Using Street Triage to Reduce Inappropriate Use of Section 136 of the Mental Health Act

Event Report
Acknowledgements

I would like to thank everyone who presented at the event and all participants for engaging in the panel and roundtable discussions.

Paul Biddle

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Introduction
The ‘Using Street Triage to Reduce Inappropriate Use of Section 136 of the Mental Health Act’ half-day event took place on 10th November. The event was organised by Paul Biddle, Research Fellow at Northumbria University. Over 35 people attended the event from police forces, the NHS, third sector organisations, local government and higher education institutions.

Street Triage services are designed to support the Police to respond more appropriately those experiencing mental health issues and to provide better assessment, care and signposting. The ESRC-supported ‘Using Street Triage to Reduce Inappropriate Use of Section 136 of the Mental Health Act’ event explored the need for, development of, outcomes achieved by and the sustainability of Street Triage approaches. It was designed to share research findings and practice, and to consider the future direction of Street Triage.

The event was part of the Festival of Social Science run by the Economic and Social Research Council (ESRC), which ran from 7-14 November 2015. The Festival has helped over 500 researchers to engage with new audiences from teenagers to pensioners, including individuals representing businesses, charities and policymakers. The 2015 ESRC Festival of Social Science had over 200 creative and exciting events aimed at encouraging businesses, charities, government agencies, schools and college students to discover, discuss and debate topical social science issues. The Festival of Social Science celebrates some of the country’s leading social science research, giving an exciting opportunity to showcase the valuable work of the UK’s social scientists and demonstrate how their work has an impact on all our lives.

The event included:

- Seven presentations.
- A question & answer session with a panel comprised of presenters.
- Roundtable discussion and feedback.

Presentations
The table below gives details of the presentations:

<table>
<thead>
<tr>
<th>Presentation</th>
<th>Presenter(s)</th>
</tr>
</thead>
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<tr>
<td>A Police &amp; Crime Commissioner’s Thoughts on Street Triage</td>
<td>Barry Coppinger, Cleveland Police &amp; Crime Commissioner</td>
</tr>
<tr>
<td>Commissioning Street Triage</td>
<td>Julie Dhuny, Head of Commissioning, North East Offender Health Commissioning Unit</td>
</tr>
<tr>
<td>Street Triage: A Police Officer’s View</td>
<td>George Kane (Special Constable)</td>
</tr>
<tr>
<td>Street Triage in Leicestershire</td>
<td>Alex Crisp, Mental Health Partnership Development Manager, Office of the Police &amp; Crime Commissioner, Leicestershire</td>
</tr>
<tr>
<td>Street Triage in Nottinghamshire</td>
<td>Mental Health Partnership Development Manager, Office of the Police &amp; Crime Commissioner, Leicestershire</td>
</tr>
<tr>
<td>Scarborough, Whitby, Ryedale Street Triage Service</td>
<td>Annie Irving, Research Fellow, University of York</td>
</tr>
<tr>
<td>The Cleveland Street Triage Project &amp; Evaluation</td>
<td>Leighann Fishpool, Street Triage Nurse &amp; Paul Biddle, Research Fellow</td>
</tr>
</tbody>
</table>
Presentation 1 - A Police & Crime Commissioner’s Thoughts on Street Triage

Barry Coppinger
Police and Crime Commissioner for Cleveland
A Police and Crime Commissioner’s Thoughts on Street Triage

Your Force Your Voice www.cleveland.pcc.police.uk

Police and Crime Plan 2015/17

- 62 Point Plan setting strategic direction
  - Cleveland-wide approach to tackling crime and disorder
- Developed through public consultation and partnership engagement
- Five key objectives:
  1. Retaining and developing neighbourhood policing
  2. Ensuring a better deal for victims and witnesses
  3. Diverting people from offending, with a focus on rehabilitation and the prevention of re-offending
  4. Ensuring better links between agencies to make the best use of resources
  5. Valuing those who deliver community safety services and encouraging good community and industrial relations
- Robust process for delivery....

