



**Police and Crime Panel
31 July 2017**

**Mental Health Update for West Midlands
Police and the supporting work of the West
Midlands Combined Authority**

1. PURPOSE OF REPORT

2. This paper is providing an update on the work undertaken on the mental health agenda by West Midlands during the last 12 months

3. BACKGROUND

4. The report will focus on three key areas; West Midlands Police interaction with the people living with mental health who come into contact with the Criminal Justice System and crisis intervention; wider work with partners and the work of the West Midlands Combined Authority Mental Health Commission.

5. Mental Health Triage

6. Mental health triage has now moved from a stand-alone project within the force into a business as usual model corporately owned by Force Response. The reason for this was to ensure that the staff engaged in the role are able to rotate and share their experience and expertise within the wider front facing policing model.
7. All three areas across the Force now have Mental Health Triage as a standard model with the Black Country and Birmingham / Solihull providing the model using an ambulance vehicle with a mental health nurse and a paramedic with a police officer from 10am to 2am. Coventry as a smaller area with a reduced demand profile retains the police officer and mental health nurse from 5pm to 2am. The model is funded by Clinical Commissioning Groups as business as usual and forms a strong part of the acute care pathway.
8. The teams across the force had involvement with approximately 9000 people in the last financial year of which a third were face to face contacts on the street or in their

own home. As a result the Police used s136 Mental Health Act 1983 on 852 occasions which is a reduction from last year's 1019. This year it should also be noted that no (0) persons were taken into police custody who have been detained under s136 which is the first time ever.

9. It should be recognised that this means that approximately 8148 people received alternative outcomes other than detention under the Mental Health Act with referrals to their GP or other statutory or non-statutory providers completed and supported.
10. To give an indication of the type of incidents the team work with on a daily basis and the possible outcomes that the joint working programme delivers a number of examples have been identified.
11. **Example 1** - Report from both police and ambulance of a 19 year old female self-harming in the street. Threatening to kill herself. She was extremely emotional and had consumed 2 glasses of wine. A check on mental health systems revealed she had an extensive history with services. The ambulance on scene wanted to take the female to the hospital.
12. Outcome - Street Triage team deployed, all resources were cleared from the location. Her wounds were dressed by the paramedic on the car at the scene. A face to face assessment with the mental health nurse was conducted and an urgent referral was made to the home treatment team. She was given crisis access to services over night. Home treatment went to see her the next day.
13. She was safeguarded with her friend that evening who took her home and stayed with her through the night. This whole incident lasted 45 minutes compared to the hours she would have waited in an A&E department with the same outcome at the end.
14. *Example 2* -Triage were contacted by West Midlands Fire Service Vulnerable Person's Officers and housing officer from Birmingham City Council. They requested assistance with a male who since the passing of his wife had suffered with his mental health and was hoarding belongings inside his flat. This presented a risk to his health as vermin had infested the premises and a fire risk to him and the rest of the block. He also lived at the premises with his son who was also suffering with mental ill health. Neither father nor son would engage with services. The male had shown aggression towards those who had tried to help him in the past.
15. Outcome – The Triage team work hard to develop collaborative relationships with partner agencies. In this case Triage attended on a number of occasions and built up a rapport with the tenant where previously there had been a mistrust of services. After police officers had gained his trust and mitigated any violence, it was identified that he was suffering not only with mental ill health but the effects of a compression ulcer in his foot. This had been left untreated for some time and presented a grave risk to his health this was treated by the paramedic. The Triage nurse was able to refer him to services and the fire officer was now able to gain entry to the flat and fit fire safety equipment. Arrangements were made to move the family out of their accommodation whilst it was made suitable for habitation by the council. This joint

approach to working and timely intervention will greatly improve the quality of life for both father and son.

