had not been commissioned to provide s136 service for under 18s in the Hampshire area which resulted in a significant gap in the provision of service for this age group.

2.2 The CQC published document - A Safer Place to Be (www.cqc.org.uk/content/safer-place-be) recommends that a minimum of two dedicated staff are to be provided each time an individual is brought to a place of safety.

2.3 In addition, a number of further recommendations were also made, as follows:

- Reviewing local protocols and making sure that there are appropriate arrangements in place for children and young people.
- Reviewing the exclusion criteria for health-based places of safety in light of the recommendations of the national Mental Health Crisis Care Concordat, for example in relation to people who are intoxicated, whose behaviour is disturbed or who have a previous history of offending or violence.
- Improving local data collection, reviewing and monitoring of the use of health-based places safety to meet the requirements of national guidance.
- Make sure that multi-agency groups exist and meet regularly to oversee the operation of section 136. Commissioners should also attend multi-agency meetings and oversee the review, implementation and quality assurance of agreed policies.
- Training for staff who work in the place of safety on reducing the need for restrictive interventions.

- Implement a clear reporting mechanism to make sure that the Board, or relevant sub-group, are made aware of key issues relating to the health-based place of safety on a regular basis, and at least quarterly.
- Assessment by the doctor and AMHP should begin as soon as possible after the person arrives at the place of safety. Royal College of Psychiatrists Standards recommend that joint assessments should begin within three hours, with the expectation that this should become two hours in the future.
- Police officers should not have to consider using police custody as an alternative just because there is a lack of local mental health provision, or unavailability at certain times of the day or night. To support this aim, it is essential that NHS places of safety are available and equipped to meet the demand in their area

2.4 As a result, the Trust has reviewed the service provision in this area to meet the needs of the local population and comply with the recommendations from A Safer Place to Be document, the revised Code of Practice and the Crisis Care Concordat which states that “unless there are specific arrangements in place with Children and Adolescent Mental Health Services, a local place of safety should be used, and the fact of any such unit being attached to an adult ward should not preclude its use for this purpose.”.

2.5 Furthermore, the MHA Code of Practice states that the need to accommodate someone in a safe environment in the short-term should take precedence. It also recognises that there is a clear difference between what a suitable environment is for a child or young person in an emergency situation and what is a suitable environment on a longer term basis.

2.6 The Trust has been working with the Children’s Commissioners and a range of other partner agencies to ensure that the CQC and the Crisis care Concordat requirements are fully met from 1st April 2015 to improve the quality of care for the service users detained under section 136.

3 Model of health based Places of Safety provision

3.1 The Trust and the Police will be working towards zero custody section 136 from the 1st April 2015, unless all health-based places of safety in Hampshire were occupied, and no alternative place of safety could be identified.

3.2 Southern Health currently provides 3 Adult Places of Safety: Southampton- Antelope House, Havant- Elmleigh, and Basingstoke- Parklands. Each of these Places of Safety has 1 bed.

3.3 Following the review of these services with the Commissioners it was agreed that, due to the relatively low number of children’s detentions under section 136, the Trust would rely on recommendations of the Crisis Care Concordat and convey all children to the existing Places of Safety and also work with the Police in trying to identify alternative places of Safety, such as a person’s home, where this is appropriate.

- 3.4 The Trust is currently not commissioned to provide any dedicated staffing within the units and to provide a minimum of two dedicated staff within each of the Places of Safety, as outlined within the Safer Place To Be recommendation, would mean staffing these units with 2 staff at all times, even when those units are not occupied. This is due to two factors:
- 3.4.1 the level of acuity on the wards is such that rostered staff cannot necessarily be released from the ward to support the place of safety.
 - 3.4.2 it is not unlikely that bank staff could be reliably accessed as and when needed given the very short timescale between the police using a section 136 power and the arrival of the individual.
- 3.5 The cost of providing two dedicated staff at all times to manage the unpredictable nature of 136 admissions present a significant cost pressure, as well being inefficient use of scarce resources.
- 3.6 As a consequence, the Trust has agreed (subject to finalising arrangements with commissioners) to subcontract the staffing of Place of Safety to Medisec Ambulance Service on a spot purchase basis.
- 3.7 Medisec currently convey all section 136s on behalf of the Police and the AMHP service. Additionally, they also provide support to AMHPs during the assessment when there is a risk of violence.
- 3.8 Both agencies, the Police and AMHPs, report a high quality of service received, particularly in respect to least restrictive practice and their de-escalation techniques.
- 3.9 The proposal will mean that once the two-man Medisec crew convey the patient to the Place of Safety, they would remain with the patient until the end of the assessment, providing the continuity of care to the patient, whilst ensuring that the minimum staffing levels are observed at all times.
- 3.10 The Southern Health Nurse in charge of the adjacent ward will complete the section 136 admission process, but would then they be released to return to the ward.
- 3.11 As Medisec already convey the under 18s to other adolescent units, such as Bluebird House, they already have the experience dealing with children and adolescents in crisis and are therefore also able to provide this service for the children in POS.
- 3.12 Extra Medisec crew will be deployed where the risks indicate that the additional staff are required to safely manage section 136.
- 3.13 When the patients are not admitted into the inpatient unit, following the assessment, then Medisec will transport them to their home address within Hampshire, as the patient transport is often a significant factor in the delay in the section 136 process.

