AGENDA ITEM	8b

Strategic Policing and Crime Board

Date of meeting 17th December 2019

Police and Crime Plan Priority:

Title: Mental Health Update

Presented by: Supt Beth Bridges and Supt Sally Seeley

Purpose of paper

1. This paper is submitted to provide the board with an update regarding work that has taken place across the force in the last 12 months. It provides an update to the last paper submitted in December 2018 and will demonstrate a change in focus in key areas of work, as well as provide updates on some established pieces of work.

Background

2. The previous paper made reference to new governance arrangements for Mental Health. This has now developed further with the identification of a new Force Executive Lead, Assistant Chief Constable Jayne Meir. The continuing Mental Health Leads, Superintendent Sally Seeley and Superintendent Beth Bridges continue to chair the Mental Health Steering Group, which in turn reports into the Vulnerability Improvement Board. This has provided some clear direction and performance monitoring, as well as an escalation route where appropriate.

3. Mental Health is a significant and growing area of work, which cuts across all areas of Policing. This is supported by the ongoing focus of HMICFRS as well as national work that is being progressed by the College of Policing.

Mental Health Triage (Triage)

4. Mental HealthTriage has been operating since November 2014 and is co-funded by NHS CCG commissioners, West Midlands Ambulance Service (WMAS), and West Midlands Police (WMP). Two Triage teams exist which provide help to those suffering mental health crises in the Black Country and Birmingham and

Solihull, including railways and motorways, allowing the car to respond to all local incidents. The model for service provision in Coventry consists of a single officer on each early and late shift accompanying a psychiatric nurse in a response vehicle provided by the police.

The original scope of Triage was to:

- Ensure safe.
- , dignified care and identify patients who need detention under the Mental Health Act
- Reduce demand on police and ambulance services
- Prevent unnecessary admissions into A&E departments
- Prevent any unnecessary use of the police S.136 power
- Reduce the use of police stations as a place of safety for S.136 detainees

Analysis of the number of Interventions

5. Requests for intervention can come from both WMP and WMAS. The demand from each organisation is roughly 50/50.

6. The number of interventions made by Triage remains largely consistent each quarter with around 400-450 face to face interventions across the teams, with no dentified seasonal variance. Interventions consist of a mental health assessment by the resident Psychiatric Nurse which can result in formal mental health act assessments or referrals elsewhere, as appropriate.

7. Telephone advice from Triage to ambulance crews remains consistent and each quarter there are approximately 600-675 instances where advice is provided over the telephone.

8. Over time, Triage Teams have noticed an increasing number of calls from WMP officers seeking confirmation that they have the correct plan of action in mind rather than seeking full advice on how to deal with a mental health related incident.

Impact of Street Triage on the demand placed on Policing

9. Mental health incidents are increasing nationally and whilst the use of S.136 by WMP officer's results in more treatment based outcomes, the figure remains high. Triage has a significant impact on the prevention of unnecessary use of S.136. For example between June and September 2019, S.136 was utilised 306 times, whilst Triage prevented its use 193 times. This prevention is largely down to psychiatric nurse based assessments or an investigation of the underlying causes of the crisis to determine whether the cause is mental health or socially based.

10. It is important to note that, whilst private and public place mental health crisis constitute a part of our mental health demand, there are other aspects of mental health which place wider demand on WMP resources and which Triage have more limited involvement with:

- Requests to complete "safe and well checks" on mental health patients on behalf of Community Mental Health Teams.
- Missing persons from mental health units or those who have failed to attend appointments with GPs / Community Mental Health Teams.
- Execution of Mental Health Act warrants, whereby police assist the local authority and NHS in conducting Mental Health Act Assessments in raised risk environments.
- Requests to assist partner agencies in detaining people under the Mental Capacity Act 2005.
- Non availability of beds in mental health settings, particularly specialist settings.

11. Triage staff have invested time providing Force Contact staff with greater awareness around what is appropriate for WMP to respond to based on our legal powers, skill sets and the threat and risk posed. For example, in terms of the 'safe and well', police officers can neither professionally assess an individual as 'safe' or 'well' particularly where the question is clinical in nature. Frequently these requests come into WMP towards the end of the typical working day from 1500hrs onwards. This problem is echoed by other forces and highlighted in the HMICFRS report "Picking up the Pieces" (p12).

Quality of Interventions

12. In 2019, mental health remains a significant contributor to policing demand in terms of time spent on individual mental health cases. The use of the S.136 power to detain those suffering a mental health disorder and in need of immediate care and control is more sparingly used. It is also more appropriate given that those who are detained under the power are around 50% more likely to be admitted to a mental health unit for treatment in the West Midlands Police footprint compared to around 20% nationally. In Quarter 3 2019, the average amount of time that police officers remained with detainees who had been detained under S.136 was 6.5 hours. Subsequently, whilst Triage has improved knowledge and understanding across, WMP first responders in terms of utilising S.136, the demand in terms of officer's time still presents a significant challenge for WMP.

13. A large proportion of those being assisted by Triage are 'open to services' in that they are *already* being treated by local mental health trusts in a community setting. In Quarter 2 2019, 24% of clients who engaged with the Triage Team in the Black Country and 60% in Birmingham/Solihull were open to services. This suggests that many people are undergoing cycles of mental health crisis despite receiving some form of treatment and clinical engagement.

14. In 2019, Triage have expanded their use of Social Media, highlighting the work of the team operationally in real time. They have also supported and promoted awareness of key mental health events such as Mental Health Awareness Week.

15. Triage have also engaged in more community awareness work when not responding to calls such as engaging with universities and schools. They have provided inputs to key groups who may be at risk of failing mental health and raised awareness of third-sector support services that are available.

Triage Independent Advisory Group

16. The Triage Team have made efforts to create an Independent Advisory Group (IAG) for Birmingham/Solihull and the Black Country. Letters have been sent to service users requesting their assistance in forming a group to examine the Triage patient journey and seek views on how services could be improved. No responses were received, it is noted that Mental Health trusts have experienced similar problems in trying to form such focus groups. Further consideration is being given and will form part of the Triage review as to how this challenge can be progressed.

Future Police Involvement and development of street triage

17. WMP is currently conducting an internal review of the resources committed to Triage and outcomes these resources deliver for communities. Triage requires a significant investment of resource consisting of an Inspector to manage the Triage function and engage with key stakeholders. They are supported by 2 sergeants and 12 constables covering The Black Country and Birmingham and Solihull. As detailed above, service provision in Coventry consists of a single officer on each early and late shift in a response vehicle provided by the police. Understanding the benefits of street triage and detail about the future developments as proposed by Mental Health partners, will influence the future model of this service and the role of police.

Mental Health in Police Custody

18. In December 2018, it was reported to SPCB that the performance information was limited as data collection varied across the force area. At that time, Criminal Justice Service (CJS) were seeking to develop and revise information sharing protocols with NHS to enable consistent data analysis.

19. Progress has been slower than anticipated with regards to obtaining data from across the NHS Trust areas. At present, only Birmingham and Solihull provide a comprehensive document due to data retrieval issues elsewhere. This details overall volumes of Liaison and Diversion (L&D) referrals in Custody broken down by Age, Ethnicity, socio-economic factors, and includes an overall ‘Year to Date’

assessment of the progress of the cohort through to referral to service / treatment provision, based on the identified vulnerability.

20. Of the available data, the following conclusions can be drawn:

- In the 12 months up to the 31st August 2019, there were 14765 referrals to L&D providers within the West Midlands Police Custody estate. Of those referrals, 8242 resulted in a formal L&D Assessment of that Detained Person. Each referral is subject to a "screening" exercise, which will inform whether a formal Assessment is required for that individual. The breakdown for each NHT Trust areas is:

Trust Area	Total Referrals	Total Assessments
Coventry	2603	2488
Birmingham & Solihull	7156	2502
Black Country	5006	3252
	14765	8242

21. As an indicative measure, in lieu of specific information pertaining to L&D provision in Coventry and the Black Country, the following information relates to the L&D Provision in Birmingham and Solihull, which includes those individuals detained, referred and assessed at Perry Barr Custody Station.

22. In the 12 months up to the 31st August 2019, there were 7156 referrals to L&D. Of those referrals, 2502 were subject to an L&D Assessment.

