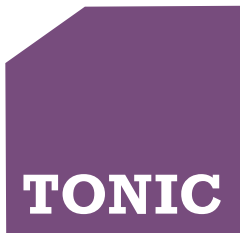


ESSEX MENTAL HEALTH STREET TRIAGE

EVALUATION

Headlines & Recommendations

Status: Headlines from Evaluation Report
Date: 14/01/16
Author: M. Scott
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- 1 Introduction
- 2 Findings
- 3 Recommendations



Essex Police & Crime Commissioner has commissioned an evaluation of the Street Triage scheme

SECTION 1

Introduction



Context

- Formally initiated in 2013, and strengthened by the commitment made in the Crisis Care Concordat in 2014, Mental Health Street Triage (ST) contributes to improving outcomes for people experiencing mental health crisis
- The Office of the Police & Crime Commissioner for Essex commissioned TONIC to evaluate the ST Scheme
- ST aims to improve outcomes for individuals experiencing mental health crises or distress, and reduce the inappropriate use of S136 (including the use of custody as a place of safety) – an issue generating significant costs to CCGs and Police with a high media profile
- The Essex model uses two teams (North & South) consisting of a mental health nurse and a police officer in a marked police car attending incidents as determined by the Force Control Room
- The scheme initially ran for 4 months, 3 days a week, from 6pm to 2am
 - This was extended from April 2015 to run 7 days a week

Methods

- 46 qualitative interviews with:
 - Police officers
 - Mental health nurses
 - Service users of Street Triage and their families
- Analysis of activity data from the Street Triage teams
 - Value for money evaluation
- Development of recommendations



SECTION 2

Findings



All stakeholders advocated the effectiveness of the scheme and voiced fears about the scheme ending and the positive gains being lost

- **Police** reported:
 - Improved confidence when attending mental health incidents
 - Reduced use of S136
 - Speedier resolution of incidents
 - Making police more efficient and available for other call outs
- **Nurses** reported:
 - Improved partnership working with police
 - More appropriate use of S136
- Street Triage **service users** reported:
 - More positive experiences with police
 - Better treatment than when previously sectioned or detained
 - A higher level of professionalism
 - More ability to diffuse fraught situations & lower use of restraint

Findings: Quantitative

During the first six months of daily ST operation the following impact was achieved:

Reduced use of S136

- **103** Section 136s were recorded as being prevented by the use of ST
- Overall **reduction of 23%** in S136 - 124 fewer than the same period the previous year

Reduced use of Custody

- **44% reduction** in the use of custody as a place of safety for S136s
- With only **1%** of incidents attended by ST resulted in a S136 being taken to custody

Value for money (VFM)

Projecting for a full year, Street Triage in Essex could produce estimated:

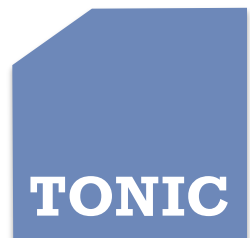
- Gross realisable savings for CCGs of **£347,200**
- Benefits of **£99,650** to Police in reduced use of custody & officer time at S136 incidents
- Net benefit of **£179,758** - when taking into account the cost of running the scheme
- There are other likely areas of benefit to CCGs from reduced use of MHA Assessments, Ambulance call outs, A&E attendances, and non-elective admissions to hospital

NOTE: There is likely to be some under reporting of activity levels, and the cost impact values for S136 used are low estimates, with some costs being excluded in the calculations, meaning the stated benefits are under-estimates of the positive impact achieved by Street Triage



SECTION 3

Recommendations



Given the positive benefits to CCGs, Police and Service Users, the continuation of Street Triage is strongly recommended

We identified a number of recommendations that would further improve effectiveness and VFM:

- **Secure the future of ST** and mainstream the funding arrangements
- **Extend operating hours** of the scheme
- **Improve geographical coverage** of the scheme - considering the use of an additional car, altered operational practices and/or dedicated telephone line
- **Improve data capture** for all S136s, MH incidents and ST attendances - to allow more accurate and ongoing evaluation of the scheme's impact
- **Promote the scheme** more actively across the police force to increase the usage and maximise efficiency of Street Triage



- Provide nurses with the equipment to **facilitate access to notes** *[Update: This is in-train]* and allow police to **scan live jobs** whilst on shift *[Update: This is now taking place]*
- **Improve rota management** - pairing clinicians and police more efficiently according to locality
- **Revisit the training package offered to officers** around mental health and re-deliver to current officers with input from NHS clinicians
- **Remove Street Triage as an overtime option** to ensure it continues to attract appropriately motivated individuals and continues the positive reputation the scheme has developed
- **Base a clinician in the Force Control Room**, link to Liaison & Diversion provision or use a dedicated phone-line where officers can contact a mental health professional for advice or information on individuals
- Allow the **ambulance service to request attendance** of Street Triage *[Update: this is now in place using FCR to co-ordinate and ensure consistency]*
- Provide nurses with the option of using **protective clothing**



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