



west midlands  
police and crime  
commissioner

*Report on*

*Mental Health and Learning Disabilities Summit*

*Friday 21 June 2013*

**Maple House Conference Centre, Birmingham**

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## Introduction

Police hold too many people in custody who have mental health disorders or learning disabilities. In far too many cases the only crime that a person has committed is to have a mental health disorder or learning disability and yet the criminal justice system continues to treat them as suspected criminals. In other cases, people may be locked in a cycle of offending whereas if their underlying mental health disorder was treated or their learning disability was recognised, further offending could be reduced or prevented.

We have known about these problems for some time - years - and yet things have not greatly improved. In 2009 Lord Bradley's report told us that seven out of ten young people in the criminal justice system have an undetected mental health problem. At that time there was a growing consensus that prison may not always be an appropriate environment for those with severe mental illness and that custody can exacerbate mental ill health, heighten vulnerability and increase the risk of self-harm and suicide. The government accepted the recommendations from Lord Bradley to set out a programme to improve partnership working and to end the practice of using police custody as a place of safety.

In May this year Lord Victor Adebowale studied the Metropolitan Police and its response to mental health and made recommendations that also apply to other parts of the country. More recently there was a joint inspectorate report led by Her Majesty's Inspectorate of Constabulary which emphasised the crucial role of appropriate commissioning to make sure that the right services and resources are in place to divert vulnerable people to the right service.

The Mental Health and Learning Disabilities Summit brought together people from the mental health service providers, police, local authority partners, commissioners, voluntary sector and more with the purpose of exploring and agreeing practical ways of making improvements in the West Midlands.

The Summit was co-hosted by the West Midlands Police and Crime Commissioner, Councillor Steve Bedser of Birmingham City Council, the Dudley and Walsall Partnership Mental Health Partnership NHS Trust, Black Country Mental Health and Social Care NHS Foundation Trust, Birmingham and Solihull Mental Health NHS Foundation Trust and Coventry and Warwickshire Partnership NHS Trust. This report provides a summary of the speakers and discussions that took place on the day, together with the recommendations that emerged. The most important thing is what happens next and we intend to work together now to act upon these recommendations.

## **Expected outcomes from the Mental Health and Learning Disabilities Summit:**

- Raise the profile and awareness of the work required from strategic partnerships in order to improve the response to individuals with mental health problems or learning disabilities who come into contact with the criminal justice system.
- Encourage partner organisations to commit to a programme of working together and put measures in place to ensure that individuals receive the most appropriate response from the right agency at the right time.

## **Summary of speakers**

*Councillor Paulette Hamilton, Birmingham City Council*

Councillor Hamilton very kindly agreed to step in at the last minute to host the morning as Councillor Steve Bedser was unwell. Cllr Hamilton has a long background in health having worked as a district nurse, and has also worked as a Birmingham City Councillor for the past 10 years. One of the main problems facing those with mental health problems or a learning disability is the complexity of accessing mental health services. Councillor Bedser wanted everyone to know that Birmingham City Council is very committed to this process. Other good news to help promote this important agenda is that Councillor Waseem Zaffer is launching a social cohesion scrutiny to look at mental health this summer.

*Chief Inspector Sean Russell, West Midlands Police*

Chief Inspector Russell is the mental health lead for West Midlands Police and he explained the new West Midlands Police strategy to address mental health issues. The aim of today is to ensure all partners come together. We do need to be open and acknowledge that much of the debate is about resources. All partners have to be prepared to commit resources. Chief Inspector Russell highlighted that West Midlands Police does not have a full time lead officer on mental health and he takes the lead in addition to a very busy full time post as the Chief Constable's staff officer. A key outcome of today is to form a West Midlands wide multi-agency group to take this forward.

*Michelle Hassam, Mental Health Diversion and Liaison Scheme*

Michelle is a mental health nurse and has been running the mental Health Diversion and Liaison Scheme based at Smethwick police station. The pilot is a 12 month trial of a mental health practitioner actually based in the police custody suite in order to provide early intervention for those brought into police custody. So far the trial has averaged 2.5 referrals per shift covered. The trial has proved successful so far in diverting many people into more appropriate services

and outcomes. However, Michelle did make the point that she is just one person with a limited number of hours and so there are times when the scheme is not fully covered.

