

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY, 2 MARCH 2017 AT 10.00AM

STREET TRIAGE SCHEME

Report of Police And Crime Commissioner For Hertfordshire

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1. Purpose of the Report

- 1.1. To provide Board members with an update on Hertfordshire's Street Triage Scheme in relation to S.136 and ask the Board to consider the next steps in evaluating the scheme using a cost-benefit analysis and development of a longer-term sustainable county strategy.

2. Summary

- 2.1 Mental Health Street Triage has been operating across Hertfordshire since 2015 in various guises, having developed through a series of successive trials and pilots. The model provides an opportunity to fundamentally shift resources to support efforts around early intervention, rather than focusing solely on resourcing acute services. Triaging services between the police and health (mental health and Emergency care) services provides opportunities to create efficiencies for each service, a reduction in the use of Section 136 detentions, and importantly, improvements in the outcomes and experiences for individuals.
- 2.2 The police recognise that they have limited powers to deal with mental health problems effectively and appropriately, often relying on using their powers relating to S.136 of the Mental Health Act 1983 if they believe that someone is suffering from a mental disorder in the public place and that person is in immediate need of care or control. Section 136 provides the authority to take the person to a 'place of safety', so that their mental health needs can be assessed. Historically the police have tended to rely on detaining individuals under S.136 when this may not necessarily be the best course of action. Street Triage allows the police and mental health professionals to work together to provide the best outcomes for those experiencing mental health crisis or distress.

- 2.3 A series of successive evaluations of Street Triage pilots in Hertfordshire have successively proved the concept that coordinating health and justice services can lead to an improvement in the use of resources, and in the experiences and outcomes for service users. What the evaluations from the pilots are yet to do is to examine whether the scheme provides realisable savings for each of the services, and builds a business case for the long-term sustainable implementation of the scheme with mainstream funding.

3. Conclusion

- 3.1 That Members note the report findings and that the PCC will commission a full-cost benefit analysis which will inform the decision around whether the Street Triage Scheme be made permanent.

4. Background

- 4.1 Nationally, the picture of demand in relation to mental health has changed considerably. In 2014, Her Majesty's Inspectorate of Constabulary (HMIC) reported on changing patterns of demand across the country¹, particularly in relation to the requirement to respond to incidents involving people with mental health needs and that police involvement in the subsequent care of some of those individuals while they have their health needs assessed was time consuming. In Hertfordshire, the number of incidents attended by police that are linked to mental health has almost doubled in the last two years. It is estimated that responding to mental health challenges now takes up to 40 per cent of police time².
- 4.2 Since 2013 there has been a strong commitment by the Department of Health to improve the outcomes for people experiencing a mental health crisis. The introduction of the Crisis Care Concordats across all areas of the country sought to strengthen this, particularly in relation to requiring local areas to introduce Mental Health Street Triage Schemes between health and police. According to the Quality Care Commission, between 2012 and 2014 there has been an increase of around 12 per cent nationally in the police use of S.136 and concerns were raised regarding how health-based places of safety were being used, with patients frequently being turned away due to intoxication or lack of available beds. As a result, often police custody suites were routinely being used as places of safety for individuals sectioned under 136. According to HMIC, during 2011/12 over 9,000 people were taken into police custody under s.136, with 70 of those cases relating to people as young as 14 years old.

¹ <http://www.justiceinspectors.gov.uk/hmic/wp-content/uploads/core-business.pdf>

² Community Safety and Criminal Justice Plan, 2017- 2022, Home Affairs Committee, 2015

- 4.3 For the second year running, Hertfordshire Constabulary has been one of only three police forces to have not detained anyone in mental health crisis in police cells because there is nowhere else to go. In November 2016, Hertfordshire's crisis care concordat partners were successful in their bid for £590,000 to the Department of Health to build a specialist place of safety suite at HPFT's Kingsley Green site in Radlett for young people who are being assessed under Section 136.
- 4.4 In 2014, HMIC's Core Business report into crime prevention, police attendance and the use of police time³ recommended that: *"By 31 March 2015, those forces without a mental health triage programme should carry out analysis to assess whether adopting such a programme would be cost effective and beneficial in their particular areas. Where the analysis indicates this would be positive, all forces should work with their local mental health trusts to introduce such a programme by 1 September 2015."*

