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**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

Research Fellow

T: +44 (0)191 243 7422

E: p.biddle@northumbria.ac.uk

Room 201 Lipman, Building, Northumbria University, Newcastle upon Tyne, NE1 8ST,
United Kingdom



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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:

A Police & Crime Commissioner's Thoughts on Street Triage	Barry Coppinger, Cleveland Police & Crime Commissioner
Commissioning Street Triage	Julie Dhuny, Head of Commissioning, North East Offender Health Commissioning Unit
Street Triage: A Police Officer's View	George Kane (Special Constable)
Street Triage in Leicestershire	Alex Crisp, Mental Health Partnership Development Manager, Office of the Police & Crime Commissioner, Leicestershire
Street Triage in Nottinghamshire	Mental Health Partnership Development Manager, Office of the Police & Crime Commissioner, Leicestershire
Scarborough, Whitby, Ryedale Street Triage Service	Annie Irving, Research Fellow, University of York
The Cleveland Street Triage Project & Evaluation	Leighann Fishpool, Street Triage Nurse & Paul Biddle, Research Fellow

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....



"Your Force Your Voice"

www.cleveland.pcc.police.uk

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"

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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.



'Your Force Your Voice'

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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 people detained under section 136



'Your Force Your Voice'

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Governance - Health and Justice Care Partnership Board

- Street Triage is a key programme overseen by the Health and Justice Care Partnership Board
- Multi-agency group
 - NHS England
 - Office of the Police and Crime Commissioner
 - Cleveland Police
 - Prison Service
 - Tees, Esk and Wear Valley Foundation Trust
 - Tascor
 - 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),



'Your Force Your Voice'

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Presentation 2 - Commissioning Street Triage



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)

www.england.nhs.uk



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.

www.england.nhs.uk



Presentation 3 - Street Triage: A Police Officer's View (no slides)

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.

Presentation 4 – Street Triage in Leicestershire

Leicestershire Mental Health Triage Car

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

Leicestershire Partnership NHS Trust



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?'

Leicestershire Partnership NHS Trust



Up and Running

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

Leicestershire Partnership 
NHS Trust



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



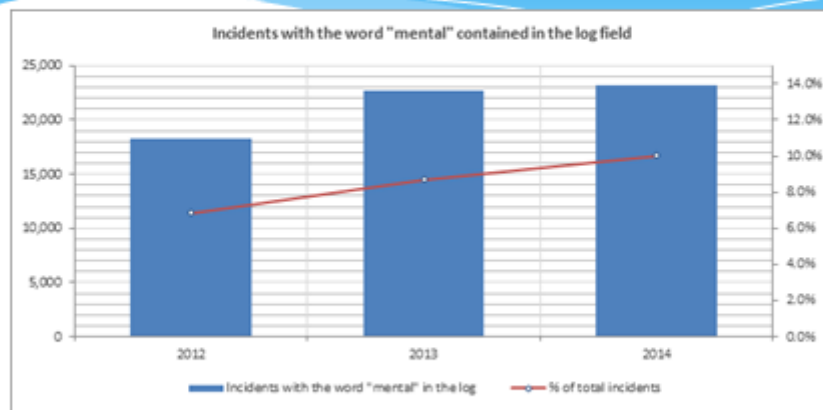
'A Vehicle for Change'

Change what!

