High Intensity Network
www.highintensitynetwork.org

Paul Jennings
National Programme Manager
Understanding the problem
What does the data suggest?

Based on data provided by 11 Mental Health Trusts, the following statistics were observed:

- 60 Mental Health Trusts
- Average Trust Population: 933,000
- 498 people detained under s136
- 53 repeat patients
- 11% of crisis patients
- 594 uses of s136 powers
- 153 s136 are repeats
- 9600 s136’s
- 3300 repeat patients
- 27% of all s136
- 37% repeats
- 22% of all

Data for: April 2017 – March 2018

NHS ENGLAND
<table>
<thead>
<tr>
<th>Location</th>
<th>Repeat Detainees</th>
<th>Avoidable s136 Demand</th>
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<tr>
<td>NORTH EAST LONDON NHS</td>
<td>62</td>
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<tr>
<td>AVERAGE NHS MH TRUST</td>
<td>53</td>
<td>153</td>
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What are the costs of HIU cases?

- £19,800
- £30,000 a year

UH BRISTOL A&E
FREQUENT ATTENDER PROJECT
£30,000 a year
Basic UK Calculations

ENGLAND 56 MILLION

2800-3300 cases

\( \times \)

\( £20K-30K \) a year

\( \Rightarrow \)

\( £56-99 \) million
EXETER
Population: 124,000

TORBAY
Population: 134,000

LIVEWELL
Population: 265,000

BARNSTAPLE
Population: 32,000

NORTHAM
Population: 11,000

BIDEFORD
Population: 20,000

TIVERTON
Population: 20,000

COLLOMPTON
Population: 8,000

HONITON
Population: 11,500

EXMOUTH
Population: 35,000

NEWTON ABBOTT
Population: 27,000

IVYBRIDGE
Population: 12,000

DARTMOUTH
Population: 5,000

TOTNESS
Population: 9,000

PLYMOUTH
Population: 265,000

DEVON 780,000

TORBAY 134,000

LIVEWELL 265,000

£1,180,000 – £1,770,000
How can we improve?

CALL  RESPOND  DECIDE  RESTRAIN  TRANSPORT  SAFE PLACE

PERSONALITY DISORDER (WITH ‘BY-PRODUCT’ MENTAL ILLNESS)
SOCIAL ISOLATION/ADDICTIONS/SKILLS/CONFIDENCE/PURPOSE
RELIANT ON ‘LEARNT/TESTED’ HIGH RISK BEHAVIOURS

LACK OF TRAINING & LEADERSHIP
LACK OF ACCURATE CRISIS PLANS
LACK OF POSITIVE RISK TAKING
LACK OF CONSISTENT RESPONSE
LACK OF CONFIDENCE

PROMOTING RISK AND REINFORCING MALADAPTIVE COPING

REPEAT CALLERS
FAMILIAR FACES
FREQUENT FLYERS
HIGH INTENSITY USERS

SUPER UTILIZERS
REPEAT CONSUMERS
Integrating skills and mentoring

Clinical behaviour
Medical risk
Bio-medical
Treatment & advice
Consensual

Social behaviour
Community risk
Psychosocial
Boundaries
Coercive

MH Nurse
Police Officer
Service User

A FUSION OF SKILLS using a MENTORING MODEL that is integrated, personalised, consistent, resilient and supportive.
MINIMISING HARM TO SELF
- Accidental Suicide
- Misadventure
- Risk & Vulnerability
- Mate Crime
- Domestic Violence
- Sexual Abuse
- Radicalisation

MINIMISING CJ RISKS DURING CRISIS
- Public Order
- Violence
- Road and Rail
- Communication
- S119 NHS Offence

MINIMISING HARM TO OTHERS
- Neighbourhood Dispute
- Risks to People of Crisis Intervention
- Domestic Violence (Offender)
- False Allegations

MINIMISING INAPPROPRIATE DEMAND
- Police – Ambulance
- A&E – MH Teams

RISK & VULNERABILITY
- 70% Chance

RESPONSE PLANS

ARREST
- Charge
- Caution

Policing Role

S136
- Vol

Missing Person Enquiry
- 50% Chance

Community Safety & Impact

80% Chance
What can happen?

