Street Triage: The Pennine Way

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Presentation

• Describe the problem
• Explore the process of development
• Explain the implementation
• Crisis Care Concordat
• Data collection and evaluation during pilot
• Case studies
• Questions
The Problem.....

‘When we look across the spectrum of police incidents that Oldham officers have dealt with since 1st April 2013, over 900 have involved some level of mental health issue. Many of these individuals are repeat callers to the police and other public services.’

Catherine Hankinson (Oldham Commander GMP)
‘The Police and RAID teams rarely come into contact and do not share information. However, reducing budgets and increasing demand require that we pool resources and look to intervene much further upstream of an issue. The increased scrutiny on all public service means that our decisions are looked at by bodies such as the IPCC, the CQC, Coroners and the media. Our decision-making will be more robust if we have access to appropriate information and intelligence about an individual’s background.’
The Problem….

- Prior to the pilot scheme officers attending an incident could:
  - Leave the service user at home
  - Transfer the service user to a Sec 136 suite
  - Transfer the service user to A and E
  - Transfer the service user to custody
The Problem….

• High numbers of presentations to A and E via the police
• High numbers of section 136 detention with low numbers of conversions
• Difficult relationships with police and health services
• Frequent attenders and callers to services with no joined up plans
The problem…

Resulted in:

- Increase in breaches in A and E
- Increase in LOS in the Section 136 suite
- Increase in missing calls to police from A and E
- Poor service user experience with hand offs and fragmented care pathways
Process of Development

• Greater Manchester Police Oversight Group
• Local Police partnership groups established as part of this framework
• Mental health services linked with Oldham Police to address issue
• Examined research and pilots in other areas of the country, including models with nurses in police cars, police officers in A and E or 136 suites.
Process of Development.

• Resource driven decision.
• Current RAID provision in the Borough based in A and E
• 24/7 provision
• Experienced front line practitioners
• Access to information systems
Process of Development

• Involvement of the IPCC
• Support for six months via GMP innovation fund
• Also funded independent evaluation
• Funded ‘gaps’ in RAID rota, 3K per month for 6 months (then further 6 months after this period)
Process of development

- Issues to address:
- Information sharing agreement
- Documentation agreement
- Final decision maker
- Data collection forms
- Operational processes
- Marketing
- Training
Implementation

• Agreeing operational policy
• Agreeing information sharing process and documentation of outcome
• Final decision maker
• Rolled out training to police staff and RAID team, including data collection process and phone number
• Produced business cards with number and email address
Implementation

- Chose a date and time and we went live at 9am on Dec 9th 2013.
The Process:

- Police officer attends an incident in which they believe a person requires mental health advice or intervention.
- Police officer telephones the Street Triage (RAID) number.
- A RAID practitioner will be allocated responsibility for attending the street triage phone line at all times. This will be agreed on a shift by shift, and task by task basis to ensure the ability at all times in the shift for a practitioner to be able to respond as required. This will ensure that GMP are assured of the support they will receive, and also enable continuity of care.
The Process

- RAID Practitioner discusses incident, including name of person involved, presentation and reasons for concern.
- RAID Practitioner will search for the identified individual on NCRS, and identify if they are already known to services, and access their relevant case history.
- RAID practitioner and police officer will agree a plan for the individual. If there is a dispute on the advice given by the RAID practitioner, the authority to make the final decision will lie with the police officer as the first agency in attendance at the incident.
The process

- The potential options are as follows:
- Section 136
- Signposting to own care team
- Urgent care assessment through RAID
- Attendance at A&E if medical need
- Any other suitable action dependant on presentation
The process

• If the agreement is to attend hospital, either on a section 136 or for an assessment through RAID, the RAID practitioner will meet the police officer upon arrival.

• If the agreement is that transfer to police cells is required, due to violence levels exceeding appropriate 136 suite management levels, the RAID practitioner will attend the cells to commence/coordinate the mental health response.

