

Agenda Item:

Dorset Health Scrutiny Committee

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Dorset County Council



Date of Meeting	16 November 2015
Officer	Director for Adult and Community Services
Subject of Report	Dorset Street Triage Service
Executive Summary	<p>On 27 June 2014 Dorset's Street Triage Service was established and linked to Dorset's Criminal Justice Liaison and Diversion Service provided by Dorset HealthCare.</p> <p>The Street Triage Service was jointly commissioned by:</p> <p>The office of the Police Crime Commissioner and Dorset Police NHS England Bournemouth Borough Council Dorset Clinical Commissioning Group Dorset County Council Borough of Poole</p> <p>The main objective of the Street Triage Service as set out at the commencement of the project was to reduce the number of people detained under section 136 and to improve the pathway of care for service users requiring access to psychiatric care.</p> <p>This report summaries progress made by the service, activity to date and benefits seen.</p>
Impact Assessment: <i>Please refer to the</i>	Equalities Impact Assessment: Not applicable.

<u>protocol</u> for writing reports.	Use of Evidence: Report provided by NHS Dorset Clinical Commissioning Group.
	Budget: Not applicable.
	Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: HIGH/MEDIUM/LOW (Delete as appropriate) Residual Risk HIGH/MEDIUM/LOW (Delete as appropriate)
	Other Implications: Not applicable.
Recommendation	That the Committee consider and comment on the progress of the Street Triage Service.
Reason for Recommendation	The work of the Health Scrutiny Committee contributes to the County Council's aim to protect and improve the health, wellbeing and safeguarding of all Dorset's citizens.
Appendices	None.
Background Papers	None.
Report Originator and Contact	Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

NHS Dorset Clinical Commissioning Group – Dorset Street Triage Service Update

1. Background

- 1.1 On 27 June 2014 Dorset's Street Triage Service was established and linked to Dorset's Criminal Justice Liaison and Diversion Service provided by Dorset HealthCare.
- 1.2 The Street Triage Service was jointly commissioned by:

The office of the Police Crime Commissioner and Dorset Police
NHS England
Bournemouth Borough Council
Dorset Clinical Commissioning Group
Dorset County Council
Borough of Poole
- 1.3 The main objective of the Street Triage service as set out at the start of the project was to reduce the number of people detained under section 136 and to improve the pathway of care for service users requiring access to psychiatric care.
- 1.4 The following are the other key objectives of the Street Triage Pilot:
 - I. Reduce the number of section 136s to St Ann's and the Custody Suites
 - II. Decrease the number of people detained and admitted under section 136 whilst ensuring that section 136 is appropriately used.
 - III. Reduce the time police officers spend dealing with members of the public who have (or appear to have) mental health issues and are detained under section 136.
 - IV. Police officers gain support and advice for people who are in crisis from an appropriately trained mental health professional.
 - V. Improve the experience of care for people who may have previously been detained under section 136.
 - VI. Identify individuals who have high propensity for crisis and require frequent intervention and share relevant information across agencies that will help to manage the individual's care.

2. Service progress update

- 2.1 Up until the 1 April 2015 the Street Triage Service operated from 7.00pm to 8.30am Friday, Saturday and Sunday nights. One Practitioner was based at the Police Command Centre at Winfrith and a second Practitioner worked at Bournemouth Custody Suite.
- 2.2 From the 1 April 2015 the Street Triage Service started to work seven days per week within the current cost envelope of £160k. This change gave the service chance to implement the changes before the start of the second year of the pilot which started June 2015.
- 2.3 The evidence gathered will provide commissioners with a comparison in terms of activity especially concerning the continued reduction of the use of Section 136 and use of police custody.
- 2.4 The pilot service is delivered as following:

- The service operates 7 nights a week
 - One mental health practitioner is on duty Monday to Thursday nights, two work Friday, Saturday and Sunday nights
 - The hours of operation are 7pm – 3 am (7.5 hours per shift)
 - Staff members are based in custody settings, primarily Bournemouth custody suite but where applicable within the Force Incident Control Room Winfrith.
 - At the weekend a single point of contact will be identified to liaise with the Police Force Command Centre.
- 2.5 The decision to base staff in custody rather than Winfrith was agreed between Dorset Police, Dorset HealthCare and the other commissioning partners for the following reasons:
- The IT infrastructure is more reliable in the custody suites than at the Command Centre
 - The benefit of face to face contact with custody officers
 - The availability of Practitioners to appraise those brought into custody as a non-health based place of safety and assist in moving people to a suitable placement
 - Travel time to Winfrith from staff locations in the east of the county negatively affect and encroach upon clinical availability
- 2.6 The caveats to the changes were that there should be no loss of relationship between the pilot and police and that there is no decrease in activity.

3. Interim Outcomes

- 3.1 Since the pilot was mobilised on 27 June 2014 it has had contact with about 2629 individual cases.
- 3.2 The service has enabled the reduction in the use of police cells by 54% and in July this year no one was detained in a cell who was thought to be in mental distress. The service works so that people can be:
- Referred to crisis home treatment teams
 - Signposted to other service
 - Referred to other services
- 3.3 There are a few people who repeatedly come in to contact with the service. Some individuals need a much more tailored support/management plan including risk share agreements that can be implemented whenever the individual comes in to contact with services.
- 3.4 There are clear benefits for police officers who are dealing with people who are experiencing mental health difficulties and benefits to the service user who receives a more appropriate response. Below are two examples of how Dorset Police has used the service and how it has benefitted people:
- A person was threatening suicide by hanging. Officers attended and whilst en-route and at the scene they received clinical updates from Street Triage Team. The action taken by officers based on this information meant that person did not require Section 136 nor to go to A&E.
 - Police received a call from a hotel, as a member of the public had walked into reception and told them that they had been refused treatment at A&E and that they were preoccupied by suicidal thoughts. The Police and the street triage service worked together to ascertain whether this person was currently using services and any other background to the situation. This led to crisis team

calling the person which supported the person effectively, stopping their threats to harm themselves. The person was driven home by the crisis team.

4 Next Steps

- 4.1 The interim outcome of the pilot will be fed into the modelling work for the Acute Care Pathway Review. Further detailed evaluation will be undertaken at the end of the pilot period.

Elaine Hurll and Kath Florey-Saunders

NHS Dorset Clinical Commissioning Group

Elaine.hurll@dorsetccg.nhs.uk kath.florey-saunders@dorsetccg.nhs.uk