



# Office of the Police & Crime Commissioner

**REQUEST FOR POLICE & CRIME COMMISSIONER DECISION - (N° 005-2016)**

**TITLE: Integrated Mental Health Triage**

## **Executive Summary:**

Cumbria Constabulary currently uses three mental health qualifiers to categorise calls for service. Between April and October 2014, there were 1698 that were identified in this manner. However on-going qualitative auditing shows that this figure is likely to be 60% higher as incidents involving mental health are not being finalised accurately.

There were 128 Section 136's in Cumbria from April to September 2014. Of these, 33 went to the police station first and 95 to the hospital. There was 1 under 18 detained in police cells and 4 under 18s in hospital. There are clearly issues around the use of police stations as highlighted recently by Department of Health/Home Office joint letter to CEO's of Cumbria Constabulary and CPFT.

Funding is requested from the OPCC

- To establish a crisis helpline and professional point of contact to support triage and s136

This project is part of the wider Mental Health Transformation Programme for Cumbria which includes proposals to develop an innovative multi-agency assessment and crisis centre. The Office of the Police and Crime Commissioner is currently awaiting the outcome of a police innovation fund bid which, if successful, will enable earlier delivery of the project. Approval and support for the proposed crisis contact line is required to develop the future crisis care model across Cumbria and is a crucial step to achieve this outcome.

The expectation in terms of improvements would be:

- To establish accurate and consistent recording and baseline data in order to accurately develop appropriate challenging reduction targets for the duration of the project.
- Reduction in repeat calls for service due to better identification and care pathway interventions.
- Eliminate inappropriate 136 detentions.
- Reduction in 136 detentions in police cells.
- Reduction in demand and conveyance by police/ ambulance services
- Appropriate and timely interventions based on the needs of the individual assessed.
- Better information sharing between agencies
- Improved identification and referral of physical health needs where mental health is the secondary presentation.
- Improved satisfaction for individuals, families and carers.

**Recommendation:**

The Commissioner is asked to provide a total of £337,302 over 2 years to be allocated to provide:

- NHS Cumbria mental health professionals located within CPFT ALIS. Operational police officers will have real time access to the mental health workers to ensure that the most appropriate action is taken.
- Mental health professionals will have access to health and social care systems and resources with links to 3<sup>rd</sup> sector ensuring timely and appropriate assessments are conducted. This will ensure that the person receives the correct services in the right place and at the right time. This service will be open to people of all ages experiencing a mental health crisis who come into contact with the police.
- This will form new and established ways of working through newly developed pathways. This will ensure closer integrated working with Cumbria Constabulary, Cumbria County Council, NHS Cumbria CCG, CPFT, and 3<sup>rd</sup> sector organisations.

The identified areas will support. Cumbria Constabulary to identify threat, harm and to reduce risk. These areas are:

- 1) Reduce critical incidents involving individuals with mental ill health,
- 2) Reduce the demand on police resources.
- 3) Reduce the amount of Negotiator call outs covering:
  - *Suicide interventions*
  - *Missing persons*
  - *People in crisis*
  - *Supporting incident commanders in firearm operations*
- 4) Reduction in police attendances for calls relating:
  - Confused callers (e.g. dementia)
  - Calls for service for pre-arranged mental health assessments
  - Persons reported missing from psychiatric hospitals (low or medium risk)
  - Concern for welfare reports
- 5) Improved monitoring and reduction for cases where Persistent/Repeat Demand is a factor
- 6) Improved monitoring and assessment for Children and Adolescents with mental health issues and timely intervention to ensure that they are diverted and/or signposted to least restrictive environments.
- 7) Fastracking of assessments to be completed within 4 hours.
- 8) Re-establish service users engagement with mental health services
- 9) Reduction in repeat calls

- 10) Reduction in the use of emergency ambulance use.
- 11) First line assessment to be completed by Triage practitioner resulting in timely response.
- 12) Police Officer on scene having direct contact with Triage practitioner.

Police & Crime Commissioner

I confirm that I have considered whether or not I have any personal or prejudicial in this matter and take the proposed decision in compliance with the Code of Conduct for Cumbria Police & Crime Commissioner. Any such interests are recorded below.

I hereby approve/~~do not approve~~ the recommendation(s) above

**Police & Crime Commissioner**

Signature:



Date: 12<sup>th</sup> February 2016

## **PART 1 – NON CONFIDENTIAL FACTS AND ADVICE TO THE PCC**

### **1. Introduction & Background**

Providing services of any kind in Cumbria can provide a challenge due to the geography and demography of the county.

The suicide rate in Cumbria is significantly higher than the national average (9.89 compared to 7.76 deaths per 100,000 in 2006-08)

Cumbria Joint Strategic Needs Assessment Summary Report 2010 identified under investment in mental health commissioning, inefficiencies in service provision, gaps and inequities in the distribution and delivery of, and access to services and that investment could lead to savings in the health system and beyond.