*Professor George Tadros, the Birmingham Raid Experience*

Professor Tadros is leading clinical physician for the Birmingham RAID project. RAID is a specialist multidisciplinary mental health service, working within all acute hospitals in Birmingham, for people aged over 16. RAID works closely with other hospital psychologists and alcohol practitioners, as well as the acute hospital clinicians, and has received much attention both regionally and nationally for its innovative approach to liaison psychiatry.

*Tony Jackson, Mencap*

Mencap is the largest disability charity in the UK with widespread national membership.

There are 1.5 million adults and children with a learning disability, 85% have experienced some form of hate crime and 60% experience hate crime on a regular basis. Everybody knows the name of Mrs Pilkington but hardly anyone knows the name of her daughter who actually had the learning disability. In addition, an estimated 30% of the prison population have a learning disability. Mencap would like to see the adoption of the *Stand By Me Pledge* by all police forces, more screening at an early stage of victims and defendants, greater use of special measures for both victims and defendants and that these are integrated earlier and the use of qualified intermediaries as set out in Section 104 of the Coroners Act 2009.

**Question and Answers**

Councillor Hamilton chaired a lively question and answer session during which the following points were made:

- It is important that police officers are adequately trained to recognise and respond to mental health and learning disability. It is equally important that mental health practitioners and other agencies are enabled to play a full role in delivering a partnership response. However, the police are a very transitional service, frequently moving between roles and this can make it more difficult to build a body of expertise. Chief Inspector Sean Russell himself has held 19 different posts all within the police service. West Midlands Police are about to commission work in Solihull where police officers who have a particular interest will be given the role of tactical advisors and they will be the contact and advisor for police and partners. The Force now has 10 local policing units (LPUs) and is not as transitional as it used to be. It would be much better to embed training at a multi-agency level and that should be a key learning point from today.

- The city with the highest self-harm rate in Europe is Oxford followed by Leeds. This may be due to students away from home, other demographic reasons or possibly because local agencies are better at capturing the data. In comparison suicide levels seem to be stable eg in Birmingham about 120 per year. West Midlands Police is studying successful suicide intervention programmes in Canada with a view to developing a strategy for the West Midlands.
- The last great civil right to be addressed in this country is the rights of people with learning disabilities. The UK is at the forefront of work on learning disability and Mencap offers training for doctors to help identify learning disabilities. Matters would be helped greatly by early information exchange. We know this is very challenging but surely its possible and would be better than than agencies going in at crisis point?
- It was agreed it is often hard to find an appropriate adult to act for an adult with mental health problems or a learning disability. Mencap is currently lobbying parliament to make sure there is a pool of intermediaries at a local and national level to have this sort of facility in place. Main issue in Mencap's Stand By Me campaign is the need for people to be supported locally. Michelle pointed out that funding for the Smethwick pilot included an element of appropriate adult work but unfortunately despite this it's still hard to get an appropriate adult for someone with a learning disability. This is partly because the demand is quite low and so volunteers/staff don't make themselves available often enough.
- Councillor Zaffer pointed out that the partner not mentioned so far is the government. What communication have agencies here had from government? In fact mental health and learning disabilities have hit the political sphere more than ever before and there is the will to work with Home Office and NHS together on a joint strategy.
- Mental health problems are a particular issue for the black community and this will be addressed in more detail during the afternoon session. There has been significant work over the last few years to understand work on deaths in custody and in addition, West Midlands Police are about to commission a problem profile to identify communities and groups who are most at risk. This will help police understand how to deliver services to those communities. West Midlands Police also plans to develop a critical service user group to help understand what it is like for service users during their interactions with the Criminal justice service.

### **Roundtable discussions**

Each discussion group had an appointed scribe to take notes and provide feedback at the end of the afternoon. The following people took on the role of scribe and all worked hard to capture the views of their group and contribute to the success of the day:

1. Melvina Anderson
2. Jayne Randell
3. Vanessa Devlin
4. Karen Winfield
5. Sgt Simon Hill
6. Vicky Hancock

*Police and Crime Commissioner, Bob Jones*

Bob welcomed everybody back after lunch and offered his thanks to all the partners who co-hosted the Summit. Particularly welcome was Mind who had the stall at the back of the room.