- 3.14 This proposal for s136 provision was presented to the commissioners and partner agencies on 19th January 2015 and it was agreed, in principle, to begin the service from 1st April 2015. The commissioners have since formally signed off this proposal.
- 3.15 However, Southern Health's ability to deliver this new model (complying with the Code of Practice and CQC recommendations) will be dependant in part on agreement around funding the associated cost pressure. This is currently being progressed with Commissioners through the 2015/2016 contract negotiations.
- 3.16 Southern Health is seeking through the same contract negotiations to secure the continuation of Operation Serenity (with its primary role in the reduction in S136 detentions, and contribution to early intervention and prevention in mental health crises) through an agreement with commissioners to mainstream the funding of these services currently only funded by one-off non-recurrent income.

4 Next Steps in implementation of the model

- 4.1 The Trust has implemented a Quality and Governance Task and Finish group for the implementation of section 136, where working with the with the commissioners and other partner agencies the local process for section 136 agreed to enable updating of the Multi Agency Policy for the sign off by April 2015.
- 4.2 As part of this review, the Trust is also reviewing and updating all section 136 documentation to ensure that it will provide clearer data collection and monitoring of all agencies.
- 4.3 Perceived intoxication of the individuals detained under S136 will captured and recorded as part of normal data gathering to enable the newly established s136 Multi- Agency group to review this data regularly and understand the likely number of individuals who will in future require a hospital-based place of safety.

Appendix A: HASC Recommendations and SHFT Response

Recommendations	Response
That as a matter of urgency, a preferred proposal for a health-based place of safety for children and adolescents is identified and implemented in Hampshire.	Primary Responsibility for commissioning a children's place of safety lies with commissioners. Southern Health has been working with these commissioners to develop the proposal outlined in the paper.
That as an interim measure, immediate temporary arrangements are put in place to use either an existing hospital-based or health-based place of safety for children and adolescents detained under S136.	Primary responsibility for commissioning a children's place of safety lies with commissioners.
That any final model of health-based places of safety is forwarded to the HASC for their consideration.	Covered by the paper
That as a matter of urgency, an agreement is put in place to ensure that individuals detained under S136 in North East Hampshire are conveyed by ambulance.	Southern Health is not commissioned to provide services in north east Hampshire. Southern Health will provide a place of safety for any individual who is detailed under section 136 whose nearest available place of safety is one run by Southern Health
That individuals detained under S136 who are perceived to be intoxicated have this detail recorded as part of normal data gathering, in order to ensure that partners understand the likely number of individuals who will in future require a hospital-based place of safety.	Addressed in the paper.
That Hampshire Constabulary contribute to work to develop a toolkit nationally that aims to capture data on intoxicated persons detained under S136, as per the Mental Health Crisis Care Concordat.	Responsibility of Hampshire Constabulary
That the Health and Adult Social Care Select Committee work with acute trusts in Hampshire in conjunction with multi-agency partners in order to ensure that work is progressed to enable intoxicated individuals detained under S136 access to a hospital-based place of safety.	Responsibility Health and Adult Social Care Select Committee
That commissioners assist in identifying health funding for the continuation of Operation Serenity urgently, given its primary role in the reduction in S136 detentions, and contribution to early intervention and prevention in mental health crises.	Some non-recurrent funding has been identified. Commissioners will be clarifying during the 2015/2016 contract negotiations the extent to which this pressure is a priority in comparison with other competing priorities.