Leicestershire Partnership 
NHS Trust

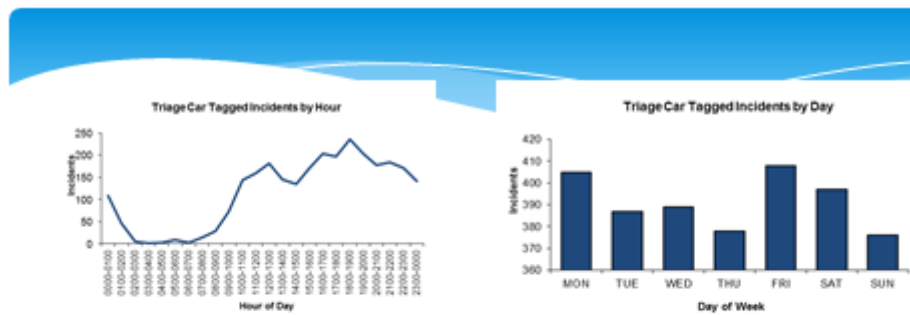


The Impact of MH01

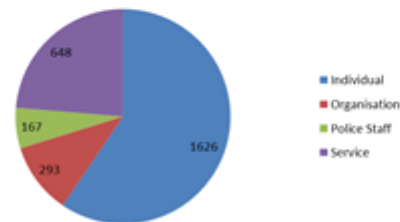


Leicestershire Partnership 
NHS Trust

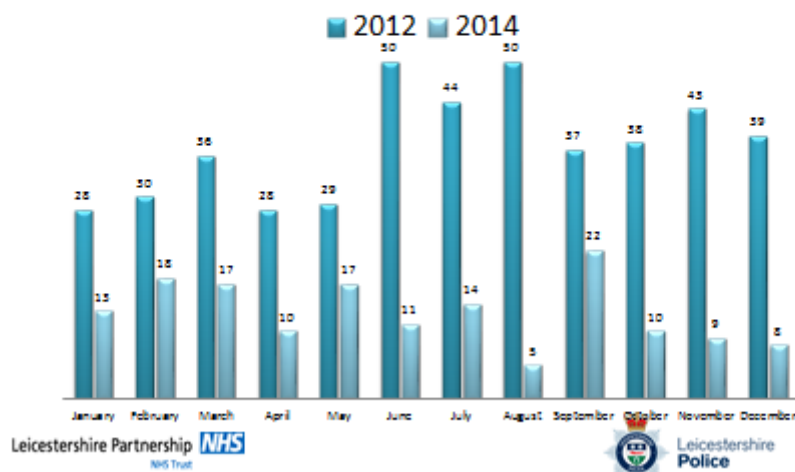




Call Source for Tagged Incidents



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.



positive
about local services

**Nottinghamshire
Police/Nottinghamshire Healthcare
Trust.**

Street Triage Team.



positive
about local services

www.nottinghamshire.police.uk
[www.twitter.com/nottspolice](https://twitter.com/nottspolice)
www.facebook.com/nottspolice

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 a 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

- 2508 Incidents Resourced
- 1246 Initial Mental Health Assessments completed
- 532 referrals made into Mental Health Care Pathways
- 37% reduction in the use of S136
- 171 less S136's detained in custody

6 Initial repeat callers reviewed

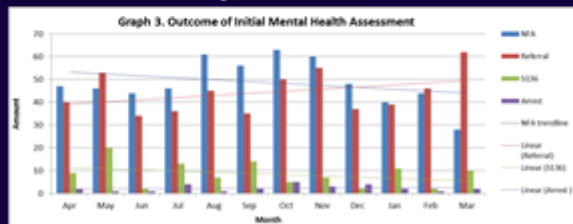
- 1 conviction of malicious communications.
- 1 person convicted twice for wasting police time.
- 1 person detained under the mental health act long term.
- 1 person engaged with Veteran charities.



www.nottinghamshire.police.uk
www.twitter.com/nottspolice
www.facebook.com/nottspolice

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.



www.nottinghamshire.police.uk
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Repeat Service users – costs?

Table 17. Cost of Repeat Mental Health Service Users

Amount of incidents on POETS between...

Repeat	Q1		Q2		Q3		Total	
	01/01/2014 - 30/03/2014	Cost	01/04/2014 - 30/06/2014	Cost	01/07/2014 - 30/09/2014	Cost	Total	Total Cost
EW	42	£7,306.32	102	£17,743.92	12	£2,087.52	156	£27,137.76
SAM	7	£1,158.50	8	£1,324.00	1	£165.50	16	£2,648.00
TL	17	£1,231.48	19	£1,378.56	15	£1,086.60	51	£3,694.44
DIW	3	£328.71	10	£1,095.70	3	£328.71	16	£1,753.12
LM	11	£522.83	4	£190.12	4	£190.12	19	£903.07
KS	25	£894.50	38	£1,359.64	51	£1,824.78	114	£4,078.92
Total	105	£11,442.34	181	£21,089.74	86	£5,683.23	372	£40,215.31



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www.facebook.com/nottspolice

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 £184,296 and in year 2 will produce an approximate efficiency saving of £266,309 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.



