



## STRATEGIC POLICING AND CRIME BOARD 1 December 2015

### Mental Health

#### PURPOSE OF REPORT

1. To update the SPCB on the latest work of the Force on mental health and, an update on the work of the Police and Crime Commissioner's Mental Health Champion.

#### Introduction

2. This paper seeks to update the board on the progress around the Mental Health portfolio for WMP. This update builds upon the report presented to the board on the 1<sup>st</sup> April 2014.

#### Review of the effectiveness of the Street Triage programme

3. The Street Triage initiative has been in operation for nearly two years across the Force and has been recognised at national level as providing excellent service through innovation. The model was initially created for Birmingham and Solihull with Birmingham and Solihull Mental Health Foundation Trust and West Midlands Ambulance Service providing significant support.
- 3.1 The operational model varies across the force with the tri service model (Police Officer, Mental Health Nurse and Paramedic) responding to incidents of crisis in a marked ambulance vehicle which operates across two hubs; Black Country and Birmingham and Solihull. The hours of operation are from 10am to 2am daily including bank holidays. The model in Coventry is slightly different with a Police Officer and a Mental Health Nurse providing cover in a marked police vehicle and operating from 5pm to 2am daily. The decision to operate Coventry slightly differently was to establish whether a specialised team model, as delivered in the original pilot, or response policing model as in the Leicestershire Pilot was more appropriate. This will be subject of a formal review in January 2016.

### **Birmingham and Solihull Programme outcomes**

4. During the period 1<sup>st</sup> April to 30<sup>th</sup> September 2015 the team have been involved in 1,532 incidents; they have attended the incident and conducted 767 face to face assessments and have given phone advice to officers, paramedics or other stakeholders on 765 incidents.
- 4.1 Since April 2015 as a result of triage, the team have prevented 581 police resources being dispatched to incidents. These are incidents where the ambulance would have requested police support at or incidents that have appeared to be purely mental health related and where the team have been dispatched as the primary response.
- 4.2 The team have prevented 800 ambulance resources being dispatched to incidents. These are incidents police would have requested ambulance to support generating capacity for the ambulance service to attend critical physical health interventions; furthermore, they have prevented 369 people attending emergency departments.
- 4.3 The total number of detentions under section 136 Mental Health Act 1983 is 266 compared to 336 in April 2013 – Sept 2013 when the process was not in operation. The outcome should also be seen in relation to the improved service provided to the public. A shift in culture has been achieved where individuals who live with mental health are dealt with more appropriately and sensitively.

### **Black Country Triage Programme outcomes**

5. During the period 1<sup>st</sup> April to 30<sup>th</sup> September 2015 the team have been involved in 1,532 incidents Triage have attended 663 incidents to conduct face to face assessments and 947 incidents were dealt with via telephone by triage nurse or officers providing advice to colleagues or directly to patients.
- 5.1 Since April 2015 triage has recorded the following in respect of section 136 MHA detentions; Triage has recorded 102 section 136 Mental Health Act 1983 detentions across the Black Country area and Triage have prevented a further 147 through swift and effective intervention.
- 5.2 The Black Country Triage Team is also complemented by a Mental Health Nurse operating with the Ambulance 111 system. This enables the staff to report incidents directly to the team where members of the public have contacted the 111 system rather than dialling 999.