Mental Health and its impact on Policing, Community Safety and the wider Criminal Justice System

- 1 in 6 adults are thought to have mental health problems at any one time.
- The changing nature of demands on policing – the Police service are increasingly absorbed in health care issues (this includes but is not limited to mental health i.e. substance misuse, learning disabilities)
- Mental Health – a high risk business area for Cleveland Police (as identified in the Force Strategic Assessment)
- Often requires a significant police response and absorbs shrinking police resources

Your Force Your Voice www.cleveland.pcc.police.uk
Pathways for Victims or Vulnerable Adults

- Vulnerable people who perceive themselves to be victims of crime are often persistent callers to the Police

Gaps in current provision

- There is a real need to establish a route for the Police to correctly identify and assess persistent callers for mental health issues and refer to mental health service providers.

Positive Outcomes for Street Triage

Reducing Custody Use

- In 2014, early evidence indicated street triage was helping reduce police use of section 136. In Cleveland, only 12 (3.2%) out of 371 people assessed by street triage teams went on to be detained under the Mental Health Act, even though the Act applies to anyone detained under section 136.

Governance - Health and Justice Care Partnership Board

- Street Triage is a key programme overseen by the Health and Justice Care Partnership Board.
- Multi-agency groups
  - NHS England
  - Office of the Police and Crime Commissioner
  - Cleveland Police
  - Prison Service
  - Tees, Esk and Wear Valley Foundation Trust
  - Tesco
  - Mind
- Healthcare reforms present new opportunities for effective joint working, to improve commissioning and achieve better health outcomes for people in contact with the Criminal Justice System (CJS).
Using Street Triage to Reduce Inapt Use of s.136 Mental Health Act

Julie Dhuny
Head of Commissioning
10th November 2015

Health and Justice Commissioning Structure

- NHS England Health and Justice central team.
- Kate Davies is the national Head of Health and Justice
- 10 Heads of Health and Justice nationally
- 3 across North Region (Cumbria & NE, NW and Yorks / Humber)
- 1 Regional Director
- Cumbria and North East Commissioning Team

www.england.nhs.uk
Our commission

- 8 prisons
- 2 Secure Children’s settings
- Liaison and Diversion across 4 Police Forces (Cleveland, Cumbria, Durham, Northumbria)

Street Triage

- Sexual Assault Centres
- 4 Police Forces (custodial healthcare as from 2016)

Street Triage

- Lack of informed support for police officers coming into contact with vulnerable individuals appearing to suffer from mental disorder, and lack of appropriate pathway for those vulnerable individuals from police contact
- Opportunity through DoH for Pathfinder Funding therefore Cleveland Police/TEWV were supported to pilot First Response/Street Triage (£172k p.a.)
- Launched in Cleveland in 2011 and project continues to date funded by H&J to date.
Special Constable George Kane discussed his experiences of using Cleveland Street Triage services when dealing with individuals he felt may be experiencing mental ill health. He discussed how he had engaged the service, triage staff input and the benefits of Street Triage to him and the individuals concerned.

**Leicestershire Mental Health Triage Car**

Alex Crisp – Mental Health Partnership Manager  
Vicki Noble – Senior Nurse Practitioner for Criminal Justice and Liaison Service

**In The Beginning**

- Poor relations between police and mental health  
  - We didn’t understand each other  
  - We had preconceived ideas about each other  
  - We thought that the other organisation could solve all the problems we couldn’t.

‘Why don’t you just lock them up?’
Up and Running

- Initially a three month pilot
- Immediate reduction in use of 136
- Importance of maintaining momentum

OPERATIONAL TACTICS

- Not 1st response
- Support for Hostage and Crisis Negotiators
- Section 136 alternatives
THE JOURNEY TO DATE

* Hours
* Way of working
* Service provided
* Size of team
* Current provision

BEYOND LIVE INCIDENTS

* Provision of training, education and practical experience
* Advice to other organisations
* Attend and support Multi-agency meetings
* Supporting local British Transport Police
‘A Vehicle for Change’

Change what!