16. *Example 3* - Triage received a report of an elderly male in his 60's, who was a resident in Staffordshire, but because he neglected himself so much, he didn't live at the address, he had no food, heating, electric and was facing eviction.
17. This patient continually called police and ambulance from a public phone and was taken to New Cross Hospital. The patient would then have an assessment for physical and mental health and would leave the assessment prior to completion and was never detained. The patient would then leave the hospital and sit in a bus stop outside the hospital or at the side of the road and members of the public passing by would see this patient become concerned as his physical appearance had also deteriorated as he was neglecting himself. This resulted in police and ambulance being called to the patient and he would be re-admitted to the hospital. Sometimes several times a day. The patient over a one month period had over 200 admissions to the hospital and was a massive drain on public services. Triage became involved in the patient on an occasion when he was outside the hospital and detained the male S.136 of the Mental Health Act, which had never been done before with this patient.
18. Outcome - The patient was detained under Sec 2 MHA and placed in an acute MH hospital in Staffordshire. Since then the patient has been placed in a care home and no longer calls or has attendances to the Emergency Department.
19. This was a brilliant example where Triage using Mental Health knowledge was able to come to a resolution not previously tried or considered and reduced the demand on services as a result of it.
20. The Mental Health Triage team remain one of the success stories for the mental health agenda across the partnership arena. The work undertaken manages a large number of the most risky and challenging individuals and everyday seeks to provide excellent care and support. Early in 2017 the West Midlands Ambulance Service received an excellent award from the CQC with the Mental Health Triage being cited as an innovative practice promoting better outcomes for individuals.
- 21. Approved professional Practice and amended Mental Health Act.**
22. West Midlands Police are about to commence the training programme for the Approved Professional Practice (APP) for mental health. The programme seeks to build on the work the Force has undertaken over the last few years and build a greater understanding using the growing number of subject matter experts. The approach will be stratified to ensure that frontline staff receive a good understanding of legislation and wider awareness whilst senior managers understand their own responsibilities contained within the Mental Health Act.
23. Although the programme was launched in February 2017 the decision was taken to await commencement of the training until confirmation the new legislation changes had been accepted by the Force Mental Health Board.

24. The new legislation brings in a number of changes to practice including changing s136 Mental Health Act 1983 from a limit of 72hrs to 24hrs; police stations will only be used in exceptional circumstances; children under 18 will not be placed in a police cell when detained under s136 Mental Health Act 1983; the definition for public place will change to any venue which is not a dwelling.
25. West Midlands Police and the work we have done with partners across the region will ensure we are well placed for this change. However, there remains a challenge in the region for the availability of specialist mental health or learning disability beds. On a number of occasions in the last 12 months individuals have continued to be detained in police custody who had originally been arrested for a criminal offence but deemed to be mentally unwell and requiring assessment or treatment under the Mental Health Act due to the lack of available beds.
26. On a number of occasions the issue has been escalated to senior executives at NHS England as well as Chief Executives within provider and commissioner services. For each of the instances a review is undertaken to learn lessons however it is acknowledged that this is likely to remain a national challenge for the foreseeable future.

27. Attendance at Incidents within Mental Health Units

28. Over the last 12 months the force has developed its approach to reports to providing support to staff within mental health units. The force has agreed a model of intervention, learning lessons from a number of local and national incidents. The initial police response will now only be to support an intervention for the following:
- Immediate threat to the life of the individual or staff
 - Person is armed with a weapon and staff have been unable to negotiate the release or return of the weapon
 - A hostage or kidnap of staff or another patient has taken place
 - A serious arrestable offence has occurred and the intention is to arrest the offender
 - Total loss of control of a ward or unit
29. It has been agreed that a Sergeant and/ or Inspector will be in attendance at the unit and liaise with the most senior clinician present at the scene and the Force Incident Manager informed. The physical wellbeing of the individual will be supported by the Ambulance Service who are also requested to ensure that any intervention involving prolonged restraint receives suitable and effective clinical care.
30. Over the last 12 months the number of incidents which the police have been called has been minimal and a formal review has been undertaken on each occasion to learn the lessons.

31. Assaults on NHS Staff in Mental Health Units

32. Following an audit and review of NHS protect data nationally it was identified that a large number of inpatients within mental health units who commit offences of damage

or assault where not receiving adequate formal sanctions. Whilst it is not the intention to indiscriminately criminalise people who are unwell in a hospital setting, there are occasions when in the view of the treating clinician it is deemed therapeutically acceptable. As such, a new process is being piloted across Birmingham and Solihull Mental Health Trust to improve the outcomes for those individuals deemed suitable to engage with the Criminal Justice System.

