

**ORIGINATOR: CHIEF SUPERINTENDENT
COUNTY POLICING
COMMAND**

DECISION NO. 11 - 2016

REASON FOR SUBMISSION: FOR DECISION

SUBMITTED TO: POLICE AND CRIME COMMISSIONER

**SUBJECT: POLICING AND MENTAL HEALTH: COMPLETING THE THREE TIER
MENTAL HEALTH POLICING MODEL IN SUFFOLK**

SUMMARY:

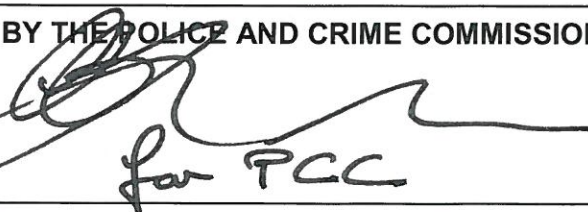
1. The Police and Crime Commissioner can commission services that:
 - a) Secure, or contribute to securing, crime and disorder reduction in Suffolk;
 - b) are intended to help victims or witnesses of, or other persons affected by, offences and anti-social behaviour.This is in accordance with the provisions in the Anti-Social Behaviour, Crime and Policing Act 2014. In applying this provision, the PCC will ensure that the services commissioned are also consistent with the Suffolk Police and Crime Plan 2013-2017.
2. This report seeks approval to award a grant to West Suffolk Clinical Commissioning Group for the amount of £18,334. The grant will contribute to embedding a mental health practitioner in the Contact and Control Room.
3. The CCR embedded mental health practitioner will provide valuable support to police contact with vulnerable individuals, Street Triage, and the Liaison and Diversion Scheme in the Police Investigation Centres, allowing the 'three tier' mental health policing model in Suffolk to be tested.
3. The funding will contribute to Objective 4 in the Police and Crime Plan helping to protect vulnerable people and reduce re-offending.

RECOMMENDATION:

1. It is recommended that the PCC approves a grant of £18,334 for the period of 12 months to West Suffolk Clinical Commissioning Group. This represents one third of the total amount of £55,000 required to embed a mental health practitioner in the CCR and complete the funding for the three tier mental health policing model in Suffolk.

APPROVAL BY THE POLICE AND CRIME COMMISSIONER

Signature



for PCC

Date 2 March 2016

DETAIL OF THE SUBMISSION

1 INTRODUCTION

- 1.1 The Police and Crime Commissioner can commission services that:
- a) secure, or contribute to securing, crime and disorder reduction in Suffolk;
 - b) are intended to help victims or witnesses of, or other persons affected by, offences and anti-social behaviour.

This is in accordance with the provisions in the Anti-Social Behaviour, Crime and Policing Act 2014. In applying this provision, the PCC will ensure that the services commissioned are also consistent with the Suffolk Police and Crime Plan 2013 – 2017.

- 1.2 This report seeks approval to award a grant to West Suffolk Clinical Commissioning Group for the amount of £18,334 to embed a mental health practitioner in the Contact and Control Room (CCR). The mental health resource will provide support to the existing schemes of Street Triage and Liaison and Diversion in Police Investigation Centres (PICs) for the period of 12 months from the date of recruitment.

2 POLICE AND CRIME PLAN OBJECTIVES

- 2.1 Following the issue of the Police and Crime Plan 2013-2017 work has been on-going to ensure that the Police and Crime Objectives and the Plan's principal themes will be achieved.
- 2.2 The grant will contribute to Objective 4 of the Police and Crime Plan to protect vulnerable people in the community and reduce re-offending by diverting people from the criminal justice system by assessing needs and early intervention. It will also show further commitment from the PCC to delivery of the Crises Care Concordat and outcome 4 of the Health and Wellbeing Board objectives, 'People in Suffolk have the opportunity to improve their mental health and wellbeing'.