23. As a result of those Assessments, there were 1279 Adult referrals to other agencies (including Mental Health excluding full MHA Assessment, Learning Disabilities, Alcohol / Substance Misuse and Accommodation / Financial issues etc.):

Identified Vulnerability	
Physical Health	55
Mental Health (not including MHA)	544
Learning Disabilities	18
S&C Difficulty	9
Alcohol Misuse	113
Substance Misuse	146
Accommodation	241
Financial	157
Total	1279

24. There were also 123 Youth referrals to other agencies (including Mental Health, Education / Employment, Exploitation, Substance / Alcohol Misuse etc.):

Identified Vulnerability	

Physical Health	0
Mental Health (not including MHA)	52
Parenting Substance Misuse	3
Learning Disabilities	5
SLC Difficulty	3
Alcohol Misuse	2
Substance Misuse	8
Accommodation	8
Financial	1
Education/Employment	14
Gang Related	4
Abuse and Bullying	4
Sexual Exploitation	5
Total	123

25. Birmingham and Solihull Trust also provide data regarding the status of those referrals. It should be noted that these figures are “Year to Date” and therefore no not correlate to the above data, but the figures are indicative.

Vulnerability	No of Referrals	Outcomes Year to Date (Adult Only)				
		No Service Available	Did Not Meet Threshold	Attended	DNA	Ongoing
Mental Health (excluding MHA)	210	11	5	97	41	54
Learning Difficulty	10	3	0	1	6	0
Learning Need	9	1	0	4	1	3
Alcohol	46	2	2	14	10	18
Substance	62	6	1	14	14	28
Accommodation	159	21	0	55	37	46
Financial	102	11	0	34	24	33
Total	598	55	8	219	133	182

26. Furthermore, of those assessed by L&D, 93 Adults were formally ‘Detained under the Mental Health Act’. No youths were formally detained in that time period.

27. It should be stressed that, between April and May 2019, L&D changed the parameters of their data collation, making any further narrative or conclusions problematic.

28. At the present time, there is an initiative underway that has the purpose of creating a National repository of information directly relating to the work of Liaison and Diversion initiatives. Each NHS Trust will feed in information based on standardised criteria. There will be a portal from which relevant agencies, including West Midlands Police, can access and manipulate data sets, which will afford a more efficient way of scrutinising the work and effectiveness of the L&D

provision locally. It will also allow for comparisons between NHS Trust areas and promote Best Practice. WMP are awaiting confirmation of the timescales pertaining to that project.

Substance Misuse and Mental Health

29. L & D in custody work very closely with the commissioned substance misuse providers and are able to conduct one screening process for all issues with detainees. L & D in Birmingham themselves commission 'No Wrong Door', a peer support services to work with offenders with multiple needs and ensure they receive the treatment they need.

30. When commissioning Out of Court Disposal interventions for substance misuse (drugs and alcohol), the contract specification includes the requirement that offenders are screened for drugs, alcohol and mental health and providers are able to make onward referrals where necessary. Feedback shows that this does happen.

THRIVE action plan

31. The Mental Health Commission Thrive Action Plan was launched on 31st January 2017. This continues to be led by Supt. Sean Russell on secondment from West Midlands Police to the West Midlands Combined Authority.

32. The Action plan was designed to support working age adults and has focused on activity that improve mental health and wellbeing. The connection to the Criminal Justice System may not always be explicitly seen but the overarching aim is to ensure that the citizens of the West Midlands have access to support that tackle the wider determinants of health including mental health. The focus of the Commission has been on programmes that support people to enter work (Thrive into work); remain well in work (Thrive at work); support the Housing First programme; improve the mental health literacy of the region; as well as programmes within the health care system and Criminal Justice System i.e. Community Sentence Treatment pilot.

33. The update provided in the Thrive Report (Appendix 1) describes the depth and breadth of Thrive and was presented to the West Midlands Combined Authority Wellbeing Board on 18th October 2019. There has been significant support from the Office of Police and Crime Commissioner during the life of the programme through funding and partnership engagement specifically to support the Community Sentence Treatment Pilot as well as the emerging work on peer support workers.

34. The future plan for the connected work is to strengthen and amplify the existing programmes. A strategic review of Thrive, seeking to develop a plan for the next three years, will commence in spring 2020. It is expected that this will continue to include the Criminal Justice arena, expanding the Community Sentence

Treatment Requirements to the broader West Midlands region, developing a programme to support offenders into work and maintaining the strong link with West Midlands Police and the Office of Police and Crime Commissioner to support the strategic and tactical review of policing mental health within the West Midlands.

Future of Mental Health and WMP

35. As outlined in point 2 above, the revised governance arrangements have assisted in providing clarity and direction. The focus of the last 12 months has predominantly been internal improvements, particularly in line with HMICFRS recommendations of November 2018.

Mental Health Definition

36. One such recommendation was to begin utilising a nationally agreed Mental Health definition. This went live, following consultation, in April 2019. The aim of the definition is to begin to assist our understanding of Mental Health demand across all areas of policing. The definition has been widely communicated and auditing has shown that it is being utilised when call takers or crime recorders are identifying whether MH is a factor in a crime or incident. Further auditing is required to monitor the extent that this is embedded. This is vital in order to understand the totality of MH demand.

Demand

37. In conjunction with point 39 above, the College of Policing are completing an analysis of 24hrs of Mental Health demand from all Forces nationally. WMP are supporting this work by providing the required data. The analysis will both assist the National work as well as us greatly in understanding the demand linked to Mental Health. The results are expected early in 2020 and will be used to identify opportunities to appropriately reduce demand whilst ensuring the most vulnerable members of society are provided support and help when appropriate. This work will provide an opportunity to compare with most similar forces and begin to understand some of the projects, policies or procedures that have assisted other forces in more appropriately managing the demands of mental health incidents.

38. As part of the College of Policing analysis, WMP are one of three Forces that will additionally provide 12 months of data for analysis. WMP are fortunate to be one of the selected three forces for this enhanced analysis. Whilst it is not yet known the level of detail the analysis will provide, it will clearly give an insight that we have not previously had into our overall Mental Health linked demand.

Policy Review

39. WMP Mental Health Policy was revised and signed off in late 2018 but was found to be a wordy document that did not provide the clarity of direction required when officers and supervisors were dealing with difficult operational situations. It is accepted that mental health legislation is very complicated and reviews of incidents that are escalated to SMEs shows that officers are too frequently put in positions where they are being asked to operate outside of their powers and skill sets in order to support a mental health incident.

40. The 2018 policy remains in place but work has been undertaken to provide a revised policy supported by a number of guidance documents. These documents are separated into business and thematic areas to provide a one page guide each for Force Contact, Operational officers, Supervisors and Partners in key areas of business. For example, Mental Health Act Assessments S135, Conveyance and AWOL patients.

41. The 'guide on a page' recognises the complexity and volume of mental health legislation and seeks to provide an accurate yet easy to digest aid to ensure WMP and partners have the appropriate information available to them when managing the foreseeable incidents that WMP are currently involved with in relation to mental health.

42. The aim of these guidance documents is to:

    - Ensure the safety, the dignity and the rights of the public are placed at forefront of all WMP decisions on policing and mental health.
    - Ensure collaborative partnerships operate effectively.
    - Ensure deployments to support MHA Assessments are timely, proportionate, necessary and lawful.
    - Ensure WMP fulfils its responsibilities under the Mental Health Act 1983 and it's Code of Practice.
    - Ensure WMP is not operating beyond its legal authority.
    - Ensure WMP officers are not operating beyond professional competence.

43. Internal consultation has already taken place and feedback has been very positive regarding the concept. The documents have also been reviewed by Legal Services and will be subject to a final internal consultation by the end of November 2019.

44. The documents have also been presented to partners at a well attended partnership event held in September 2019. Again, feedback was positive regarding the documents but the event also provided an opportunity for a multi-agency discussion regarding the challenges all agencies are often facing when dealing with individuals in crisis. The updated draft documents will be circulated

to partners for final consultation by the end November 2019. It is intended that these documents will be signed off by end December 2019 when they will go live.

45. Feedback will be requested regarding the documents over a three month period in order to assess the benefit and understand any gaps or clarifications that would assist officers further.

Mental Health Tactical Advisors

46. In early 2020 WMP will begin training a cadre of officers and staff to have an enhanced knowledge and understanding of mental health legislation, policies and procedures. These individuals are currently being referred to as Mental Health Tactical Advisors and the aim is that they will be available to provide advice, support and guidance to operational decision makers when dealing with calls or incidents involving Mental Health.

47. The pilot will involve the training of 50 individuals within Force Response, Force Contact and Criminal Justice Services. The purpose of the pilot is to assess whether the presence of tactical advisors assists operational decision making and creates the best possible outcome for those involved in Mental Health related incidents.