The Impact of MH01

Incidents with the word "mental" contained in the log field

- Incidents with the word "mental" in the log
- % of total incidents

2012 2013 2014
S.136 Mental Health Act Detentions
What is Street Triage

* What are we Learning?
* Apart from the overwhelmingly positive response!
* Build relationships not just protocols
* Improved data collection
* Invest in analysis and governance

"The force would make a big mistake taking the triage car away"

"An invaluable source of real time partner agency knowledge and solid advice from experienced mental health practitioners"

"Very good team we would be taking a huge step back if the scheme didn't continue"
 "They're great!"

"The best front line initiative the force has implemented in a long time"

"the most useful development that has been made in recent times"

"It is one of the few things introduced that actually reduces workload and helps officers on the ground"

"Incredibly important asset and resource"

"extremely positive service that needs to stay"

"AN INVALUABLE RESOURCE"

It is a fantastic resource to have available
The Mental Health Triage Car is filling a gap in service

We’re not standing still
Future developments
Why did we need Triage Team

- In 2013 Notts Police detained 1037 people using S136 and 321 of those detained were taken to police custody.
- Only 21% of those detained using S136 were admitted to hospital.
- A number of repeat callers with mental health problems were repeatedly contacting the police and being detained under S136 on a regular basis.
  - EW cost the force over £17,000 and was responsible for at least 10 incidents over a three month period.
  - 6 initial repeat callers were involved in at least 181 incidents at an estimated cost of £23,089.

Nottinghamshire Police/Nottinghamshire Healthcare Trust.
Street Triage Team.
The Nottinghamshire Model

- A Community Psychiatric Nurse crewed with a Police officer in a marked response vehicle.
- Working between 16:00 and 01:00 hours 7 days per week 365 days per year. This covers 68% of our Mental Health Concern incidents.
- City Car based at the Riverside (City/South) and County Car based at Mansfield Police Station. Operate to the nearest resource available model.
- Community Psychiatric nurse to complete a IMHA (Initial Mental Health Assessment) and advise on the police use of S136. Where S136 is not appropriate then the nurse will refer service users to the correct patient pathway.
- Nurse to have access to RiO (Nottinghamshire Mental Health Patient database) to assist decision making.

Objective of the Nottinghamshire Street Triage Team

- Reduce the number of inappropriate detentions in hospital or custody.
- Reduce Repeat Calls
- Reduce deaths in Custody
- Reduce the Costs associated with S136 detentions.
Year 1 Benefits / Outcomes

- 2568 Incidents Resourced
- 1246 Initial Mental Health Assessments completed
- 532 referrals made into Mental Health Care Pathways
- 37% reduction in the use of S135
- 171 less S135’s detained in custody

6 Initial repeat callers reviewed
- 1 conviction of malicious communications.
- 1 person convicted twice for wasting police time.
- 1 person detained under the mental health act long term.
- 1 person engaged with Veteran charities.

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Initial Mental Health Assessments (IMH)

- There have been 1246 Initial Mental Health Assessments completed in year 1.
- Out of these IMHA’s there have been 532 referrals into patient pathways.
- 583 Discharged / No further health action.
- 103 Section 136 Detentions.
- 28 Arrests directly linked to the incident.

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Table 17: Cop of Repeat Mental Health Service Users

<table>
<thead>
<tr>
<th>Repeal</th>
<th>01/04/2014 - 03/20/2014</th>
<th>Cost</th>
<th>03/20/2014 -</th>
<th>Cost</th>
<th>Total</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVW</td>
<td>8</td>
<td>£7,108.32</td>
<td>£7,984.89</td>
<td>15</td>
<td>£8,107.82</td>
<td>£14,896.14</td>
</tr>
<tr>
<td>SAV</td>
<td>7</td>
<td>£1,168.50</td>
<td>£9,446.89</td>
<td>5</td>
<td>£1,465.00</td>
<td>£12,070.39</td>
</tr>
<tr>
<td>TL</td>
<td>17</td>
<td>£1,391.48</td>
<td>£1,978.52</td>
<td>15</td>
<td>£1,608.40</td>
<td>£9,191.34</td>
</tr>
<tr>
<td>DW</td>
<td>1</td>
<td>£318.71</td>
<td>£1,156.00</td>
<td>5</td>
<td>£326.71</td>
<td>£1,646.82</td>
</tr>
<tr>
<td>LM</td>
<td>11</td>
<td>£932.33</td>
<td>£1,039.82</td>
<td>4</td>
<td>£990.33</td>
<td>£1,925.82</td>
</tr>
<tr>
<td>KS</td>
<td>25</td>
<td>£844.50</td>
<td>£1,359.34</td>
<td>9</td>
<td>£1,324.50</td>
<td>£4,528.34</td>
</tr>
<tr>
<td><strong>Tote</strong></td>
<td><strong>115</strong></td>
<td><strong>£1,441.34</strong></td>
<td><strong>£1,210.78</strong></td>
<td><strong>8</strong></td>
<td><strong>£3,663.25</strong></td>
<td><strong>£40,213.31</strong></td>
</tr>
</tbody>
</table>