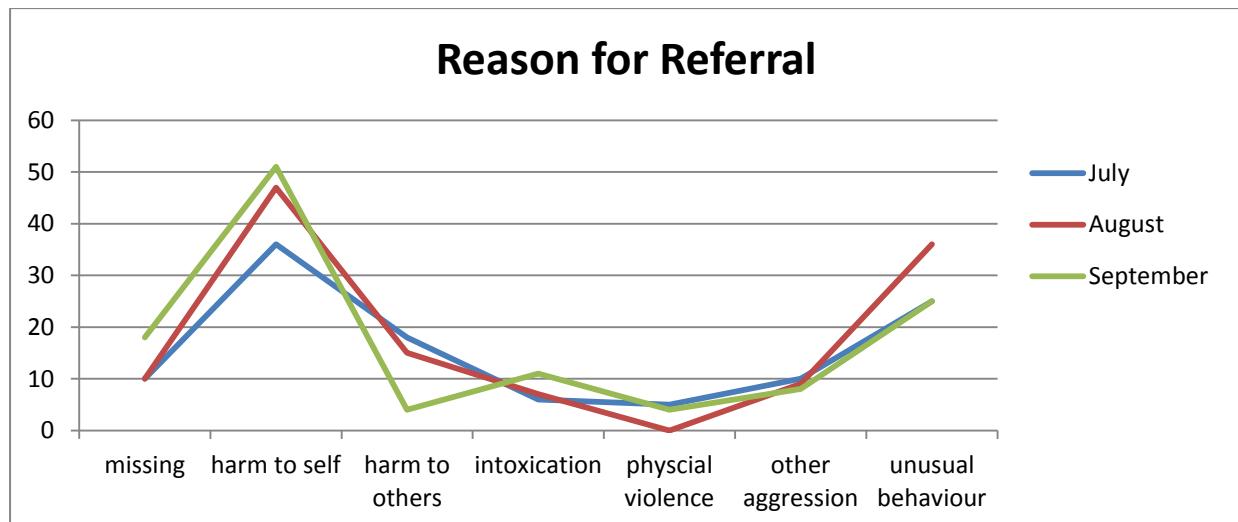
### **Coventry Triage Programme outcomes**

6. During the period 1<sup>st</sup> April to 30<sup>th</sup> September 2015 the team have been involved in 500 incidents; Face to face intervention occurred on 395 occasions and resulted in 44 detentions. Although the team does not have a paramedic the team were able to prevent 78 unnecessary attendances at the Emergency Department.
- 6.1 The model in Coventry although different in operating principle matches the approximate demographics for referral seen in all of the Triage programmes.

The referrals to the team involved the following typologies;

- 49% were vulnerable
- 18% were victims/witnesses
- 17% were missing persons
- 12% were community encounters
- 4% were suspects

Whilst the reason for referral was as follows;



- 6.2 The most frequent mental health difficulties were depression followed by psychosis, anxiety and substance misuse (alcohol). 73% of people referred had 1 difficulty, 30% had 2 difficulties and 10% had 3 difficulties. It is clear for this that harm to self and unusual behaviour is a significant contributor to the police being called for intervention.

#### Initial Birmingham and Solihull Pilot Highlights

7. The initial review of the Birmingham Pilot identified that the benefit to policing is seen as the freeing up of police time and enabling response officers to return to front line patrol. The reduction of section 136 detentions alone during the first year ( $n=300$ ) has saved over 3000 police hours. This is based on the average detention in the place of safety taking 5hrs and requiring 2 officers to remain until the assessment has been completed. However the broader position of officers waiting to be dealt with at A&E has seen a 55% increase in patients waiting over 8 hours in acute A&E Departments for a specialised mental health assessment. The ability for triage to prevent this again is significant. Based on the number of A&E attendances in the first 12 months prevented ( $n=535$ ) the time saved for two officers for a minimum of 8 hours equates to a further 8560 hours.

7.1 The opportunity costs for the partnership were identified as;

- A&E attendance – (650 prevented)
  - £240 Ambulance deployments
  - £400 Nurse and Psychiatric assessment
  - **Total £416,000**
- S136 Preventions (333 prevented)
  - POS savings Nursing, DR's, AMPH, Police staffing
    - £1500 per incident = £499,500
  - Add ambulance conveyance £79,920 and onward transmission – £133,200
  - **Total = £712,620**

Nursing and Ambulance cost for the service are now covered by the CCG for 12 months is £350,000.

### **Staffing model**

8. The current staffing model has an establishment of 6 constables and one Temp/ Sgt. The team are made up as follows; 2 x PC's – Birmingham South, 1 x PC and 1 x T/Sgt Birmingham Central, 1 x PC on Birmingham East, Solihull and Birmingham North respectively.
- 8.1 The staff were interviewed and seconded from existing Local Policing Units (LPU's) where the post remains. A number of staff had 12 month secondments whilst a number had 6 months secondments. The police officers have not been funded through this work as they are already doing the role.
- 8.2 Based on the figures of 2500 incidents dealt with by triage during the 12 month pilot times, each incident prior to triage took two officers approximately 5hrs. This relates to 12 officers full time within Birmingham and Solihull, adding on the added benefit they have undertaken by preventing A&E attendance and s136 detention this would equate to a further 6.5 officers for the year enabling a return of investment of 11.5 officers for both the two tri-service projects.