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Job Title: Mental Health Leads

Appendix 1

Supporting Information regarding THRIVE

WMCA Board

Date	24 October 2019
Report title	West Midlands Thrive Update
Portfolio Lead	Cllr Izzi Seccombe – Wellbeing Board Chair
Accountable Chief Executive	
Accountable Employee	Sean Russell Implementation Director Sean.russell@wmca.org.uk
Report has been considered by	Henry Kippin, Public Service Reform Director, WMCA

Recommendation(s) for action or decision:

The WMCA Board is recommended to:

1. To note the progress in the delivery of current priorities.

1. Purpose

1.1 This paper provides an update of progress of the key programmes of work within the Thrive West Midlands Mental Health Commission Action Plan.

2. Background

2.1 In January 2017 WMCA Mental Health Commission, led by Sir Norman Lamb and sponsored by Sarah Norman CEX Dudley Metropolitan Borough, published the Thrive Action plan. The approach was to develop a programme that would slowly

start to change the dial on poor mental health in the region within the bounds of not working in health or social care devolution space.

2.2 The Action Plan brought together key partners in the region to work collaboratively and the proposal was to ensure that the approach maintained significant investment of experts in the field, time and wider resource commitment to drive the action forward. Throughout the programme PHE, NHSE including CCGs and Local Authorities have provided strong leadership and support throughout.

2.3 The Action Plan focused on five core themes; supporting people into work and whilst at work, providing safe and stable places to live, improved mental health outcomes and the criminal justice system, developing approaches to health and care, getting the community involved.

2.4 The Wellbeing Board have been updated previously on key programmes; Thrive into work, Thrive at work, Community Sentence Treatment Requirements and Citizen Jury development. This report will seek to update on the progress of the main programmes to date and to outline a few outputs from the programmes. It will also seek to address the issue of scalability and outline the proposals currently being considered.

3. Supporting People into work and whilst at work

3.1 This work stream was set off with three main programmes. Thrive into work was commenced in 2017 having developed in conjunction with the Department of Health (DH) and Department of Work and Pensions (DWP) Work and Health Unit (WHU). A randomised control trial (RCT) was established that would seek to work with people who have poor physical and mental health issues and had been out of employment for in excess of 28 days. The model was seeking to build on evidence that had been obtained for the Individual Placement Support (IPS) programme in secondary mental health care. This model had never been tested in primary care and working with the Government departments the approach was to develop sufficient evidence to build a business case by academic evaluation for the Treasury to consider future spend. WMCA was commissioned and was granted 10.18M for the programme over four years.

3.2 The programme budget is allocated as follows: -

Year	Programme Team	Third Party	Provider Contracts	Total
2017-18	157	538	1,561	2,256
2018-19	294	494	3,093	3,881
2019-20	237	294	2,396	2,927
2020-21	131	128	857	1,116
TOTAL	819k	1,454k	7,908k	10,180k

The Programme Budget breaks down into three key funding domains:

<u>Programme Team</u>

Funding for the Central Programme Team based at the WMCA. This team has considerable responsibility for managing and oversight of the delivery of the Programme. This includes:

- Contract Management,
- Performance,
- Data and analytics,
- Relationship brokerage particularly with the NHS,
- Budget Management,
- Communications and Marketing
- Future Sustainability of the IPS Model driving Health and Work Strategy

Third Party Costs

Wolverhampton CCG costs in relation to, administration of NHS Contracts, administration of Health Led Trial budget, IT and HR functions

- WMCA infrastructure costs (Meeting Rooms, Finance, IT and HR)
- Independent strategy and Policy advice.

Provider Costs

- Responsible for delivery of the Health Led Trial across four CCG localities.

3.3 **Programme update**

3.4 It must be recognised that this is a trial and assumptions made in the development stage of the design were based on potential access to individuals within Wolverhampton, Dudley, Sandwell and West Birmingham and South Birmingham CCGs. The programme has seen significant challenges including recruitment of participants within the primary care health arena. One challenge has been the disconnect between health and DWP. Primary care do not routinely capture patients work status and although individuals currently receiving fit notes may be work connection there are many people with long term conditions who are out of work and not identifiable though the system. Information on claimants of Employee Support Allowance is available from DWP but this information is not shared with Health and as such identification of individuals in this space has been challenging.

3.5 Not withstanding this the update of individual's referral as of 20th September 2019 is 5545 individuals of which 3008 were eligible to be randomised. 1439 individuals have been placed into the treatment group with 298 currently having started work. In addition, there are 1091 individuals with vocational profiles completed who are being supported to find work.

3.6 Throughout the trial a Programme Board has been operating with quarterly reporting to the Work and Health Unit Innovation board who have scrutinised the programme budget, referrals, job outcomes and wider connectivity to health and DWP as well as ensuring fidelity of the model and academic rigour is retained. The latest dashboard (Appendix A) is attached which highlights the summary KPIs, referrals, Randomisations into the trial, job starts and industries and quality measures.

3.7 Moving forward the programme is due to finish the trial element of the programme on 31st October 2019. At this stage all referrals will stop for a short time and work with existing trail participants will continue until October 2020. It is then anticipated that the programme will start again in January 2020 and until October 2020. This will enable IPS to run without being a RCT and will seek to work with primary care networks to recruit participants. Based on the level of employee support (IPS) workers maintained to support the existing trial participants it is anticipated that approximately 800 new referrals would be received.

3.8 This approach is currently under review with the Work and Health Unit as there are potential risks around cross contamination of individuals who may be in the control group accessing treatment which would critically affect the trial. It is anticipated that a final decision will be made in mid to late October 2019 to ensure we can continue the non RCT element of the programme in January 2020.

3.9 Finally, working with the CCGs in the West Midlands work is being developed to understand if there is a potential to continue and scale the model moving forward. Within the NHS Long Term Plan, it has been highlighted that IPS should be considered as a model moving forward. However, it should be noted that the interim report will be published in spring 2022 with the final evaluation being completed in autumn 2022. Proposals are being developed within the wider PSR agenda to consider options to continue this programme until the evidence review has been completed.

4. Thrive at Work Wellbeing Awards Programme

4.1 Overview of programme

4.2 Following the cessation of the Work Place Wellbeing Charter the WMCA has worked with multiple partners and experts to create a new Thrive at Work programme. This builds on the existing evidence base and creates a model for improving wellbeing in the work place.

4.3 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, musculoskeletal health, improving physical activity and several risk factors including poor diet, smoking and poor financial health. The Thrive at Work programme is available to view here:
Http://www.wmca.org.uk/media/2565/thrive-at-work-commitment-framework.pdf

4.4 Input - There was limited initial capital to develop the programme, so this was done with the current resources available within WMCA and partner organisations. However as the programme has continued to expand rapidly business cases have supported the recruitment of an accreditation manager and mental health commission coordinator for the programme from the mental health commission budget.

4.5 Output - In addition to the 104 businesses that are continuing the trial and programme another 220 have signed up for just the programme, with a range from 2 employees to over 22,500 employees per organisation. Business from across a

range of sectors are registered including universities, hospitals, local authorities, construction, manufacturing, charities, schools etc. Nearly 135,000 employees have the potential to be positively impacted through the businesses that are signed up to the programme.
4.6 Some businesses are already close to achieving accreditation, with a significant number of others making good progress on the journey and reporting positive impacts.

4.7 Scalable plan - Funding from the Midlands Engine will support the running of the programme until March 2022, however as it expands additional sources of revenue including potential franchising of the model, sponsorship and commercialising the awards are being explored. It is anticipated that the cost of running and expanding the programme beyond March 2022 will be approximately 500k per annum.

4.8 Evaluation - Reporting will include numbers on the programme, progress and impact on employers and employees.

5. Wellbeing Premium Trial

5.1 Overview of programme - 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) across the WMCA footprint an works on the premise of a RCT. The programme focuses on key enablers within the company as well as developing wellbeing across mental health, musculoskeletal and lifestyles linking it to the wider WMCA wellbeing and physical activity strategies.

5.2 Inputs - The WMCA received 1.4M in funding that was successfully bid for from the Work and Health Unit Innovation Fund with quarterly payments started in April 2018. The funding covers the costs of the programme team, grant payments to SMEs, network meetings and evaluation partner's costs.

5.3 Outputs - WMCA successfully recruits above requirement of SMEs onto the trial. The recruit businesses represent a wide range of business sectors across the WMCA footprint which support generalisability and scalability of findings. There have been some drop out of businesses from the trial due to barriers facing them as an organisation, however we continue to have sufficient power and a ell designed trial that serves the objective of doing the research and ill report and analyse appropriately and transparently. Currently 104 SMEs continue the trial.

5.4 Scalable plan for the future - 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 within government departments.

5.5 Evaluation - The programme is being formally evaluated by our academic partners – RAND Europe, Warwick Medical School and Warwick Business School. The evaluation will include impact, process and accreditation assessments.

5.6 A significant amount of learning about the behaviour of SMEs from both those that stay in the trial and those that drop out will be gained from the trial.