£19800
1.5% CRISIS CALL POPULATION

1/565 INTENSIVE

97% MENTAL HEALTH ONLY

2% MULTI-AGENCY APPROACH

498

55

1 in 30 people in MH service

Open to MH SERVICE 31,100

Average population 933,000

HIGH INTENSITY USER GROUP
FREQUENT FLYER PANEL
A&E CQUIN GROUP
From fire-fighting to prevention

**TIER 1**
De-escalate service users with high intensity behaviour.

**TIER 2**
Early intervention of service users at risk of escalating.

**TIER 3**
Supporting behavioural management, risk management, data sharing, investigation standards or effective partnership.

### 2013 vs 2016

<table>
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<th>2013</th>
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<tr>
<td>Top 10 Total</td>
<td>56</td>
<td>20</td>
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<tr>
<td>Worst case</td>
<td>11</td>
<td>3</td>
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<tr>
<td>Suicide</td>
<td>0</td>
<td>0</td>
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</table>

### Additional Notes
- Table shows a significant reduction in top 10 and worst case categories from 2013 to 2016.
- Suicides remained zero throughout the period.
Reducing avoidable arrivals

STREET TRIAGE

Paris Electronic Records
Paper Based s136 Forms

s136 Mental Health Act 1983

AVERAGE 15.6
AVERAGE 12.8
AVERAGE 8.5
AVERAGE 5.33
AVERAGE 4.25
AVERAGE 1.33

AVERAGE 1.66

2012 2013 2014 2015 2016 2017
AVG 15.6 AVG 12.8 AVG 8.5 AVG 5.33 AVG 4.25 AVG 1.66
How can we best use police staff?
**MODEL 1 – ‘Rotation’ Model**
Dedicated police officer supports multiple care co-ordinators, perhaps across multiple clinical locations.

**MODEL 2 – ‘Reallocation’ Model**
Dedicated police officer works with dedicated care coordinator. They manage their own HIU caseload, taking patients off other care coordinators.

**MODEL 3 – ‘Support’ Model**
Dedicated police officer works with dedicated care coordinator. They support care coordinators with their own HIU clients.

**MODEL 4 – ‘Community’ Model**
Police Officer from a neighbourhood team is trained and paired up with a local MH clinician to support one service user living within the neighbourhood. This work is adopted into his/her policing responsibilities for x hours a week.
MODEL 4 – ‘Community’ Model

- **Exeter**: Population: 124,000
- **Plymouth**: Population: 265,000
- **Teignmouth**: Population: 16,000
- **Dartmouth**: Population: 5,000
- **Ivybridge**: Population: 12,000
- **Newton Abbott**: Population: 27,000
- **Teignmouth**: Population: 16,000
- **Dawlish**: Population: 13,000
- **Seaton**: Population: 9,000
- **Axminster**: Population: 7,000
- **Sidmouth**: Population: 13,000

**Model Summary**

- **Model 1 – Rotation Model**: Bideford
- **Model 2 – Reallocation Model**: Barnstaple
- **Model 3 – Support Model**: Exmouth
- **Model 4 – Community Model**: Torbay
Who pays for what?
NOTES:
Sustainability and Transformation Plans are 44 commissioning regions that require multiple NHS Trusts and CCGs to combine resources and Services to make the NHS more cost effective.
Different funding partnerships

- POLICE
- POLICE & CRIME COMMISSIONER
- NHS TRUST
- CCG
- STP/ICS/ACS
- AHSN
<table>
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- Cambridgeshire and Peterborough
  Foundation Trust
- Avon and Wiltshire
  Mental Health Partnership NHS Trust
- Norfolk and Suffolk
  NHS Foundation Trust

**POLICE & CRIME COMMISSIONER**
- Dorset HealthCare University
  NHS Foundation Trust
- Derbyshire Healthcare
  NHS Foundation Trust
- Solent
  NHS Trust
- Northamptonshire Healthcare
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**NHS TRUST**

**CCG**

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  - Essex Partnership University NHS Foundation Trust
  - Nottinghamshire Healthcare NHS Foundation Trust