Year 2 Projected results

- Year 2 projections based on the first 6 months data
- 2724 incidents resourced
- 450 S136 detentions (56% reduction)
- 30 detained in police custody (90% reduction)

- The cost to Notts Police is for 4 full time police officers and 2 leased marked cars costing £104, 296 and in year 2 will produce an approximate efficiency saving of £256,309 or 6.5 FTE.
- The NHS funding is granted via the Clinical Commissioning Groups and we are currently waiting for a funding decision when the pilot ends in April 2016.
Future direction of the Triage Team

- Analysis shows a significant number of S136’s now remain in the day before triage hours. 9am – 4pm (35%)
- The preferred future operating model is a maximisation of the current staffing levels of 6 Community Psychiatric Nurses and 4 Police Officers.
- Monday – Friday 9am till 4pm CPN in the Control Room.

Policy changes to support performance

- April 2015 – No children allowed in Police Custody
- October 2015 – No adults allowed in Police Custody unless unmanageably violent.
- Expansion of HBPOS to 4 S136 beds with the option to open a temporary room for police officers to remain with a S136 when no spare capacity.
- 24 hour access to the Mental Health database for better decision making.
- MH Training to frontline staff / Intranet Mental Health Page.
Evaluation of the Scarborough, Whitby and Ryedale Street Triage Service

Annie Irvine
Research Fellow, Social Policy Research Unit
10th November 2015

Tees, Esk and Wear Valleys NHS Foundation Trust

Background

Street Triage Pilot
- One of nine DH-funded pilots
- March 2014 to March 2015
- £200,000 operating budget
- Scarborough, Whitby and Ryedale region
- Delivered in partnership by Tees, Esk & Wear Valleys NHS Foundation Trust and North Yorkshire Police

Research evaluation
- Funded by N8 Research Partnership under ‘co-production’ theme
- Conducted by University of York in collaboration with TEWV and NYP analysts
- Qualitative interviews and focus groups (n = 46 individuals)
- Quantitative analysis of routinely recorded data (5136 detentions; Triage service activity; TEWV service use)
Aims of Street Triage

• To reduce the use of s.136 of the Mental Health Act
• To reduce the amount of police resources devoted to dealing with mental health incidents
• To improve the speed and appropriateness of assessment, care and treatment provided to individuals in mental health crisis – including referral into other services and follow-up care
Initial Operating Model

| Staffing                        | Two Band 6 mental health nurses  
|                                | Two Band 5 Community Support Workers  
|                                | (One Band 5 and one Band 5 staffing any given shift)  
| Hours of operation             | 9.00pm to 5.00am, 7 days per week  
| Base location                  | Dedicated office at Cross Lane Hospital (Scarborough)  

**Deployment processes and transportation:**
Police request Street Triage via Force Control Room
Triage team travel from hospital base to incident in unmarked vehicle
Vehicle equipped for hands-free use of police radio

**Communication and information sharing:**
Use of police radio linked into police mobile phones
Direct access to NIMIC database system
Videofax access to online NIMIC records system
Automated route for NIMIC information to be shared with Triage team

**Eligibility criteria:**
No exclusions - all ages, all circumstances

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Street Triage in practice

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harm to self</td>
<td>247</td>
<td>47</td>
</tr>
<tr>
<td>Unusual behaviour/any other mental health problems</td>
<td>209</td>
<td>40</td>
</tr>
<tr>
<td>Intoxication/under the influence</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Harm to others</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Other aggression</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Physical violence</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Not recorded</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Total: 524 / 100