3 EVIDENCE OF NEED

- 3.1 During the 12 months up to October 2015 Suffolk Constabulary recorded 5,355 incidents tagged as having a mental health element. Nationally it is estimated that demand is between 20-40% and rudimentary analysis has indicated that demand involving mental health accounts for approximately 37% of police business in Suffolk.
- 3.2 There were 13,711 people detained in Suffolk PICs between June 2014 and May 2015. A significant proportion of detainees will have had mental ill health and other vulnerabilities.
- 3.3 The prevalence of a wide spectrum of mental health related presentations has been well documented in offender populations. Information provided by Suffolk Constabulary indicates that:
- 31% of young people (aged 13-18) who offended (including young people in custody and in the community) were identified as having a mental health need.
 - The prevalence rates for personality disorder, psychosis, attention disorders, post-traumatic stress disorder (PTSD) and self-harm are notably higher than in the general population.
 - Learning disability is more common in young people in custody; a prevalence of 23 - 32%, compared to 2 - 4% of the general population.

- 20% of young offenders had a learning disability, with a further 31% assessed as 'borderline' in their intellectual functioning as measured via the Wechsler Abbreviated Scale of Intelligence (WASI)¹.
- An analysis of data drawn from over 120,000 Offender Assessment System (OASys) assessments found that nearly half (47%) had misused alcohol in the past, 32% had violent behaviour related to their alcohol use and 38% were found to have a criminogenic need relating to alcohol misuse and potentially linked to their risk of reconviction.

3.4 Individuals in contact with the criminal justice system are also recognised to be at higher risk of suicide than the general population (10 times greater for the prison population than the national average and 30 times greater in the month after release – this high risk also applies to individuals discharged from acute psychiatric care).

4 THREE TIER MENTAL HEALTH POLICING MODEL

4.1 To respond to the demand outlined above there have been pilots nationally that include police Contact and Control Rooms (CCR) based models of triage and advice, response street triage and the roll out of Liaison and Diversion schemes in PICs.

4.2 Schemes that embed staff in CCRs, Street Triage and Liaison and Diversion (L&D) services exist to identify and respond to individuals who are suspected of committing an offence or are brought to the attention of the police because of concerns about perceived risks to themselves or others and who are identified as potentially exhibiting mental ill health, having a learning disability or substance misuse vulnerability.

4.3 The schemes screen and identify mental health issues and vulnerabilities that may be present so that the person can either be supported through the criminal system pathway or diverted into a treatment, social care service or other relevant intervention. They aim to improve health outcomes, reduce re-offending and identify vulnerabilities earlier, thus reducing the likelihood that people will reach crisis-point or, if that point has already been reached, resolve it speedily and effectively. Services also respond by developing support plans that focus on preventing repeat presentations, thus reducing demand on the police and other services.

4.4 Through Street Triage and Liaison and Diversion, Suffolk currently has two elements in place that seek to address the needs of people with mental health issues at points of crises and the criminal justice system. There is a strong argument to suggest that, for a truly effective response, a three tiered approach is required embedding all three elements. This paper proposes an investment to secure a service in the Suffolk Contract and Control Room which will provide support to police contact with vulnerable individuals and to the Street Triage and Liaison and Diversion Schemes.

Street Triage

4.5 Street Triage provides a frontline crisis response service bringing together the expertise of a warranted officer and a senior mental health practitioner. It circumvents the critical gaps that are found at peak demand times and out of hours offering the opportunity for on location assessment, crisis resolution and service connection for the individual involved. It has been demonstrated to be effective at reducing Mental Health Act Section 136 apprehensions and, where these are necessary, improving the accuracy of assessment and subsequent conversion into compulsory treatment orders. This means that individuals are not detained unnecessarily but do receive appropriate interventions and support.

