

**Enter & View**

**NELFT  
Mental Health  
Street Triage Scheme**

Goodmayes Hospital  
Barley Lane, Goodmayes IG3 8XJ

**23 November 2016**



## What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and are able to employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff and a number of volunteers, both from professional health and social care backgrounds and people who have an interest in health or social care issues.

### Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups and the Local Authority to make sure their services really are designed to meet citizens' needs.

***‘You make a living by what you get,  
but you make a life by what you give.’  
Winston Churchill***

## **What is an Enter and View?**

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation and we would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

The visit that is the subject of this report was arranged through NELFT.

Although the visit was not undertaken as part of Healthwatch Havering's 'Enter and View' programme of visits using statutory powers, its content was similar and this report sets out the findings of Healthwatch participants.

## **Background and purpose of the visit:**

Healthwatch Havering (HH) is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the safety of the resident is not compromised in any way.

## The Scheme

The NELFT Mental Health Street Triage Scheme is operated by NELFT in association with the Metropolitan Police, British Transport Police (BTP) and London Ambulance Service (LAS). Through the scheme, a dedicated team of mental health practitioners (the triage team) is available for call out by police or the LAS to assist with people who appear to have a mental disorder who are causing a disturbance in a public area. The intention is to avoid the unnecessary arrest and potential criminalisation of a person whose problem is essentially one of mental distress and whose care is better left to mental health professionals. Having responded to a call out, the triage team can assess the individual and decide whether the best course of action is to take them to a mental health facility, to the Emergency Department at an acute hospital or leave them for the police to deal with under their statutory powers. The scheme operates across the four Outer North East London boroughs, Havering, Barking & Dagenham, Redbridge and Waltham Forest.

At the invitation of NELFT, a team of Healthwatch Havering members attended one of the regular management meetings for the Scheme. The meeting was also attended by a Police Sergeant from Romford (who is the liaison officer for the scheme), a liaison officer from the BTP and members of the street triage team (the LAS had been invited to attend but did not do so). The discussion focused on the police use of Section 136 of the Mental Health Act, 1983 (which contains the statutory authority for police officers to initiate the “sectioning” of people who have mental disorders and can lead to their compulsory detention in a mental health facility). It was agreed that a police station custody area was not ideal as a place of safety for people showing mental health problems and one of the main objectives of the scheme was to ensure that properly trained police officers and others attended a location and dealt with the matter.

The mental health facility at Goodmayes Hospital has two rooms dedicated for the use of patients detained under Section 136.

Another objective of the team is to stop people being taken to an Emergency Department (A&E) suffering from apparent mental issues unless they need

immediate medical assistance for an injury or illness. The consensus is that an ED/A&E is really not an appropriate place of safety for those suffering from mental health issues, not least because of the pressure that such departments are under currently.

At the time of the visit, the triage team was operating Monday to Friday from 11am until 1am but not at weekends or on public holidays; from December 2016, the team was merged into the Integrated Acute Service Response Team with revised hours of 5pm-1am Monday to Friday, and 8am-12midnight at weekends and bank holidays. Typically, 2 or 3 incidents will be attended each day, with some additional referrals signposted. Outside the scheme's operating hours, police respond to people suffering mental disorder and deal with them as a policing issue. Police officers approach such people as sympathetically as possible but their training, priorities and powers are focussed on "maintaining the peace" rather than handling complex individual mental health problems and so they will take a person either to a police station as a place of safety or to an ED/A&E if that person is injured.

The BTP interest in the scheme stems from the fact that many people with mental health problems seek to end their lives by suicide on the railways, both National Rail and London Underground. The BTP is in the forefront of measures to reduce suicide on the railways and has developed training programmes for their own and railway operating staff to deal sensitively with people who have mental health problems.

### Development of the scheme

Public service resources are, of course, heavily constrained. There are funding pressures, not only on the NHS but also on the police service (both Metropolitan and BTP). National policy is, however, moving to favour improvements in services for people in mental health crisis, not least to reduce their dependence on ED/A&E services and it may now be time to promote innovative, multi-agency schemes such as this. In the context of the railways, an incident caused by a person in mental distress can lead to

disruption in the travel arrangements of thousands of people, at enormous overall cost, both public and private.