6. Providing safe and stable places to live

6.1 Developing a housing first model was a key outcome of the Thrive Action Plan. In the early stages of development, the wellbeing scrutiny board sought to gather evidence from the national stage and international settings to support the development of the business case to Ministry for Homes and Local Government (MHCLG). The focus of the work was to ensure that where mental health and /or wider health and social challenges where determinant factor in the loss of housing, that support was provided to individuals to retain their homes or in the case of rough sleepers to help stabilise them during the tenancy.

6.2 Funding was obtained through MHCLG of 9.6M with similar funds to Liverpool and Manchester to create a Housing First Programme which would be academically evaluated. Birmingham City Council is the accountable body for the funds with WMCA retaining oversight of the programme through the Homeless Task force and PSR Team. The reporting is through the PSR Board with the task force and dedicated PSR resource aligned to ensure the programme is managed and delivered effectively.

6.3 Outputs - As of 27th September 2019, 77 people have even housed through the programme. It is expected that a maximum of 617 individuals will receive support during the 3 year pilot.

6.4 Evaluation - Formal evaluation will take place through MHCLG in association with Herriot Watt University and will seek to evaluate outcomes and financial benefit and potential returns of investment. Soft evaluation is taking place regarding the fidelity of the model through several commissioned pieces within the programme and a separate review of access to and support from health and addiction partnerships through the wellbeing budget which is due to commence in October 2019 and report in early 2020.

7. Improved Mental Health Outcomes in the Criminal justice System

7.1 The Thrive Action plan focused on a few key areas to try and influence the current operating model where offenders or persons detained in the justice system who present with poor mental health have access to improved support at an early opportunity.

7.2 Building on work undertaken within the West Midlands Police, trialling the roll out of the Liaison and Diversion from custody where mental health nurses worked in custody to support diversionary options and the multi-disciplinary Street Triage Team who supported individuals in crisis in the street and in their homes a decision was made to maintain the focus on improving the system.

7.3 Community Sentence Treatment Requirements

7.4 A key opportunity was the introduction of a pilot to test mental health treatment Requirements (MHTRS).
7.5 Many offenders experience mental health and substance misuse problems, but the use of treatment requirements as part of a community sentence remains low and has been declining over recent years. Improved partnership working can increase the use of treatment requirements, particularly as an alternative to short term prison sentences and so reduce the number of vulnerable people in custody. There are three types of treatment requirement:

- Mental Health Treatment Requirement (MHTR);
- Drug Rehabilitation Requirement (DRR – which includes drug testing);
- Alcohol Treatment Requirement (ATR)

7.6 All three treatment requirements were introduced as a sentencing option in the Criminal Justice Act in 2003. 'Treatment' covers a broad range of interventions (for example talking therapies, a course of medication or inpatient treatment). As members of the general population, offenders in the community should access treatment in the same way as anyone else via mental health services, commissioned by NHS Clinical Commissioning Groups (CCGs) and drug and alcohol treatment services commissioned via Local Authorities. However, due to the multiple complexities of health and social needs affecting this cohort, there are few services in the community that are providing appropriate holistic treatment and care to support these Service users and requirements. ATRs/DRR are provided through substance misuse services commissioned by the Local Authority.

7.7 MHTRs can be split into those provided by:

7.7.1 Secondary care mental health services: When an individual's mental health condition reaches the threshold of secondary care services. This provision should already be provided through locally commissioned frameworks for secondary care.

7.7.2 Primary care services: The majority of MHTRs don't reach the threshold of secondary care service. The testbed sites have demonstrated that the addition of clinically supervised mental health practitioners providing assessment in court and 1:1 short, individualised psychological interventions has been required to deliver primary care MHTRs.

This is a commissioning gap in non CSTR site areas.
7.8 MHTRs: In 2017, out of all the requirements commenced under community orders or suspended sentence orders:

- Less than 1% (538) were MHTRs;
- 5% (8,719) were DRRs;
- 3% (5,419) were an ATRs.
- In addition, uptake has been decreasing consistently since 2008/09. Between 2016 and 2017
- MHTRs decreased by 20% and by 51% between 2009 and 2017;
- DRRs decreased by 10% and by 46% between 2009 and 2017;
- ATRs decreased by 11% and by 41% between 2009 and 2017.

7.9 This is in the context of a decrease in the volume of offenders starting community orders and suspended sentence orders by 6% between 2016 and 2017, and 29% between 2009 and 2017.

7.10 Inputs - In 2018 Five Test Bed Sites where created including Birmingham with a mix of funding from NHS England 100k and 60K from the Police and Crime Commissioner. This enable a programme to be commissioned into court from a primary care provider linked to the Liaison and Diversion from Custody Team.

7.11 Outputs - Figures in year one where low with only 27 orders being applied. This was due to host of complexities through the court process including initially trialling overnight remand offenders as the source of referral but over time recognised that 60% of these offenders would not plead guilty on first remand hearing. Further testing took place in the guilty anticipated plea court but again trying to balance assessment and the demands on the judicial speedy justice process meant that many offenders who may have been eligible but would require a short adjournment until the afternoon court where sentenced without orders being granted.

7.12 Year one outcomes across the five testbed sites have been published, which demonstrates that by strengthening partnerships, processes and governance pathways the increased use of treatment requirements is achievable. The evaluation also provides feedback from testbed site workforce and Services Users, who collectively agree that increased use of CSTRs would be beneficial in addressing some of the underlying causes of the offending behaviours, reduce short term sentences and enable rehabilitation within the community.

7.13 A published study by the MoJ has provided the first evidence to show that including an MHTR or ATR into a community order or suspended sentence order can have a positive impact on reducing reoffending.

7.14 The study found that for those with identified mental health issues, mental health treatment requirements (MHTRs) attached to community orders or suspended sentence orders were associated with significant reductions in reoffending where they were used, compared with similar cases where they were not. Over a one-year follow-up period, there was a reduction of around 3.5 percentage points in the incidence of reoffending where such requirements were used as part of a community order, and of around 5 percentage points when used as part of a suspended sentence order. In the case of ATRs, for those with identified alcohol misuse issues, ATRs were associated with similar or slightly lower reoffending where they were used compared with similar cases where they were not.

7.15 The Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012 made changes to the administration of the MHTR by amending provisions linked to the Criminal Justice Act 2003 and the Mental Health Act 1983:
“The LASPO Act sought to make it easier for courts to use the MHTR as part of a Community Order or Suspended Sentence Order by simplifying the assessment process and ensuring that those who require community-based treatment receive

it as early as possible. The Act removed the requirement that evidence of an offender's need for mental health treatment is given to a court by a Section 12 registered medical practitioner".

7.16 This change means that the Courts may seek views and assessments from a broader range of appropriately trained mental health professionals. The intention was to ensure that Courts receive appropriate advice based on mental health assessments quicker, thus reducing the avoidable time delay leading to adjournments and unnecessary psychiatric court report costs of using the MHTR as part of a community sentence.

7.17 Barriers: A few barriers have been identified by the testbeds which may contribute to the low uptake of the three treatment requirements. Some of these are also identified in a paper published by the Centre for Mental Health and the full year one CSTR evaluation. Some barriers to developing CSTR provision include:

- Uncertainty as to who should receive community sentence treatment requirements
- MHTR: the criteria hasn't been made clear as to who may be suitable, especially for those with lower level mental health and complex social needs
- Uncertainty over who has responsibility for commissioning services for offenders in the community
- Uncertainty around drug testing as part of the DRR
- Lack of availability and access to community services that can provide appropriate MHTRs for offenders with multiple complexities including dual diagnosis
- Low awareness and confidence among both criminal justice and health professionals around mental health/substance misuse and associated vulnerabilities in court.

7.18 Scalability -_Recognising the challenges posed, wave one pilot in Birmingham has broaden to include Solihull individuals too. Funding has been secured from NHS England for the next year (100k) plus a small amount of funding from the WMCA (20k).

7.19 Wave 2 is one being developed across the Black Country with an early funding discussion being had with CCGS and the Police and Crime Commissioner. Funding has been agreed from the PCC (100k) to enable this service to run for one year. This will seek to develop the programme in the Black Country in early to spring 2020.

7.20 It is anticipated that wider discussion with the MOJ and NHS England (Offender Health) will take place later this year for a broader national roll out of the broader CSTR approach in England. A commitment to the programme is outlined in the NHS Long Term Plan.

7.21 Police detention

7.22 Two key outcomes where described within the Thrive Action Plan that related to the police use of cells for individuals detained under s136 Mental Health Act 1983. The force were proud of its position in significantly reducing the number of the people detained contrary to the national position.

7.23 This element has been introduced as business as usual no into mainstream police business with oversight through the Police and Crime Board.