- Face-to-face assessments
- Remote advice and information provision
- Liaison, referral, signposting and follow up
- Non-crisis assessments and multiagency interventions

- 25% in public place
- 75% in private settings
Impact on Police

• Saving time and resources
• Improved decision making through expertise and information sharing
• Moving situations forward through liaison and multiagency working
• Knowledge and attitudes towards mental health
• But: no impact on rates of s.136 detentions

Partnership working and fit with other services

• Improved interagency relationships
• Collaborative working towards a shared goal  
  — better service and better outcomes for individuals
• Increased mutual trust, confidence, understanding
• Street Triage filled a ‘sub-threshold’ gap
Street Triage ‘filling a gap’

- The thing I’ve found with this is that the mental health system isn’t a system. It’s a collection of bits, that roughly fit together, but there are plenty of gaps between those bits as well. And whenever there’s an interface between different agencies, there’s an opportunity for people to fall between the cracks. And the real benefit that I’ve seen is that the Triage team tends to fill those gaps (police officer)

- I think that filling the gaps actually, where we’ve got people that don’t meet the criteria for a community mental health team service, but need something from time to time. I absolutely think Street Triage fills that gap (Triage team)

Cross-cutting themes

- A genuine triaging function
- Risk assessment and risk management
- Capacity and mental illness
- The changing role of policing
- Need for improved police training on MH
Future Directions

- 3 month extension of funding from CCG (pending evaluation outcomes) followed by agreement to fund until end of financial year (March 2016)
- Future funding remains uncertain

- Expanding the Street Triage service
  - More staffing, longer hours, 7-day service
- Increased multiagency involvement
- Training for police officers


## Background & Context

<table>
<thead>
<tr>
<th>National</th>
<th>Local</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approx. 4 million Police mental-health related incidents each year.</td>
<td>Number of s.136s in Cleveland was disproportionality high.</td>
</tr>
<tr>
<td>Increase in s.136 detentions.</td>
<td>Many s.136 ‘inappropriate’.</td>
</tr>
<tr>
<td>Police de-facto first responders to mental distress.</td>
<td>2010-11; 588 (76%) released as ‘no mental health issue’.</td>
</tr>
<tr>
<td>Bradley Report recs.</td>
<td>Cost to Cleveland Police: approx. £690K.</td>
</tr>
<tr>
<td>Expertise issues.</td>
<td>Need for more appropriate response to respond to those experiencing mental distress and to ensure efficient and effective use of resources.</td>
</tr>
<tr>
<td>Result: ‘Inappropriate’ use of s.136 and cost, resource, treatment and care implications</td>
<td></td>
</tr>
</tbody>
</table>

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Leighanne Fishpool – Cleveland Street Triage Nurse
Paul Biddle – Research Fellow, Northumbria University

17 November, 2015
Cleveland ST Objectives

- Objectives:
  - Reduce ‘inappropriate’ detentions under s.136.
  - Appropriate referral pathways and interventions for those with mental health and social care issues.
  - Improve care and reduce costs.
  - Support Police to respond more appropriately to those with mental health issues.

Delivery Model

- 3 Qualified Mental Health Nurses + Support worker;
- Providing up to 7 day cover from 12 midday until 12 midnight;
- Located at Roseberry Park Hospital (Middlesbrough);
- Responsive to Police requests for attendance at scene;
- Mental Health assessment carried out;
- Signposting;
- 7-day follow-up.
Delivery Model

17 November, 2015

The Evaluation

17 November, 2015
Evaluation Objectives & Methodology

- Analyse the development, delivery, outcomes, benefits and future direction of Cleveland Street Triage.
- Explore delivery issues and collaborative working.
- Mixed Methods Approach.