33. The force is currently working with CPS and stakeholder partners including the Trust, hospital security managers and executive partners to improve the approach through Operation Stonethwaite. Our hope is that the new approach will improve the experience for the medical staff and patients alike.

34. Developing an Awareness of Taser for Medical Staff and the Wider Community

35. The use of Taser when dealing with people in mental health crisis was identified as a critical issue in 2016 with a lack of awareness of how the Taser device works or how officers took the decision to deploy the device.
36. It was apparent through partners that when officers mentioned Taser had been used it created a heightened sense of anxiety as to how they were expected to deal with the individual.
37. Working with the OPCC and NPCC less lethal secretariat a film is being developed to support the training of officers and to share with partners and the wider community. The film is being formally adopted by the College of Policing to support the training package for officers and will be signed off by Commander D'Orsi Metropolitan Police as the NPCC less lethal lead.

38. Liaison & Diversion (L and D)

39. Across the West Midlands there are now three nationally recognised wave sites (Wave 1 Coventry, Wave 2 Black Country, and Wave 3 Birmingham) for Liaison & Diversion providing 100% coverage of the West Midland police force area. The services are providing input into Custody, Magistrates Courts (Birmingham currently are also running a national pilot in Birmingham Crown court) and also retain an outreach function that offers short term intervention for vulnerable individuals to ensure immediate issues are addressed and meaningful connections with longer term support networks are secured. The services are able to offer a network of support that provides safer transition from custody back into the community setting, which provides the force with more reassurance in this critical period of potential risk.
40. To give an indication of the momentum and positive relationship with the force there are a number of headlines from the Birmingham team.
 - *From April 2016 until March 2017 1699 individuals were assessed, this is a 54% increase from the previous year. And the trend is still rising*

- *53% of referrals come directly from police custody staff, in addition a further 28% of referrals are generated by L and D staff who case identify and screen in the custody setting*
- *74% of individuals that were assessed had 1 or more mental health issue, it is important to note the team are also supporting other vulnerabilities (e.g. learning disability, primary alcohol/substance misuse)*
- *32% had an alcohol issue with Mental Health distress*
- *39% had a substance misuse issue with Mental Health distress*
- *255 individuals were seen more than once in custody, 26 individuals were seen 4 times or more and work has commenced to systematically review those 26 high volume users*

41. Work has commenced with all L and D teams and the force to scope how the service will support the voluntary attendance pathway.

42. For those earlier wave sites (Coventry and Black Country included) they are currently collecting data for the NHS England central team (via securing consent from detainees for research purposes) which means that information can be matched with other government department's datasets so that statistics can be produced about how people access different services and evaluate success of these services.

43. This information is currently being collected by the sites until the end of September 2017 after which point it is anticipated that the evaluation shall commence.

44. Prime Care Contract with West Midlands Police

45. The current contract expires September 17, the procurement process has commenced and the force is anticipating the new contract will mobilise in September. The specification has been based on the national healthcare in custody and a commitment to initial identification of mental health, learning disability and substance misuse has been retained as a requirement in the new service. The force have invited NHS England to be active partners through the procurement process therefore maintaining a police force ambition to champion the opportunity to positively influence healthcare needs within the criminal justice pathway.

46. Mental Health Treatment Requirements (MHTR) in Birmingham

47. Work took place with the L and D provider in Birmingham (BSMHFT) to target the role L and D could make in informing the decision making around MHTR in Birmingham court.

48. Because the L and D staff are from BSMHFT we were in a position to target individuals who have met the threshold for secondary care intervention. With the support of probation colleagues a number of MHTR's (9) have been successfully delivered to date.

49. It was acknowledged that we needed to explore MHTR's for those people who have lower level needs (i.e. would not normally meet the threshold for secondary MH care).
50. A small resource was secured via NHSE and dialogue commenced with Birmingham cross city CCG to lead a pilot to explore future options.
51. The project is in its early stages but the Mental Health Consortia who currently provide Initial Access to Psychological Therapy (IAPT) services in Birmingham have been commissioned to develop a treatment option at the lower level. CCG, NHS England, Mental Health Consortia, Birmingham L and D (and recently a connection with probation in Birmingham Court) are the steering group overseeing the pilot.
52. A session was recently held with colleagues from Milton Keynes who have experience of delivering a lower threshold model.
53. The steering group are hoping the model will be signed off soon and anticipate an autumn date to go operational. It is hoped that this would then enable two further pilots to commence in Coventry and the Black Country with funding (£120K) obtained through the Police and Crime Commissioner.