7.24 For information to support this report the figures for 2018/2019 have been received from the Force. There are six section 136's for this year which state "police station" as the First Place of Safety:

- 2 – As a result of being refused detention after being arrested for substantive offences so it was recorded at the first POS as they were detained under s136 in the car park of the custody suite before transferred to the health-based place of safety.

- 2 – Where the patient was taken by officers to the police front office to await ambulance transport to the health-based place of safety.

- 2 – are recorded on the system but where the details of detention cannot be verified as to why this occurred

7.25 There have been no further use of the custody suite in West Midlands Police as a place of safety where the assessment is to take place and there have been no under 18's taken into the custody suite under s136 Mental Health Act 1983.

7.26 It should be recognised that this is still a challenging area with wider work being undertaken by partners to develop a stronger approach to ensure that police custody is not the right place for most persons suffering a mental health crisis. A formal stakeholder engagement event took place on 30th September 2019 with West Midlands Police and the regional health partners to ensure the spotlight remain on this area.

8. Developing Approaches to Health and Care

8.1 The Thrive Action Plan sought to address a number of key areas in this arena, but two areas remain a key focus of activity.

8.2 Zero Suicide Ambition - The Thrive Action Plan encouraged the region to support a zero suicide ambition where Local Authority Areas would work in partnership with WMCA and PHE to create local Suicide Reduction Plans. Each area across the West Midlands have now completed these and there is a regional group that oversees the implementation and opportunities to learn lessons and share best practice.

8.3 In the West Midlands region in 2018, 514 people are recorded by coroners as having died by suicide, representing a 2.8% increase on 2017 suicide registrations. Within the West Midlands Combined Authority, recorded deaths were down 3% on 2017 figures, with 231 people reported to have died by suicide.

	2010	2011	2012	2013	2014	2015	2016	2017	2018	15-16	17-18
								Rate /100,000			
B'ham	64	54	57	77	138	61	70	74	74	7.6	8.1
Coventry	27	35	27	28	28	27	13	36	29	8.8	8.6
Dudley	29	21	11	20	31	30	17	30	33	9.4	9.7
Sandwell	22	25	17	25	28	29	31	26	30	10.4	10.6
Solihull	10	12	9	7	29	14	12	26	30	9.5	12.2
Walsall	14	12	19	19	28	25	19	21	19	9.1	8.2
W'ton	13	24	19	20	25	21	20	25	15	9.9	9.0
WMCA	179	183	159	196	307	207	182	238	231	*	*
WM region	450	433	453	477	571	477	446	500	514	9.5	9.7
England	rate									9.2	9.8

8.4 Within the Combined Authority, most constituent authorities have seen a small reduction in deaths by suicide during 2018, except for Solihull and Sandwell, which reported small respective rises and Birmingham where the number of suicides is the same as in 2017.

8.5 The overall three-year rolling average rate of suicide in the West Midlands region has risen to 9.7 cases per 100,000 population, roughly in line with the national average suicide rate. Within the Combined Authority, both Solihull and Sandwell appear to report rates above the national rate, but for both areas the difference is not statistically significant.

8.6 It should be noted that during 2018, the criminal standard of proof required to conclude a suicide has occurred changed to civil standard. The implications of this change are that we might expect an artefactual rise in the number of suicide conclusions during 2018. As such, any non-significant upward trends should be treated with caution.

8.7 Improving Perinatal Mental Health - Creating the best start in life was a key thought within the Action Plan. Working with NHS England the plan sought to shine a light on perinatal Mental Health and support the excellent work led by Dr Giles Beresford. NHS England have established a business as usual approach to this are of business by developing a formal network.

8.8 NHS England has committed to fulfilling the ambition in the Five Year Forward View for Mental Health, so that by 2020/21 there will be increased access to specialist perinatal mental health support in all areas of England, allowing nationally at least an additional 30,000 women each year to receive evidence-based treatment, closer to home, when they need it.

8.9 A phased, five-year transformation programme, backed by £365m in funding, is underway to build capacity and capability in specialist perinatal mental health services, focused on improving access to and experience of care, early diagnosis and intervention, and greater transparency and openness. Funding is a mixture of local funding (including through CCG baselines and targeted transformation

monies for allocation) and national investment (including commissioning of Mother and Baby Units through specialised commissioning, workforce development and regional perinatal MH networks) with an increase each year, reaching £140m nationally in 2020/21 as outlined in the Implementation Plan.

8.10 Within the West Midlands a service is now in place within each STP since 1st April 2019. Nationally all services are working towards seeing: 4.5% of their local birth rate in 2019/20, 6.4% of their local birth rate in 2020/21

STP/Service Footprint	**Funding received in year 2018/19**	**Service in place since 1st April 2019**
Birmingham and Solihull	Expansion of Wave 1 service across footprint (previous funding for expansion of locally funded service)	Yes
Black Country	Formulation of new service	Yes
Coventry and Warwickshire	Formation of a new service/expansion of small locally funded service	Yes

8.11 To support the local development of new services and this work within the West Midlands, in 2016 NHS England through the West Midlands Clinical Network established the West Midlands Perinatal Mental Health Network. Over the last three years this network has continued to grow and provide support across the area. This has included regular network meetings and opportunities for sharing learning and good practice.

8.12 The Clinical Network has also delivered a programme of training, funded by NHS England and Health Education England, to support the development of these services and enable women to receive evidence-based treatment, closer to home, when they need it.

9.0 Getting the Community Involved

9.1 At the heart of the Thrive Action Plan was a commitment to engage the public and create heightened levels of mental health literacy in the region as well as developing programmes to tackle stigma.

9.2 Mental Health First Aid England - Mental Health First Aid (MHFA) England is a training and campaigning organisation. They offer a range of evidence-based training courses from awareness to skill development. WMCA and MHFA England are working in partnership to increase mental health literacy in the region. The overall target is to train 500,000 people in mental health awareness

and skills by 2026 (Thrive Action Plan, 2016), with 200,000 of these being trained with MHFA England courses.

9.3 In line with the development of the Lord Stevenson and Paul Farmer review (2017) there has been a significant shift in the push to improve work place mental health. Challenging the assumption that the Health and Safety at Work Act 1974 a movement is growing to ensure that Mental Health First Aid trained staff are included in the work force at a similar level to physical First Aiders. Equally there is an anticipatory duty under the Equality Act 2010 which puts a responsibility on businesses and employers to provide accessible support as they would do for all other protected characteristics.

9.4 Input - MHFA England fund a Regional Development Coordinator for 3 days a week to work in the region, based at the WMCA head office. WMCA provide office space, IT equipment and most valuably the local contacts and opportunity for partnership working across the West Midlands.

9.5 Output - In total 42 000 people have been trained by MHFA England in the region. There has been a significant increase in people being trained year on year. In 2017 at the launch of the Thrive Action Plan there were 4,896 people trained, in 2018 there were 10,878 people and this year to 31 August there have been 13,223 people trained.

9.6 Within this total there is also a campaign led by WMCA and MHFA England to train 5,000 people from the sport and recreation sector by the start of the Birmingham Commonwealth Games 2022. As part of MHFA England's commitment to give back part of their profit to the community they have fully funded 6 courses with more to follow in the coming months for people working with young people in sport and recreation organisations.

9.7 Scalable Plan - The appointment of a Regional Development Coordinator by MHFA England was for 2 years from April 2018. An extension to this partnership is in discussion to allow for the concentrated work on the mental health literacy target in the Thrive Action Plan and to continue with and further increase the amount of people being trained in the West Midlands.

9.8 In addition, Work Programme 8 of the Midlands Engine Mental Health Productivity Programme includes mental health literacy and training targets and so it is planned to extend the effective work done in the West Midlands to the whole of the Midlands this will include a further 45,000 work place staff being trained in the wider region.

9.9 Evaluation of Mental Health First Aid training courses can be found at:
https://mhfaengland.org/mhfa-centre/research-and-evaluation/

9.10 This is Me - This is me is a workplace mental health campaign created by Barclays 2013 and adopted by the Lord Mayor's Appeal which seeks to change attitudes around mental health and create more inclusive workplaces though:

- Storytelling; encouraging employees to share their experiences of mental health challenges to help normalise the conversation around mental health

- Green Ribbon campaign: encouraging staff to wear the Lord Mayor's Appeal Green Ribbon as a way of raising awareness of mental health.
- Samaritans E-learning: an interactive training tool which teaches employees the skills to look after their emotional health and look out for others, before they reach crisis point.

9.11 Input and staffing - This is Me West Midlands has one member of staff working part time on this project and has a budget of 10K from WMCA the budget (current in year spend total of £360.50) to go towards programme literature, events to raise awareness of This is Me and maintaining engagement with registered organisations of campaign across the West Midlands.