Delivery

- Project Est. 2012.
- 572 referrals received Aug 2012-Feb 2014.
- Average of 30 referrals per month.
- Majority (51%) of referrals adult males, already known to local Mental Health NHS Trust.
- Comorbidities:
  - Substance Misuse – 39%; Learning Disability – 2%; ADHD – 1%
Outcomes

<table>
<thead>
<tr>
<th>Month and year</th>
<th>S.136 Police detentions</th>
<th>S.136 Street Triage detentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-12</td>
<td>42</td>
<td>4</td>
</tr>
<tr>
<td>Sep-12</td>
<td>31</td>
<td>1</td>
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<tr>
<td>Oct-12</td>
<td>40</td>
<td>1</td>
</tr>
<tr>
<td>Nov-12</td>
<td>22</td>
<td>2</td>
</tr>
<tr>
<td>Dec-12</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Jan-13</td>
<td>31</td>
<td>1</td>
</tr>
<tr>
<td>Feb-13</td>
<td>30</td>
<td>1</td>
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<tr>
<td>Mar-13</td>
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<td>Apr-13</td>
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<td>May-13</td>
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<td>Jun-13</td>
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<td>Jul-13</td>
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<tr>
<td>Jan-14</td>
<td>27</td>
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</tr>
<tr>
<td>Feb-14</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>Mar-14</td>
<td>558</td>
<td>13</td>
</tr>
</tbody>
</table>

Table 2: A comparison of section 136’s (not leading to hospital admissions as no mental health problem was identified or a more appropriate referral pathway not used) between those involving S1 (based on referrals to S) and those involving S (based on referrals to ST or S). The Table shows the proportion of S1 and S referrals admitted to hospital during the ST period and the percentage of referrals admitted to hospital during the ST period.

<table>
<thead>
<tr>
<th>Month and year</th>
<th>(1) Section 136</th>
<th>(2) Section 136</th>
<th>(3) Per cent of police section</th>
<th>(4) Per cent</th>
<th>(5) ST assessment</th>
<th>(6) Per cent</th>
<th>(7) Section 136</th>
<th>(8) Per cent</th>
<th>(9) Per cent</th>
<th>(10) ST assessment</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>police detentions</td>
<td>police detentions</td>
<td>admissions to hospital</td>
<td>ST assessment</td>
<td>admitted to hospital</td>
<td>recommendations</td>
<td>police detentions</td>
<td>ST assessment</td>
<td>admitted to hospital</td>
<td>recommendations</td>
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<td>August 2012</td>
<td>45</td>
<td>8</td>
<td>63</td>
<td>1</td>
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<td>4</td>
<td>6</td>
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<td>September 2012</td>
<td>51</td>
<td>10</td>
<td>80</td>
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<tr>
<td>October 2012</td>
<td>40</td>
<td>6</td>
<td>85</td>
<td>41</td>
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<td>November 2012</td>
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<td>49</td>
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<td>December 2012</td>
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<td>January 2013</td>
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Outcomes

- Reduction in 'inappropriate' use of s.136.

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<td>13 s.136 detentions were made (0.08% from a total n = 15,937 incidents)</td>
<td>-558 detentions when ST were not on duty (7% from a total n = 7,995 incidents). Of these 82% were NOT assessed as warranting admission</td>
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Achievements

- An example of early and speedy intervention.
- Distinct resource specifically aligned to Police (unlike Crisis Teams) which does not have ‘thresholds’
- Delivery of timely, on-scene advice and support for Police.
- Service-users avoided unnecessary distress, stigma and criminalisation.
- Cost savings.
- Positive service-user feedback.

Sainsbury Centre for Mental Health (2009) estimated that the cost of a s.136 was £1,780 per individual.

Based on Cleveland Street Triage data available to the evaluation:
  - Cost of the police detentions was £993,240 compared with £23,140 for the Street Triage.
  - A difference of £970,100.
Achievements

- Very beneficial as it was better speaking to mental health members and not just police who don’t understand mental illness.
- Really helpful, appreciated the help to put me in the right direction.
- Extremely beneficial, talking to team helped put things in perspective.
- Yes, can say its a bad thing as nurses very efficient got me help quickly.
- So happy with the outcome of my assessment, it helped me put things in perspective and helped me work out what help I needed and how to get it.