NOTTINGHAMSHIRE
POLICE
PROUD TO SERVE

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 (s.136 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 3 Community Support Workers (One Band 6 and one Band 3 staffing any given shift)
Hours of operation	3.00pm to 1.00am, 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 radios linked into police airwave Mobile phones Direct access to PARIS patient information system No direct access to police NICHZ records system, but police clearance for NICHZ information to be shared with Triage team
Eligibility criteria	No exclusions – all ages, all circumstances

Street Triage in practice

	n	%
Harm to self	247	47
Unusual behaviour/any other mental health problem	209	40
Intoxication	36	7
Harm to others	21	4
Other aggression	8	2
Physical violence	1	0
Not recorded	2	0
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

Cleveland Street Triage

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



Background & Context

National	Local
<ul style="list-style-type: none">➤ Approx. 4 million Police mental-health related incidents each year.➤ Increase in s.136 detentions.➤ Police de-facto first responders to mental distress.➤ Bradley Report recs.➤ Expertise issues.➤ Result: 'Inappropriate' use of s.136, and cost, resource, treatment and care implications	<ul style="list-style-type: none">➤ Number of s.136s in Cleveland was disproportionality high.➤ Many s.136 'inappropriate':➤ 2010-11; 588 (76%) released as 'no mental health issue'.➤ Cost to Cleveland Police: approx. £690K.➤ Need for more appropriate response to respond to those experiencing mental distress and to ensure efficient and effective use of resources

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.

17 November, 2015

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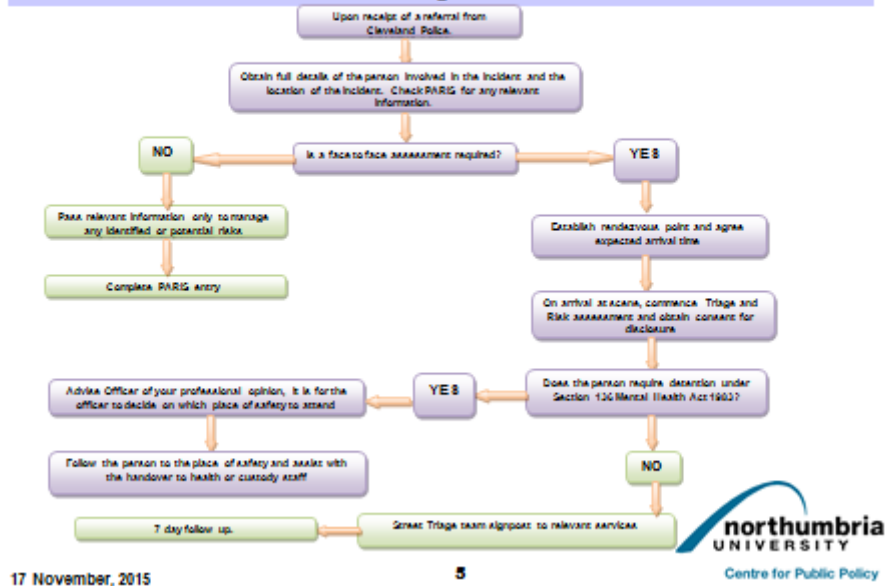
Delivery Model

- 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.

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Delivery Model



The Evaluation

17 November, 2015

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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.

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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%.

