



# Wirral Street Triage Service Operational Procedure

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Type of document	Standard Operating Procedure
Target audience	Community Practitioners
Document purpose	Operating procedure to support street triage staff in their service delivery

Approving meeting	Clinical Management Board, Wirral	Date 16/01/2017
Implementation date	March 2017	

CWP documents to be read in conjunction with	
<a href="#">GR33</a>	Lone Worker Policy
<a href="#">HR22</a>	Supervision Policy
<a href="#">CP1</a>	Admissions Discharge Transfer Policy
<a href="#">CP3</a>	Health Records Policy
<a href="#">CP5</a>	Clinical Risk Assessment Policy
<a href="#">CP10</a>	Safeguarding Adults Policy
<a href="#">CP40</a>	Safeguarding Children Policy
<a href="#">CP42</a>	Care Planning (CPA and Standard Care) Policy
<a href="#">IC19</a>	Dress Code Policy

Document change history	
What is different?	N/A – new policy
Appendices / electronic forms	1. Managing staff absence flowchart
What is the impact of change?	N/A – new policy

Training requirements	None identified
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Document consultation	
East locality	N/A
Wirral locality	Clinical staff, Wirral Clinical Management Board
West locality	N/A
Corporate services	N/A
External agencies	N/A

Financial resource implications	None
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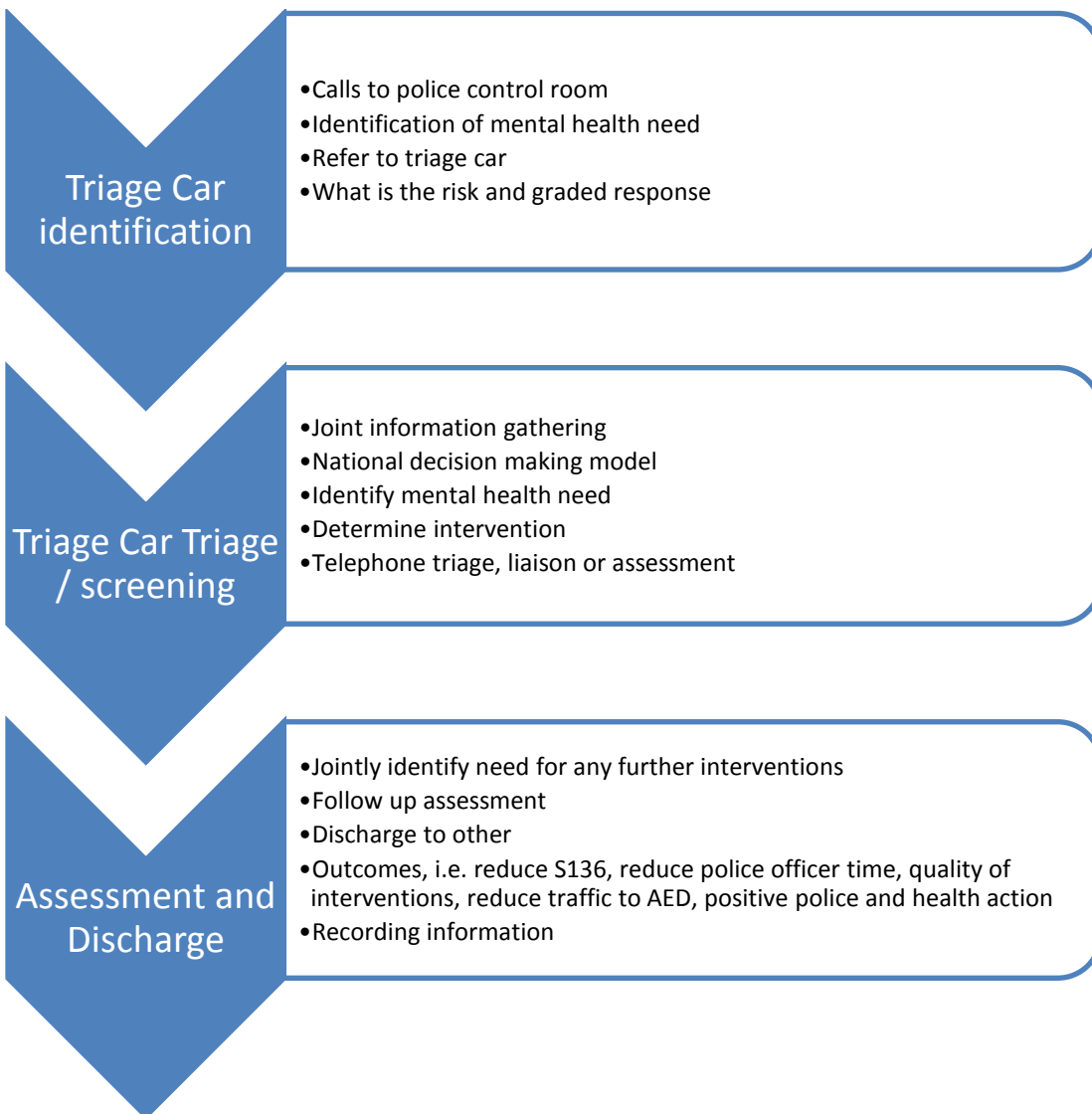
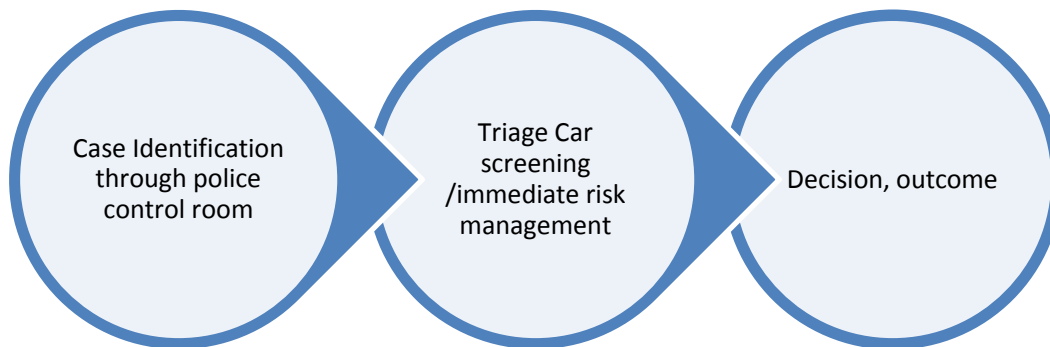
External references
PAN Merseyside Triage Service Pilot Operational Protocol