Issues

- Increasing number of ‘self-presenters’.
- Assessment difficulties.
- Repeat Referrals (12% of all cases) – had more complex needs.
- Overall, good working relationships with external organisations BUT some tensions.
- Cost saving for one agency based on investment by another.
- Calculating savings to NHS difficult.
- Operating 24/7 - cost implications.
Discussion

- Project regarded positively.
- Delivery model able to respond flexibly within limited and uncertain future funding models (e.g. role expanded to assess people in own homes – s.135).
- Example of the ‘Bottom Up’, local development of Street Triage.
- Need to determine funding, core principals and practice at national level to support sustainability.
- Where ST ‘fits’. Risk/relationships/role/location....

Critique of Street Triage

- Are Street Triage services are undertaking work that the police should not have been involved in?
- Argued that the services do not recover investments made in them.
- Does Street Triage fix the ‘wrong’ problem – addresses how the police respond without questioning why the police respond.
- Argued that most people encountered by Street Triage are existing MH service-users. So focus should be why other services have ‘failed’ to sufficiently support that person and why the police (and Street Triage) are called – and how services can be improved/
- Argued that there is a lack of consideration regarding whether the positive outcomes delivered by Street Triage can be achieved in other ways.
Question & Answer Session with Panel

The event included a 30 minute question and answer session to a panel, comprising presenters, plus Professor Andrew Gray (Chair, Prison and Offender Research in Social Care and Health). The questions led to discussions on various Street Triage-related issues:

- **Aims, Objectives & Purpose of Street Triage**: There was a discussion about the aims, objectives and purpose of Street Triage services. This included an exploration of how aims, purposes and objectives can change over time, from being primarily focused on delivering a reduction in S.136s, to a focus on wider impacts such as a reduction in A&E admission rates, incidents of self-harm, improved referral/signposting, and avoidance of voluntary admission to mental health facilities.

- **Street Triage Services for Children & Young People**: Street Triage services can be delivered to children and young people (Cleveland, Leicestershire and Nottinghamshire Street Triage are able to deliver such services, but always engage Children & Adolescent Mental Health Services (CAMHS)). Although the Scarborough, Whitby & Ryedale Street Triage service had not worked with children and young people directly, there was a care pathway in place if the service did so.

- **Demand and Hours of Operation**: Ideally, 24/7 operation was regarded as the most appropriate option and it was felt that a 24/7 service would be welcomed by the Police. However, levels of funding have precluded this. Consequently, the four services represented at the event operated at times when identified need was (or was likely to be) greatest.

- **National-level Commitment to Street Triage**: Although national policy guidance on Street Triage is expected soon, there was a sense an absence of a national strategy has resulted in potential commissioners not regarding Street Triage as a priority for funding. Rather than funding being driven by national policy, it was suggested that Street Triage funding has been based on relationships between police forces and the NHS at a local level. It was regarded as crucial that forthcoming national policy guidance was sufficiently flexible to enable delivery of different models of Street Triage to reflect local need, as ‘one size does not fit all’.

- **The Position of Street Triage in Wider Mental Health Services**: There was a discussion of where Street Triage services might best be situated, within wider mental health services, to maximise effectiveness. One suggestion was that Street Triage services should be located within Criminal Justice Liaison & Diversion services to support co-ordinated, holistic responses and to develop capacity, enable sharing of expertise and to improve care pathways.

- **Public Expenditure Reductions**: It was suggested public expenditure reductions (and associated re-organisation and reconfiguring of services) have resulted in organisations focusing on core service delivery, rather than engaging with new initiatives such as Street Triage.

- **Commissioning Street Triage Services**: Convincing commissioners of the relevance, value and potential cost-savings of Street Triage services is crucial to support their sustainability. There is a need to gather, synthesise and promote evidence of the impacts achieved by Street Triage to potential funders (e.g. Care Commissioning Groups, Police, local authorities). Commissioning arrangements were argued to be complex and not immediately clear to those without a commissioning background (issues include: identifying who might commission Street Triage, identifying how Street Triage fits with commissioning priorities,
commissioning processes, and locating sources of commissioning support). The availability of a variety of commissioning models would be beneficial to meet different local needs (e.g. Police-funded, NHS-funded, Local Authority funded and a co-commissioning model where various organisations pool resources to fund a triage service).

**Roundtable Discussion**

The final part of the event comprised four roundtable discussions based on consideration of the following questions:

1. Is Street Triage an appropriate way to:
   a. Respond to those with mental health issues?
   b. Reduce the number of Section 136s?

