

<b>For Information</b>	
<b>Public/Non Public</b>	<b>Public</b>
<b>Report to:</b>	<b>Police and Crime Panel</b>
<b>Date of Meeting:</b>	<b>20<sup>th</sup> April 2015</b>
<b>Report of:</b>	<b>Police and Crime Commissioner</b>
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<b>Agenda Item:</b>	<b>8 (b)</b>

\*If Non Public, please state under which category number from the guidance in the space provided.

## Street Triage Process

### 1. Purpose of the Report

- 1.1 To inform the Police and Crime Panel of the progress of the Street Triage Project.

### 2. Recommendations

- 2.1 That the Panel consider the findings.

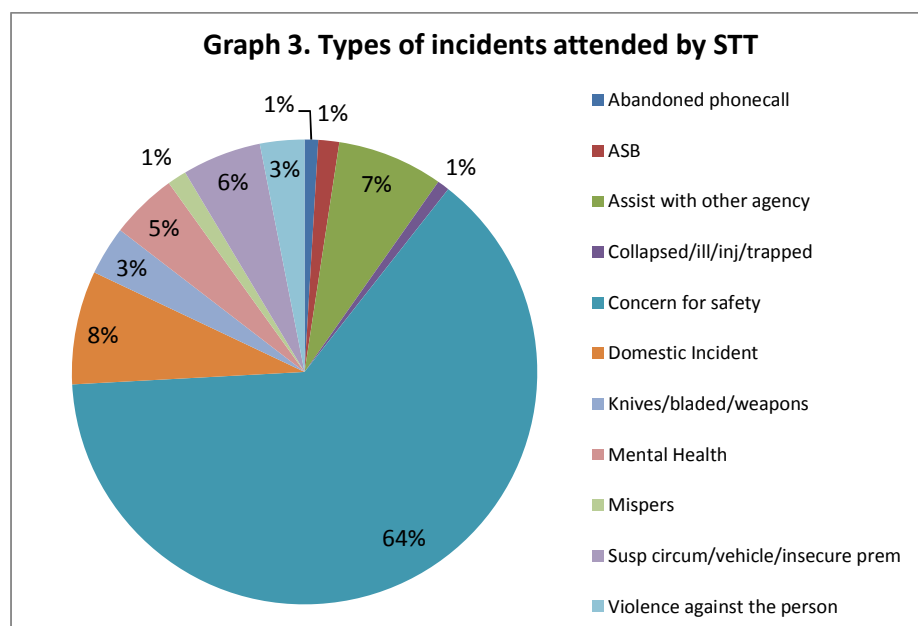
### 3. Reasons for Recommendations

- 3.1 This is a two year pilot, ending in March 2016 and continued support from all partners is needed at strategic and tactical levels as it forms part of the Mental Health Concordat work being progressed across the county, and is integral to the reduction in use of section 136 of the Mental Health Act.
- 2.3 Whilst we know the benefits being realised by the Police, this is a joint venture with Health partners and it is imperative that we can evaluate their benefits now so that we can shape the remainder of the pilot to maximise benefits to the Health services.

