



**Police and Crime Plan Priority:**

**Title:** *Mental Health Update*

**Presented by:** Supt Beth Bridges/ Supt Sean Russell

**Purpose of paper**

1. This paper is intended to provide the board with an overview of the WMP response to mental health issues across the force over the last 12 months. This report follows a previous mental health paper submitted to the board in July 2017. It presents updates to ongoing projects as well as informing the board on recent work streams. Appendix A provides an update of the work being undertaken in the West Midlands Combined Authority in relation to mental ill health.

**Mental Health Triage**

*Current Position*

2. Since 2014, Mental Health (MH) Triage has been operating across two teams, one covering Birmingham and Solihull and the other across the four Western NPU's (Walsall, Wolverhampton, Sandwell and Dudley). The model incorporates a cross partnership approach including a mental health nurse, paramedic and police officer, using an ambulance vehicle<sup>1</sup>.
3. In 2016, MH Triage was extended to cover Coventry, utilising a different model due to partnership arrangements with West Midlands Ambulance Service. The team currently operates 1700hrs to 0200hrs, however additional funding has recently been provided by Coventry City Council to extend the operating hours to

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<sup>1</sup> Both provide cover from 1000hrs to 0200hrs Sunday to Thursday and until 0300hrs on Friday and Saturday.

1000hrs to 0200hrs from 1<sup>st</sup> December. This will enable a comparable service to be provided in Coventry as is in the rest of the Force area.

4. On conception, the triage pilot was called 'Street Triage'. However, analysis has shown that over half of all incidents the team currently respond to are within a private setting, demonstrating a significant widening of the original mission. Over recent months a decision has been taken to rename the teams as 'Mental Health Triage' in order to prevent any confusion over the incidents they will respond to.

#### *Impact on Demand*

5. The triage team supports interventions in two ways; face to face and telephone advice. Over time, the ratio of telephone interventions has increased to approximately 1.5:1. This has enabled the expert knowledge to be utilised in a greater number of incidents as less time is spent travelling.
6. On average, Triage responds (either by telephone or face to face) to 460 incidents per month. This is currently just over a third of all incidents that are classified as mental health related. It is anticipated that the number of interventions will increase when Coventry's extended hours begin in December.
7. It is difficult to assess the direct impact Triage has on demand reduction. Their core objective is to provide an enhanced service for the individual and whilst this may result in reduced repeat demand over time, this is difficult to quantify.
8. However, it is assessed that Triage teams are resulting in a reduction in the number of Section 136 of the Mental Health Act detentions being utilised. This has the result of reducing demand on custody blocks, A&E and Mental Health Trusts, as well as providing a better quality of service for the individuals involved.
9. Due to improvements in recognition of mental ill health, THRIVE risk assessments and wider factors that are contributing to a more general increase in mental ill health, it is likely that WMP will continue to see increases in the number of MH related incidents, irrespective of the type or quality of interventions made by Triage.

#### *Quality of Interventions*

10. The work of the Black Country Triage team in particular has been well documented on television (BBC1's 'Ambulance, 2018) and the team has won numerous awards for collaborative working. Anecdotal evidence from mental health trust managers, highlights the positive impact for their Psychiatric Nurses working in 'the field' at the time of crisis as opposed to the hospital setting. This ensures that more appropriate pathways are utilised, based on a greater understanding of wider impact factors (standard of living, community environment etc.).

11. Whilst positive feedback is also received from patients, the intention is to create an Independent Advisory Group which will include previous service users who can assist WMP and partners to learn and improve the way the service is undertaken. It is anticipated that this will be in place by spring 2019.
12. A MH Triage app is also being developed which will include a mechanism for front line officers to provide feedback to Triage. This will assist in developing the support provided to the frontline, breaking down communication barriers and facilitating the transfer of knowledge.

