Policing and Mental Health Services

Suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager

A report on the different models of liaison between police and mental health services that have been piloted in Norfolk and Suffolk and their implications for the Great Yarmouth and Waveney area.

1. Background

1.1 It is generally acknowledged that incidents involving people with mental health problems take up a significant amount of police time. People with mental health problems are more likely to be victims of crime than others[1] and according to the Centre for Mental Health approximately 70% of prisoners have either a psychosis, a neurosis, a personality disorder, or a substance misuse problem and many prisoners have more than one of these problems.

1.2. Over the past year two different models of liaison between police and mental health services have been piloted in Norfolk and Suffolk, both with the aim of providing a better service to people with mental health problems and reducing the amount of police time that is spent on such cases.

1.3 In Norfolk mental health practitioners have been based in the police control room at Wymondham providing daily cover from 08:00 to 22:00 supporting police with specific information and advice where an individual is known to the mental health services and with generic advice where they are not.

The University of East Anglia is undertaking a full academic evaluation of the Norfolk pilot from the end of October 2014 for 1 year. The interim report is due in July 2015 and the full report in November 2015.

1.4 The Suffolk initiative involves street triage whereby mental health staff accompany the police in a triage car based in Ipswich.

1.5 In Suffolk the initiative has been funded by the Clinical Commissioning Groups (CCGs). In Norfolk the funding is from the Home Office Innovation Funds, The Office of the Police and Crime Commissioner,

[1] Mind research report 2013 'At risk, yet dismissed: the criminal victimisation of people with mental health problems'

Norfolk Constabulary and Norfolk and Suffolk NHS Foundation Trust (until March 2016).

2. Purpose of today's meeting

2.1 Representatives of Norfolk Constabulary, Suffolk Constabulary and Norfolk and Suffolk NHS Foundation Trust (NSFT) have been asked to report to today's meeting with details of the initiatives in the two counties, details of the analysis and evaluation of the two approaches so far and an indication of the potential for police and mental health liaison in the Great Yarmouth and Waveney area in the future. Their reports are attached:-

Appendix A – Norfolk
Appendix B – Suffolk

Representatives from both Constabularies and NSFT are in attendance to answer members' questions.

3. Suggested approach

3.1 When the representatives have presented their reports, embers may wish to explore the following areas with them:-

(a) What has been the comparative impact of the two different models of police and mental health liaison?

(b) What is the situation regarding longer term funding of mental health and police liaison in the two counties?

(c) What are the proposals for mental health and police liaison in the Great Yarmouth and Waveney area?

Norfolk Integrated Mental Health Team within the Police Control Room; Update for the Great Yarmouth and Waveney Health Scrutiny Committee

1. Introduction

1.1 A significant proportion of police demand is linked to individuals with mental illness. It is also recognised that police have limited options in terms of knowledge and powers to respond appropriately in these cases. This has a negative impact on the individual, police resources and mental health services (primary and secondary). To ensure that an individual is given the appropriate and timely response they deserve and to reduce the impact on the police and mental health services an alternative way of working is required.

1.2 Several police forces around the country commenced a trial of street triage (mental health nurse and a police officer responding jointly to calls) in 2013. Norfolk's decision was to develop an alternative model to suit the rural nature of the county and provide broader benefits.

1.3 In December 2013 a bid was submitted for Home Office innovation funding to secure a team of mental health nurses in Norfolk Constabulary's control room (CCR). The pre cursor funding was granted (60% Home office, 40% OPCC in addition NSFT contribute in terms of supervisor grade and Norfolk Constabulary contribute in terms of police support and evaluation costs).

1.4 Pre cursor funding allowed for a nurse supervisor to be seconded to the CCR and the full project to be jointly scoped. Further innovation bid was submitted in April 2014. The bid was successful and full team in place and operational by October 2014.

1.5 The team is funded until March 2016. A full academic evaluation is underway and due to report November 2015.

1.6 OPCC hosts an event July 2015 to look at joint commissioning of this service post March 2016.

2. Integrated Mental Health Team Operational Model

2.1 **Coverage**

The team cover the **county in its entirety** (including Great Yarmouth but not Wavney).
The team cover from 08.00hours until 22.00hours, 7 days a week, 365 days a year. This is based on peak demand.

2.2 **Staff**

The team is made up of a supervisor (funding band 7 seconded band 8a) and three band 6 nurses. Nurses are seconded from the NSFT to Norfolk Constabulary. They are currently all acute adult mental health nurses although **this is an all age service**. The nurses receive clinical supervision from the NSFT and day to day supervision from the police lead.