9.12 Outputs - With the launch of This is Me in the West Midlands in January 2019, there was an aim to get 120 organisations signed up by January 2020. So far, 99 organisations have signed up to date.

9.13 Evaluation – the evaluation of This is Me is completed by the Lord Mayor's Appeal who own This is Me nationally and conduct an annual survey to capture engagement and perceived impact of the campaign in organisations who are registered. The 2019 survey is currently live, and findings and impacts will be shared later this year.

9.14 Scalable plan for the future - With the Midlands Engine Mental Health and Productivity Pilot, This is Me West Midlands is being scaled up to be launched in the East Midlands with a target of 400 organisations to be signed up to This is Me in the Midlands by July 2022. To reach target, 33 organisations are to be signed up to This is Me every quarter over the next three years. To raise awareness of This is Me, showcase events will be provided to small, medium and large enterprises across the Midlands along with other programmes including Thrive at Work, Every Mind Matters, Mental Health first Aid and Time to Change.

10 Conclusion

10.1 This report has sought to give an overview of the current work streams within the Thrive Action Plan and a view of the current inputs, outputs and options for scalability.

10.2 The programme team employed by the WMCA is small with only 6 FTE posts and a budget of 110K for non-staff discretionary spend to seek support and design for future programmes. It has however been successful in generating significant commissioned work and additional staff either seconded or supporting through various models due to the high level of support from regional partners connected with the programme.

10.3 The programmes although challenging for a variety of different reasons have started to show a positive shift in the way mental health is viewed in the region. It is however recognised that there is still significance work to do and the team value the continues support from the Wellbeing Scrutiny Board, Wellbeing Board and wider partnerships established throughout the last three years.

11.0 Financial Implications

11.1 Funding for the delivery of the programmes is a mixture of Grant funded programmes and funding within the WMCA. The funding is outlined within the body of the report. Further scalability will require additional funding sources from outside the WMCA funding envelope.

12. Legal Implications

12.1 WMCA legal team have approved all the current relevant work stands. Any additional strands of work including any new programmes or extensions will seek appropriate authority.

13. Equalities Implications

13.1 An equality forum (Citizen Jury) was established as part of the Mental Health Commission which sought to identify the underpinning inequality presenting through the project strands. This approach is developing into a wider Independent Advisory Group which will seek to support programmes of work and the wider system to tackle stigma and discrimination.

14. Inclusive Growth Implications

14.1 Data and intelligence has driven the development of targeted inclusivity and geographical areas to reduce levels of inactivity and inequalities in those who take part.

15. Geographical Area of Report's Implications

15.1 Delivery is either West Midlands or in targeted locations as a trial or where evidence suggests impact could be greatest.

16. **Other Implications**
None

17. **Schedule of Background Papers**
Appendix 1

Appendix 2

THRIVE into Work KPI Dashboard

REFERRALS

September 2019 is a record breaking month for referals. This month 581 participants were refferred, the most generated in a month to date and 22 off of the

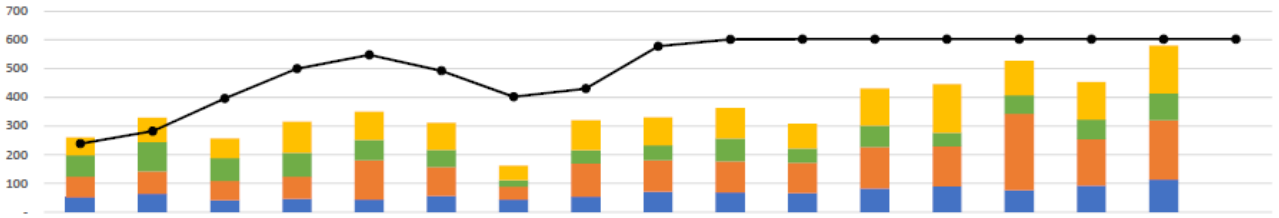
It has also been a record breaking month for randomisations. This month 309 participants were randomised, the most achieved in a month to date.

Wolverhampton randomised a record 76 participants, whilst Birmingham randomised a record 61 in month.

Both Sandwell and Dudley randomised their second highest amountof participants to date with 106 and 66 respectively

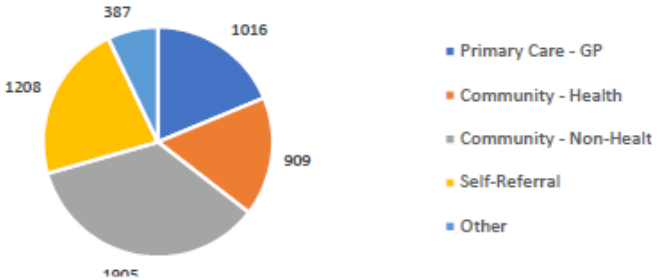
There was a total of 170 referrals across the 4 Lots through the GP Pilots in September 2019.

Referrals by Month



	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Lot 4 - Dudley	63	84	68	109	99	95	51	104	97	105	87	129	170	121	131	166	-
Lot 3 - South and Central B'ham	75	103	80	84	71	60	23	46	52	80	49	75	48	64	68	95	-
Lot 2 - Sandwell and West B'ham	72	78	66	77	136	101	43	116	109	109	106	145	139	266	163	206	-
Lot 1 - Wolverhampton	51	64	42	46	45	56	45	54	72	68	67	82	90	77	92	114	-
Target	239	282	396	500	548	493	402	431	578	602	603	603	603	603	603	603	603

Referral Sources - To Date



Referral Sources - detail

THRIVE KPI Dashboard 30 September 2019

SUMMARY - KEY KPIs

	Referrals	Number Randomised	Number in Treatment Group	Vocational Profile Complete	Number with Job Start	Number sustained work for 13 weeks
Month Total	581	309	158	56	31	14
Target	603	460	228	180	58	39
Lot 1 - Wolverhampton	114	76	38	2	9	1
Remploy	132	110	55	45	16	10
Lot 2 - Sandwell and West B'ham	206	106	56	36	9	5
Prospects	175	125	61	45	15	10
Lot 3 - Birmingham South Central	95	61	31	10	6	3
Remploy	132	110	55	45	16	10
Lot 4 - Dudley	166	66	33	8	7	5
Dudley and Walsall MH Trust	164	115	57	46	12	9
Total to date	5749	3098	1498	1063	317	198
Lot 1 - Wolverhampton	1065	625	289	213	75	42
Lot 2 - Sandwell and West B'ham	1932	992	498	361	72	48
Lot 3 - Birmingham South Central	1073	667	321	189	82	49
Lot 4 - Dudley	1679	814	390	300	88	59
Target to date	8089	6180	3077	2486	714	368

September's referrals at 96% of target

Randomisations at 67% of target

Jobs at 41% of target

54% of referrals have been randomised to date

71% of total treatment group have a VP

21% of total treatment have started work

Total referrals to date at 71% of target

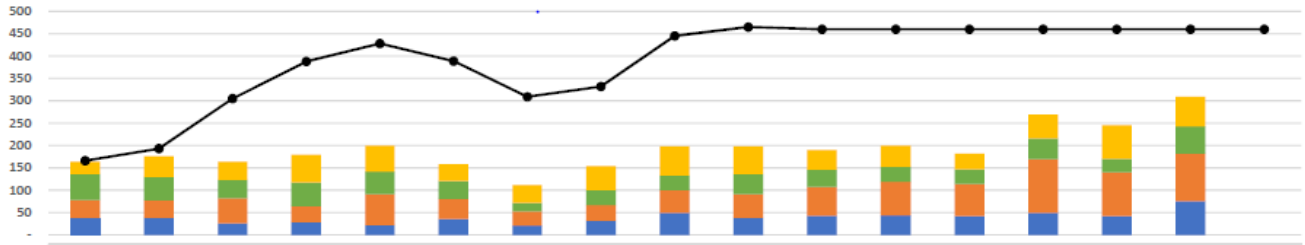
Total randomisations to date at 50% of target

NUMBER OF PEOPLE RANDOMISED

Currently each Lot's overall conversion rate of referrals to randomisations are:

Lot 1 - 58%
Lot 2 - 52%
Lot 3 - 62%
Lot 4 - 50%

Randomisations by Month



	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Lot 4 - Dudley	28	46	41	62	58	37	40	54	65	62	44	48	35	53	75	66	-
Lot 3 - Birmingham South Central	58	53	41	53	50	40	19	33	33	45	38	33	33	47	30	61	-
Lot 2 - Sandwell and West B'ham	40	39	56	36	70	46	32	35	50	53	65	75	72	119	98	106	-
Lot 1 - Wolverhampton	38	38	26	28	22	35	21	32	50	38	43	44	42	50	42	76	-
Target	166	193	305	388	428	389	309	332	445	465	460	460	460	460	460	460	460

