

COMMUNITY OUTCOMES MEETING

23 May 2019

SUBJECT: MENTAL HEALTH

Report of the Chief Constable

<p>PURPOSE OF THE REPORT</p> <p>1. To provide an update to the PCC on Mental Health.</p>
<p>RECOMMENDATION</p> <p>2. That the Police and Crime Commissioner (PCC) seeks to understand the impact of Mental Health and how this is recognised within the West Yorkshire Police.</p>
<p>POLICE AND CRIME PLAN</p> <p>3. Mental Health is recognised as a priority in the Police and Crime Plan. Safeguarding vulnerable people is included as one of the four outcomes in the Plan. We have seen some successes in the responses made to people experiencing a mental health crisis. However more needs to be done to reduce the risk of those with mental health issues both committing and becoming victims of crime, and of victims not getting the treatment they need for mental health issues they may experience following crime.</p>
<p>KEY INFORMATION</p> <p>4. The West Yorkshire Criminal Justice and Mental Health Forum was launched in 2015. It is chaired by the OPCC Interim CEO on behalf of the Police and Crime Commissioner. Its members include West Yorkshire Police, Transport Police and the other emergency services, CCGs, Mental Health Trusts, NHS England, Public Health England, and the third sector. Through the Forum the PCC makes sure that partners are working together to collectively support people with mental health issues who find themselves in contact with the criminal justice system – as either offenders or victims - and look for opportunities to intervene at the earliest stage.</p> <p>5. West Yorkshire has responded positively to the changes in legislation affecting the use of Section 136 of the Mental Health Act which were implemented last December. West Yorkshire is complying with the new legislation but it does pose daily challenges for the Police, NHS and third sector. The use of S136 has reduced significantly in one district, where partners are working particularly well together to seek alternative approaches. The Forum receives regular reports on progress.</p> <p>6. The Forum has a number of strands of works at the current time. These include:</p> <ul style="list-style-type: none">a) responses to people experiencing a mental health crisisb) therapeutic support for victims of crimec) mental health treatment orders

- d) support for people with multiple and complex needs
- e) West Yorkshire wide roll out of liaison and diversion

7. The PCC has invested through the Safer Communities Fund, which sees Proceeds of Crime Money returned to communities in 103 projects to support Mental Health totalling £486,478.93.
8. Therapeutic support for victims of crime is a new strand of work. Following discussion at the Forum, including a presentation about the services available from one trust, Victim Support is working with the trust to achieve greater mutual understanding of the support each can provide to victims who may be experiencing mental health problems as a result of crime. It is hoped this can result in a strengthening of referral pathways in that district, and the lessons learned be applied West Yorkshire wide.



Title: Mental Health

CoT Sponsor: ACC Catherine Hankinson

1. SUMMARY

Mental Health (MH) continues to be an area of priority for West Yorkshire Police (WYP). As can be seen from previous reports, strong partnerships are already in place to help people who are experiencing a MH crisis.

However more could be done to support people who experience MH problems who do not enter into crisis. These people may be victims of crime or perpetrators who regularly come to the attention of the Police. There is also work ongoing with partners to try to prevent suicide by identifying risks early and helping people to access help.

On the 7th January 2018 NHS England published a 10 Year Plan setting out their vision of how MH services will be improved. Extra funding has been agreed to support the plan and the importance of partnership working is highlighted.

- The Plan outlines how MH services will become more integrated. In West Yorkshire we already work with Health partners as an Integrated Care System (ICS) which means that practice and procedure is quicker to agree and implement.
- It will focus on better services for Children and those transitioning into adulthood.
- There will be a more holistic health approach to people with physical health needs such as Diabetes and cancer and also for people with complex needs such as drug addiction and rough sleeping.
- As well as providing a more holistic approach to health care, the plan also recognises the need for better joined up working across key partnerships. These include local councils, public health, housing associations and third sector providers.
- There will be an expansion of crisis care including a 24/7 helpline.