### 4. Summary of Key Points

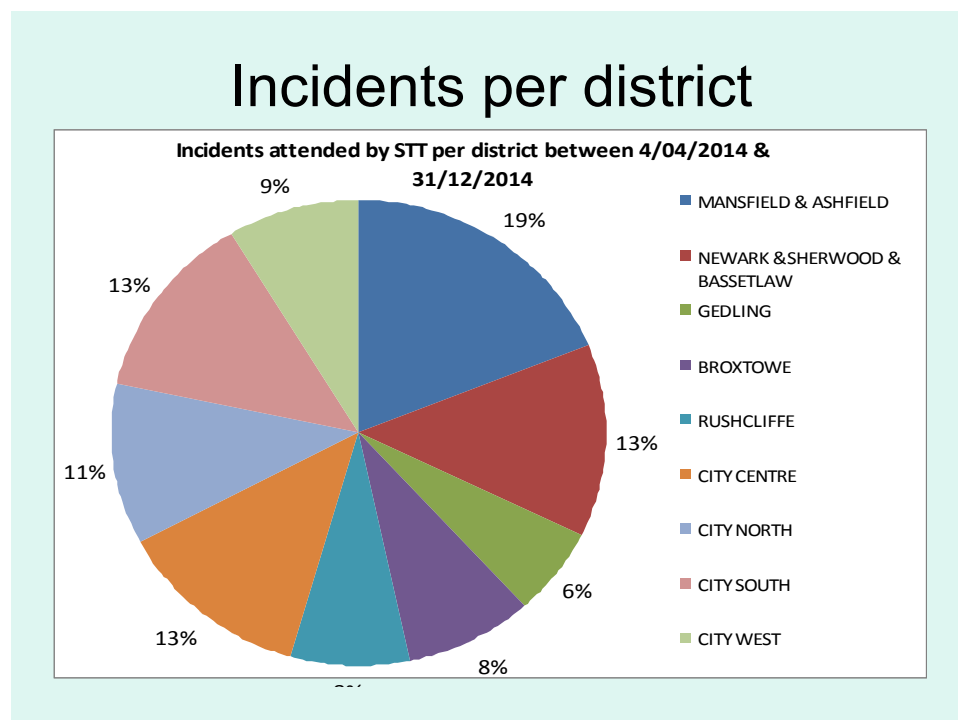
- 4.1 The objectives of the Street Triage Team (STT) were to reduce:
- Inappropriate detention in hospital or custody,
  - Repeat calls,
  - Deaths in custody,
  - Costs associated with S136 suites.
- 4.2 This is a 2 year pilot running until end March 2016, with 2 cars covering countywide from 5pm-2am, 7 days a week. The cars are staffed with a police officer and a Community Psychiatric Nurse (CPN). The pilot is jointly funded by police and the Clinical Commissioning Groups.

- 4.3 During the first 9 months the STT has resourced 2008 incidents either via telephone or actual attendance, which is increasing month on month.
- 4.4 64% of the incidents attended are graded as a 'concern for safety', the next biggest incident types are 'domestic incident' at 8% and 'assist other agency' at 7%.
- 4.5 At 54% of the attended incidents an Initial Mental Health Assessment (IMHA) was completed. Where there was no IMHA the reasons were generally either that there was no indication of mental illness or they were a repeat user of the service so it was not necessary.



- 4.6 Where an IMHA was completed 49% were no further action, 40% were referrals into treatment, 8% were section 136 and 2% were arrested for an offence.
- 4.7 Over the first 9 months, Section 136 detentions have decreased overall by 39% (better than most other Forces who are trialling triage cars).
- 4.8 Use of police cells decreased by 52% overall, and is decreasing every month.
- 4.9 Since April 2014 510 people have been detained by police officers using powers under section 136, the STT have been responsible for 80 of those detentions, 16% of the overall amount. This leaves a remaining 430 people who were detained under S136 without interaction with the STT, generally outside of operating hours.
- 4.10 Of those detained in a section 136 suite between April and December 2013 an average of 74% per month were discharged and 19% admitted for treatment.

- 4.11 Compared to April to December 2014 when an average of 69% were discharged and 29% admitted for treatment. This is indicative of an improvement in officers' detention decisions.
- 4.12 The following chart shows the breakdown of incident locations attended, showing that there is a need for mental health services in all areas.



- 4.13 In April 2015 we intend to rotate the officers on the cars in order to spread the expertise more widely across the Force, it is anticipated that we will see a dip in performance for a short period when this has happened. This will be closely monitored by the Street Triage Board.
- 4.14 As a result of the comprehensive on-going evaluations it has been decided to alter the working hours from 5pm-2am to 4pm-1am as more incidents occur after 4pm than do after 1am.
- 4.15 There will be a national review of triage schemes in the summer by NHS England, and it is likely that a recommendation to nationally join the triage and Criminal Justice Liaison (CJL) commissioning will be made. Nottinghamshire's police evaluation process has been highlighted by the national team as best practice.
- 4.16 Lincolnshire is also trialling a triage car with CPN and ambulance attending instead of a police officer. That evaluation is also expected in the summer. There are pros and cons to that model, and the regional mental health board will review it after the evaluation.