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	Applicable to 16 years and above
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	Yes	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? Yes – this is an adult service		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

## Contents

Street Triage Car Operating Model .....	4
1. Introduction.....	5
2. Background to the Street Triage Scheme .....	5
3. Staffing .....	6
4. Governance of the Street Triage Scheme.....	6
5. Hours of operation .....	6
6. Referral to Street Triage .....	6
7. Confidentiality and Information Governance .....	7
8. Joint working with other services .....	7
9. Family and carers .....	8
10. Safeguarding.....	8
11. Equality and Diversity.....	8
12. Supervision and Appraisal.....	8
13. Lone working.....	9
Appendix 1 – Staff Absence Flowchart .....	10

## Street Triage Car Operating Model



## 1. Introduction

The police are regularly called to deal with people with mental health problems, regardless of whether an offence has been committed. A significant proportion of police time and resources is taken in dealing with these matters.

The Mental Health Street Triage Scheme was initially piloted in Cleveland and Leicestershire, and introduces specialist mental health nurses / professionals to assist patrol officers when encountering incidents involving a mental health component. A single crew police car is accompanied by a registered mental health nurse who attends incidents in both private and public places. Having been deemed successful, the Street Triage Scheme has now been extended. As part of the Government's drive to address mental health challenges in the community and in line with the aspirations of the Crisis Care Concordat, a number of forces nationally will now have a version of this scheme.

Merseyside Police & CWP have worked together and have been successful in securing funding for a Wirral Street Triage service from the Better Care Fund which began at the start of 2015.

## 2. Background to the Street Triage Scheme

It is widely acknowledged nationally that the blue light services, notably police and paramedics, regularly attend crisis incidents and, given limited training and awareness in mental health, often make decisions based more upon resource demand and risk aversion rather than a proper assessment of individual needs.

From May 2014 to October 2014 an audit of S136 detentions in Wirral identified that there were 48 Section 136 Assessments completed and out of them 32 respectively did not require admission to hospital and were discharged from AED.

Band 6 Nurses will respond to incidents where police presence has been requested and where mental health and learning disability is thought to be an issue. The issues can be related or in relation to:-

- Self-harm
- Suicide Risk
- Risk to self
- Risk to others
- Unusual behaviour
- Where section 136 may be considered
- Deterioration in mental health in relation to substance misuse (drugs and alcohol).