54. Extending our Work with Young People with Mental Health

55. Across the force a number of pilots are in place to support the interaction of young people in mental health crisis and creating an element of preventative intervention and resilience.
56. In Wolverhampton, the Head Start programme is working to develop improved resilience in young people of school age. A number of the universities and FE colleges are also engaging in an improved approach to resilience and intervention working on the pathway of prevention, protection, maintenance and recovery.
57. As an example this report is highlighting the work of Forward Thinking Birmingham in their community based approach which creates a referral pathway for mental health triage as well as community based officers and staff.
58. Forward Thinking Birmingham (FTB) has delivered mental health services for those aged between 0-25 years since 1 April 2016. The service is transforming mental health care for children, young people and young adults, focusing on early intervention and increased access. With a single point of entry, through the service's Access Centre, GP's, individuals, parents or professionals can all make referrals into FTB. The service also benefits from 24/7 crisis support, which can be accessed at any time by calling the main Access Centre number - 0300 300 0099. The Access Centre takes between 3,000 and 4,000 calls each month and receives over 1,000 referrals.
59. Pause, FTB's city-centre drop-in service, is open seven days a week and offers information, advice and support to children, young people, families and professionals.

Primarily it offers emotional wellbeing support and signposting to useful self-help tools and services. Pause also run a range of workshops aimed at supporting children and young people with their emotional health, while building confidence and developing skills. No appointment is necessary, people can just drop-in to Pause any day of the week. In its first year, Pause received more than 6,700 visits, with around two thirds from children and young people.

60. FTB's Urgent Care team has increased the crisis and home treatment services available to under 25s, providing crisis care and supporting children and young people in their own homes wherever possible. Working closely with other NHS providers, police and social services, the team aims to ensure that care is joined up and that young people don't slip between the gaps in services. The Urgent Care service also provides and arranges ongoing assessment care for those in the criminal justice system and emergency departments. They are working with all partners in line with the crisis care concordat.

61. As a new and developing service, FTB is keen to work strategically with partners across Birmingham to ensure that its vision, that mental health issues are no longer a barrier for children and young people, is achieved.

62. Update on West Midlands Combined Authority Mental Health Commission

63. To support the work of the West Midlands Combined Authority (WMCA) Superintendent Sean Russell has been seconded over as the Implementation Director for the Mental Health Commission. The force have supported this for a two year secondment to deliver the action plan outlined in the "Thrive West Midlands" report.

<https://www.wmca.org.uk/what-we-do/commissions/mental-health/updates/>

64. It is proposed that a number of the programmes will be developed with partners across the WMCA footprint. The work will actively seek to engage non constituent members to support the Treasury approach for effective evaluation of national scalability. A number of projects outlined below are being scoped for delivery across numerous constituencies within the WMCA footprint. This aims to ensure that the approaches developed create a set of guiding principles which can be adopted across localities.

65. Progress

66. Wellbeing at work - The Individual Placement and Support programme has been granted approximately £9M from the Department of Work and Pensions, Health and Work Unit innovation fund to trial a primary care based approach for the support programme utilising a randomised control trial approach for the 6000 recipients of the service. The number of participants in the trial has grown since the original bid by nearly 1500. Work is currently underway in the design phase to establish the model of delivery and ethics for the academic trial as well as creating a commissioning framework. The project will seek to work across four Clinical Commissioning Group

geographies; Wolverhampton, Dudley, Sandwell & West Birmingham and South Birmingham.