2. Does the use of Street Triage risk:
   a. Inappropriate interventions?
   b. Illegal activity by the Police?

3. What would a ‘blue print’ for Street Triage look like?

4. How might Street Triage be funded in future?

5. Are specific delivery models more likely than others to secure funding?

6. What are the key issues facing Street Triage and how might these be addressed? (e.g. risk assessment/management, place within multi-agency approaches, culture change?)

Key points emerging from the roundtable discussions were:

- Street Triage is beneficial as it can reduce the number of avoidable S.136s and because it places a mental health service resource at the earliest part of the criminal justice pathway (which, in turn, reduces the likelihood of escalation).
- The Police are always likely to have to respond to those with mental health issues – but cannot be expected to be mental health clinicians. Therefore, they should not be expected to respond without information, advice, guidance and input from specialist mental health services. The Police need access to mental health specialists that Street Triage can provide.
- The roles and responsibilities of Street Triage Services, Crisis Teams and Community Mental Health Teams – and protocols around joint working – need to be clear to avoid duplication and support the delivery of effective care pathways and positive working relationships.
- There is no single model of funding or service delivery suitable for all circumstances and localities with flexibility, alongside a longer-term approach to funding, required. A detailed, single, prescriptive model is not appropriate. However, co-commissioning could be a potentially valuable approach to fund Street Triage services.
- Supportive national level messages are required to raise awareness of Street Triage and to encourage commissioners to fund it.
- Ongoing work to map Street Triage costs and benefits is needed.

Conclusions

Key messages emerging from the event were:

- The Police are increasingly engaged in responding to those with mental health issues, but are not mental health specialists. Responding to those with mental health issues has substantial Police time and cost implications. The historic lack of specialist mental health resource available to the Police may have resulted in the use of s.136s in the absence of other identifiable and practical options.
- Street Triage services are able to reduce the use of s.136s and support effective collaboration between the Police and mental health professionals. This supports the delivery of appropriate responses to individuals experiencing mental health issues via more accurate assessment, diagnosis and the identification of the correct care pathways for service users. Street Triage teams are also able to deliver mental health awareness-raising and training, thus helping Police deal directly with individuals they suspect are experiencing a mental health problem.
- There is evidence that Street Triage services are able to contribute to Police efficiency savings.
- Effective collaboration between Street Triage staff, Police, Crisis Teams and wider service providers underpins the impacts achieved by Street Triage.
- There is a need to invest resources in data collection and analysis to illustrate interventions undertaken and outcomes achieved in relation to service delivery objectives (e.g. reduction in s.136s, improved care pathways, reduced admittance to hospital). Evidence of impacts is essential to convince commissioners to fund Street Triage services.
- Effective delivery of Street Triage services requires a balance to be achieved between national-level support and local flexibility. Strong national-level policy support is helpful to encourage commissioners to fund Street Triage, but flexibility is needed to ensure that localities can develop and deliver Street Triage models that meet local needs (e.g. local demand and local geographical characteristics).
- Uncertain and short term funding regimes (in conjunction with ongoing public expenditure reductions) has made the long term development and planning challenging.
- Event presentations and discussions strongly suggest that Street Triage services have positive impacts (e.g. reducing unnecessary s. 136s, improving assessment diagnosis and care pathways and resulting in efficiency savings for the Police). However, a number of criticisms of Street Triage services have been made:
  - It has been suggested that Street Triage services are undertaking work that the police should not have been involved in.
  - It has been argued that services do not recover investments made in them.
  - There is a discussion about the extent to which Street Triage fixes the ‘wrong’ problem – it addresses how the police respond to those with mental health issues, without questioning why the police respond.
It has been suggested that most people encountered by Street Triage services are existing mental health service-users. As such, it has been argued the focus should be why other services have ‘failed’ to sufficiently support that person and why the police (and Street Triage) thus become involved. Perhaps, it has been suggested, the question is how these wider services can be improved to avoid Police (and Street Triage) involvement.

There is, it has been argued, a lack of consideration as to whether the positive outcomes associated with Street Triage services can be achieved in other ways.