The objective of Street Triage is to improve the response to individuals and their immediate families and also to improve the outcomes for individuals who come into contact with the police through early intervention, referral to mental health services, and by providing a more coordinated approach.

Specific objectives are as follows:-

- Reduce number of 136 detentions and in doing so reduce the impact on all agencies involved, both financially and in terms of time spent from point of detention through to assessment
- Improve the response to those who call the police at time of crisis in relation to their mental health
- Reduce A&E presentations/admissions
- Reduce the number of inappropriate arrests and detention in police custody of mentally disordered offenders
- To improve the access to pathways of care for those individuals not reaching the threshold for mainstream services.
- By intervening at the earliest possible stage in the Criminal Justice pathway when someone is identified as having a mental illness, LD or dual diagnosis in order to help reduce their offending or equally prevent re offending.

### 3. Staffing

**Mental Health Nurse** - The street triage team is made up of three experienced band 6 nurses whom are supervised by the psychiatric liaison team manager. The mental health nurse provides:-

- All the training and powers in law of a registered mental health nurse
- The provision of a mental health assessment
- Access and fast tracking to mental health services
- Professional knowledge in the field of mental health
- Experience of working practices and procedures within the NHS and in particular mental health services
- Experience gained by resolving incidents as part of the triage service
- The Mental Health nurse will have obtained the necessary CRB and Police vetting clearance
- The nurse will wear appropriate clothing in line with [IC19 Dress Code Policy](#) (not police uniform)

**Police Officer** – The police officers will be line managed through their usual basic command unit (BCU) supervision.

### 4. Governance of the Street Triage Scheme

The Street triage scheme will be operationally implemented and managed via the Merseyside Police Public Protection Unit and CWP's Wirral Psychiatric Liaison team. Governance will be via the Pan Merseyside Quarterly Triage Car Meeting.

As part of the Crisis Care Concordat, Wirral has included the Street Triage scheme within their action plan and its impact is being monitored via this route.

### 5. Hours of operation

The service will generally operate between 12:00 and 00.00 hrs, 7 days a week.

### 6. Referral to Street Triage

The population covered are those who are on the Wirral. People over the age of 16 years can be assessed.

At the commencement of each Duty the street triage team will inform Merseyside Police Force control room of their availability and be in a position to provide an immediate response to situations that would benefit from this form of expert intervention.

The street triage car provides an initial point of contact for police officers who encounter incidents which have a mental health element. Those police officers are expected to stabilise incidents and if possible contact the street triage car before exercising their police powers. The mental health nurse will conduct mental health background checks gathering relevant clinical and risk based information on the individual concerned. The practitioner will then appropriately share any relevant information and discuss the incident(s) with the police officer.

If the use of the street triage car's specialist skills are required, the street triage car will attend incidents to provide assessment, advice, support and to assist with resolution and outcome of that incident. If the street triage car attends an incident that results in a detention under S136 MHA 83, it is not the street triage car that will be responsible for the detention. The responding patrol will take responsibility for this and any further action required. The mental health nurse will ensure that relevant information is shared with the Psychiatric Liaison Team to support the detention whilst in hospital.

Response times can vary dependent on workload and complexity. The street triage car can on most occasions, offer an immediate response to the referrer. However as and referral numbers cannot be easily predicted, time frames cannot be set. Immediate response would be our aim with Police presence. Street Triage is always the second responder vehicle on scene.

Access to the service will be via the police incident system which requires a log number. The street triage car will only respond to police incidents. Other organisations such as health or North West Ambulance Service, cannot directly request the attendance of the street triage car.

The street triage car will also provide and promote widely a mobile phone number and email mailbox for staff to make non urgent contact with for advice regarding on-going cases or to provide further feedback in relation to this scheme.

## **7. Confidentiality and Information Governance**

Both organisations (CWP & Merseyside Police) have comprehensive policies and procedures in relation to information governance. Police officers and mental health nurses will comply with relevant legislation, their own organisational policies and any other relevant guidance such as Caldicott Principles in relation to information sharing and recording.

It is acknowledged that personal information will be obtained and will need to be shared on a need to know basis between agencies involved in this service. It is imperative that all parties comply with data protection requirements and their own policies in relation to records management. The key factor is as joint agencies, we ensure we are sharing information in the best interests of patients and the longer term vision of improving current provision.