¹ Chitsabesan et al. (2006) based on study by Harrington & Bailey (2005)
NOT PROTECTIVELY MARKED

- 4.6 A Street Triage project was established in Suffolk in March 2014, operating mainly in the Ipswich area but providing some coverage to other parts of the county through a Band 6 nurse and police officer jointly crewed in police response vehicle.
- 4.7 The funding for Street Triage was made permanent by Ipswich and East Suffolk Clinical Commissioning Group (CCG) and West Suffolk CCG in its contract with Norfolk and Suffolk Foundation Trust (NSFT) in 2015/16. The service will be extended from Ipswich and East Suffolk CCG to cover West Suffolk CCG geography as well.

Liaison and Diversion

- 4.8 Liaison and Diversion is a national model of intervention which focuses on individuals suspected of having committed an offence. It has a presence in the local PICs, courts and increasingly with those who are voluntary attendees. It seeks to divert individuals with mental health problems from the justice system where possible and into responsive services. Where this is not possible the service supports the person through the justice system.
- 4.9 The scheme that covers Norfolk and Suffolk has been in operation since May 2015 and provides 24/7 cover to police custody suites, magistrates and crown courts. The scheme is funded by NHS England for 2 years and performance managed by the Regional Health and Justice Commissioning Team.

CCR embedded mental health practitioner – proposal for Suffolk

- 4.10 The CCR focuses on high volume contacts including those from a wide range of vulnerable individuals. It may pick up those in current mental health crisis or at highest risk if a call is made, but the appropriateness and relevance of the subsequent response relies on services being available beyond a police response officer.
- 4.11 It is proposed that the CCR function could be effectively supported by a mental health practitioner who is sufficiently experienced to make on the spot decisions. Evidence both locally and nationally points to this being rare currently - particularly at times of peak demand and out of hours - and consequently opportunities for remedial interventions that connect an individual to an effective service are lost, police time wasted, unnecessary costs incurred. There is an increased likelihood that the individual will be in the same situation again in a short time.
- 4.12 The proposal would implement mental health resource in the CCR, completing the three tier model in Suffolk.**
- 4.13 A Band 7 nurse would be supported by a police officer on the CCR service desk to deal with contacts from across the county. The service would provide coverage between 1400hrs to midnight 365 days a year.
- 4.14 This resource would also provide support and advice to other multi- agency groups such as the Multi-Agency Risk Assessment Conference (MARAC) and Multi-Agency Public Protection Arrangements (MAPPA) and identify where proactive visits may be of benefit to vulnerable people.
- 4.15 The CCR nurse would enable Street Triage to be dispatched to incidents identified as requiring attendance across the county. This would allow a targeted approach to ensure maximum impact through the duty Police Inspector in the CCR together with the nurse deciding which incidents to attend. .
- 4.16 The three tiered multi-agency approach provides the opportunity to deliver a coordinated response in relation to volume, crises response and diversion from offending which is backed up by academic evidence and thinking. This more

cohesive approach involving all three elements will help maximise efficiencies across the system and provide a more complete understanding of demand.

5 PARTNERSHIP AND GOVERNANCE

- 5.1 Suffolk Constabulary works with various partners focussing on the following mental health issues:
- Early intervention to break the cycle of risky behaviours, vulnerability and offending and improve an individual's health and wellbeing and provide the opportunity for them to contribute to society and better their self-worth. One of the key aims is to reduce health inequalities which may have contributed to their offending.
 - Potential trans-generational change to break the cycle of offending and reduce the likelihood of raising children in a chaotic family environment.
 - Long term benefits to reduce resource implications and provide greater efficiencies across a range of services (accommodation support, debt services, education and employment support services).
- 5.2 The grant recipient (West Suffolk CCG) and Ipswich and East CCG are key partners of Suffolk Constabulary and the PCC through membership of the county's Health and Well Being Board.
- 5.3 In Suffolk an operational steering group exists in relation to mental health, with representation currently from the Constabulary, Norfolk and Suffolk Foundation Trust (NSFT), Suffolk County Council's Approved Mental Health Professionals (AMHP) Service and the Ambulance Service. This could be evolved to provide governance to the three tier system.