Police call handling data shows that since April 2014 there have been 1698 identified calls for service that can be attributable to people with mental health problems. This equates to between 30 and 40 calls per day. These are indicative numbers only as on-going qualitative audits identifies that the number of calls is up to 60% higher.

Although information sharing protocols exist there is not a comprehensive mechanism to support early identification of individuals known to health or social care agencies or to direct access to appropriate urgent mental health care or social care provision which could offer more simple and effective support of the individual.

As a result police officers exercise their powers under Section 136 as they have a duty of care to assist the individual. This can result in an individual in crisis being taken to police cells for a lengthy detention pending the attendance of mental health professionals to commence an assessment. On average there are 20 Section 136 detentions per month in Cumbria. Evidence suggests that delays in appropriate assessments results in escalation of behaviours which in turn can result in increased distress for individuals and their families, inappropriate admissions and use of out of area placements.

Elsewhere in the country there have been successful health/police triage schemes. Some pilots have deployed health care professionals on patrol with officers. Others have adopted an approach where by the health care professional is embedded within the constabulary communications room.

Considering what is known about the issue and scale of it in Cumbria, it is proposed that the most appropriate model to seek to address this issue is a mental health professional based within the police communications room.

The health professional would have access to NHS data linking with social care and 3rd sector agencies, families and carers. This enables the early assessment and identification of calls for service relating to individuals with mental health/behavioural issues.

The key positive impact on individual members of the public is that there would be an opportunity for early intervention away from police cells to a more appropriate form of care and treatment, avoiding inappropriate hospital admissions or patients being sent out of area due to lack of beds. This initiative would address a primary area within the Mental Health Crisis Care Concordat.

This provides a demonstrable service improvement, providing a person centred approach across all ages, county wide experiencing mental health distress presenting to or calling the police.

## **2. Issues for Consideration.**

This project is part of the wider Mental Health Transformation Programme which has a clear strategic vision to support people with mental Health problems and also to promote mental wellbeing.

***The Vision is to deliver Better Mental Health and Best Mental Health Care and Support for the people of Cumbria, delivered sustainably.***

The overarching aim is to make a real difference to people's mental health and wellbeing in Cumbria through a person centred and holistic approach. People will be treated with dignity and

respect at all times. It is recognised that mental wellbeing is multi-faceted, it is at the core of our approach and includes an individual's psychological, social, physical and spiritual wellbeing. Mental wellbeing is more than an absence of mental illness and is a state "in which the individual realises his or her own abilities, can cope with the normal stresses of life. Can work productively and fruitfully, and is able to make a contribution to his or her community." The aim is to ensure that people accessing mental health services in Cumbria will experience "parity of esteem" in relation to service availability, accessibility and resource allocation.

In order to do this it is required to:

- Create a fundamental shift in focus and resources from diagnosis and treatment to prevention, wellbeing and early intervention.
- Create a cultural shift in which all organisations, sectors and communities in Cumbria recognise mental wellbeing and improving mental health as being everyone's business
- Ensure that people who develop mental health needs that require more support receive the help they need as quickly as possible to reduce the impact their mental distress has on their day to day lives, their families, friends and community.

The strategy sets out to create healthy environments for all those who live in Cumbria. Environments that are inclusive, that promotes self-esteem and is non-stigmatising: in short, environments that prevent the onset of mental health problems.

The Cumbria Crisis Care Delivery Group has designed a range of outcomes for the next 6 months which are initially focussed on triage, 136 and out of hour's assessments and are cross referenced to the national action plan.

The delivery plan to support the Crisis Care Concordat will consider three phases and is designed to establish a step change in the delivery of crisis care in Cumbria

- **Phase 1** (this project)- to establish a crisis helpline and professional point of contact to support triage and 136
- **Phase 2**- more complete service redesign for crisis care for triage, out of hours assessment and 136 and support the development of the Cumbria Model of Care Programme for Mental Health.
- **Phase 3**- completion of a comprehensive business case for a proof of concept bid for crisis centres including the designs and implemented services of phases 1 and 2.

### **3. Implications**

**(List and include views of all those consulted, whether they agree or disagree and why)**

The project will be delivered as part of the wider Mental Health Transformational Programme and be supported by the infrastructure of the Programme Management Office (PMO)

**Programme Manager**- support from the Mental Health Transformational Programme manager to coordinate with the PMO and ensure strategic links and interdependencies are mapped across the Better Care Together and Success Regime strategies as well as the deliverables in the Crisis Care Concordat.

**Senior Project Manager-** Offer direct project management to the Crisis Care concordat and maintain links with the enabling Work streams and manage the work package requests.

**Senior responsible Owner-** Accountable individual for ensuring the objectives of the projects/ programmes are met within the mental health programme.

**Clinical sponsor-** Support the SRO in ensuring the clinical aspects of delivering the project outcomes and programme objectives are aligned to best practice and support the vision

**Crisis project delivery group member-** Members will represent the partner organisations in the project groups to deliver specific task and finish pieces of work which support the project objectives.