#### *Future of Triage*

13. A review of Triage is currently underway which is composed of structured debriefs with internal and external stakeholders. The internal debrief was held on 6 July and a delivery plan is in place to address recommendations, including improving access to learning materials around mental health for front line officers, the introduction of a force-wide duty supervisor for mental health to progress blockages in process and the development of a set of performance indicators for Triage. The external structured debrief is due to be held on 12 December 2018 where further recommendations from partners will be considered.
14. There is a clear requirement for some form of emergency mental health response both now and in the future. The presence of the police in Triage is to utilise powers under the Mental Health Act and to prevent a breach of the peace. There was an expectation that Triage would increase the level of understanding around mental health in front line officers and whilst this is true to an extent, there remains an over reliance on Triage to make decisions for front line officers.
15. Only around 6% of detainees are sectioned under the Mental Health Act post police interaction with over half of Section 136 detainees referred back to their GP post-assessment. This raises the question of whether the current level of WMP involvement in Triage should be sustained and how to move away from the police service being the first port of call when it comes to mental health support at times of crisis. A different approach will require agreement with partners and service design to ensure that responsibility for ownership of response to crisis shifts. This must be in a coordinated manner to ensure the safety of individuals and communities.

#### ***Mental Health in Police Custody***

16. The three Liaison and Diversion (L&D) service teams offer assessment, advice and signposting into services (community and where necessary, hospital based) for people referred. The team aim to see people with any vulnerability and of all ages held in custody including people presenting with mental health issues, Learning Disabilities, Personality Disorder etc. Both urgent and routine referrals

will be screened and signposted to appropriate services according to the needs of the presenting individual.

17. The team provide screening and referral services during core office hours seven days a week. The screening and assessment by L&D staff can be the result of two identification methods
  1. Criminal Justice staff highlighting a person in custody to the team
  2. L & D staff scanning the custody system and assessing who may require their support and services.

Liaison and Diversion Cases April 2018 – Sept 2018			
Black County	Birmingham & Solihull	Coventry	Total
1890	904	1214	<b>4008</b>

18. At this time, it is difficult to ascertain quantifiable data which indicates those individuals seen as repeat offenders. As detailed in the table above, the data available shows the number of persons seen by the relevant L&D service teams which quantifies the total demand placed upon the service within the custody environment.
19. Work is underway to develop the performance management information. Currently, each L&D site appears to collate and supply information in different formats. To establish consistent data analysis, this will require revisions to information sharing protocols between WMP and the NHS Foundation Trusts. This work is currently being led by Criminal Justice.

#### *High Intensity User Network*

20. Since late 2017, exploratory work has been undertaken with the national High Intensity User Network to identify opportunities to embed the programme within the West Midlands. This network provides a model, training, and ongoing CPD to enable police and MH practitioners to complete focused work with highest demand causers.
21. Initial stakeholder workshops took place and WMP's view was to seek a hybrid model, which would allow neighbourhood officers to work alongside mental health nurses, but not be embedded within mental health settings. This would enable the force to balance resources to mental health alongside other force demand generators and priorities. Some challenges have occurred along the way in developing the partnership approach.

22. Further national work is currently taking place to review the outcomes of the High Intensity Network and WMP is linked in to this work. The next steps for WMP is to work with West Midlands Academic Science Network to fully understand the evidence behind the programme and form a recommendation for the force Executive Team to consider. The future approach will be informed by the learning from other forces on different methods of reducing repeat demand related to mental ill health.

### ***Substance Misuse and Mental Health***

23. The development of the guidance for co-occurring mental health and alcohol / drug use condition (2017) published by Public Health England provides a framework to support the development of this service provision and governance<sup>2</sup>.
24. To develop this approach, the WMCA have agreed to trial this approach through the Mayors Homeless Task Force. It is evident that the cohort of individuals involved are amongst the most acute and visible vulnerable individuals and as such, should provide a focus for action through shared priority setting with partners.

### ***Future of Mental Health in WMP***

25. Mental health remains a significant issue for WMP. Work is ongoing nationally with the NPCC to develop a structured approach to data capture as only limited information is collected within the Annual Data Return. The NPCC lead CC Mark Collins will issue guidance in the spring 2019 to outline how forces can improve data capture and provide a set of standardised metrics.
26. WMP will be developing a new approach to governance in this arena with Superintendents Beth Bridges and Sally Seeley taking over as subject matter experts from Superintendent Sean Russell. The force will be developing a new governance framework to embed mental health more broadly across the organisation with the introduction of a Mental Health Steering group. This meeting is chaired by Supt Beth Bridges and Supt Sally Seeley and involves representatives from all key internal departments. The first objective for this group is to map all of the work that is currently being undertaken to drive the mental health agenda, support the vulnerable and reduce demand, in order to identify gaps for new areas of work.
27. Superintendent Russell will remain involved to ensure that the THRIVE programme and developing initiatives within the WMCA Wellbeing agenda align to the Criminal Justice work where appropriate. The strategic lead in WMP will move to ACC Crime to align with the vulnerable people business area.