Bob Introduced himself, his deputy Yvonne Mosquito and Councillor Tim Sawdon who is the health lead for the Strategic Police and Crime Board. Bob has been involved in health almost continuously since 1983 and is now a member of Wolverhampton Health and Wellbeing Board. West Midlands Police is already ahead of most other parts of the country in recognising mental health and learning disability as a central part of its work, and there have already been significant achievements such as:

- A new protocol with the ambulance service has been negotiated by West Midlands Police and we hope this will prevent future disasters
- have moved all places of safety away from police custody
- Integrated Offender Management has resulted in the lowest rates of re-offending in the country in some parts of the West Midlands
- West Midlands Police Inspector Michael Browne is often referred to during national studies.

So the West Midlands is ahead of the game but there is still lots to do and partners now need to work together in partnership to make improvements. We all want to do our duty and do our job but by working together we can do it better. There is a real danger in times of reduced resources that agencies will retreat to their core duties but this would be unwise as it would not save resources in the medium to long term and would not be in the interest of service users.

Planned new super cell blocks will change the custody landscape and present some opportunities eg economies of scale and a new chance to work together. Changes in governance are also a new opportunity to work together and to make sure that mental health is much higher up the commissioning agenda than it is at present. Constraint is a recurrent theme and there is a need to address the most appropriate type of constraint method. Clearly this will be a professionally led national debate but there is also a need for PCCs to have a say and reflect views of the community. We should not try to appeal to altruism or appeal to vision, but instead we need to look at the actual practical steps that are needed to turn vision into reality.

The intention is that the afternoon's roundtable discussions will identify the practical steps that are needed.

*Emily Miles, Home Office, Policing Directorate of Home Office.*

Mental health issues are far higher up the agenda than they were in the past. There is a lot of police time and resources dedicated to dealing with cases where crime may not be an issue, and services would be better provided by other partners. The Home Secretary wrote to all chief constables and police and crime commissioners in February to explain how concerned she was about this matter and asked Forces to send their experiences so that she could get a true picture. It was clear from this that in some areas police and ambulance do not always work together, eg in London if ambulance know that police have attended, they then may downgrade the urgency of the call, and some areas such as North Yorkshire have no health based places of safety. But these examples do not apply to the West Midlands. Key themes:

Health based places of safety - some places have none. Some turn people away if they have been drinking. Department of health is currently doing a review of places of safety which will report in July, and the Care Quality Commission is also assessing the quality of current provision and this will report by the end of July.

Training - Lord Adebowale highlighted the need for training and the College of Policing is very important in delivering this.

Transport - police should not have to step in to act as ambulance drivers for the mentally ill. Home secretary announced that there will be review of this during 2013.

Partnership working - if agencies work in isolation, the great ideas they may have will not work in practice. In all the Force areas where there is a positive story to tell it is because there is good partnership working.

*Chief Inspector Michael Browne, West Midlands Police (a six minute DVD was shown as Michael was unavailable to attend)*

West Midlands Police officers are given more training than most but it's still only about 3 hours on mental health per police officer and it would be better if it was longer. The Force is better positioned than other forces but there is still a lot of work to do. (film available on YouTube).

*Matlida Macatram, Black Mental Health UK*

It is important to see issues of mental health through the lens of human rights and justice. People in this room today have the power to make decisions. Look at the Black Mental Health UK website, it covers topics that are not comfortable but are very topical and the organisation is campaigning to get these concerns across all government departments.



Vulnerable innocent people are often ending up in custody and on police DNA database which excludes them from future volunteering and other things. Black Mental Health UK has been endorsed in various campaigns by different government ministers.

Matilda gave a short history of black people and mental health going back to the case of Orville Blackwood in the 1980s who was detained under the Mental Health Act because he was carrying a plastic gun and later died after being restrained by multiple people. This resulted in a report called Big, Black and Dangerous with recommendations on training, restraint, custody, partnership work etc, all of which are still relevant today. There have been many more cases since then which have showed conclusively that the experiences of black people are different. Black people are five times more likely to be referred to mental health services and once in the system are 50% more likely to be placed in seclusion and 29% more likely to be subject to restraint. In the community there is a real fear that if you enter the system you are at risk of dying - looking at these statistics maybe it is not such a myth! Countrywide, 30% of mental health patients are BME and in urban areas this figure is far higher. Despite all this there is no evidence to show that BME people suffer more ill health, only that they are detained and are in the system more than others.

Concluding comments from Bob Jones

After a very fruitful day of discussion there is now a need to capture what has been said and make it real. We need to make sure the structures are in place to make it work, and today is the start of the process. There is a lot to be proud of in the West Midlands but there is lots more we can do. Hopefully this event has focussed our minds. Thank you for your contributions.