5. Introducing Street Triage in Hertfordshire

- 5.1 In October 2014, the PCC together with Hertfordshire's partners published a Mental Health Crisis Care Concordat⁴ and Action Plan demonstrating the commitment by public sector leaders across the county to improve services for people with mental health issues (See Appendix 1). The key pillars of the Concordat include: access to support before crisis point; urgent and emergency access to crisis care; quality of treatment and care when in crisis; recovery and staying well, and preventing future crises. The Concordat has a series of sub-groups of which S.136 is a specific sub-group with specific actions around the implementation and monitoring of Street Triage (see Appendix 2).
- 5.2 In April 2015, Hertfordshire Constabulary and HPFT launched a pilot Mental Health Triage scheme in the police Force Control Room, with a mental health clinician giving advice and information to frontline police officers in relation to proposed detentions under S.136 of the Mental Health Act 1983 and, in doing so, assisting in supporting a reduction in the number of Section 136 detentions, which had been increasing year on year, from 66 in 2004/5 to 733 in 2015/16⁵. According to the NHS digital report (2015/16), Hertfordshire has

⁴ In Hertfordshire, S.136 is an identified sub-group within the Crisis Care Concordat structure

⁵ Between April 2013 and March 2014 there were 366 S.136 detentions. Between 2014 and March 2015 there were 527 and between April 2015 to March 2016 there were 733 S.136 detentions.

the 8th highest use of S.136 when compared with all other trusts. This had risen from 14th place in 2014/15⁶.

- 5.3 In early 2016 the pilot was expanded to provide resources 'on the street', with the mental health clinician attending calls in a street triage vehicle alongside a police officer initially covering the North and East side of the county. Data from the pilot between July and September 2016 showed that 73 per cent of the S.136 detentions took place outside working hours, between 1700 and 0859 hours, and of the 228 incidents attended⁷, 54 per cent occurred on the public road or outside the user's home address. The pilot showed that demand for attendance to incidents involving mental health crisis was unevenly distributed across the county, with the highest levels of demand to the west. Watford had the highest number of detentions, accounting for 22 per cent (50 incidents) over the three month period. By comparison, the next largest town, Stevenage, only accounted for 15 per cent of detentions (34 incidents).
- 5.4 Following the pilot, a business case was made in August 2016 for the Street Triage pilot to be expanded to provide two vehicles covering the whole county between the hours of 5pm and 4am (5pm to 2am and 7pm to 4am). In doing so, the mental health clinician from the force control room was redeployed to one of the street triage vehicles and access was enabled to service users' care plans and assessments of vulnerability through PARIS, utilising a 4G connection to a laptop. This enabled both mental health clinicians to access key information regarding decisions made by a person about their care and assisted in identifying whether that person was at risk of crisis or was in crisis, and reduce or prevent escalation whilst out in the vehicles. The mental health clinician was also able to provide useful contextual information to those attending the scene, providing the basis of discussions with the service user about their experiences in order to make judgements about whether the patient should be sectioned under 136.

Joining up Blue-Light Services: Expanding the Model

- 5.5 Following the results of the pan-county pilot, a proof of concept request was received from the North & East and West CCGs to explore a Tri-party Mental Health Street Triage model within Hertfordshire, which would involve replacing one of the police cars with an ambulance (supplied by the East of England Ambulance Service Trust (EEAST) from their existing fleet), and situating a paramedic with the mental health clinician and police officer from 5pm to 2am. This structure was in-line with the West Midlands model⁸ and the pilot

⁶ See: Kavanagh, T (2016) S136 Audit, July – September 2016, Hertfordshire Partnership Foundation Trust, September 2016

⁷ 23% of detentions were for people aged 18-24. Suicidal threats were the main reason for the use of S136 – 78%. 42% of people in this category also had evidence of intoxication.

⁸ West Midlands Police use Street Triage from 10:00- 02.00/03.00. The car is staffed with police, mental health nurses and paramedics. The scheme is operational 7 days a week including bank holidays. Street triage can be deployed by either

currently running in Bedfordshire with EEAST. Utilising Bedfordshire's existing governance structures and safe systems of working, Hertfordshire's scheme was able to set up the model using the same despatch and governance structures and processes.

- 5.6 The paramedic pilot ran between 7th December 2016 and 6th January 2017 and sought to enable service users' care to be catered for immediately with a paramedic accessing the clinical toxicology database⁹ and treating wounds on site. In doing so, it sought to save police and ambulance time, without having to use further resources, and enable patients to be safely transported to hospital or other health based 'place of safety', in an appropriate vehicle, rather than a police car. In doing so, it had the potential to speed up patients' treatment and prevent long wait times in a public place for an ambulance.