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<sup>2</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/625809/Co-occurring\\_mental\\_health\\_and\\_alcohol\\_drug\\_use\\_conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf)

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## **Appendix A – Work undertaken in the Combined Authority**

### ***THRIVE Action Plan***

28. Thrive was launched in January 2017 following the Mental Health Commission report and contributes to the West Midlands Combined Authority (WMCA) ambition to improve the health and productivity of the region. A number of programmes have been established to deliver the commitments made by the WMCA and partners including Thrive into Work, Thrive at Work, mental health training and awareness and programmes to improve access to relevant mental health services for those in the justice system to improve their wellbeing and reduce reoffending. A summary of the progress of these work streams is provided below.
29. This work being undertaken in the WMCA is supported by the secondment of Superintendent Sean Russell whose post is part funded by a combination of partners including the Office of the Police and Crime Commissioner.

### *Employment and Employer - Thrive into Work – Individual Placement Support (IPS) trial*

30. The Thrive into Work IPS Trial became operational in June 2018 following an intensive mobilisation period that commenced in October 2017. Three providers have been appointed across four CCG geographies, Prospects, Remploy and Dudley and Walsall Mental Health Trust.
31. Despite challenging referral targets, the referral rate at the end of September was 82% on target (1,161). 198 people have completed a Vocational Profile, a further 85 people have submitted Job Applications and 38 people have secured employment. Job Starts have been achieved in a variety of sectors including Aeronautical Engineering, Customer Services, Retail and Teaching. The job market is also developing with strong relationships established with companies such as the RAC and Hilton Hotel Group.
32. The average hours worked are 25 with an average salary of £225 per week. A small central programme team have been established in order to co-ordinate and lead the Programme in addition to managing provider contractual arrangements. A Programme Board is in place chaired by SRO CEO Sarah Norman (Dudley Metropolitan Borough Council) and an Operational Delivery Group oversees performance chaired by Superintendent Sean Russell.
33. Significant work needs to take place to ensure that referrals continue to flow into the programme. Specific attention is being given to Primary Care referral sources within GP Practice and Community Health Services such as Initial Access Psychology Therapy (IAPT) and Rehabilitation Services.

34. The programme team have in place extensive plans covering communications, engagement and marketing and joint plans with three of the four CCGs. They have also worked to develop systems that support ease of referral from GP Practice. 71 referrals have generated directly from GP Practice with the majority of referrals being self- referrals (although the originating source might be via a GP Practice, this information is being collected from October onwards).
35. National research indicates that the improvement in the economic, health and social wellbeing in those who are accessing the service are compelling. The Evaluation Consortium have commenced their qualitative evaluation and a draft report will be available in January 2019.

### *Employment and Employer- Wellbeing Charter*

36. Following the cessation of the Work Place Wellbeing Charter, the WMCA have worked with multiple partners and experts to create a new Thrive at Work programme. This programme builds on the existing evidence base and creates a model for improving wellbeing in work places.
37. The development broadens the focus of the wellbeing agenda to create a set of enablers within an organisation, developing a social value contract within the organisation. The programme focuses on mental health, muscular skeletal health, improving physical activity and a number of other risk factors including poor diet, smoking and poor financial health. The Thrive at Work Programme is available to view<sup>3</sup>.
38. The approach creates a formal offer for businesses to improve the health and wellbeing of their employees. There is a free online supporting toolkit available to guide organisations to reputable local and national resources, policies and services to help them put the commitment into practice. All organisations that achieve bronze level or higher on the commitment will receive Thrive at Work accreditation and awards. We anticipate organisations will be ready for accreditation in 12 months' time.
39. In addition to the 152 businesses that are signed up via the trial, another 50 have signed up for just the programme, with a range from two employees to over 20,000 employees per organisation. Businesses from across a range of sectors are registered including universities, hospitals, local authorities, construction, manufacturing, charities and schools.

### *Thrive at Work*

40. Employment and Employer - Fiscal incentive – This is the trial of a model to test the tipping point at which an employer would initiate wellbeing programmes into the workforce. It seeks to work with 148 small and medium enterprises (SMEs)

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<sup>3</sup> <https://www.wmca.org.uk/media/2565/thrive-at-workcommitment-framework.pdf>



across the WMCA footprint and works on the premises of a randomised control trial. The programme will focus on key enablers in the company as well as developing wellbeing across mental health, musculoskeletal and lifestyles linking it to the wider WMCA wellbeing and physical activity strategies. The pilot is due to run until December 2019 with reporting to be complete by March 2020 to support wider discussion around roll out and policy change with government departments in 2020.