- 4.17 The Home Office Innovation Fund is being used to provide an intensive new training package to all front line staff, custody officers and control room staff. This should impact positively on detentions outside of the triage car operating hours. The training is running from January to June 2015, and being jointly delivered by Care Quality Commission and police trainers. It focuses on the Mental Health Act and Mental Capacity Act, and sets out local procedures in depth.
- 4.18 There is a joint commitment from Police, Nottinghamshire Healthcare Trust (NHT) and the Clinical Commissioning Groups (CCGs) that no children will be detained in a cell under section 136 from 1<sup>st</sup> April 2015. An interim solution has been reached where extra staffing will be provided 24/7 at Millbrook section 136 suite. There is no specific 136 suite for children, but they will be given priority at the adult suite, and if needs be an adult will be moved to accommodate them. This is only an interim solution to meet a tight deadline, and will be addressed more fully by October when partners have agreed that adults will not be detained in a cell either. This work is being progressed jointly by the Care Crisis Concordat strategic group, and forms part of the local action plan submitted to the Department of Health.
- 4.19 There are new national Codes of Practice coming in from 1<sup>st</sup> April reducing the time allowed for 136 detentions in custody from 72 hours to 24. This is a step towards a likely legislative change removing the use of cells as a place of safety entirely.
- 4.20 There are three areas within the section 136 process that require significant improvement, and are being addressed through the concordat strategic group:
- a. The codes of practice and local protocol expect that people detained under section 136 should be transported by ambulance. The ambulance service have committed to attending within 30 minutes (and 8 minutes when restraint is being used), and their contract is being adjusted to reflect that. We are jointly trying to performance manage that, but there are issues with data quality. Secondly, police officers are not routinely asking for an ambulance. This too will be performance managed.
  - b. When a person is detained in custody suite a doctor and an approved mental health practitioner (AMHP) are required to interview and assess the person. The AMHP should attend 'as soon as possible and within 3 hours'. At present they average 9 hours, which is not acceptable. The longest delays are generally out of office hours. This impacts negatively on the length of time a person is detained in custody not only for section 136 but also hinders investigations for people with mental health issues who have been arrested for an offence. This issue has been raised with partners and will also form part of the new performance framework.
  - c. A lack of suitable beds for patients requiring admission is a national problem. The regional commissioner for beds will sit on the Concordat

strategic group, and a joint escalation policy will be written between services to take responsibility for timely decisions.

## **5. Financial Implications and Budget Provision**

- 5.1 Savings to police are based on reduction in section 136 detentions, officer attendance and custody time. Over the first 9 months the STT has saved the Force £176,293.44.
- 5.2 NHT have not yet produced an evaluation of the health benefits. It is essential that a report is produced for the first year of the pilot so that any recommendations can be met within the pilot to maximise the benefits to health partners. Without proper evaluation it will be difficult to justify how we progress beyond the pilot.
- 5.3 This is a jointly funded project between the police and CCGs covering 2 years from April 2014 to March 2016. The Police have contributed 4 police constables and two vehicles with mobile data. The CCGs have contributed £250,000 over 2 years to cover the cost of the CPNs. This is broken down as follows:

NHS Bassetlaw CCG	40,000
NHS Mansfield and Ashfield CCG	80,250
NHS Newark and Sherwood CCG	46,250
NHS Rushcliffe CCG	28,000
NHS Nottingham North and East CCG	33,500
NHS Nottingham West CCG	22,000

## **6. Human Resources Implications**

- 6.1 The project requires 4 Police constables (2 from the city and 2 from the county).

## **7. Equality Implications**

- 7.1 There are no equality implications arising from this report.

## **8. Risk Management**

- 8.1 Risks are managed through the street triage board, chaired by Nottingham CCG. There are no current risks to the pilot, although going forward it is imperative that the health benefits are evaluated in order to determine whether it has been a success for all partners concerned.

## **9. Policy Implications and links to the Police and Crime Plan Priorities**

- 9.1 There are numerous joint procedures, protocols and information sharing agreements that are impacted on, all of which have been reviewed with partners since April 2014 and form part of the concordat action plan for continuous assessment.
- 9.2 STT complements the Police and Crime Plan under:
- Protect, support and respond to victims, witnesses and vulnerable people
  - Prevention, early intervention and reduction in offending
- 9.3 STT has also addressed the target to reduce section 136 detentions.

## **10. Changes in Legislation or other Legal Considerations**

- 10.1 There are new national codes of practice from April 2015 which are statutory for health to comply with as mentioned above. Compliance will be managed through the crisis concordat group.

## **11. Details of outcome of consultation**

- 11.1 As part of the concordat work some public consultation with service users is taking place in the near future.

## **12. Appendices**

- 12.1 There are no appendices attached to this report.

## **13. Background Papers (relevant for Police and Crime Panel Only)**

13. 9 month review of street triage pilot, dated January 2015.