6 OUTPUTS/OUTCOMES

- 6.1 It is proposed that the grant award is made on the basis of financial and activity data being made available on a regular basis with a final report submitted to the PCC on completion of the proof of concept which will be carried out over 12 months.
- 6.2 Suffolk has the unique opportunity to have all three elements of the mental health policing model in place, working to a coordinated governance structure with the clear and shared objectives of:
- Improving mental health outcomes for vulnerable individuals.
 - Reducing re-offending.
 - Reducing the economic impact of offending associated with vulnerability on the public purse and the dysfunctional use of inappropriate services.
 - Proactively planning support around the individual in order to avoid repeat presentation.
 - Improving the use of the resources of all the local agencies involved.
 - Identifying key areas for change and service redesign.
 - Developing a robust business case to bid for new funds following a successful outcome of the CSR process.
 - Further development of the response to, and delivery of the Crises Care Concordat action plan.
- 6.3 The following outputs and outcomes will be reported on:
- Numbers of calls received in the CCR and dealt with by the CCR mental health resource.
 - Details of demographics, location of caller and nature of call to better understand and address demand.

- Details of how calls were resolved and the level of reduced demand on Police resources.
 - Qualitative information regarding the improved level of advice and care provided when calling the police.
 - The effectiveness of joint working as part of a whole system together with the street triage care and mental health nurses in Police Investigation Centres in Suffolk.
 - Reduction in the amount of occasions where people are detained by Suffolk Constabulary to protect them under section 136 of the Mental Health Act and are either conveyed to a Police Investigation Centre or mental health suites.
 - Reduction in re-offending and subsequent demand on services.
 - Evidence of referrals, support and advice provided to multi-agency groups.
- 6.4 Academic evaluation will be provided through the Better Policing Collaborative evidence based policing programme.

7 MISCELLANEOUS CONDITIONS OF AWARD

- 7.1 Full 'Conditions of Award' including conditions relating to transfer of funds, monitoring, and publicity and marketing are specified separately.
- 7.2 This award is a one-off award commencing in quarter 4 of the 2015/16 business year. However as delivery is reliant on successful recruitment of qualified and suitable Mental Health practitioners consideration will be given to carry the grant forward into the 2016/17 business year. The proof of concept will run for 12 months.
- 7.3 The grant recipient may not use the award for any activities other than those set out in the Decision Paper or as approved in writing by the PCC.
- 7.4 The grant recipient must be able to demonstrate that they are managing the grant in an efficient and effective manner, and are actively seeking to minimise bureaucracy and streamline processes in order to deliver the best possible outcomes.
- 7.5 Payment will be made within 21 working days of the receipt of a payment request and must be accompanied by the appropriate monitoring information.
- 7.6 The PCC will not pay in advance of need. If the PCC reasonably believes that payment is being made in advance of need, the PCC may change the timing and/or the amount of any payments.
- 7.7 The grant recipient will provide an interim report on financial expenditure and outputs/outcomes to the PCC mid-point in the proof of concept and a final report upon completion and evaluation (12 months from the start date).
- 7.8 The grant recipient must notify the PCC as soon as reasonably practicable if the organisation ceases operation, the project does not go ahead, or if an underspend is forecast. Any underspend must be returned to the PCC.
- 7.9 By accepting the award from the PCC the grant recipient makes a commitment to acknowledge the PCC's support publicly and must acknowledge their funding from the PCC in all promotional work. Any recipients of funding must display the PCC's logo in all publicity for the life of the initiative. Logo artwork can be provided upon request. Any exceptions must be agreed with the PCC.