• On completion of the advice the practitioner will document actions on the agreed Proforma for data collection.
The process

• The police officer will complete a log entry and email the RAID team to agree the wording and outcome of the call, which will be jointly signed off by both agencies as a true reflection of the conversation and agreed outcome.
The **Mental Health Crisis Care Concordat** is a shared agreement made by over 20 national organisations about how we respond to people in mental health crisis.
Signatory Organisations

- Department of Health
- Home Office
- NHS England
- NHS Confederation Mental Health Network
- Mind
- Association of Ambulance Chief Executives
- Association of Chief Police Officers
- Local Government Association and ADASS
- Royal College of Psychiatrists
Concordat: The Joint Statement

“We commit to work together to improve the system of care and support so people in crisis because of a mental health condition are kept safe and helped to find the support they need – whatever the circumstances in which they first need help - and from whichever service they turn to first.”
Making the Concordat a Local Reality
Local Crisis Care Declarations

- Concordat principles – partnership and co-production
- Essential signatories
- All age – adults and people aged 18 and younger
- One vision and principles for ensuring an effective emergency mental health response system
- Action plan with timescales outlining operational protocols for working together
- Review progress and governance arrangements
Local Declarations – Who Needs To Be Involved

- Clinical Commissioning Groups
- NHS England Local Area teams (primary care commissioners)
- Commissioners of social services
- The Police Service
- Police and Crime Commissioners
- The Ambulance Service
- NHS providers of Urgent and Emergency Care
- Public / independent providers of NHS funded mental health services
- Public / independent providers of substance misuse services
- Voluntary sector
The Local Reality:

- The development of the street triage pilot in Oldham has enabled the Borough to meet the overarching principle in the crisis care concordat. This is in relation to collaborative working with other agencies in order to deliver a high quality response when people in Oldham with mental health problems urgently need help.
Principles:

• Access to support before crisis point

• Urgent and emergency access to crisis point

• The right quality of treatment and care when in a crisis

• Recovery and staying well, and preventing future crisis
The Local Reality:

- The potential options are as follows:
- Section 136
- Signposting to own care team
- Urgent care assessment through RAID
- Attendance at A&E if medical need
- Any other suitable action dependant on presentation
• If the agreement is to attend hospital, either on a section 136 or for an assessment through RAID, the RAID practitioner will meet the police officer/paramedic upon arrival.
• If the agreement is that transfer to police cells is required, due to violence levels exceeding appropriate 136 suite management levels, the RAID practitioner will attend the cells to commence/coordinate the mental health response.
• On completion of the advice the practitioner will document actions on the agreed proforma for data collection.
The police officer will complete a log entry and email the RAID team to agree the wording and outcome of the call, which will be jointly signed off by both agencies as a true reflection of the conversation and agreed outcome.
Outcomes:

Improve capability of police to provide first line response in mental health Crisis
Outcomes:

Provide a multi-disciplinary approach to mental health Crisis presentations, reducing the risk of harm to service users requiring 136 assessments and ensuring that they are taken to the appropriate place.
Working together to improve outcomes and care delivery through a whole system approach
Outcomes:

Ensuring that service users access the right services at the right time and have an appropriate care plan at the earliest stage in their mental health presentation.
Outcomes:

• Unexpected outcome was the benefit to the wards with the use of the Band 2 to support the management of Section 136 service users, those waiting to be admitted and general support when required. This has meant service users on the wards have been able to go on escorted leave, groups and other planned activities as staff not drawn into management of crisis work outside of the area.
## Overall Evaluation:

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<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Appropriate use of Emergency Departments for Mental Health presentations</td>
<td></td>
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<tr>
<td>Appropriate number of section 136 assessments</td>
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<tr>
<td>Number of service users reporting appropriate and dignified treatment</td>
<td>for individuals in mental health crisis</td>
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<tr>
<td>Number of police incidents involving suspected mentally disordered persons</td>
<td>having a Street Triage assessment</td>
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Independent Evaluation

1. Decision making, actions and outcomes from mental health referrals made by police officers to the Phone Triage Service.
2. Delivery of appropriate, timely and improved outcomes for individuals, families and communities.
3. Use and management of s.136 orders.
4. Broader learning from the pilot for the police service, in relation to improving complex and challenging decision making in the context of policing and mental health.
Case Studies
Case Studies
Future.....

- CCC has led to GMP and CCGs investing in the Street Triage Model
- Now available in Rochdale/Bury RAID service and Tameside Borough RAID service
- Addition of Band 2 support staff
- Addition of NWAS accessing the line
Future....

• Further 6 months pilot in Oldham
• Discussions via the CCC partnership group to joint commission service
• Evaluation concentrating on benefits analysis work
• Need to truly evaluate service user experience, being undertaken as part of PhD thesis
Final Thought….  

‘The only thing to do with good advice is to pass it on…..it is never of any use to oneself

Oscar Wilde
Resources:

• IPCC (2008) Police Custody as a “Place of Safety”: a National Study Examining the Use of Section 136 of the Mental Health Act 1983 http://www.ipcc.org.uk (accessed 10/10/14)

Any Questions?