67. A Commissioning body to act as the host organisation for the project is being sought. This will support the flow of funds from the Departments of Work and Pensions and Health and create a contract management process. It is hoped that the trial will commence in the autumn 2017.
68. Fiscal Incentive work - A further bid has been submitted to the same unit requesting £2M to support a fiscal incentive trial within the Employer Wellbeing arena which will require an academic evaluated trail approach for 100 small and medium enterprises across the region. Work is underway to design the programme and seek to establish how the project would work across the WMCA footprint. Due to the nature of the trial it is aimed to work across a number of employment sectors within the WMCA footprint including stakeholders from private, public and third sector organisations.
69. The design phase is due to be completed by the end of July 2017 with an ambition that the trail will commence in the autumn.
70. Midlands Engine Funding – In the spring budget, £7M was identified for wellbeing in the work place. It has been established this is new money and will be spread across the wider Midlands region. The focus of this will be to share the learning from the existing Mental Health Commission wellbeing programmes and use the additional funds to support employers across the region. Governance for the funding is currently being discussed, with a task group established to support the Midlands Engine framework and ensuring alignment to the Mental Health Commission.
71. Housing First – Project work is now underway to identify the most effective approach and design what a good housing first programme would look like. A small group has been commissioned to establish funding streams available and the cohort of individuals to be included. Early work suggests that the cohort could include; Care leavers, Street homeless and single individuals aged between 16 and 35. The design phase will seek to create a commissioned model which works with approximately 50 individuals across the region. The approach will test the fidelity of the model and the assumption that Housing First if designed properly can provide an affordable and sustainable housing solution.
72. Supporting this work, the MH Commission Director of Implementation will support the Mayor's newly created homelessness taskforce combining the existing effort of the Mental Health Commission with the wider homelessness agenda and seek to create the momentum for change necessary to reduce the current challenges facing the region.
73. Through the Gate – A programme supported by the OPCC is being led by Steve Gilbert one of the Commission living experience consultants. This has been established as a pilot in Featherstone Prison to identify a cohort of individuals (n=24) who will be released back into the Wolverhampton area, providing a support package for the last 6 weeks of the prison sentence and for 6 -12 weeks within the community setting. The programme seeks to reduce reoffending rates by creating a more

effective transition back into the community and using peer networks to support the individual into housing, primary care and employment. It is hoped that this programme will commence in October 2017. The funding for this pilot has been obtained through the Police and Crime Commissioner (£80K)

74. Primary Mental Health Care – The programme has seconded two General Practitioners to support the development of a primary care mental health programme. The work is currently in design phase and is seeking to collaborate with existing programmes. The focus will be on the wider determinants of health and involve stakeholders including; health visitors, community pharmacy as well as GP's. This approach will design a set of principles that will enable the model to be tested across a number of geographies and seeks to create an evidence base which links our approach to Public Health and NHS England. This will create a position which will support the drive towards local determination and help shape any future devolution opportunities.
75. Community engagement – On Saturday 6th May 2017, the Commission supported the Walking out of Darkness event in the West Midlands. The event was set to start mental health awareness week with a secondary event on Saturday 13th May in London. 822 people registered for the event in Birmingham and approximately 450 people attended. There was significant coverage in the media which supported the start of a conversation to reduce stigma and discrimination about living with mental ill health and describing our push towards the zero suicide ambition. The event was hugely successful and finished with a host of stakeholders sharing referral networks and a revolving doors theatre production which was extremely thought provoking. It is hoped that this will become a yearly programme which becomes one of a suite of public facing visible events for raising mental health awareness.
76. Mental Health awareness raising – Work is underway with the lead national charities; Mental Health First Aid, MIND, Time to Change, Royal Society of Public Health and Connecting People to identify what is being delivered within the region to inform a regional delivery model. The ambition is to brand awareness in the region using THRIVE. The aim is to stratify the approach using a whole population model where the design phase is seeking to develop what tools support the ambition of reducing stigma and discrimination as well as raising awareness. The design phase will be seeking to create a model for the region which is similar to the universal awareness programme 'Dementia Friends' and can be implemented in the later part of the year.

77. Conclusion

78. Policing mental health remains a key element of the work of West Midlands Police and the force remains committed to working with partners to prevent crime, protect the public and helping those in need.

79. FINANCIAL IMPLICATIONS

80 The Office of Police and Crime Commissioner has funded two works streams to support the Criminal Justice strands of work; Mental Health Treatment Requirements and Through the Gate. These programmes total £200k. The projects are currently on track for delivery with 2017-2018.

81 LEGAL IMPLICATIONS

82 Nil of note.

83 RECOMMENDATIONS

84 The Panel is asked to note this report.