41. The programme will be formally evaluated by academic partners - RAND Europe, Warwick Medical School and Warwick Business School. £1.4m in funding has been successfully bid from the Work and Health Unit (WHU) Innovation Fund with quarterly payments that started in April 2018. A Grant Agreement has been signed between WHU and WMCA, and a back-to-back agreement with the evaluation partners has been finalised and will imminently be executed by all parties and will be legally binding.
42. WMCA have successfully recruited above the required number of SMEs onto the trial. The recruited business represent a wide range of business sectors across the WMCA footprint which will support generalisability and scalability of findings.
43. The timeline for delivery did shift due to building the effective research programme team and putting robust legal agreements in place however it is anticipated that the delay can be recovered by expediting the research process. All organisations started on the programme by 8th October and the formal evaluation has commenced.

#### *Housing First*

44. WMCA have undertaken an initiative with the Ministry of Housing, Communities and Local Government where funding of £9.6M was bid for to work with the most vulnerable people who are either entrenched rough sleepers or on the revolving cycle of homelessness. The programme is a three year approach and will seek to provide housing and supported intervention. This is the first time the approach has been adopted in the UK.
45. The key principles for Housing first are:
  - i. People have a right to a home
  - ii. Flexible support is provided for as long as is needed
  - iii. Housing and support are separate
  - iv. Individuals have choice and control
  - v. An active engagement approach is used
  - vi. The service is based on people's strengths, goals and aspirations
  - vii. A harm reduction approach is used

46. The model will work across the seven boroughs of the West Midlands and will ensure that the programme works to support those with poor mental health and substance misuse by ensuring stakeholders develop clear individual led care approaches. The programme will be overseen by the Mayors Homeless Taskforce and report through the West Midlands Combined Authority Wellbeing Board.
47. It is hoped that this model will provide a framework for further housing policy review, support the drive of the Homeless Reduction Act and seek to ensure that our most vulnerable individuals have access to appropriate housing provision.

#### *Mental Health Awareness and Literacy Programme*

48. The Birmingham 'Walk out of Darkness' was held on Sunday 7th October. This event involved a 10k circular walk starting from Victoria Square along the canals in the City. The event was very well attended and provided an opportunity to raise awareness of mental health and suicide; support those affected by these issues; and raise money for charities working in this field. This was one of seven events organised across the county by the charity CLASP.
49. Work continues to promote Mental Health First Aid Training (MHFA) with the aim to deliver the training for 500,000 people over 10 years. This includes working with WMCA members, employers and schools. There are specific MHFA courses focusing on the mental health needs of young people. In the last 18 months over 18,000 people have been trained in the programme.
50. The "This is me" campaign is being launched in the West Midlands on 21<sup>st</sup> January 2019, which aims to reduce mental health stigma and dispel the myths around mental health in the workplace. 'This is Me' helps employers to build understanding and awareness in their organisations by providing a platform for employees to share their mental health stories with others. WMCA aims to get 50 organisations signed up to the 'This is Me' campaign in the first year following the launch.
51. The Mental Health Commission Star Awards will be held on the 31st January 2019. This event will build on the success of the awards run this year and provide an opportunity to celebrate the work of people who have made a significant contribution to improving mental health and wellbeing across the WMCA region.
52. West Midlands Combined Authority is also supporting a new Public Health England (PHE) campaign encouraging adults to look after their mental health as they do their physical health. Every Mind Matters was launched to mark World Mental Health Day. The new campaign highlights that while people can feel stressed, anxious, low or have trouble sleeping, simple actions can help manage and prevent these issues from becoming more serious. The Every Mind Matters guide also offers support for social anxiety, trauma, obsessions and compulsions or panic attacks. Providing information for people wishing to help friends, family

and colleagues experiencing mental health problems. The Every Mind Matters digital platform, includes expert-led videos, and create your own action plan to help look after your mental health, is available to view<sup>4</sup>.