Findings from the trial

- 5.7 In February 2017, HPFT, EEAST and Hertfordshire Constabulary compiled a report evaluating the data from the short paramedic trial over the four week period. The results of the trial showed that:
- 14 people were assessed and treated, avoiding the use of Section 136 over the four week period. This figure was slightly less than the figures from the periods proceeding October 2016, so the report is unable to say that it has led to a *reduction* in the number of S.136s¹⁰. However, where the use a section 136 was avoided there was clear effective multi-disciplinary interventions that enabled direction and facilitation to appropriate support.
 - The outcome from those 14 individuals shows that: three individuals were seen by CATT; three by CGL; two a GP; one had no mental health issues; one was taken home; one was supported by Nightline and one admitted to mental health services.
 - There were improvements in the number of people referred into community-based services. In particular, Nightline was seen as a beneficial service to managing situations where someone was in crisis and needing more support. It was suggested that this service be made available seven days a week to help to manage situations.
 - Time was saved for the police by the paramedic giving treatment on scene, without waiting times for an ambulance to covey a patient to a 136 suite.

police or ambulance control room and attend in a plain ambulance responder. Figures from January to December 2014 showed a 48 per cent decrease in S.136 detentions.

⁹ Toxbase is the primary toxicology database of the National Poisons Information Service.

¹⁰ In October 2016, 14 sections 136's were avoided and in November 2016, 24 Section 136's were avoided.

- Improvements could be made in the triaging of the incidents across the Blue-Light services, so that it would result in better coordination of the right resources deployed and the maximisation of individual skills.

5.8 Findings from the trial also showed that the Street Triage Scheme also impacted on the number of patients coming into A&E, where due to the paramedic assisting avoided the individuals attending an emergency department. The data shows that initially there were 25 face to face and 18 telephone contacts made, of which six individuals' subsequently required onward referral to an emergency department due to deterioration. The input of the paramedic in these incidents enabled early recognition of this and a timely response to the patient's needs. This is particularly significant given the on-going pressures on A&E services locally at the Lister and Watford hospitals.

6. Resources and despatch

6.1 Findings from the police officers working on the paramedic Street Triage vehicle over the course of the trial were very positive regarding the impact it had on assisting the police to make the informed decisions as to whether to detain individuals under S.136. Seven Specials Constables trained in response driving have been deployed over the course of the pilot to support the scheme and there is currently a list of officers waiting to be assigned to the Street Triage vehicle. Learning from the trial shows that there is a need for improvements in the triaging and coordination of incidents between the ambulance and police control rooms as there were occasions where different decisions were being made with regards to the prioritisation of incidents and level of resources to deploy. With two FCRs despatching resources, the trial showed the need for a clearer rationale to be recorded and the maintenance of incident logs. It is recommended that should the trial continue, an initial Memorandum of Understanding is drawn up to enable all services to follow a consistent protocol.

6.2 The findings from the trial have raised questions regarding whether the current police staffing model supporting the Street Triage Scheme is sufficient to support the level of demand. Bedfordshire Police, like many other forces across the country, have a dedicated Street Triage Team comprising of two sergeants and four police constables. At present, Hertfordshire has one Detective Inspector assigned to the scheme, with oversight from a DCI who has broader responsibilities. It is understood that the Change Team at Hertfordshire Constabulary will shortly be undertaking a review to better understand whether current levels of resources are sufficient to meet existing and future demand, and the opportunities facilitated through a permanent team to enable working practices to develop. Current data suggests that the level of demand in Hertfordshire is far higher than in Bedfordshire, due to the differences in population size.

6.3 Findings from the paramedic trial indicate that an extension of the trial would see significant benefits for service delivery and for service users. To date, estimated cost savings for Hertfordshire police have been worked through based on the one month Street Triage paramedic trial (December 2016 – January 2017). These figures are calculated on the assumption that 37 persons who were triaged through the scheme were not sent to A&E but would have otherwise gone to A&E under police escort. The following savings outlined in Table 1 are based on an average of four hours A&E wait times.