- POLICE & CRIME COMMISSIONER

- CCG

- STP/ICS/ACS

- AHSN
What about GDPR?
I have heard we can’t share data
**LAWFUL BASIS FOR PROCESSING**

**VITAL INTERESTS**
- Sharing is needed to safeguard life
- Capability to give consent will fluctuate
- Spontaneous consent refusals often driven by unreasonable behaviour whilst in crisis.
- Sharing of data would be lawful, proportionate and necessary (ECHR)

**LEGAL OBLIGATION**
- Common Law or Statutory Obligation
- To protect life and limb.
- To prevent crime and disorder.

**PUBLIC TASK**
- In the exercise of official authority and in the public interest (e.g. to offer the best level of healthcare to the patient)

**CRIMINAL OFFENCE DATA**
- Information about criminal history
- Sharing previous history maybe lawful if the patient commits offences during the course of their crisis (i.e. to help them prevent a repeat offence)

**CONTRACT**
- Mutual contract where permission given

**CONSENT**
- Non urgent/low risk care

**LEGITIMATE INTERESTS**
- Other legitimate reasons that do not fit the Public Task category

**SPECIAL CATEGORY DATA**
- Sensitive and personal data sets

---

**General Data Protection Regulations**
(From May 25th 2018)
Who backs this?
Senior Sponsors

POLICE LEAD
Chief Constable Mark Collins
Mental Health Portfolio Lead

RESEARCH LEAD
Prof Peter Fonagy
UK Leader in the Study of Personality Disorders
UCL – Harvard - Yale

PROJECT MENTOR
Geraldine Strathdee
National Clinical Director
Mental Health 2012-2015

NHS
RightCare
TheAHSN Network
Health Education England
Which MH Trusts are involved so far?
LIVE TEAM 4 TRUSTS WITH VERY SIMILAR MODELS

11 TRUSTS LAUNCHING 2018/2019

7 TRUSTS LIKELY TO LAUNCH 2019

13 ONGOING CONVERSATIONS

40 TOTAL NUMBER OF MH TRUSTS
What does the High Intensity Network do?
Join the High Intensity Network today!

The aim of the High Intensity Network is to professionalise and co-ordinate new standards of excellence between the...
Digital Team Set Up Resources

2017
- International Connections

2018
- MAY - Launch SIM LONDON
- SEPT - Online Training Course
- SEPT - UCL Research Programme
- OCT - Team Webinars
- NOV - Quality, Safety and Legal

2019
- JAN - Patient Data Portal
- APR - 136 DIGITAL Project
- TBC - HI-TRACK Response Plans

SCAN AND PLAN
OPERATIONAL MANUAL
PROJECT GOVERNANCE
DATA COLLECTION
PLAN LAUNCH
SELECT STAFF
CORPORATE COMMS
TRAIN & LAUNCH
RESPONSE PLANS
SUBMIT DATA
DEVELOP & IMPROVE
**Digital Team Set Up Resources**
- **AUG**: Online Training Course
- **SEPT**: UCL Research Programme
- **NOV**: Quality, Safety and Legal

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LAUNCHED
19TH MAY 2018
New Scotland Yard
LEVEL 1 ONLINE COURSE
LAUNCHES
Monday 1st October 2018

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APRIL TO DECEMBER 2019

Prof Peter Fonagy
UK Leader in the Study of Personality Disorders
UCL – Harvard - Yale

CONTROL GROUP
2017
- Digital Team Set Up Resources
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- Briefing tools
- Guidelines for mentoring
- Support for cases referred
- Consistency in investigations
- Support for staff under investigation
- Case profiling and learning
- Legal Protection for Trusts and Forces
2017
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TBC - HI-TRACK Response Plans
Does the network cost anything?
Welcome to the High Intensity Network

The aim of the High Intensity Network is to professionalise and co-ordinate new standards of excellence between the emergency and healthcare teams that support people struggling with highly intensive patterns of mental illness and behavioural disorders.

For the first time, the 55 NHS Mental Health Trusts that provide crisis care across England and Wales will be able to train

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