### **The future of the Triage model**

9. The commissioning of the triage initiative varies between areas. In Birmingham and Solihull the team are commissioned through Clinical Commissioning Groups (CCG's) who finance the vehicle, Mental Health Nurses and Paramedics. This commissioning approach is mirrored across the Black Country footprint. In Coventry the project was funded through Public Health, Local Authority and Office of Police and Crime Commissioner.
- 9.1 All of the projects are funded currently until March 2016. However, it is expected that each of the projects will continue to be funded for a further 12 months in line with current mental health provision commissioning cycles.
- 9.2 In Birmingham and Solihull, commissioners and providers are seeking to ensure that crisis intervention opportunities are delivered in collaboration so that Triage, Place of Safety, Psychiatric Decision Unit and the Acute Hospital Rapid Intervention and Discharge programme can be co-produced to ensure efficiency and value for money. With the development of the Vanguard approach and the wider Combined Authority it is hoped that this will become a common framework.

## **Liaison and Diversion Programmes**

10. In 2009, Lord Bradley through his report identified that the police were the gateway to the Criminal Justice System yet identification of vulnerability and diversion from custody was at a primitive level.
- 10.1 Since this seminal report a number of projects have been established within the West Midlands which aim to provide an all age service aimed at diverting people from custody where appropriate.
- 10.2 With the development of the new custody facilities the Force will be serviced by three Liaison and Diversion Projects. Each project is funded through NHS England Offender Health. The projects are commissioned with providers being local Mental Health Trusts and development of the schemes has been created in waves.
- 10.3 Wave one pilot site in Coventry, is provided by the Coventry and Warwickshire Partnership NHS Trust. Wave two projects are operated in the Black Country by the Black Country Partnership Foundation Trust and the third project based in Birmingham through the Birmingham and Solihull Mental Health Foundation Trust.
- 10.4 The programmes seek to ensure that any person identified as having a mental health or social need can be referred to a specialist nurse whilst in custody. The nurse is able to complete an assessment of need, vulnerability and risk to support both the individual and the wider Criminal Justice pathway.

## **Coventry Liaison and Diversion Programme**

11. The project was a wave one site and the team, led by Dr Vicky Hancock, have received national recognition for the development of their service. The team of Nurses operate from Coventry Central Police Station and work seamlessly with Custody, Offender Management, PPU, FCID and Local Policing officers and staff to support improved collaborative approaches to detainees and individuals subject to police intervention.

## **Outcomes**

12. In relation to assessments; during July – September 2015, 370 adults were identified by criminal justice agencies as benefitting from assessment, of those 37% refused an assessment. This figure may include those that were seen for screening and/or liaison only with no face to face assessment as the number of liaison only cases has increased to 32% and screening has been conducted in 85%.
- 12.1 A further 34 individuals were under the age of 18, of those 24% refused an assessment. This figure may include those that were seen for screening and/or liaison only with no face to face assessment as the number of liaison only cases has increased to 38% and screening has been conducted in 90%.
- 12.2 81% of referrals came from the police, 3% from probation, 11% from court staff and from prison, 1% from police custody healthcare and 1% from NHS. 85% of referrals for children and young people came from the police (2%) from non-custody officers), 12% from court staff and from prison, and 3% from police custody healthcare.

## **Adult referrals**

13. During July to September 2015, 29% of the individuals referred had been previously known to Mental Health services (this includes referrals with no further action), 11% were previously known to Substance Misuse services, 7% to Learning Disability services, 1% to Autism services and 6% to Social Services. 22% had been previously seen by Liaison and Diversion Services.
  - 13.1 19% of the individuals referred were currently open to Mental Health Services, 7% open to Substance Misuse Services, less than 1% to Learning Disability Services, 0% to Autism Services, 0% to speech and communication Services and 4% to Social Services.
  - 13.2 For all individuals where a need was indicated, the following outcomes were achieved. Needs were followed up with an intervention (e.g. advice, brief intervention, liaison with current service), in 100% of physical health needs, 96% of Mental Health (less than 1% refused referral or did not meet criteria for service), 70% of Learning Disability (20% refused referral or did not meet criteria for service), 100% of Social/Communication, 74% of Alcohol related (19% refused referral), 74% Substance Misuse (11% refused referral), 64% of Accommodation (24% refused referral) and 73% of Financial needs (9% refused referral).

