

Mental Health Street Triage Update

Health and Wellbeing Board

Date: 25 May 2016

Author:	Police and Crime Commissioner
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 This report provides an update on the Mental Health Street Triage Pilot which has been in operation since 14 September 2015.
- 1.2 The report explains some of the changes that have been made during the pilot and highlights the successes of the pilot so far.

2. Recommendations

The Board is recommended to:

- 2.1 Note the positive impact the pilot has had for both for the service user and partner agencies, and to consider options for enabling the scheme to continue after the pilot is due to conclude in September 2016.

3. Detail

- 3.1 Street Triage initially began with a total of 11 pilot sites in the UK in 2012 & 2013 and has proved so successful that by 2015 most Police Force areas either operate their own Street Triage service or are considering putting one in place. Following a successful bid for funding to NHS England by Swindon Clinical Commissioning Group, the Street Triage pilot in Swindon and Wiltshire was introduced on 14 September 2015.
- 3.2 The Swindon and Wiltshire pilot provides a mental health professional based in the police control room to assist with ensuring an individual in crisis receives the most appropriate support, achieved by offering professional advice, accessing health information and liaising with other care services. Additionally, at the start of the pilot a mental health professional was also based at Gablecross Police Station in Swindon from Thursday through to Sunday evening. The professional at Gablecross provided the additional option of face to face contact with police officers and/or service users in Swindon, where appropriate.
- 3.3 The pilot had a clear set of aims and objectives, including:
 - Rapid assessment of a situation to ensure the appropriate pathway is identified
 - Reduce both costs and the time spent managing mental health incidents for both police and health services

Further information on the subject of this report can be obtained from Mike Hughes, Mental Health Liaison Officer, Wiltshire Police, michael.hughes@wiltshire.pnn.police.uk

Mental Health Street Triage Update

Health and Wellbeing Board

Date: 25 May 2016

Reduce the number of S136 detentions and increase the conversion rate of remaining detentions by identifying suitable, less restrictive alternatives

Improve the experience and outcome for service users

Improve training, awareness and joint working relationships between police and health professionals

- 3.4 In meeting these aims and objectives, within the first 6 months the Street Triage Team assisted with 2,744 calls or episodes, of which 67% involved a service user who had previous or current contact with mental health services.
- 3.5 Approaching the 6 month point of the pilot, the operating structure of the scheme was reviewed and it was clear that the number of times when it proved necessary for the Street Triage member to have face to face contact with a service user was relatively low. During the first 6 months, in all incidents where the Street Triage member had direct contact with the service user, only 25 were face to face, compared to 176 occasions where the team member spoke directly to the service user via the telephone. Experience showed that by getting the right advice from the right professional at the right time, the number of times when a medical professional was required at scene was low.
- 3.6 Consequently, it was decided to remove having someone at Gablecross Police Station and use this resource to increase the operating hours in the control room from 1400hrs to midnight to 0830hrs to midnight. Throughout the pilot the scheme has operated 7 days a week in the control room as data analysis showed a constant level of mental health demand throughout the week.
- 3.7 The change in operating hours began on 21 March and increased the proportion of identified mental health incidents the team is able to assist with from approximately 60% of all incidents to nearly 90%.

Successes so Far

- 3.8 In the 6 months prior to the start of the pilot, the number of S136 detentions averaged 1.03 per day. In the 6 months following the introduction of the pilot, this has decreased to 0.83 per day. This decrease is even more significant given that it has come at a time when both police and health colleagues perceive mental health demand to have increased significantly.
- 3.9 Importantly, as well as a decrease in the use of S136 overall, the conversion rate of S136 detentions i.e. the proportion which led to hospital admission, has increased during this period from 23% to 33%. It may be argued that this increase in conversion rate is due to officers using their S136 powers more appropriately. Due to the assistance and intervention of the Street Triage Team, officers are now in a much more favourable position to consider alternatives to

Mental Health Street Triage Update

Health and Wellbeing Board

Date: 25 May 2016

S136, compared to previously when many officers would have felt S136 was the only option.

- 3.10 Since the start of the pilot, data collated by the Street Triage Team highlights that they have assisted with avoiding a further 190 potential S136 detentions. By providing professional advice and speaking directly to the service user, the Street Triage Team has ensured that rather than an officer potentially using S136, they have ensured a more appropriate, less restrictive, outcome. This includes referral to appropriate mental health service such as PCLS or Intensive Service, admission to general hospital, appointment with GP or signposting to other services. In many cases, a phone conversation between the Street Triage member and the service user has negated the need for any urgent referral.
- 3.11 As a new service, it has taken time for officers to fully understand and appreciate the service Street Triage offers. However, at the half way stage of the pilot it is clear that officers are now remembering to think 'Street Triage' and to seek their advice before taking action at the scene of a mental health incident. The Street Triage Team has built up an excellent working relationship with police staff within the control room and with police officers on the ground. Within the control room, the Street Triage members are seen as an integral part of the communications team and their assistance has proved invaluable.
- 3.12 As officers have become more accustomed to seeking advice and guidance from the Street Triage Team, this is being reflected even more in the number of S136 detentions each month. In February 2016, the number of S136 detentions was approximately 30% less compared to the same period the year before, and at the time of writing this report March 2016 is on course to show a similar, if not greater, decrease compared to the previous year.