## Summary of the emerging Issues

The following points were the main priorities for future actions identified by each of the roundtable discussion groups:

<b>Group One:</b>
<ul style="list-style-type: none"><li>• named partners</li></ul>
<ul style="list-style-type: none"><li>• identify pathways and resources, need more signposting</li></ul>
<ul style="list-style-type: none"><li>• link our systems so that data sharing and risk assessments are done by everybody together</li></ul>
<b>Group Two:</b>
<ul style="list-style-type: none"><li>• identification of current services</li></ul>
<ul style="list-style-type: none"><li>• map current work streams as we need a better understanding of this to develop a proper strategy</li></ul>
<ul style="list-style-type: none"><li>• holistic approach to identify most at risk people</li></ul>
<b>Group Three:</b>
<ul style="list-style-type: none"><li>• inter-agency sharing of information and get systems to talk to each other</li></ul>
<ul style="list-style-type: none"><li>• s136 is too late</li></ul>
<ul style="list-style-type: none"><li>• cultural change on sharing information</li></ul>
<b>Group Four:</b>
<ul style="list-style-type: none"><li>• need a single strategy with high level sign up from all key partners</li></ul>
<ul style="list-style-type: none"><li>• strategy needs to be person centred</li></ul>
<ul style="list-style-type: none"><li>• need agreed outcomes so that all partners can buy-in</li></ul>
<ul style="list-style-type: none"><li>• recognise CCGs as integral part of this - this is a milestone to do something so that is high on their agenda</li></ul>
<b>Group Five:</b>
<ul style="list-style-type: none"><li>• training is needed</li></ul>
<ul style="list-style-type: none"><li>• identify frequent flyers</li></ul>
<ul style="list-style-type: none"><li>• local teams need to be less silo'd</li></ul>
<ul style="list-style-type: none"><li>• need a community treatment order that allows people to be treated in the community.</li></ul>
<b>Group Six:</b>
<ul style="list-style-type: none"><li>• clear roles for each agency but with shared responsibility so less passing of the buck</li></ul>
<ul style="list-style-type: none"><li>• shared database</li></ul>
<ul style="list-style-type: none"><li>• decisions, strategies etc need to be fed down to those on the frontline who actually use it.</li></ul>

## Recommendations

The following recommendations for action have been collated in response to the speakers, questions and answers and the roundtable discussions that took place during the Mental Health and Learning Disabilities Summit:

1. An early meeting of the key partners to consider this report, recommendations and how to effectively take these forward. In particular to discuss how to take forward the key themes that emerged from the day, which were:
  - A need for a cultural shift towards greater data sharing between partners, to facilitate early identification and intervention work
  - A shared vision and strategy
  - Training undertaken at a multi-agency level, in particular to ensure front line staff are aware of agreed working protocols
  - A need to map out the current service provision and ensure there is a shared understanding of this.
2. Further multi-agency work to make the data sharing protocols effective.
3. Build upon the protocol West Midlands Police has developed with the Ambulance Service
4. Ensure that health services are engaged in the development of the new super cell-blocks at the early stage of design and in particular to build appropriate screening into the plans
5. Ensure that there is a full evaluation report from the Mental Health nurse pilot project in Smethwick and use this to determine the shape of future intervention services.
6. Close working between Police and Crime Commissioner and West Midlands Police to ensure this agenda progresses at a good pace.
7. West Midlands Police strategy for mental health and in particular strategy for prevention to be in place and public by September 2013
8. Multi-agency training to be addressed in the West Midlands Police Strategy.
9. Greater engagement with NHS commissioners to present the key findings from the Summit and encourage appropriate commissioning in line with the recommendations made by the recent joint inspectorate study: *Criminal Use of Police Cells? The use of police custody as a place of safety for people with mental health needs.*
10. Share this report with the Health and Wellbeing Boards and with the Clinical Commissioning Groups and encourage their engagement with these recommendations.
11. A report to the Strategic Policing and Crime Board in September setting out the progress of the West Midlands police strategy and also these recommendations.