## **Children and Young People**

14. During July to September 2015, 44% of the children and young people referred had been previously known to Mental Health services (this includes referrals with no further action), 9% were previously known to Substance Misuse services, 6% to Learning Disability services, 9% to Autism services, 0% to Speech and Communication Services and 6% to Social Services. 18% had been previously seen by Liaison and Diversion Services.
  - 14.1 29% of the individuals referred, were currently open to Mental Health Services, 3% open to Substance Misuse Services, 0% to Learning Disability Services, 0% to Autism Services, 0% to Speech and Communication Services and 24% to Social Services.
  - 14.2 For all individuals where a need was indicated, the following outcomes were achieved. Needs were followed up with an intervention (e.g. advice, brief intervention, liaison with current service), 100% of Mental Health needs, 100% of Learning Disability needs, 67% of Social/Communication needs (no appropriate service identified in 17%), 100% of Alcohol related needs, 90% of Substance Misuse needs (10% refused referral), 80% of employment/education/training needs, 100% of gang involvement related needs and 100% of CSE related needs.

## **The Black Country Partnership Liaison and Diversion Programme**

15. The team operate from Smethwick Custody facility and will migrate into the new build site in Oldbury when it opens in March 2016. The team provide intervention across an all age footprint at the following locations:
  - Community settings, including schools and restorative justice, where police engage with children and young people
  - Youth Offending Teams (YOTs)
  - Police Stations (or other prosecuting authorities) where voluntary attendance occurs
  - Four Magistrates' courts
  - Youth courts
  - Wolverhampton Crown Court
  - Probation to assist with the production of Pre-Sentence Reports (PSR)
- 15.1 The next phase of the pilot is to consider stronger links with out of court disposals and street triage where the pilot has had detailed conversations with teams who attend the Care Pathways Working Group.

## **Outcomes**

16. The programme has engaged with 494 adults and 28 children. The repeat intervention rate is currently 13% for adults and 4% for children showing a positive intervention approach and better than the national average 25% for adults and 9% for children. Referral pathways are well established both for statutory and third sector support and referrals are met within timescales.
- 16.1 Offending typology is violence and volume crime offending with violence equating to 25% of total referral offences from both adults and juveniles.

## **Service User Consultation**

17. Black Country benefited from well-established networks and ran a service user and carer event outlining objectives of the pilot. Service users presented feedback of their personal experiences within the Criminal Justice System and how the system could be improved to meet their health and social needs. The Liaison and Diversion Team has worked hard to ensure it can effectively deliver the service, working in partnership with the existing Criminal Justice Teams across Sandwell, Walsall and Wolverhampton.

## **Birmingham Liaison and Diversion**

18. The project operating in Birmingham Central Police station is still in its infancy and is maturing month on month. Since April 2015 it has received 394 referrals and provided referral pathways, of which 375 were Adult offenders. Similarly, the Black Country project offence typology includes approximately 33% violent or public order offences and acquisitive crime (theft, Burglary) equating to approximately 12%.
- 18.1 Links in Birmingham are well established with pathway providers. Of the referrals approximately 33% of the individuals seen were homeless or residing in hostel accommodation and over 66% were unemployed raising the issue of providing opportunities to improve pathways for people who are out of work. All three projects have seen positive outcomes and are providing collaborative opportunities for the Police Service to manage vulnerability, threat, risk and harm in a more effective manner.

## **Offender Health Criminal Justice Pathway**

19. At a regional level, the Offender Health Criminal Justice Pathway is well established providing opportunities for each area to learn and develop. Significant financial resources have been placed into enhancing both physical and mental health care within custody and remain a focus for further innovation and support and supporting the police custody staff to manage or balance risk more effectively.
- 19.1 At a strategic level, the development of services is awaiting the outcome of the Comprehensive Spending Review to ensure that established programmes are continued. In relation to Liaison and Diversion and Police Custody Health Care papers are currently with the Treasury to establish future funding levels.
- 19.2 At a local level, work is on-going to ensure that the Criminal Justice System aligns the programmes to establish the best opportunity for diversion and resettlement post custodial. Work with the National Probation Service and Community Rehabilitation Company has seen the introduction of the 'Through the Gate' project which seeks to ensure that the tragic consequences of misaligned services upon release from prison do not occur again.