Table 1: Indicative savings for Hertfordshire Constabulary¹¹

Savings calculated for 444 individuals (37 individuals per month over 12 months)		
Reduced officer time attending/ dealing with S.136	2x constables for detention/escort for an average waiting time of 4 hours.	8 hours x £21.95 = £175.60 per individual
Reduced use of Ambulance escorts and A&E attendances (NB: 37 incidents during trial where the subject was not conveyed to A&E due to the presence of paramedic)	8 officer hours per individual @ £21.95 per hour (non-overtime) £43.90 per hour.	(37 individuals x 12 = 444 individuals over 12 months) = £77,966.40
	Cost saving in A&E escort avoidance during trial for those persons sectioned during the day (1 car Street Triage ambulance per day) £6,497.20	2 x £77,966.40
	Potential monthly saving with the addition of a day turn Street Triage ambulance: £12,994.40	
	Potential annual saving	£155,932.80

6.4 Other forces across the country have evaluated their Street Triage Schemes. In Northumberland, they have used a cost-benefit analysis alongside other qualitative and quantitative data to support a business case for the scheme to be mainstreamed into day- to- day business by using figures around the reduction in the number of S.136 detention and the reduction in A&E admissions and costing this across the system. An evaluation of their scheme between October 2014 and September 2015 showed that the approach led to a significant and consistent reduction in the use of S136 powers by police officers, with 349 S136 detentions compared to 613 in 2014, equating to a 57

¹¹ These savings figures have been estimated by Hertfordshire Constabulary's SAFA Team and are not audited. The trial only allowed the paramedic to consult on half of the S.136 cases in any 24 hour period. There was only one street triage ambulance per day for an 8 hour shift.

per cent reduction and amounting to a savings of £1,632 per detention across NHS, ambulance and police.

7. Conclusion

- 7.1 In order to adequately assess whether there is a business case for the continuation of the Street Triage Scheme in its present form, or for the scheme to be extended to provide coverage across the county between 4-8am, the PCC will commission a full cost-benefit analysis of the scheme which will inform the decision around whether the Street Triage Scheme will be made permanent and be made part of mainstream funding. This will enable for a full assessment of the realisable savings to the Constabulary and for NHS Trusts/ CCGs from preventing Section 136s from occurring, the reduction in police officer time attending S136 incidents, the impact on the force control room, and the improved outcomes that can be achieved for individuals.

References

Bedfordshire Police, *Evaluation of Mental Health Street Triage*, August 2016

HMIC (2014) *Core Business: An inspection into crime prevention, police attendance and the use of police time*. Available at:

<http://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/core-business.pdf>

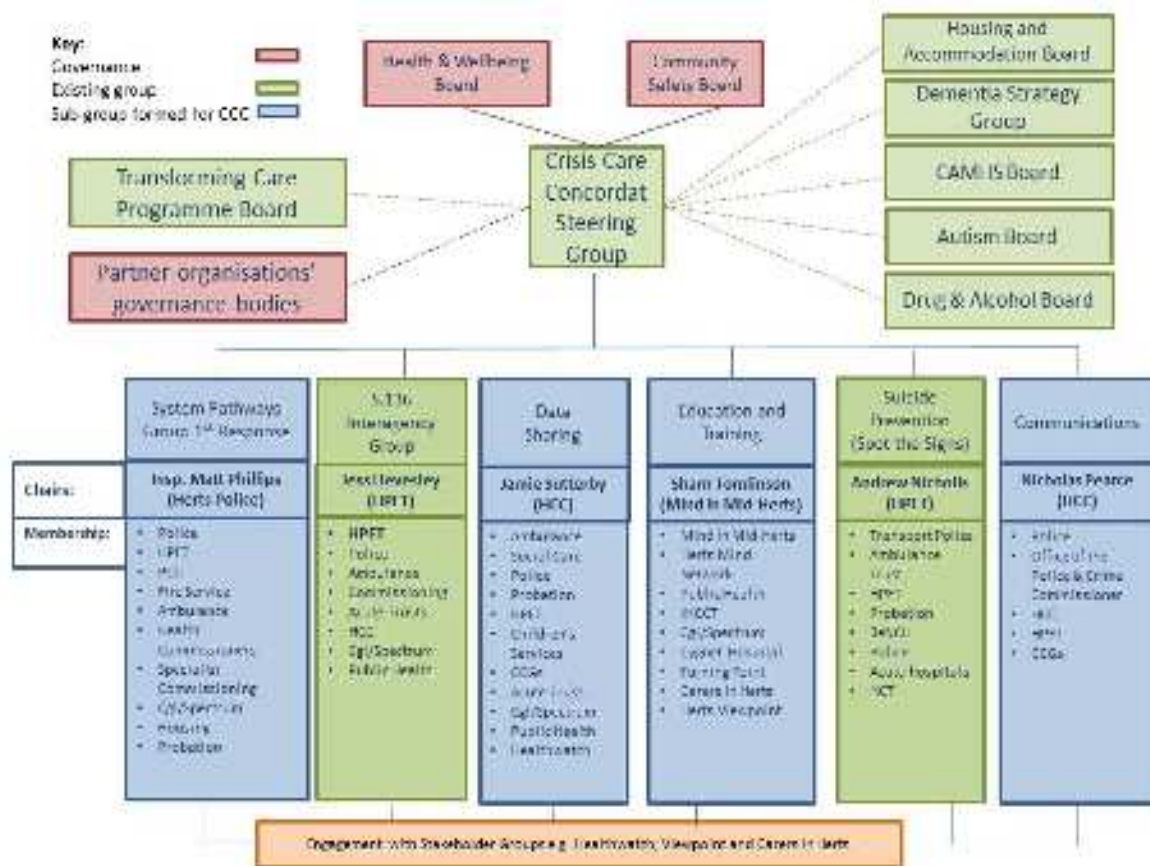
HPFT, East of England Ambulance Trust and Hertfordshire Constabulary (2017) *Evaluation of Street Triage with a Paramedic*, 7th December 2016 to 6th January 2017