## Plan for Action

Drawing upon the presentations made during the Summit, the roundtable discussions and the recommendations set out above, the following actions have been agreed:

<b>ACTION</b>	<b>LEAD</b>
1. <i>Establish a new West Midlands Strategy Group/Reference Group with sign-up at Chief Executive level. This Group would be responsible for taking forward the recommendations and actions arising from the Summit</i>	<i>C I Sean Russell</i>
2. <i>A multi-agency Mental Health and Learning Disability strategy to be developed. This should evolve from the work of the new Strategy/Critical Reference Group</i>	<i>WM Strategy Group/Critical Reference Group</i>
3. <i>Current information sharing protocols are piecemeal and yet this is repeatedly identified as a priority. Consider new ways of making this work (include consideration of pilots from other parts of the country such as telephone helplines and health passport schemes.</i>	<i>WM Strategy Group/Critical Reference Group</i>
4. <i>West Midlands Police bid to take part in the Home Office street triage pilot</i>	<i>CI Sean Russell</i>
5. <i>Consider the evaluation from the Smethwick MHN Pilot Scheme</i>	<i>WM Strategy Group/Critical Reference Group</i>
6. <i>Ensure the involvement of NHS commissioners in the development of the new police super cell blocks</i>	<i>WMP/ CI Sean Russell</i>
7. <i>Recognise the need to do more work on learning disabilities and to comply with the sentiments of the Mencap Stand By Me campaign.</i>	<i>All partners</i>
8. <i>Examine ways of delivering joint training in a manner that does not unduly drain the resources of any particular pilot</i>	<i>WM Strategy Group/Critical Reference Group</i>

<p>9. <i>Explore innovative means of training delivery that could facilitate joint training ventures between partners</i></p>	<p><i>WM Strategy Group/Critical Reference Group</i></p>
<p>10. <i>Liaise with College of Policing to explore what support they can offer at local and regional level in multi-agency training delivery</i></p>	<p><i>CI Sean Russell</i></p>
<p>11. <i>the report and actions will be reported to the SPCB, including details of how mental health and learning disability matters are dealt with in Force structures.</i></p>	<p><i>PCC</i></p>
<p>12. <i>Examine the criteria for the recently announced Innovation Fund – would a collaborative bid on mental health/learning disabilities be eligible?</i></p>	<p><i>CI Sean Russell/PC C</i></p>

## **Appendix 1 – notes of the Roundtable Discussions**

Delegates were asked to:

Work as a group to develop the key points that you think should be included in a plan for future action. Your outline plan should include:

- A strategy for the future
- How it will include all partners
- Key milestones
- Draft timetable.

### **The strongest points of consensus**

1. That there was widespread support for a regional strategy/reference group and for a coordinated approach to services for the mentally ill and those with learning disability. This should comprise in the main of the Police, Health, Third Sector providers and Councils, with a high level sign up, clear roles and responsibilities with a shared accountability, open communication and regularly reviewed (bi-monthly)
2. Many thought it was too early to write a strategy, insisting the first step must be to devise a method of sharing information first, like the Health passport model; personal details shared with consent of the person, with it risk assessment.
3. The aim for any strategy should be to deliver early identification of MH and LD needs and intervention: a triage system into pathways of care using local resources.

### **Other points made**

1. A strategy should aim to reduce the numbers of people held in police cells.
2. Any strategy should address the ways in which the current CJD fails those with LD. (Stand By Me etc.)
3. The strategy should be person centered, and consultees in its writing should include adults and young people, those with all kinds of vulnerability to ensure its delivery does not exclude any grouping.
4. The strategy should include pathways of care, with agreed outcomes. There is the need to secure agreement between partners for a sharing of resources to deliver its outcomes.
5. Do it now! The strategy needs to get buy in from CCG's before spending patterns are established.

6. Widespread training, networking and sharing of case studies were also seen as critical.
7. The management of people with dual diagnosis should be prioritized. Often, people are unable to access mental health services because they are under the influence of a substance and experiencing a psychotic episode. As this work moves into the detail this needs further exploration as statistically 40% of people with a psychosis will at some point misuse substances and no doubt come into contact with criminal justice services.

**Milestones/How will we know things are improving?**

1. Carry out more analysis; suggestion to look at the top 100 most frequent callers to the Police to understand the issues.
2. Identify existing work streams in this area. eg's quoted: Personality disorder and criminal justice ( Probation), Diversion and liaison projects, NLDDN (?) projects, Healthcare into Custody ( Prime Care)
3. Map current services
4. Identify good practice nationally
5. Reduce the number of people reaching crisis point
6. Reduce the number of mentally ill people offending and reoffending.
7. Reduce the number of mentally ill or with LD held in police cells.