- Criminal Justice System - there will be improved continuity of services of those entering or leaving prison.
- There will be more trauma informed services for children in the Youth Justice system.
- There will also be better support for children leaving care.

WYP recognise the significant opportunities contained in this plan and are already working closely with partners to deliver these important improvements to the care of people suffering with MH issues. At the same time WYP are keen to maintain the good success we have already achieved in dealing with crisis situations.

2. ONGOING WORK AND DEVELOPMENTS

i) S.136 Detentions

Currently WYP detain on average 100 people per month who are found to be mentally ill and in immediate need of care and control.

WYP is fully compliant with the Police and Crime Act and no S.136 Patients have been brought into Police custody in recent months. WYP have worked closely with partners to ensure that patients can be taken to health based places of safety for treatment and assessment.

However there are still occasions where Police Officers spend several hours dealing with Crisis cases because of :

- Waiting times for an ambulance,
- Going to the Emergency department first,
- Lengthy handover periods at some S.136 Suites (usually when the person is aggressive but not so violent that they would meet the threshold for being brought into Police custody.)

All these issues have been raised at the Urgent and Emergency care Concordat meeting and work is ongoing to reduce the time that officers spend with MH patients when they should be in the care of health services.

The use of the MH App is providing an increasing bank of data that enables local commanders to pick up strategic conversations with MH Chief Executives.

ii) N8 Evaluation of the MH nurses that work in police stations.

In WYP, MH Nurses work in the operational Hubs to help deal with calls to the Police that involve MH issues. Although all districts agree this is an excellent partnership it is recognised that a more detailed academic evaluation of the partnership should be undertaken.

WYP has secured funding from N8 for the development of an evaluation tool and subsequent research into the effectiveness of the MH Triage model developed in West Yorkshire between the Police and Mental Health services.

Our Partner in this project is Sheffield University and work is due to commence in May 2019.

iii) Mental Health Definition

The National Police Chiefs Council and College of Policing have agreed with forces and partners the following definition;

“Any police incident thought to relate to someone’s mental health where their vulnerability is at the centre of the incident or where the police have had to do something additionally or differently because of it.”

Now that clearer parameters have been set, more MH incidents can be captured and a richer picture of demand and issues can be developed in order to respond to emerging trends. WYP are currently looking at their existing recording practices to see how they can be enhanced to capture relevant data.

At some point in 2019 the NPCC lead will arrange for all forces to take part in a 24 hour ‘snapshot’ of MH data collection in order that a national picture can be developed around demand and key issues.

iv) High Volume Service Users

Work is ongoing with partners to develop better procedures to respond to those patients who have complex needs and repeatedly come to the attention of the Police, Health and other agencies. All Districts now have Liaison and Diversion services in their custody suites and both Bradford and Wakefield Districts have appointed police officers as MH coordinators to support this important work stream.

As the long term work-streams and budgets come into being it is hoped by WYP that there will be greater opportunity to develop this very difficult area of work - supporting people with complex needs who often do not want to engage with services.

3. EQUALITY, DIVERSITY AND HUMAN RIGHTS CONSIDERATIONS

WYP are proud of their record for ensuring that those detained under S.136 MH Act are not taken into Police custody but are treated with respect and taken to a health based place of safety where they can receive the care they need in an appropriate setting.

WYP welcome the fact that children will be a key focus of the new long term MH plan and will be working with partners to ensure that there is parity of focus for both children and adults.

4. STRATEGIC RISK IMPLICATIONS

The main concern for WYP is the high demand that MH places on the Police.

- WYP need to continue to work hard with partners to ensure waiting times for ambulances are reduced in crisis care cases.
- Handover times at S136 suites are reduced
- The Police are not relied upon to deal with Voluntary interventions, for example conveying patients.
- Police calls for service that would more appropriately sit with another agency

In terms of repeat demand an ongoing concern is that in the current climate of austerity a number of charities and Third sector support agencies have lost funding and closed down. This significantly reduces the pool of support that can be accessed to provide practical help to people with entrenched and complex needs.

5. SUPPORTING DOCUMENTATION

Nil