

NELFT STREET TRIAGE TEAM

Based at Sunflowers Court, Goodmayes Hospital, Barley Lane Ilford Essex IG3 8XJ

Jacqui Van Rossum – Executive Integrated Care Director – NELFT

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Rehabilitation Directorate (ARD)

MH Crisis Care Concordant

- In 2014 NHS England welcomed the Mental Health Crisis Care Concordat as an important step forward in improving care and standards for people in a mental health crisis. The Concordat, launched by the Department of Health, is a joint agreement which describes how police, mental health services, social work services and ambulance professionals should work.
- NELFT Street Triage was introduced and piloted to meet the requirement of the MH Crisis Concordat which focuses on Access to Support 24hrs, Urgent and Emergency Access to Crisis Care, Quality of Treatment and Care & Recovery.
- The introduction of Street Triage allowed Mental Health Professionals to provide immediate advice to police officers who are dealing with people with possible mental health problems.

Why Street Triage?

- 1 in 4 people experience a mental health problem at any one time in their lives
- Policing Mental Health relates to about 20% of police time, meaning they will often come across suspects, victims & witnesses who are suffering from MH issues
- Home office, Department of Health and Ministry of Justice have identified a need to work more collaboratively for better outcomes/ experiences.
- Supports the drive described within the new MH Crisis Care concordat.
- Police Federation raising concerns over the usage of S136 MHA powers.
- Reports that custody is not the ideal place of safety; we should not be criminalising persons suffering from mental ill health.
- Prevent presentations to Accident and Emergency Departments when a person has no physical health concerns.

NELFT MH Acute Care Pathways

- Over the past few years NELFT Acute and Rehabilitation Directorate (ARD) have introduced a real focus on offering Acute Crisis Care within the patients own home as an alternative to Acute admission. This has been achieved through Home Treatment Teams who offer an alternative to Acute admission. As an extension of that service NELFT have introduced Street Triage.
- NELFT joined forces with the MET Police and London Ambulance Service to ensure people with mental health issues are prevented / diverted from detention under S136 of the Mental Health Act '83.
- The Street Triage Pilot was launched on **7 April 2015** and has now been fully integrated into the Mental Health Acute Response Team which includes the Acute Crisis Assessment Team (ACAT), Bleep Holder Team (Health Based Place of Safety, 136 team), Mental Health Direct Team, Emergency Duty Team and the recently developed Liaison & Diversion Team.
- In **April 2016** CCGs agreed to continued funding with the addition of LAS joining this collaboration.

Street Triage Operational Model

- 3 full time Band 6 Mental Health Nurses
- Staffed 5 days a week, Monday – Friday 5pm-1am for face to face to contact
- Weekends & Bank Holidays staff are available from 9am to 1am
- Outside of these hours there is a dedicated phone line 07872 050 047 manned 24hrs / day to provide a consistent service by the Acute Response Team
- Covers the 4 localities, namely Redbridge, Barking & Dagenham, Waltham Forest & Havering

Key Outcomes

- Reduced inappropriate or unnecessary use of Section 136 of the MHA.
- Reduced time spent by officers in dealing with patients who are experiencing mental health issues
- An improved experience for people who come into contact with the police through either detention under Section 136 or for other reasons related to their mental health.
- Reduced inappropriate use of A&E as a place of safety.
- Reviewed and Improved crisis, care and contingency plans for service users.
- Reduced number of attendances in Police Custody.
- Improved multi-agency team work.
- Reduced costs to health, criminal justice system, Ambulance service and Acute Trusts.

Key Elements of Street Triage

- Face to face assessments where appropriate (on the street / people's homes etc.)
- A dedicated phone line and telephone support available to the police for advice from the Acute Response Team
- Sharing of information to enable informed decisions to be made by officers on the street about the options available to them.
- Onward referrals to appropriate health, social care or support services of individuals who have come to the attention of the police.