3098
people randomised to date

1600
in Control Group

52%

1498
in Treatment Group

48%

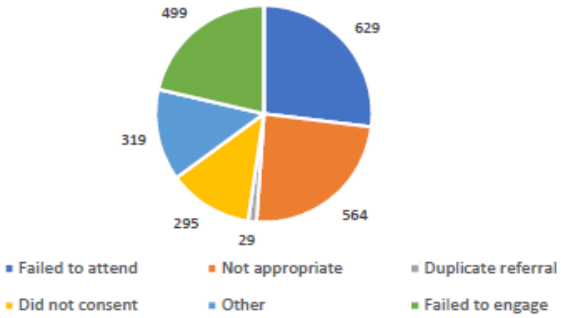
2335
people did not progress to randomisation

41%

316
people have yet to be randomised

5%

Reason for not progressing to randomisation

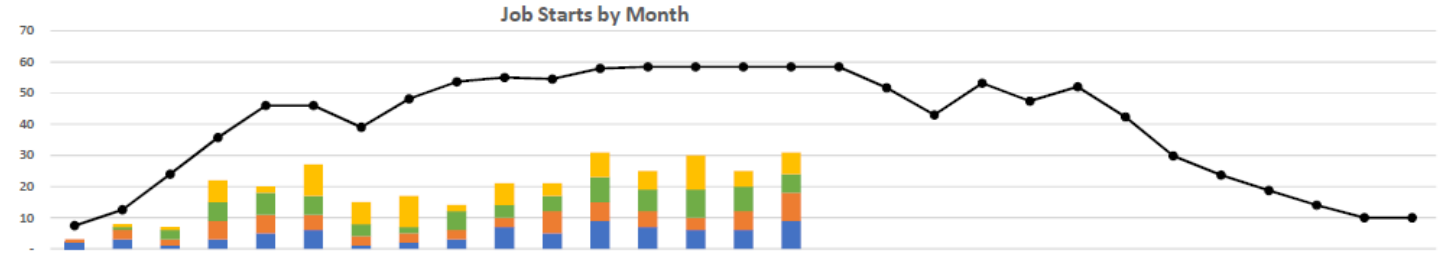


JOBS

This month has seen our record number of job starts matched at 31. Both Wolverhampton and Sandwell supported 9 participants into work, a record for both Lots.

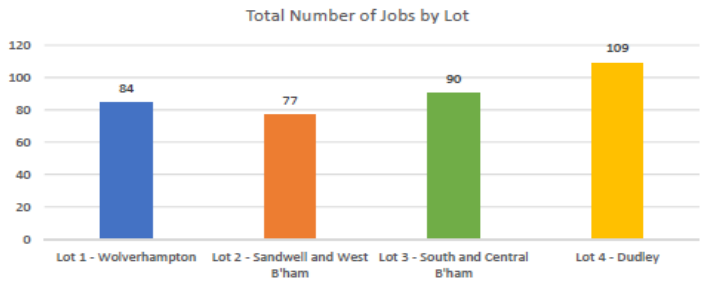
There has now been over 300 participants supported into work since the trial began, with 360 jobs between them.

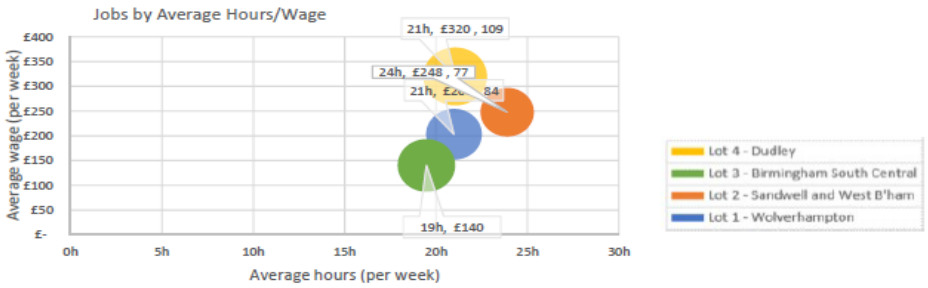
Number of People with a Job Start



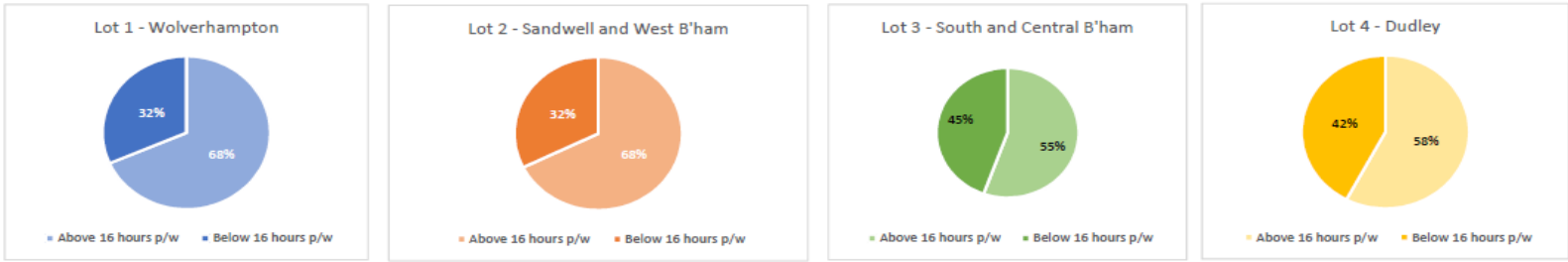
	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Lot 4 - Dudley	-	1	1	7	2	10	7	10	2	7	4	8	6	11	5	7	-	-	-	-	-	-	-	-	-	-	-	-	-
Lot 3 - Birmingham South Central	-	1	3	6	7	6	4	2	6	4	5	8	7	9	8	6	-	-	-	-	-	-	-	-	-	-	-	-	-
Lot 2 - Sandwell and West B'ham	1	3	2	6	6	5	3	3	3	3	7	6	5	4	6	9	-	-	-	-	-	-	-	-	-	-	-	-	-
Lot 1 - Wolverhampton	2	3	1	3	5	6	1	2	3	7	5	9	7	6	6	9	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	3	8	7	22	20	27	15	17	14	21	21	31	25	30	25	31	-	-	-	-	-	-	-	-	-	-	-	-	-

Total Number of Jobs (to date)



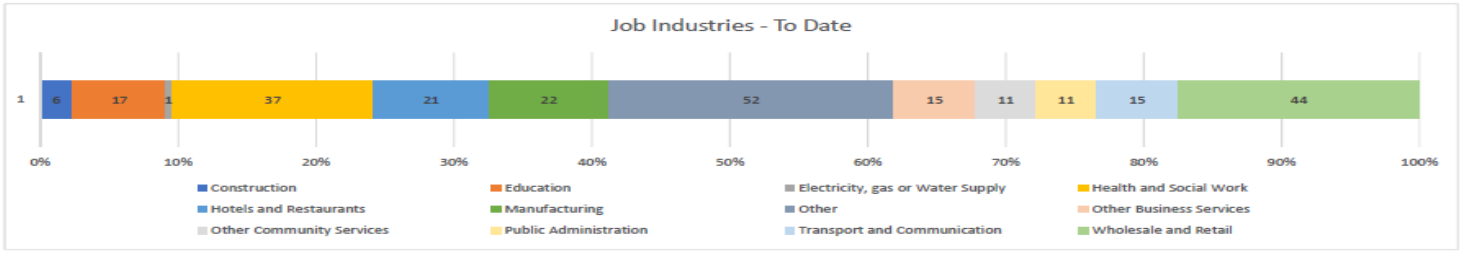


Hours per week (<16, >16)



JOBS (CONT'D)