## **Early intervention and Prevention**

20. The focus of the approach is to provide early intervention preventing harm and reducing demand through preventative problem solving.

## **Improving capability and maximising capacity**

21. The approach aims to improve capability to identify and intervene on vulnerability, as well as providing a more holistic approach to partnership when risk is identified and coordinating an enhanced delivery opportunity.

In the work streams a number of cross cutting themes have been identified;

- Managing offenders
- Young People
- High Harm areas
- Troubled families / Troubled individuals
- Substance misuse
- Mental health
- Through the Gate

To maximise opportunity a number of work streams are already in existence and the ambition is to ensure the approach is cohesive and individual focused.

## **Activities**

22. The current operating model across the CJS platform flows as follows; community incident, police station intervention, Courts / community resolution, community / prison sanctions and then rehabilitated back into the community.
- 22.1 The focus of activity has historically been at the back end of the process with established evidenced based approached to support rehabilitation i.e. Resolve violence reduction programme and community focused forensic Mental Health support. However we are now at a point in time when we need to focus on preventative opportunities which will ensure that we provide a more effective intervention at the first point of service.

## **Early Intervention**

23. There are well established links through commissioned services for alcohol and substance misuse across the West Midlands area. A large number of Domestic Homicide Reviews undertaken in the West Midlands area identify the toxic trio of Domestic Abuse, Drugs and or alcohol misuse as a major contributor. Linking into Troubled families, Early Help and building on the indicators of need through the Adverse Childhood Experiences assessment will ensure that we identify risk at the earliest opportunity.

## **Offenders**

24. Preventative problem solving is critical for us to improve individualised approaches and linking our approaches to existing mechanism will ensure a smarter delivery;
- Neighbourhood justice
  - Integrated offender management
  - Improved Forensic Mental Health intervention in Police Custody
  - Vulnerable offender cohorts
  - Youth offending service
  - Alternative pathways – health, social care, third sector
  - Effective resettlement – Through the Gate
  - Probation and CRC
  - MAPPA / MARAC
  - Mental Health Treatment Orders

Significant work is now being undertaken to align the approach above to support the wider objectives of preventing further harm.

## **Children and Young people**

25. Work is on-going to support the intervention and support offered to young people who are in crisis. Collaborations are taking place across the Force area to improve relationships with both Local Authority and Child and Adolescent Mental Health provision. Birmingham already has a dedicated place of safety for children to be taken too who are detained on the street under the Mental Health Act. Triage and the Liaison and Diversion projects have identified pathways ad access to services to support children in need although there are still challenges for services out of hours. Work is on-going with Commissioners in the Black Country to establish better pathways and provision and the Crisis Care Concordat is assisting this approach to ensure that at all levels individuals in crisis receive appropriate and effective intervention.

## **Innovation**

26. West Midlands Police are currently engaged in a number of innovative projects; high demand service users are now subject to a multi-disciplinary approach to problem solving in Birmingham and Solihull with all three emergency services. A research project currently identifying opportunities to engage female offenders in the forensic Mental Health arena is looking to identify what pathways provide improved outcomes. A troubled individual project is being established in Birmingham through the newly established Birmingham Mental Health System Strategy Group seeking to deal with individuals with complex needs.

A system change in custody where Forensic Mental Health Act Assessments can be expedited for detainees subject to serious criminality and access to Medium Secure Mental Health services can be provided to maximise the management of risk and early therapeutic intervention.

### **Conclusion**

27. This arena has seen significant developments over the last 12 months and the current focus on Mental Health linked to Criminal Justice has provide both funding and opportunity.
28. The four pillar approach will enable services to align priorities with policing being a significant contributor:
  1. Prevent Mental ill health and get earlier help for people starting to suffer poor mental well being
  2. Protect those who are most vulnerable from the adverse effects of mental ill health
  3. Better management of mental health crisis and preventing them from occurring; and
  4. Recovery of people with mental health problems into everyday life.

The wider landscape described above will enable services to improve the lives of individuals living with mental ill health across the Force area and the police to ensure that their role remains in line with the core policing objectives.

### **Financial Implications**

There are no known financial implications known at this time

### **Legal Implications**

There are no legal implications known at this time.

### **Recommendations**

There are no recommendations at this time.

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