Kavanagh, T (2016) *S136 Audit - April – June 2016, Hertfordshire Partnership Foundation Trust*, July 2016

Kavanagh, T (2016) *S136 Audit, July – September 2016, Hertfordshire Partnership Foundation Trust*, September 2016

Senker and Scott (2015) *Essex Street Triage Evaluation*, December 2015

Appendix 1: Governance of the Mental Health Concordat showing the S.136 sub-group



Appendix 2: Extract from the Crisis Care Concordat Action Plan, Partnership Priorities 2016/17

Concordat key aims: -

1. Access to support before crisis
2. Urgent and emergency access to crisis services
3. Quality of treatment and care when in crisis
4. Recovery and staying well / preventing future crises

Section 136 Detentions Aims				
Street Triage to operate across the county and evaluated to develop the evidence base for mainstream	September, 2016	Sub-group: S.136 interagency group Commissioning: IHCCT	<ul style="list-style-type: none"> Reduction in number of S.136 detentions Right care, right time for service users Reduction in Police 	2,3

funding.		Ops: HPFT, Police, EAAST	time allocated to S.136 <ul style="list-style-type: none"> Reduction in Ambulance call-outs for S.136 Increased awareness by frontline Police officers of mental health 	
Reduction in inappropriate S.136 detentions through: <p>(a) drug & alcohol services more responsive, working with street triage service</p> <p>(b) training for frontline Police – mental health, dementia, drug & alcohol awareness</p> <p>(c) Trailing the development of a 3 way Police/Ambulance/HPFT Street Triage service in West Herts.</p>	End 2017	Sub-group: S.136 interagency group Commissioning: IHCCT (MH); Public Health (D&A) Ops: HPFT, Police, Spectrum Co-dependencies: First Responders; Educ & Training sub-groups	<ul style="list-style-type: none"> Reduction in number/percentage of people detained who do not have a mental health need Reduction in in-patient detox at HPFT Police officers more confident that alternatives to S.136 are available 	1, 2, 3, 4
Identify and analyse: <ul style="list-style-type: none"> system costs of S.136 detention system pathway for S.136 	End September 2016	Sub-group: S.136 interagency group Led by: IHCCT	<ul style="list-style-type: none"> Economic model enables better understanding of costs to organisations and to the system Enables cost/benefit analysis of alternatives to S.136 Enables organisations to identify where savings can be made and re-invested into better 	1, 2, 3,4

			methods of supporting service users	
<p>Develop alternative crisis support to prevent S.136 detention</p> <p>(a) Introducing Overnight Community responding Crisis Assessment & Treatment staff</p> <p>(b) Replacing and Enhancing HPFT MH helpline to form part of a 24/7 SPA function</p>	<p>Scoping: end 2016</p> <p>Implementation: 2017</p>	<p>Sub-group: S.136 interagency group</p>	<p>Mitigation of unnecessary section 136 detentions</p>	<p>1, 2, 3,4</p>
<p>Changes to S.136 legislation:</p> <ul style="list-style-type: none"> • raise awareness across the Concordat partnership of changes and how they will affect operations • develop a briefing for stakeholders • send press release and publish on the website 	<p>March 2017</p>	<p>Sub-group: S.136 interagency group</p> <p>Co-dependencies: First Responders sub-group; Communications sub-group</p>	<ul style="list-style-type: none"> • Improved understanding of legislation affecting people in crisis • Raise awareness of the Concordat with the general public 	<p>2, 3</p>