NHS Health Scotland

Community justice practice spotlight summary 1
NHS Greater Glasgow & Clyde Police Liaison Distress Service Pilot 2015

NHS Greater Glasgow and Clyde

This resource may also be made available on request in the following formats:

0131 314 5300

nhs.healthscotland-alternativeformats@nhs.net

Published by NHS Health Scotland

1 South Gyle Crescent
Edinburgh EH12 9EB

NHS Health Scotland is a WHO Collaborating Centre for Health Promotion and Public Health Development.

Background

The Overnight Psychiatric Crisis Service is an established mental health crisis service for anyone across the NHS Glasgow & Clyde area who is 18 years old or over, whether known to mental health services or not. This includes older people's services. It is run in partnership with several agencies: social work, NHS24, Breathing Space, First Crisis, Government Employees Medical Scheme (GEMS) GP service, and also the housing and voluntary sectors.

It is a nurse-led service of senior crisis practitioners (23.3 WTE band 6 and one band 7 team leader) and is located in Caledonia House, alongside NHS24, Breathing Space, out-of-hours (OOH) GP service and Scottish Ambulance Service.

The service operates 365 days a year, but there is enhanced service Monday–Friday (7.30 pm–9.30 am) and Saturday, Sunday and public holidays (4.30 pm–9.30 am). The service has been established for over five years but recently piloted increasing its OOH focus, in collaboration with Police Scotland, for crisis support, twinned with potential for arrest prevention.

The aim of the pilot was to demonstrate that community triage leads to more timely intervention by mental health professionals when required, avoiding unnecessary detention in either a police station or hospital. This process is suitable only where there is no immediate danger or threat to life.

There were a number of potential impacts, including:

- reduced number of detentions to both hospital and custody
- reduced burden on both police and health staff who spend long periods of time in hospitals awaiting assessments
- improved outcomes for those who are detained and also those who are dealt with in the community
- improved partnership working between police and health services
- improved pathways to effective mental health services, including follow up for those difficult to engage with following initial contact with the police
- reduced costs to police, health and the criminal justice system.

Leadership and good practice

The service provides police officers and other agencies with an 0845 number and a commitment to return the call within 30 minutes. Face-to-face visits can be arranged within 1 hour from the call back. Currently, it is not a primary substance use or learning disability service, but the latter is being considered. By focusing on levels of 'distress', rather than traditional medical intervention thresholds, the service has supported a number of known and new individuals, and prevented potentially unnecessary contact with the justice system.

Nurses offer OOH telephone advice and triage to professionals; crisis intervention and management; and face-to-face mental health assessment if required (taking place in the patient's home, A&E, police custody, via homeless services and supported accommodation or with GP OOH services). A crisis management plan is developed and liaison is provided for a next day follow-up with daytime mental health and crisis services.

Nurses are gatekeepers to local OOH psychiatric admissions and can refer people directly. Access to limited prescribing of medication is offered as required. The interventions are recorded on Adastra and then emailed to a GP for next morning update. If the person is a 'known patient' (to daytime crisis, perinatal, forensic, homeless or, substance use services), a paper copy of the assessment is faxed overnight and loaded onto the patient information management system. A pathway for next-day follow-up is also agreed with community mental health teams and daytime crisis services.

During the January–June pilot period in 2015, police officers used the service on 234 occasions and the service use doubled between July and December 2015. Outcomes from the intervention have been captured in a local evaluation report.[1]

[1] **www.policecare.scot.nhs.uk/wp-content/uploads/2015/06/Community-Triage-NHS-Greater-Glasgow-Clyde-Pilot-Evaluation-Report.pdf**

In the pilot period, 225 out of 234 individuals were satisfactorily dealt with at home, without needing to go to A&E for assessment. Only six of the 234 were arrested during the pilot period; however, this could not be attributed directly to the intervention. Although diversion from the justice system was an anticipated and realised outcome, the main driver was improved service delivery to those in distress. Through collaboration and effective nurse triage, a reduction in A&E visits was achieved with a reduction in associated lengthy/costly waiting times.

Reflections and learning opportunities

Those requiring OOH support can use considerable time and resource across services to achieve a resolution. Reframing and promoting this established service to ensure police staff have direct access to a nursing opinion, an intervention or advice on place of safety, then often preventing lengthy waits in A&E or seeking of medical advice and opinion, has been successful. It has assured, provided a sense of proportionate response, clarified roles and boundaries, and is person centred and solution focused.

The NHS nurse assessment process is structured and simple:

- nature of the problem
- onset of the difficulties
- why and how the person was presented to the service
- what precipitated the problem
- previous history, episodes of distress, treatment and prescribing (if required).

The vast majority of contact with the wider OOH service is by telephone (with over 9,000 calls in 2015). Generally, these are known individuals who would otherwise repeatedly use several services across the area. Those new to the service more often received a face-to-face visit.

This has been a successful collaboration and demonstration of nursing and policing innovation, taking an established service, focusing on an opportunity for prevention of arrest, earlier interventions, and through triage, achieving a positive solution in situations of distress.

Key benefits and successes

This project promotes a set of positive learning opportunities:

- effective multiagency collaboration
- clarity on role and boundary across a previously complex set of challenges
- upstream focus and earlier opportunities to intervene
- proportionate response and effective interventions for vulnerable people
- reduced wait, effective use of staff resources and services, and reduced system cost
- simplifying and speeding up the pathway to support, and removing steps and wait.

New national guidance on police custody and substance use[2] will also strengthen best practice and ensure greater impact on the complex needs which professionals aim to meet in delivering healthcare to those in custody which includes:

- 'Guidance for Police Scotland and healthcare professionals'
- 'Making it happen: Delivering quality alcohol, drugs and tobacco healthcare services to people in police custody in Scotland'.

This summary was produced by the Health Improvement & Justice Practice Collaboration Group. For more information, please contact Linda MacKay (**Linda.MacKay@ggc.scot.nhs.uk**).

[2] National Co-ordinating Network for Healthcare & Forensic Medical Services for People in Police Care; 2017. URL: **www.policecare.scot.nhs.uk/groups/healthcare-service-delivery-group/substance-misuse**

www.healthscotland.scot

6138 8/2017