

Update on S136 pathway work

Wiltshire Council

Health and Wellbeing Board

9th November 2017

Update on S136 service pathways programme

Purpose of Report

1. The purpose of this report is to brief the Health and Well Being Board on progress in relation to the streamlining of S136 service pathways provided by Avon and Wiltshire Partnership Trust (AWP) for the B&NES, Swindon and Wiltshire (BSW) , and Bristol, North Somerset and South Gloucestershire (BNSSG) Sustainability and Transformation Plan (STP) areas.

Background

2. Members will recall that a presentation was given at the Health and Well Being Board on 9th February 2017, updating them on this important work programme. S136 services are provided under the Mental Health Act for people who appear to be suffering from an acute mental health condition, and who may present a danger to themselves or others. The S136 suites provide a place of safety for these people while they await an assessment by mental health professionals.

Members will recall that service users and representatives from each organisation involved participated in work to agree a “To Be” Pathway, which described how the service would look if it operated at its optimum for both service users and staff. The “To Be” pathway is attached for information at Appendix 1.

This report gives an update on the complex ongoing work to streamline the services and ensure the highest quality of care for these service users, by achieving the proposals in the “To Be” pathway.

Main Considerations for the Council

3.1 As reported to the meeting in February, several task and finish groups have been set up to review the various parts of the S136 pathway. These groups all have representatives from each of the appropriate organisations involved, and each is chaired by a senior manager from one of the organisations. The organisations include the 6 CCGs in the two STP areas, the acute trusts, the Avon and Somerset and Wiltshire Police forces, AWP and the councils from the two STP areas.

3.2 The Task and Finish groups are as follows:

1. **Resource & Capability Mapping & Matching** – this group is identifying a clear picture of how current resource and capability will have to move within and across organisations to support implementation, to ensure that the programme is cost neutral across the systems.
2. **S136 Suites in Swindon & Wiltshire** – this group is working towards the implementation of an agreed approach to S136 suites in the county of Wiltshire, together with reciprocal arrangements for the provision of professional support and arrangements for the provision of S12 doctors. As this work will be of most interest to HWBB members, further detail is given in section 4 below.
3. **Clarity & Consistency / Exploiting Opportunity** – this group is focussing on a common approach towards the use of protocols, language and terminology across the organisations; developing a suite of joint training and awareness raising for use across all public services; and identifying and implementing small changes to the pathway that can make a big difference in prevention, de-escalation and de-stigmatisation for service users.
4. **Prevention and Diversion & Safe Places** – this group is developing the detailed design and implementation of the Mental Health Advice and Support Service (MHAS) for adults and children which will support the prevention of unnecessary detention and support efficient flow through the pathway to reduce waiting times. It will also identify “pop up” safe places (as opposed to places of safety) for both adults and children, across the areas that can be used for mental health assessments to prevent detentions
5. **Reciprocal Arrangements** - this group is agreeing the best possible inter-organisational arrangements to prevent waste, duplication and error, mainly associated with the unnecessary travel of professionals. This will result in a signed agreement that meets each organisation’s needs and the best deployment of professionals so that services are co-ordinated around the needs of the service users, with the right skills in the right place at the right time, optimising travel time and waiting.
6. **Children & Young People** - this group is ensuring that S136 services are seen as an all age issue , and that adjustments to the pathway result in all children receiving a safe and equitable service that complies with regulatory requirements and that good practice is applied across the whole geography covered.
7. **Emergency Departments** - this group is focussing on developing a safe pathway in acute trust emergency departments (EDs) that ensures the best possible experience for people under S136 detention who come to an ED either because they have a physical health need or because there is nowhere else they can safely be placed if the “layered approach” in the “To Be” pathway (see appendix 1) has failed to provide alternatives.

The groups have all met at least once, and have agreed key objectives and deliverables. The programme director who set up the programme left at the end of August, and the new programme director started in mid October 2017.