2.2 **ICT**

The nurses have remote access to NSFT systems (Lorenzo) and 'care first' from the police control room and access to police command and control systems. An information sharing agreement is in place.

2.3 **Team role**

Based within the CCR the team aim to support staff (police, NSFT, ambulance & fire) and police officers in their role by providing information and advice over the telephone when dealing with an individual who is or you believe to be suffering from a mental illness. The team can offer specific advice where the individual is known to services and generic advice where they are not.

They are able to assist in three general 'call types':

- Critical calls for example where a Section 136 is likely, incidents involving firearms, missing persons, section 135 assessments and negotiator calls.
- Non-critical calls for example where someone maybe suffering from dementia (diagnosed or undiagnosed), tasks from daily management meetings, MAPPA/PDP and discharge planning.
- Repeat demand for example repeat callers to the Control Room, repeat victims / offenders of Anti-social Behaviour identified by Operational Partnership Teams and repeat complainants identified by professional standards. Repeat demand across NSFT (repeat 136/ repeat admissions) and Ambulance, Fire and A&E

November 2014 to June 2015

3.1 **Calls**

The nurses have reviewed over **31,000** calls in the time period. Of those calls reviewed **8742** related to domestic incidents and **1388** related to concerns for safety.

They have actioned **1699** calls where the person was active to secondary services, **827** calls where the person was previously active and **1284** where the person is not known to secondary services.

The mental health issues recorded are broad but examples are;

Dementia	241
Low level MH issue	246
Personality related	463

Psychosis 806

NB these numbers include cases where an individual has called on more than one occasion.

3.2 **Section 136**

Since the full team was in place there have been **66** section 136 detentions averted by the nurse's offering an alternative to officers and reducing demand on police, county council and NSFT resources.

3.2 **Police attendance**

Police attendance has been averted on **162** occasions. This means due to the nurse's advice and alternative action the police have not had to respond and the individual gets a more appropriate and timely intervention.

3.3 **Referrals**

The nurses have had **84** contacts with GP's to alert them of concerns and offer advice to assist in preventing the need for secondary services. They have also had **634** contacts with the NSFT about specific cases to alert the appropriate members of the team to a change in behaviour or risk with the aim of preventing crises and admission.

3.4 **Home visits**

The nurse supervisor has done **119** pre-planned joint home visits with the aim of preventing repeat demand and keeping the individual well and in the community.

3.5 **Repeat callers**

Nurses have looked at **772** repeat calls. They have actioned these in a variety of way including speaking to **67** of them directly.

4. National Picture

4.1 The IMHT in Norfolk has been held up as good practice nationally. Several counties have or are in the process of setting up teams in their respective police control rooms based on the Norfolk model. Norfolk has supported these forces in that process. This also includes forces that initially had street triage models but have recognised the broader benefits of the control room model. The forces include;

- Lancashire
- Cambridgeshire
- Avon & Somerset
- Cleveland
- Wiltshire
- Derbyshire

5. Summary

5.1 The impact of the Integrated Mental Health Team has been significant in terms of quality of response for those suffering with mental illness, better use of police, county council and NSFT resources and promoted enhanced partnership working. It supports the delivery of the overarching aims of the Mental Health Crises Care Concordat.

5.2 It is recognised nationally as good practice and the future sees a network of IMHT across the country to assist in tackling cross border issues

5.3 Joint commissioning (Police, OPCC, Fire, Ambulance and CCG's) will be essential to ensure the service continues post March 2016.

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July 2015

Suffolk Constabulary – Street Triage Project

Update for the Great Yarmouth and Waveney Health Scrutiny Committee

1. Introduction.

During the 12 months (May 2104- May2015) Suffolk Constabulary logged 5355 incidents tagged as having a mental health element. Lowestoft accounted for 16% the second highest demand following Ipswich

The 'street triage' car is a joint response from Suffolk Constabulary and Norfolk and Suffolk NHS Foundation Trust (NSFT), East Suffolk and Ipswich CCG and West Suffolk CCG.

The aim of the initiative broadly is to ensure an effective joint response to person coming into contact with Police often at point points of mental health crises. It aims to ensure appropriate use of police powers such as s.136 Mental Health Act (MHA) and Mental Capacity Act (MCA) and to deliver other interventions, support and pathways which may lead to a better service and or more appropriate outcome for the individual.

The initiative has run from April 2014 to present and provides a police response vehicle, crewed by a police officer and Mental health nurse from NSFT. It was initially based on other models of street triage that had been introduced in other parts of the country.