53. Further work is being undertaken to develop the zero suicide ambition across the West Midlands Region. It is acknowledged that the number of suicides in the region remains static, however, every life lost is one too many. Every borough now has a suicide prevention plan being reviewed by the Wellbeing Board. A regional oversight group has been established with PHE where the focus will be on developing wider training for staff, improving data that will support the understanding of trends and a new live time surveillance approach which will seek to ensure immediate learning can be shared amongst professionals rather than waiting for the outcome of coronial investigations.

### ***Through The Gate***

54. The Engager Programme was initiated by the WMCA and was aimed at delivering a therapeutic intervention for prison inmates who were experiencing low level anxiety and depression. The programme sought to use a mentalisation therapy approach and would seek to work with the prisoners 12 weeks before and after release to connect them with treatment and the community.
55. Attempts had been made over the last 18 months to establish an Engager Programme at Featherstone Prison but due to the provider withdrawing, the programme could not be established. Numerous calls to specialist providers have been made to review the engager programme but the level of intervention required specialist supervision which was not readily available. A single provider procurement process had taken place but at the last minute it was established that the providers were unable to deliver the model as prescribed by the programme leaders. At this point further attempts were made to identify a provider in the West Midlands to no avail.
56. As a result, it is proposed that a new model is considered for review by the OPCC and the Local Criminal Justice Board which will focus on a short sentence peer led approach. This will involve peers working with individuals identified through the Liaison and Diversion programme who have low level mental health needs and will seek to create links back in the community, health care and wider social intervention. The cohorts will be identified as individuals residing within the West Midlands Police area and would seek to work across the prison estate to build on the short sentence peer programme.

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<sup>4</sup> <https://www.nhs.uk/oneyou/every-mind-matters/>

### ***Mental Health Treatment Requirement***

57. The West Midlands has been operating as one of five national Test Bed sites for the Mental Health Treatment Requirement (MHTR). The MHTR is aimed at providing therapeutic intervention for people who have offended when there is evidence of a low level mental health condition and the person consents to a treatment requirement being given a community sentence option. This approach then enables them to receive adequate support and prevent re-offending.
58. The programme has been reviewed with the national NHS team leading the pilot and extended funding is being sought to continue with the model. From the reviewed scoping, it is felt that there is approximately 4 or 5 people eligible per day for the treatment option and work is being undertaken to identify how this process would be delivered.
59. The Birmingham pilot is now completed with the model having run in both Magistrate's and Crown Court. The programme commenced in December 2017 and made over 45 recommendations for orders with only 28 orders being accepted by the court as community sentences.
60. The court sentencing option of a MHTR has been widened into the community sentence requirements to align with Drug and Alcohol Treatment Requirements. The programme worked with probation services including the National Offender Management Service and the local Community Rehabilitation Company to ensure that alignment was made to promote the best outcomes for the individual.
61. However, the assessment by the WMCA lead is that the programme was not as successful as expected. There were four key issues;
  - The assessment process focused on the remand courts but review of the process identified that approximately 60% of offenders did not plead guilty at first appearance;
  - The programme was then moved to the Guilty Anticipated Plea court (GAP) courts but again identified that a number of eligible candidates for the order had their case heard in absence so no assessment could take place;
  - Offenders who declared an alcohol or substance dependency could not align a treatment approach with the substance misuse provider disabling the ability to create a sentence.
  - People already in secondary care could not access the service due to the need to have formal acceptance before the end of the working day. The MHTR model delivered is a primary care model which means treatment could be given for therapy for low levels of mood disorder but if a patient was open to a community mental health team, it required a sign off from the treating clinician in secondary care which was problematic.
62. On a positive note, the development of the primary care programme has enabled further secondary care mental health treatment orders to be delivered with a further 10 orders being granted using this approach.

63. Moving forward, wave two sites (Black Country and Coventry) are seeking to be developed from spring 2019. It is anticipated that the model will work in the courts with formal ownership through NHS Mental Health provider psychology services. A link to liaison and diversion services from custody will continue in both the police station and existing court services to ensure that detainees identified by police/ court health care providers at an early stage are flagged for consideration.
64. Over the last twelve months, discussions have been held with alcohol and substance misuse providers involved in the Birmingham Court service. Evidence suggests that a number of alcohol and drug treatment requirements were being completed in court on an almost daily basis. It has been identified though the MHTR trial, that there has been a disconnect with offenders being unable to access combination orders where mental health is present alongside either drug or alcohol dependency. Further discussions will be taking place later this year and early next year to create an improved flow between substance misuse and mental health services.