Records will be kept of all Individuals dealt with by the team. CWP staff are directed to the agreed Trust policy ([CP3 Health Records Policy](#).) It is essential that each contact with, or concerning a service user, is recorded in their clinical record / CareNotes, as soon as possible after the event, but within a maximum of 24 hours, or the next working day in the event of a weekend or Bank Holiday. When CareNotes is not in use, all paper records relating to service users must be stored as per [CP3 Health Records Policy](#).

Nurse Practitioners will record all activity/assessments on the CareNotes patient records system.

During each shift an evaluation sheet will be completed.

The following activity and performance indicators will be collected:-

- Number of incidents attended and the outcomes
- Number of Section 136 detentions carried out and route taken
- Length of time taken to deal with incidents
- Percentage of first contacts
- Percentage of repeat contacts
- Nature of incident
- Type of response provided – telephone triage or actual attendance at scene
- Percentage of referrals made
- Agency referred to
- Agency who originated contact
- Percentage of referral appointments attended, which will be achieved by follow up contact being made by the staff with the individual or by accessing the CareNotes patient records system

## **8. Joint working with other services**

The service will support patients and carers to access other appropriate community support. The staff member will engage with other professionals as appropriate.

The Street Triage team link in with:

- NWAS
- WUTH
- Secondary Care and AMHTs
- Substance misuse services
- CAMHS (transitional arrangements)
- Voluntary sector organisations
- Community health services
- Housing and homeless services
- Social Services

## 9. Family and carers

Family / carers involved with the service user can make a valuable contribution to their care and recovery. Carers are often best placed to recognise signs of relapse and should be considered at all stages of patient care.

“**The Triangle of Care - Carers Included: A Best Practice Guide in Acute Mental Health Care**”, recommends better partnership working between service users and their carers, and Mental Health Services.

The Team Manager / Clinical Lead are responsible for ensuring that the main standards of the Triangle of Care are embedded within the work of all team members.

The six key elements state that:

- 1) Carers and the essential role they play are identified at first contact, or as soon as possible thereafter and documented in CareNotes
- 2) Staff are ‘carer aware’ and trained in carer engagement strategies.
- 3) Policy and practice protocols regarding confidentiality and information sharing are in place.
- 4) Defined post(s) responsible for carers are in place.
- 5) A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.
- 6) A range of carer support services is available – including offering all carers a Carer’s assessment and developing a carers’ support plan.

An effective Triangle of Care will only be complete if there is a willingness by the professional and carer to engage. This three-way partnership between service user, carer and clinician, with all parties influencing care, will produce the best chance of recovery for the service user. Professionals and services need to actively encourage this valuable partnership.

## 10. Safeguarding

“Safeguarding is everybody’s business; everyone within CWP has a responsibility for, and are committed to safeguarding and promoting the welfare of adults at risk, children and young people” Staff are directed to [CP10 - Safeguarding Adult Policy](#) and [CP40 - Safeguarding Children Policy](#) documents for guidance and procedures.

Where required, the team will assess and make an appropriate referral to social services if there are any concerns regarding safeguarding children, vulnerable adults, and other family members.

Team members will contribute to the delivery and evaluation of multi-agency safeguarding plans as appropriate. Staff with active safeguarding cases will receive specialist safeguarding supervision from a member of the CWP safeguarding team.

Staff will complete safeguarding children and adults training at the appropriate level and frequency that is relevant to their role as per training needs analysis.

## 11. Equality and Diversity

The team will offer appropriate services regardless of race, gender, sexual orientation, religion or disability. The Street Triage team will, where indicated, make reasonable adjustments to ensure that those from the protected groups can access and benefit from services.

## 12. Supervision and Appraisal

Staff are guided to the [HR22 Supervision Policy](#), developed by Cheshire County Council, CWP and Wirral Social Services. The policy states;

“There are many definitions of supervision. For the purpose of this policy, supervision comprises of three core elements and effective supervision requires each element to be addressed by the line manager and/or in partnership with an identified other. Specific requirements will also be required for child protection and vulnerable adult issues”.



Supervision elements are line management, clinical support and professional support. All team members must engage in 6 weekly supervision sessions and one annual appraisal with their line manager.

### **13. Lone working**

CWP street triage staff do not lone work. They are always with a police colleague.

## Appendix 1 – Staff Absence Flowchart