The scheme clearly has the potential to be cost effective in supporting people in a mental health crisis. At present, outside the times when the triage team operates, police officers (who are largely untrained in mental health issues) are left to cope with people in mental health crisis as best they can; whilst the officers undoubtedly deal with the situation to the best of their ability, their efforts are no substitute for assessment by trained and accredited mental health staff.

Healthwatch Havering would therefore support any move to extend the operating times of the triage team, ideally to provide 24 hour cover all the time. While accepting that this is dependent on the availability of funding, it is surely more cost effective to provide specialist intervention at the earliest opportunity and avoid unnecessarily taking people in mental health crisis to a police station.

In the same vein, Healthwatch Havering believes that consideration should be given to providing the triage team with a dedicated LAS emergency vehicle able to use “Blues and Twos” (two tone siren and blue lights), in a similar way to the service provided by the K466 Rapid Response Car (run jointly by the LAS and NELFT) to attend calls to elderly people who have had a fall. This would enable the rapid deployment of triage team members to an incident - currently, they use ordinary vehicles that, complying with traffic law, can take a considerable time to get to an incident. This will require development with the LAS - but ought not to require much additional expense, given that an ambulance will often attend an incident in any event (and may even lead to some reduced cost, given that attendance by a paramedic in a car is less costly than deploying a crewed ambulance). It would also be possible for the paramedic to deal with minor physical injuries, thus avoiding need for unnecessary hospitalisation.

Ideally, the triage team could be supported by a team of dedicated police officers working from the same hub as the NELFT staff. That may not be practicable but arrangements should be made to provide all police officers in

the three boroughs (including their BTP colleagues) with an understanding of mental health issues and the work of the triage team.

### Conclusions and recommendations

The street triage scheme appears to be an excellent idea that will lead to an improved service for people suffering from mental health crises in a public place. It will also ensure that police officers will no longer have to deal unnecessarily with events using their Section 136 powers. It is an innovation that deserves support and development, not least as a cost-effective alternative to dealing with people in mental health crisis by putting them at risk of being dealt with inappropriately through the criminal justice system.

To secure development of the scheme, the following recommendations are made:

#### To NELFT:

- (1) That consideration be given to operating the scheme for longer hours than at present, ideally on a 24-hour basis at all times;
- (2) That arrangements be made with the Metropolitan Police and the BTP for all police officers in the BHR area to be given training to enable them to cope confidently with people undergoing a mental health crisis up to the point where a mental health street triage team can intervene, without unnecessarily resorting to their Section 136 powers;
- (3) That the scope for use of a dedicated LAS vehicle to convey triage team members to an accident be explored with the LAS and police.

#### To the LAS:

- (4) That effort be made to ensure that a LAS officer of suitable seniority attends future meetings of the Street Triage Team;
- (5) That scope for use of a dedicated LAS vehicle to convey triage team members to an accident be explored with NELFT and the police;

### To the Metropolitan Police and BTP:

- (6) That arrangements be made for officers in the BHR area be given training to enable them to cope confidently with people undergoing a mental health crisis up to the point when a mental health street triage team can intervene, without unnecessarily resorting to their Section 136 powers;

### To the BHR and Waltham Forest Clinical Commissioning Groups:

- (7) That development of the Street Triage Scheme be supported, and that consideration be given to providing funding for:
  - (a) training police officers as recommended in (2) and (6) above
  - (b) further development of the scheme to provide up to 24 hour, all times cover; and
  - (c) use of an LAS vehicle to convey team members to incidents.

Healthwatch Havering would like to thank all staff who were seen during the visit for their help and co-operation, which is much appreciated.

### Disclaimer

This report relates to the visit on 23 November 2016 and is representative only of those staff who participated. It does not seek to be representative of all service users and/or staff.



## Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

**We are looking for:**

### Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

### Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

## Interested? Want to know more?

Call us on **01708 303 300**; or email  
**[enquiries@healthwatchhaverling.co.uk](mailto:enquiries@healthwatchhaverling.co.uk)**



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