Job Industries



Examples of Job Roles

Retail Assistant

Aquatic Apprenticeship

Quality Engineer

Quality Engineer/Inspector

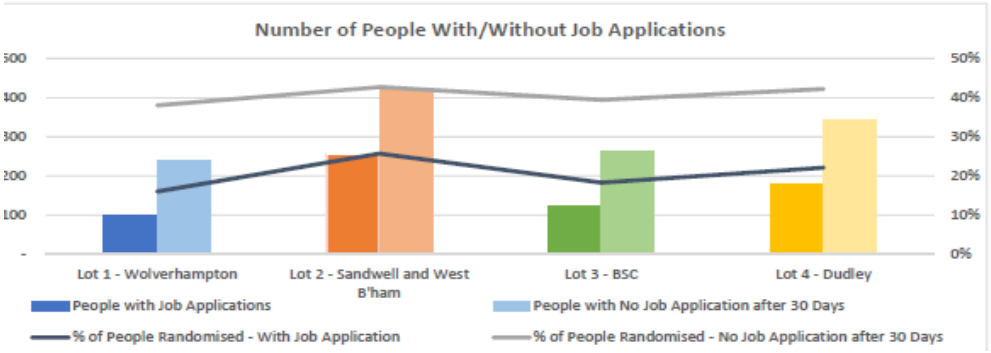
Litter Picker

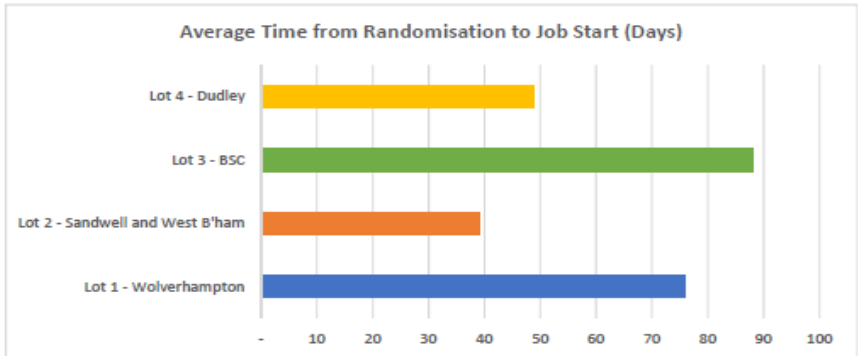
Data Analyst

Chef

Aviation Engineer

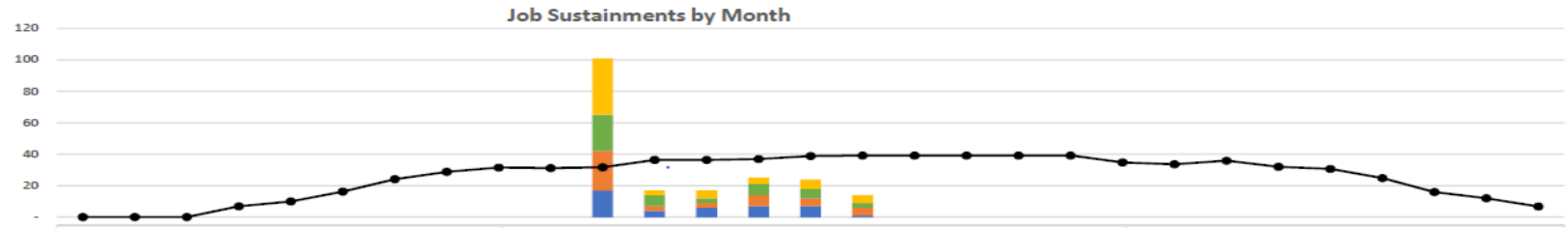
Job search metrics





Number of People Sustaining Work for 13 weeks

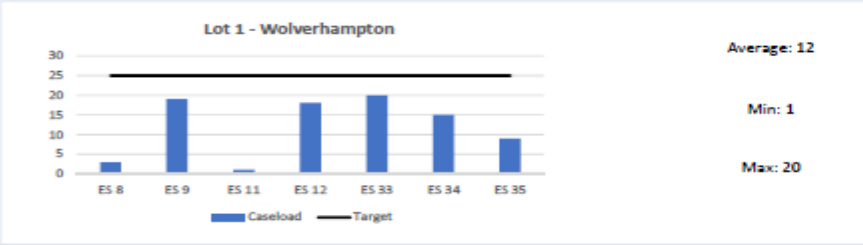
Job sustainments capture is now fixed and included in KPI exports, as of April 2019. This has led to a spike generated in April 2019



	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Lot 4 - Dudley	-	-	-	-	-	-	-	-	-	-	36	3	5	4	6	5	-	-	-	-	-	-	-	-	-	-	-	-	-
Lot 3 - Birmingham South Central	-	-	-	-	-	-	-	-	-	-	23	7	3	7	6	3	-	-	-	-	-	-	-	-	-	-	-	-	-
Lot 2 - Sandwell and West B'ham	-	-	-	-	-	-	-	-	-	-	25	3	3	7	5	5	-	-	-	-	-	-	-	-	-	-	-	-	-
Lot 1 - Wolverhampton	-	-	-	-	-	-	-	-	-	-	17	4	6	7	7	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	0	-	-	-	-	-	-	-	-	-	101	17	17	25	24	14	-	-	-	-	-	-	-	-	-	-	-	-	-
Target	0	0	0	7	10	16	24	29	31	31	32	36	36	37	39	39	39	39	39	39	35	34	36	32	31	25	16	12	7

QUALITY MEASURES

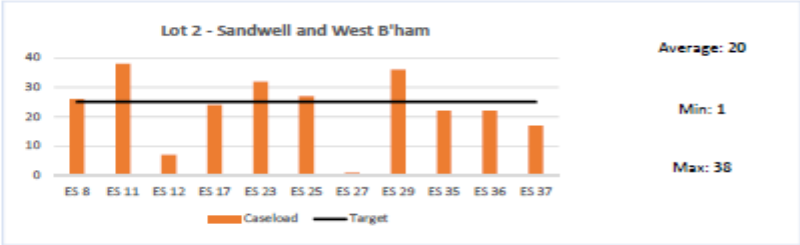
Caseloads



Average: 12

Min: 1

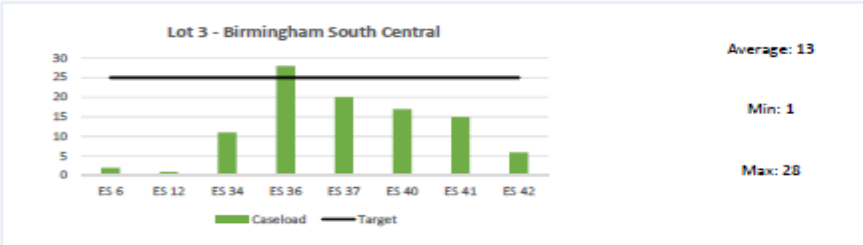
Max: 20



Average: 20

Min: 1

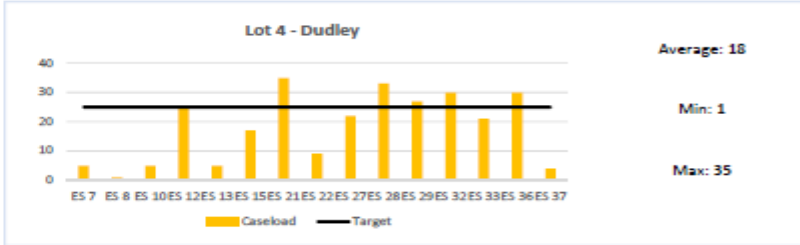
Max: 38



Average: 13

Min: 1

Max: 28



Average: 18

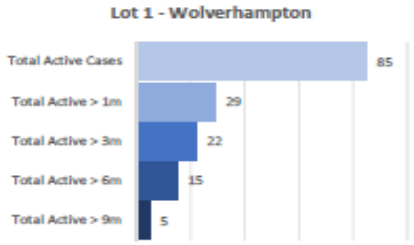
Min: 1

Max: 35

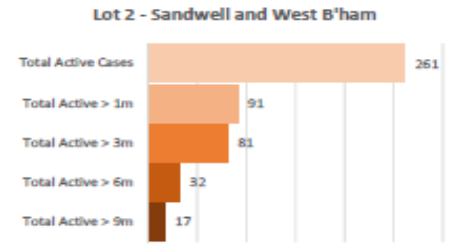
Time between randominsation and first interaction with an ES

	Average time to first interaction (THIS MONTH)	Number of clients with first interaction >2 days after randomisation
Lot 1 - Wolverhampton	6.3	13
Lot 2 - Sandwell and West B'ham	2	8
Lot 3 - BSC	7.3	7
Lot 4 - Dudley	8.6	12

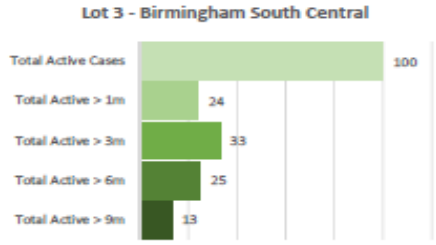
Active cases



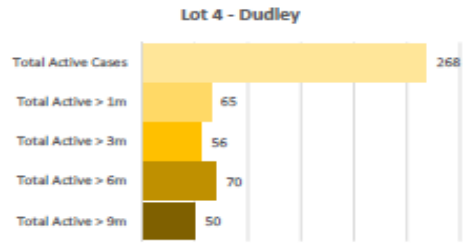
24% In Work



9% In Work



37% In Work



18% In Work