- 7.10 The grant recipient will liaise with the PCC's Communications Manager to agree a communications plan.
- 7.11 The grant recipient must be able to evidence appropriate safeguarding procedures for those using their services and have due regard for the Local Children Safeguarding Board policies and guidance. The grant recipient must ensure that its services, policies, training, recruitment, vetting and referral processes appropriately safeguard children and vulnerable adults.
- 7.12 The grant recipient shall ensure that third party recipients have adequate insurance coverage (including but not limited to public liability insurance) in place and shall provide evidence of such insurance to the PCC on request.
- 7.13 The PCC accepts no liability to the grant recipient or any third party recipients for any costs, claims, damage or losses, however they are incurred, except for to the extent that they arise from personal injury or death which is caused by the PCC's negligence.
- 7.14 The grant recipient agrees to indemnify the PCC for any costs, claims, damages or losses which arise as a result of negligence by the grant recipient or out of any breach of any of the conditions of award.

8 SERVICE AND FINANCIAL IMPLICATIONS

- 8.1 The total cost providing resource to the CCR and Street Triage for a full year is £270,242. The majority of this cost is met by Norfolk and Suffolk Foundation Trust (covering Ipswich and East CCG and West Suffolk CCG).
- 8.2 Suffolk Constabulary will match fund the investment from the health service by providing police resource in staff time, equipment and accommodation and academic evaluation which the CCGs agree would be quantified by time and resource.
- 8.3 This paper requests a one-off financial contribution of £18,334 from the Suffolk PCC to be matched by Suffolk Constabulary and Waveney and Great Yarmouth CCG (to a total of £55,000).
- 8.4 There should be service and financial benefits in terms of reduced costs and resource implications on the Constabulary as a direct result of the activity in providing support to vulnerable people who contact or interact with the Police often at point of crisis.
- 8.5 The proposal also provides an opportunity for Suffolk to be the only county in the country with all three elements of the model placing it in a good position to bid for future Government funding.

9 RISKS

- 9.1 The mental health practitioners will be employed by Clinical Commissioning Groups and provide advice in their role. They are not acting for the Constabulary simply fulfilling their primary role in premises where calls to the police are received.
- 9.2 A risk assessment will be completed to ensure a safe and comfortable working environment is created in the CCR.
- 9.3 An assessment of risk in delivery of the service has been undertaken. This assessment has considered the value of the grant sought, the duration of delivery

and the grant recipient's history of delivery and ability to deliver. The monitoring arrangements outlined in the conditions of award reflect the fact that the service is one that is additional and separate to the core role of the Police. Should there be any risk to the service being delivered, the grant recipient is required to notify the PCC.

10 RECOMMENDATION

10.1 It is recommended that the PCC approves a grant of £18,334 for the period of 12 months to West Suffolk Clinical Commissioning Group. This represents one third of the total amount of £55,000 required to embed a mental health practitioner in the CCR and complete the funding for the three tier mental health policing model in Suffolk.

| ORIGINATOR CHECKLIST (MUST BE COMPLETED) | PLEASE STATE 'YES' OR 'NO' |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Has legal advice been sought on this submission? | NO |
| Has the PCC's Chief Finance Officer been consulted? | YES |
| Have equality, diversity and human rights implications been considered including equality analysis, as appropriate? | YES |
| Have human resource implications been considered? | YES |
| Is the recommendation consistent with the objectives in the Police and Crime Plan? | YES |
| Has consultation been undertaken with people or agencies likely to be affected by the recommendation? | YES |
| Has communications advice been sought on areas of likely media interest and how they might be managed? | YES |
| In relation to the above, have all relevant issues been highlighted in the 'other implications and risks' section of the submission? | YES |
| Have all relevant ethical factors been taken into consideration in developing this submission? | YES |

APPROVAL TO SUBMIT TO THE DECISION-MAKER

Deputy Chief Executive

I am satisfied that relevant advice has been taken into account in the preparation of the report and that this is an appropriate request to be submitted to the Police and Crime Commissioner.

Signature:



Date

2/3/16.