Feedback and Case Studies

- 3.13 To illustrate the effectiveness of the prompt intervention of the Street Triage Team, two brief examples where their assistance has provided an alternative outcome to S136 are included within appendices 1 and 2. Both incidents occurred with Swindon.

Evaluation

- 3.14 To ensure a thorough and independent evaluation of the Street Triage pilot, the Service Evaluation Team from the University of West of England has been employed to conduct the evaluation. As well as analysis of data collated by both the Street Triage Team and Wiltshire Police, the team has conducted interviews with police officers, health professionals and service users in order to capture the views of those who have had involvement with the service.
- 3.15 It is hoped the first draft of the evaluation report will be available during May and this will be shared with appropriate parties at the earliest opportunity.

Further information on the subject of this report can be obtained from Mike Hughes, Mental Health Liaison Officer, Wiltshire Police, michael.hughes@wiltshire.pnn.police.uk

Mental Health Street Triage Update

Health and Wellbeing Board

Date: 25 May 2016

Future Work

- 3.16 The pilot has continued to evolve since its introduction in September 2015 and it is wider than simply dealing with incidents when someone is in crisis. Rather than being purely a reactive service, the Street Triage Team and Wiltshire Police are working together to be a proactive service, providing assistance to both service users and other agencies, in order to ensure that wherever possible an issue or incident can be successfully managed without someone getting to the point of crisis.
- 3.17 To achieve this aim, the Street Triage Team is continuing to build on relationships with mental health colleagues to establish crisis and contingency plans which can be translated into Risk Management/Care Plans that can be used by police. The Team is also continuing to explore how Street Triage integrates with other Access services.
- 3.18 Although there is currently no longer a mental health professional based at Gablecross Police Station, options are still being considered as to how an 'outreach' function could in the future be provided within Swindon and Wiltshire. This would not necessarily be only for emergency crisis incidents but also for non-emergency, reoccurring issues where a joint police and health intervention may prove beneficial. Of course, the extent of any future outreach function of the team depends greatly on future funding.

4. Alternative Options

- 4.1 As with other Street Triage schemes across the country, the Swindon and Wiltshire pilot has provided significant benefits to both service users and partner agencies. It has clearly helped to build better working relationships between police and health services and has led to a decrease in use of S136 across the Wiltshire Police Force area in recent months.
- 4.2 To continue the work of Street Triage, further funding will be required and the level of this will determine the service which could be offered in the future. Having someone based in the police control room has proved invaluable, ensuring any incident is dealt with by the most appropriate professional or agency, in as short a time as possible. Evidence gathered by NHS England from other Force areas reinforces the view that a control room based model has proved to be the most successful option, providing best value for limited resources.
- 4.3 There is however still scope for providing an 'outreach' service where a member of the Street Triage team is able to provide face to face contact where required. This presents more of a challenge in a largely rural county such as Wiltshire compared to large metropolitan areas such as Birmingham where a Street Triage car has proved successful.

Mental Health Street Triage Update

Health and Wellbeing Board

Date: 25 May 2016

4.4 Given its central location within Wiltshire, the police control room in Devizes potentially provides a central hub where, in addition to providing advice and guidance over the telephone, a member of the team could also respond to any incident within Wiltshire and Swindon where appropriate. Whilst the time of day would be an obvious factor, the member of the team would be able to attend the scene in any of the major hubs within the county within 30 to 40 minutes. Experience in Swindon has shown that the number of incidents when this would be necessary is relatively low, but such an option would provide a service able to tackle the most challenging circumstances.

4.5 The ability to provide an outreach service however cannot be at the cost of the service provided within the control room. Any outreach function would rely on sufficient staffing to ensure there is still someone within the control room able to centrally coordinate all reported mental health incidents.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 Street Triage pilot funding ends September 2016.

Legal and Human Rights Implications

5.2 None.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

5.3 Impact on partner services and individuals included in the report.

Diversity Impact Assessment

5.4 No adverse or significant issues have been identified to date.

Risk Management

5.5 No specific risks were identified at this stage for the report.

6. Consultees

6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 – Case Studies

Further information on the subject of this report can be obtained from Mike Hughes, Mental Health Liaison Officer, Wiltshire Police, michael.hughes@wiltshire.pnn.police.uk