It's hours of operation are planned to be between the hours of 14:00 and midnight, seven days a week. When an incident is reported to the Contact and Control Room and highlighted as involving an individual with mental health issues, the vehicle can be deployed and the nurse can access the individual's health records to provide an assessment and guidance on what action should be taken.

The nurses were initially funded by East Suffolk and Ipswich Clinical Commissioning Group as a CEQUIN for the pilot period, but as the initiative has continued, since April 2015 it is now funded together with the West Suffolk Clinical Commissioning group also.

The 'triage car' is based in Ipswich, with Ipswich response officers but has on occasions been able to provide assistance to other parts of the county either as a response or as advice to officers.

2. The aims of the pilot

The initial pilot ran from April 2104.
The broad aims of the pilot were as below but the majority of which continue

- To improve the outcomes of the individuals presenting to police in a mental health crisis

- To reduce the numbers of people presenting to the police and other health and social care agencies in a mental health crisis
- To reduce the number of people who repeatedly come into contact with the police due to mental health problems
- To develop a better whole system understanding of the reasons why people with mental health problems present to services at points of crisis
- To improve the responsiveness of services and to develop improved pathways of care
- To ensure people presenting with social and behavioural issues are not signposted in to mental health services inappropriately
- To share experience and learning between the police and health care sectors
- To better understand links between drug and alcohol use and mental health within the context of crisis

3. The Evaluation

An evaluation was carried based on data from June to November 2014 based on the objectives set below

1. To reduce the number of s136 MHA 1983 orders made by the police during the pilot period compared with the previous 12 months, by at least 20%
2. To improve the outcomes for people presenting to the police with a mental health crisis by seeing an overall reduction in individuals repeatedly coming into contact with the police
3. To signpost people to the right agencies at times of mental health crisis when they have contact with the police
4. To improve the effectiveness of the use of police and health resources in the management of mental health crises
5. To improve on the identification of people with a mental illness, learning disability or dual diagnosis detained under s136 that subsequently go on to require admission to hospital

The evaluation reported:

- The number of section 136 assessments at Woodlands has reduced by 33%, a reduction not replicated at either of the other suites in Suffolk.
- A sample of repeat callers called police 1.5 fewer times following intervention from the triage car. If this was extrapolated to the 506 people seen by the car in the first seven months of the pilot this would result in 759 fewer calls to police related to MH demand.
- From a small sample of people seen by the triage car during June 2014, 61% were already known to MH services. Of those who were referred into mental health care services, 88% continued to engage two weeks after the referral was made.
- There were reductions in calls to police from repeat callers, time spent on policing Mental health cads and s136 assessments leading to greater efficiencies.
- Improved conversion rates were seen at Woodlands, whereby the percentage of those discharged following a s136 assessment reduced from 67% to 46%.

- Feedback from officers and nurses about the triage pilot was positive in that there was increased knowledge and information sharing, reduced demand on police, and improved service for those experiencing a mental health crisis.

4. The Future

At present the triage initiative continues with the funding being made recurrent by Ipswich and East Suffolk CCG and West Suffolk CCG in its contract with Norfolk and Suffolk Foundation Trust in 2015/16. A triage service will be extended from Ipswich and East Suffolk CCG to cover West Suffolk CCG geography as well.

At present the Great Yarmouth and Waveney CCG do not contribute to the scheme, although initial discussions were made earlier in the year.

The future provides varying opportunities for the development of 'street' triage initiatives.

In Norfolk and Suffolk each area has taken a different approach to the delivery of a triage process.

There are some clear benefits to each model as each delivers some efficiency to a triage process.

There is a strong argument set by academics that to be able to effectively deliver the most efficient response there should be a three tiered model which has all the elements of police Contact and Control Room triage, Street triage and Liaison and Diversion (MH health practitioners in Police detention centres currently embedding in Norfolk and Suffolk).

The future model to be adopted in Suffolk is currently being considered.

5 Summary

The street triage project in Suffolk has mostly delivered a positive response to people either in mental health crises or where contact has included an element of mental health.

It has had positive outcome for patients and improved efficiencies between the services.

The scheme is now funded by both East and Ipswich CCG and West Suffolk CCG. Suffolk police match fund their contribution with policing resource. To develop the triage process into Waveney it is likely there will be an expectation from the two other CCG's that appropriate contribution will be made.

There is a strong argument that a triage process should continue and an academic argument that a process containing all elements of triage is most effective.

The triage process is now currently being considered on how it will develop going forward.

Inspector C. Galley

Inspector- Community Safety

Suffolk Constabulary

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