Monitoring and Evaluation

- All referrals are documented on RIO (Patient recording system)
- Risk Assessment and Care plan formulated on Rio
- Bi monthly meetings with all stakeholders through the Police Liaison Group Meeting
- Data review on Street Triage activities
- Clinical and Management supervision of staff
- Case Study reviews to improve experience service users and professionals
- Feedback from service users, carers and our key stakeholders, uploaded onto our electronic Datix system

Feedback

Service User Quotes

“The police are not psychiatrists”

“I felt safer with a nurse”

“The police scare me”

Carers Quotes

“The way he was behaving, we thought he was going to be arrested”

“I am thankful my wife was seen at home”

“This is less stressful for everyone being seen at home and not in hospital”

Police Feedback

“Since working on this borough I have dealt with several MH calls and some have been of quite a serious nature. Your team have on all occasions attended in a prompt and professional manner and given the advice required to deal with the person in question. On most occasions the person/s are known to the Triage team and have been able to provide all the necessary information almost immediately. I have recommended Triage to many colleagues on many occasions as I have found them to be a great help and support on the street in making vital decisions with information that is not available to police”.

“This is a worthwhile resource which should be available 24 hours a day. This services bridges a gap between the police service and mental health workers”.

Yearly DATA

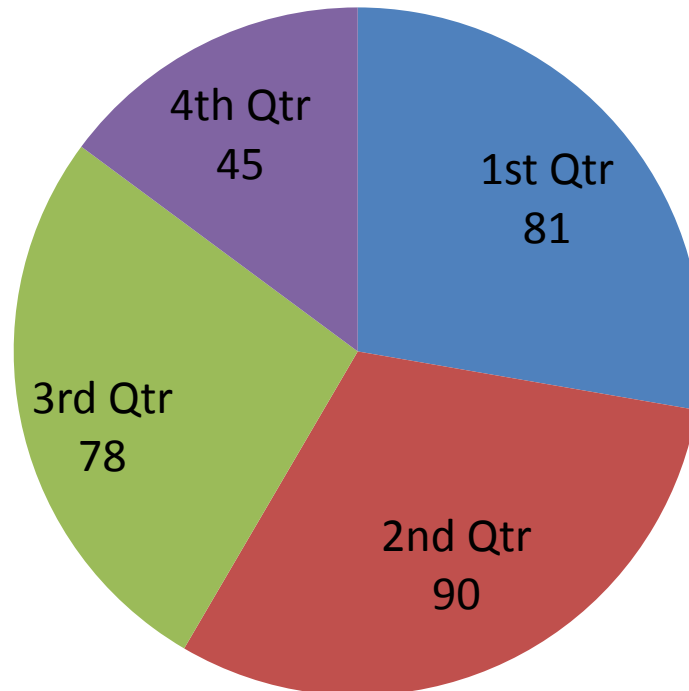
Referral Received for Year 2018/2019

Q1: 81 Referrals

Q2: 90 Referrals

Q3: 78 Referrals

Q4: 45 Referrals (Jan & Feb. March not included)



Q1 Data Analysis

Out of the **81** total referrals to Street Triage

Week Days referral = **43**

Weekend referrals = **38**

Outcome of those Referrals

Telephone Support To police/LAS = **39**

Placed under S136 = **2**

Alternative assessment offered (not placed on S136) = **6**

Assessed at home/ street = **34**

If Street Triage Service was not available

31 clients would have been placed on S136

50 clients would have been taken to ED

Q2 Data Analysis

Out of the 90 total referrals to Street Triage

Week Days referral = **51**

Weekend referrals = **39**

Outcome of those Referrals

Telephone Support To police/LAS = **58**

Placed under section 136 = **0**

Alternative assessment offered (not placed on S136) = **17**

Assessed at home/ street = **15**

If Street Triage Service was not available

35 clients would have been placed on S136

54 clients would have been taken to ED

1 Client would have been taken to the Police Custody

Q3 Data Analysis

Out of the 78 total referrals to Street Triage

Week Days referral = **45**

Weekend referrals = **33**

Outcome of those Referrals

Telephone Support To police/LAS = **50**

Placed under section 136 = **0**

Alternative assessment offered (not placed on S136) = **11**

Assessed at home/ street = **17**

IF Street Triage Service was not available

25 clients would have been placed on S136

52 clients would have been taken to ED

1 Client would have been taken to the Police Custody

Q4 Data Analysis

Full data to be obtained at the end of this
quarter

Any Questions