A Programme Board meeting has been scheduled for Monday 20th November, and a meeting is also being arranged for all task and finish group leads to meet together with the programme director to discuss areas of overlap between the groups to agree consistency in approach.

There is also a parallel workstream being led by the AWP medical director on improving Section 12 doctor availability, as one of the causes of unacceptable delays in the S136 place of safety suites is the difficulty in identifying two doctors who are eligible to undertake a mental health act assessment.

Specific Wiltshire Issues

4. The proposals for future services for Swindon and Wiltshire residents are causing some discussion.

It is proposed that the current S136 services in Swindon, Devizes and Salisbury should be closed, and that service users from those areas should be transferred to the new, purpose designed four bed unit in Devizes.

The current services in Swindon, Devizes and Salisbury are “pop up” services that are mobilised when required. This means that the facilities and staffing are not specialist and therefore not always appropriate for such a vulnerable group and that the quality of service is therefore not as good as it should be for these individuals in crisis.

The requirement to travel to a specialist unit mirrors the acute model of service in these areas, where often people have to travel to Oxford or further afield to access specialist acute physical health care.

A consultation was held on this proposal, but it is possible that further consultation will need to take place. Discussions are ongoing with NHS England on this and it may be that a verbal update can be given to members at the Health and Well Being Board meeting on 9th November 2017.

Safeguarding Considerations

5. The purpose of streamlining the S136 pathway across all organisations in BSW and BNSSG is to ensure that some of the most vulnerable members of our society receive the best possible care when they are experiencing a mental health crisis. The pathway covers both children and adults, and, when the final proposals are defined and agreed will considerably improve the safety and quality of services and service user experience.

Public Health Implications

6. This work links in with public health priorities in both the BSW and BNSSG STP areas.

The incidence of mental health conditions is rising nationally, and this pathway focusses on those people who are experiencing an acute mental health crisis. Reconfiguring the S136 pathway will help to ensure that high quality mental health services are available for those that need them, and that waiting times for assessment are reduced. The work will also ensure that unnecessary detentions under the Mental Health Act will reduce as services are better co-ordinated across organisations.

Environmental and Climate Change Considerations

- 7 a) The final proposals from the task and finish groups will result in professionals travelling less as it is envisaged that agreement around reciprocal arrangements will result in less unnecessary mobilisation of on-call resources and acceptance of professional assessments across geographical boundaries.
- b) Reduction in travel will result in a reduction in carbon emissions.

Equalities Impact of the Proposal

8. This work supports the Council's commitment to
 - a) tackle inequalities and promote cohesive communities as the work relates improving the quality of services to the to the most vulnerable people in our society
 - b) not discriminate in the way we provides services to the public as the improvement to services will help to ensure that only those who need to be detained under the mental health act will be
 - c) not to discriminate in our employment related practices
 - d) promote equality and good relations between different groups, as this work is fostering discussion and understanding between statutory organisations and service users across a broad geographical area.

Risk Assessment

9. This is an update report only.

A full risk assessment will be undertaken when there are formal proposals to be considered.

Financial Implications

10. It is expected that this work will be cost neutral across the system.

Legal Implications

11. One of the reasons that this work is being undertaken is the impending change to the legislation around waiting times for Mental Health Act assessments in S136 suites. It is expected that in mid-December 2017, the waiting times will be reduced from a maximum of 72 hours to a maximum of 24 hours.

This is challenging as currently the 72 hour maximum is sometimes breached. The proposals for the “To Be” pathway will help to ensure compliance with this new requirement.

12. In terms of ethical governance issues or Human Rights implications the new pathway will help to ensure that only those people who need to be detained under the Mental Health Act will be, and that other individuals will be able to access care in a setting more appropriate to their needs without being sectioned under the Mental Health Act.

Conclusions

13. Members are asked to note this progress update

.

Ted Wilson
Wiltshire Mental Health Crisis Care Concordat Action Group Chair

Report Author: Jill Shepherd
S136 Programme Director

31 October 2017

Background Papers

None

Appendices

Appendix 1 – “To Be” Pathway