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Outcomes

Month and year	S.136 Police detentions	s136 Street Triage detentions
Aug-12	45	4
Sep-12	51	1
Oct-12	40	1
Nov-12	25	2
Dec-12	29	0
Jan-13	31	1
Feb-13	30	1
Mar-13	24	1
Apr-13	34	0
May-13	22	1
Jun-13	15	0
Jul-13	37	0
Aug-13	30	1
Sep-13	25	0
Oct-13	19	0
Nov-13	31	0
Dec-13	26	0
Jan-14	27	0
Feb-14	17	0
Total	558	13

Caution is advised as it is unclear whether the unsupported police group were dealing with a more unwell population, or what the situation would have been like if the ST team was on duty during the same period.



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 the police and those involving ST (based on referrals to ST/column 5)

Month and year	Column (1)-(4) = while ST were not on duty (12 midnight-12 noon)				Column 5-8 = while ST were on duty (12 noon-12 midnight)			
	(1) Section 136 police detentions (equivalent process of ST assessment)	(2) Section 136 police detentions—admitted to hospital	(3) Section 136 police detentions—not admitted to hospital	(4) Per cent of police section 136 detentions—not admitted to hospital	(5) ST assessments (proxy for police section 136 detentions)	(6) Section 136 recommended by ST—admitted to hospital	(7) Section 136 police detentions—not recommended by ST and not admitted to hospital	(8) Per cent of detentions—not admitted to hospital during ST duty
August 2012	45	8	37	82	63	0	4	6
September 2012	51	10	41	80	20	0	1	5
October 2012	40	6	34	85	41	1	0	0
November 2012	25	6	19	76	43	1	1	2
December 2012	29	6	23	79	25	0	0	0
January 2013	31	3	28	90	16	0	1	6
February 2013	30	5	25	83	18	0	1	6
March 2013	24	7	17	71	26	0	1	4
April 2013	34	3	31	91	15	0	0	0
May 2013	22	4	18	82	27	0	1	4
June 2013	15	1	14	93	37	0	0	0
July 2013	37	4	33	89	40	0	0	0
August 2013	30	4	26	87	39	0	1	3
September 2013	25	7	18	72	26	0	0	0
October 2013	19	7	12	63	34	0	0	0
November 2013	31	4	27	87	27	0	0	0
December 2013	26	3	23	88	29	0	0	0
January 2014	27	6	21	78	18	0	0	0
February 2014	17	4	13	76	28	0	0	0
Total number	558	98	460	82	572	2	11	2

Outcomes

Referred by Street Triage to:	total	%	Emergency Duty Team	10	2
A&E	17	3	RME	2	0
Access	11	2	Forensic Sexual Nurse	1	0
Advised to contact services	47	8	GP	63	11
Advocacy	2	0	Housing	7	1
Affective Disorders Team	31	5	Learning Disability	5	1
Arrested	10	2	MIND	2	0
Benefits Agency	1	0	Not applicable/no further action	111	19
CAB	17	3	Not recorded	8	1
CAMHS/CYPS	23	4	Older peoples service	4	1
MHT/CPN	3	1	Psychiatric Hospital	22	4
Counselling	27	5	Psychosis Team	13	2
Criminal Justice Team	1	0	Social Services	10	2
Crisis	61	11	Substance misuse services	62	11
Current to services	113	20	Talking Therapies	37	6
Did not engage	26	5	Veterans services	1	0
District General Hospital	3	1			

Note: Some people were referred to more than one service, so percentage figure does not total 100%

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Outcomes

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

ST on duty (Aug 2012 to Feb 2014, 12 noon–12 midnight)	ST not on duty (Aug 2012 to Feb 2014)
13 s.136 detentions were made (0.08% from a total n = 15,937 incidents)	-558 detentions when ST were not on duty (7% from a total n = 7995 incidents). -Of these 82% were NOT assessed as warranting admission

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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.

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Achievements

- 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.**

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Achievements

Very beneficial as it was better speaking to mental health members + not just police who don't understand mental illness

really helpful, appreciated the help to set me in the right direction.

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.

Extremely beneficial, Talking to team helped put things in perspective

Yes - can't say its a bad thing as nurses very efficient + got me help quickly

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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.

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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....

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Critique of Street Triage

- Are Street Triage services 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.

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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 do 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.