**Provider leadership-**This will be provided to the project through the implementation to ensure the correct clinical and operational management structures are in place and resources available to deliver the outcomes.

**Administrative support-**Is available through the project to ensure coordination and distribution of information is consistent and standardised.

### 3.1 Financial

Total amount of funding is £337,302 over a two year period to be allocated from the commissioned services budget.

### 3.2 Legal

Within the project approach, quality can be defined as ensuring that products and services are defined such that their purpose is clear and that the delivered products and services are fit for the stated purpose and satisfy the stated need. The Mental Health Programme Board has direct and delegated responsibility for project assurance which links to quality. Each member of the project group is responsible for the quality of his / her work. The project manager will ensure overall quality for each deliverable by process of continuous review.

The responsibility for quality assurance (QA) of the project's products will be based on the following principles:

- The time and effort needed for quality reviews will be built in to the individual items in the detailed project plans, with those involved aware of their commitment and confirming their availability to act.
- Quality reviews will be conducted by staff with the appropriate expertise and authority that have not been involved directly in the production of the product/deliverable concerned.
- Quality reviews will be documented with explicit confirmation that each criterion has been met or a statement that it has not been met, the basis for the assessment, any qualifications or explanations and proposed or possible actions to remedy any shortcomings.

- Major products/ deliverables that have undergone quality review will be submitted to the Programme Board for agreement and approval (whether this is sign-off or agreement to any further or re-work required). Not all products/ deliverables will be subject to the full QA process, culminating in approval from the Board.

### 3.3 Risk

Risk management will be supported through the infrastructure in the PMO and resolution and mitigation being conducted through the programme governance structure.

- Risk 1
  - There is a risk that due to timescales it will not be possible to recruit the necessary personnel to deliver this project or agency staff will have to be recruited.
  - Mitigation
  - If less than the optimum numbers of people are recruited then an alternative shift pattern or staffing will be implemented to cover the demand as a 'best fit' approach. This will provide some cover during the busier periods. Should agency staff be recruited at higher cost, the above will also be applied.
- Risk 2
  - There is a risk that staff will be recruited who are not familiar with the arrangements and care networks within the county.
  - Mitigation
  - Recruitment will initially be targeted internally so individuals will already be within the NHS. External recruitment will also be done. There will be a full induction during which there will be a full explanation/training of the triage process.
- Risk 3
  - There is a risk that the IT technical requirements will not be provided due to complexities of the link from police to NHS systems.
  - Mitigation
  - Early consultation with respective IT departments to determine operating requirements and strategies to overcome barriers.

All risks will be managed using a risk/issue management log which will be graded and overseen by the Mental Health Programme Board.

### 3.4 HR/Equality

Cumbria Police are committed to providing the best possible service to our communities, ensuring everyone has fair access to all our services and treating everyone with respect at all times.

### 3.5 I.T.

There are no I.T. implications

### 3.6 Procurement. There are no procurement implications.

### 3.7 Victims

The key positive impact on victims is that there would be an opportunity for early intervention away from police cells to a more appropriate form of care and treatment, avoiding inappropriate hospital admissions or victims being sent out of area due to lack of beds.

This provides a demonstrable service improvement, providing a person centred approach across all ages, county wide experiencing mental health distress presenting to or calling the police.

**Public Access to Information**

Information in this form is subject to the Freedom of Information Act 2000 (FOIA) and other legislation. Part 1 of this form will be made available on the PCC website within 3 working days of approval. Any facts/advice/recommendations that should not be made automatically available on request should not be included in Part 1 but instead on the separate Part 2 form. Deferment is only applicable where release before that date would not compromise the implementation of the decision being approved.

Is the publication of this form to be deferred? NO

If yes, for what reason:

Until what date (if known):

Is there a **Part 2** form - NO

(If Yes, please ensure Part 2 form is completed prior to submission)

**ORIGINATING OFFICER DECLARATION:**

I confirm that this report has been considered by the Chief Executive and that relevant financial, legal and equalities advice has been taken into account in the preparation of this report.

**Signed: Vivian Stafford**

**Date: 01 February 2016**

**OFFICER APPROVAL**

**Chief Executive / ~~Deputy Chief Executive~~ (delete as appropriate)**

I have been consulted about the proposal and confirm that financial, legal and equalities advice has been taken into account in the preparation of this report. I am satisfied that this is an appropriate request to be submitted to the Police and Crime Commissioner / Chief Executive (delete as appropriate).

**Signature: S.Edwards**

**Date: 11<sup>th</sup> February 2016**



**Media Strategy**

The decision taken by the Police & Crime Commissioner may require a press announcement or media strategy.

Will a press release be required following the decision being considered? YES

If yes, has a media strategy been formulated? NO

Is the media strategy attached? NO

What is the proposed date of the press release: