**Police and Crime Panel**

**Mental Health Update**

**9th October 2015**

RON HOGG
DURHAM POLICE AND CRIME COMMISSIONER

**Report of Supt Kevin Weir- Durham Constabulary**

## Purpose of the Report

1. To update members of the Police and Crime Panel on the progress of mental health as a key area of focus in the police and crime plan, following the request for a half year update at the meeting in March.

## Current position

2. This report covers:

- Communication and Training
- Reducing Demand
- The Mental Health Crisis Care Concordat
- Next Steps

## COMMUNICATION & TRAINING:

3. Keeping staff knowledge up to date promotes confidence and informed decision making, thereby reducing time taken to deal with incidents and freeing up resources.

4. Mental Health & Learning Difficulties Tile on the Force Intranet listing all local information as well as National Policy/Legislation Documents.

5. Force circulators are regularly sent to all staff reminding them of the existence of this Information Tile as well as updating them with any changes – processes in place, often responding to queries raised, or particular case studies.

6. In July last year we held an awareness event - over 130 people attended, half of whom were police colleagues from all departments and localities. Networking opportunities taken at this event have increased effective partnership working arrangements and are ongoing.

7. All police colleagues in supervisory roles have had training on the Mental Health Act legislation; multi-agency delivery by Tees, Esk and

Wear Valley MH Trust staff and a Police Sgt (Oct/Nov 2014), including Places of Safety roles and responsibilities. This has reduced police resources being utilised inappropriately for tasks such as welfare checks on behalf of MH colleagues. Supervisory ranks from Command & Control to Response, are much more robust in dealing with requests from MH partners because they have the knowledge and confidence in managing such matters.

8. 2 pilot courses of STOP with If U Care Share Foundation. This includes post-intervention training to support families bereaved by suicide.

9. Subject to funding, further training scheduled for Suicide/Attempted Suicide and for MH First Aid. This will be multi-agency delivery and a bespoke programme is currently being developed for roll out.

10. Pocket Book size MH Aide memoire issued to all operational officers, as a resource to have with them at all times with information/advice/contact telephone numbers etc.

11. MH colleagues involved in Detective training, Safeguarding for Children and working with the most vulnerable under special measures etc.

12. Selected officers are being trained in Neuro Linguistic Programming and some have completed Mindfulness training through County Durham Public Health Team.

13. 4 sessions of training/awareness with Command & Control Teams taking place throughout October including input from experts by experience.

**REDUCING DEMAND**

14. Monitoring form for completion at Places of Safety across the Force Area, helps us address time spent waiting for service and evidences hand over risk management – includes A & E sites.

15. Tele-Triage process for officers to speak with Crisis Team members from the scene of an incident/location of call to share information and seek advice as to most appropriate action for potentially S136 patients, avoiding unnecessary detentions. Officers have the facility to dial direct from the scene using their pocket set.

16. We have a Children and Adolescents Mental Health Crisis Team CAMHS) service covering police Custody sites and A & E at each of our two hospitals (Durham & Darlington).

17. Regular multi-agency meetings held trouble shooting incidents, sharing best practice and information attended by police, constantly developing relationships with MH partners to best serve the needs of those in Crisis we attend incidents for.

18. Bi-monthly meetings discussing frequent callers/users of A & E/ Crisis services. This addresses those people who suffer MH/LD identified by a range of agencies, who are also causing the most demand on resources. In a problem solving approach, options such as contracting their behaviours will be considered where appropriate to reduce their presentation in this manner (Commissioning for Quality and Innovation commended).

19. Liaison and Diversion staff from the Tees, Esk and Wear Valley Trust in our Police stations/Custody areas as of 13th of July in Durham and Darlington. Based primarily in Darlington and Durham police stations, they cover the whole Force area, including Voluntary Offenders, actively seeking to triage our "customers" with a prevailing MH condition, or, behaviour. They are commissioned to not only assess their MH needs, but also to assist them in recognising social and environmental factors having a negative impact upon their wellbeing and contributing to their offending behaviour. They are sign- posting on to services that can assist in ultimately reducing, if not eliminating their offending. They work closely with the Checkpoint team, sharing data and updating CP contracts with details of client engagement.

20. A bolstered Appropriate Adult service started with us on 1st August, in addition to current EDT provision. The aim is to reduce waiting times that unnecessarily prolong the Custody process. Their Service Level Agreement entails attendance within the hour, saving detainees wasted time in Police Custody Estates which subjects those most vulnerable to unnecessary delays and risk factors affecting their wellbeing. Again, there is an expectation that the new service staff will recognise the needs of those offenders requiring assistance, in order to sign post them on for appropriate support, thereby aiming to stop their offending behaviour and to help them manage their vulnerabilities.

21. Darlington EDT also acknowledged a shortfall in their provision and they made adjustments to staff contracts to cover the out of hours more effectively, some months ago.

22. We are 1 of 3 Forces nationwide involved in an Early Alert Suicide scheme, identifying potential needs for friends and family bereaved by suicide, and the fact that they often become high risk to suicide themselves, in order to support them through this difficult period. In addition we are linking with those who Attempt Suicide and need support with their Wellbeing and Coping Strategies. Effective Information Sharing has been key in managing this process and we have linked with Durham County Council in commissioning "If You Care Share" to deliver this support. Durham is continuing this process Post Pilot period as best practice.

23. We have been successful with the Tees, Esk and Wear Valley Trust, in securing the funding for a S136/Place of safety Co-ordinator role, which means that a member of the ward staff at each POS hospital will be the on call person to be relieved of their usual duties, in order

to meet officers at the POS suite. These new posts are finally phased in over the next few months, subject to recruitment and vetting, however, where staff have already been identified, we should start to see quicker hand-overs occurring. There is some creative thinking about ways in which these roles could develop.

24. New team being set up through Public Health: Suicide Action Response (SART)

25. with £80 000 worth of funding allocated to efforts in raising awareness, offering support Post Suicide as well as Suicide Prevention;

26. Papyrus telephone line for Young People to cover 7 days a week, 10am to 10pm.

27. Durham working towards the safer Suicide Communities Model for Zero Suicides, linking to a programme ongoing in Detroit, U.S.A.

**Mental Health Crisis Care Concordat**

28. In summary for all points raised, the Mental Health Crisis Care Concordat (National Directive) has been signed up locally by all relevant partners and we are held to account through Governance arrangements led by the Commissioners of services.

29. This included the North East Ambulance Service at the outset, who have particular challenges in meeting the requirements of the Concordat. They have signed up in agreement to attendance at calls within 30 minutes, yet we have no evidence that this is working and we need them to reengage with meetings.

30. Commissioning arrangements are ongoing in finding solutions, possibly through alternative transport options. This gap in service has particular impact upon policing demands whilst it is being sorted out.

31. The Concordat has not yet met expectations in pulling together more effective working practices, and the accountability through MIND that was introduced with the Concordat has not materialised.

**Next Steps**

32. Ongoing work with Custody Inspectors and Health partners, to further challenge the appropriateness of some S136 detainees coming into Police Stations. The HMIC directives in this respect appear to be somewhat conflicting with other messages from central Government. Of particular note in this respect, we have no under 18's through Police Custody this year to date.

33. With new PCC priorities under the Mental Health agenda, we look forward to working more closely in order to identify areas of the

business we can influence most effectively to deliver best service meeting the needs of those most vulnerable in our communities.

34. Work on identifying and addressing the demand of “Frequent Flyers” is in its infancy and progress to continue over coming months to bring all partner data to the fore, aiming to impact significantly upon the number of resources working often in tangent with one another with the same people.

35. MH partners being invited to POP Masterclass sessions, promoting the problem solving approach and working pro-actively to address unnecessary demand on resources, ultimate aim being to ensure best care for people at the earliest possible intervention opportunity.

36. The Regional MHCCC groups has taken on 3 priorities:

    TRAINING, INFORMATION SHARING and CONVEYANCE.

37. The training/awareness raising of staff to deal with incidents effectively, sensitively and confidently underpins all progress potential for all agencies involved. Roles and responsibilities need to be more defined so that expectations of one another are clear as well as promoting a desire to work as an integrated team. There is an appetite regionally to develop multi-agency training packages through the use of Hydra suites, JESIP (Joint Emergency Services Interoperability Principles) style workshops, Local Authority Contingency Planning and Stimulation settings.

38. Joint Command & Control rooms can assist in this respect also, being piloted at various sites across the country.

39. INFORMATION SHARING can vary from not only from Force to Force but also from department to person. In Durham and Darlington, we appear to manage better than elsewhere across the Region. However, we are waiting for a national directive which may be forthcoming.

40. CONVEYANCE brings us back to the Ambulance Service issues and TEWV manager for legislative matters (Mel Wilkinson) has asked that we share Ambulance waiting times with her, to take a Regional lead working with NEAS, North East Ambulance Service, who cover our entire region. The requirement we share is for sole purpose vehicle(s), equipped to transport solely those with mental health needs or crisis, able to meet the demands of Police, Social Services and MH Trust across the region.

41. We would like to see a TEWV member of staff Police Liaison post (as per Northumbria), and a TEWV staff in Comms (as per Cleveland).

**Recommendation**

42. That the panel note the report, offer any questions, and make suggestions as to how they can continue to support the mental health agenda.


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| **Contact Officer:** | **Sweety Sahani** |
| **Job Title:** | **Staff Officer** |
| **Telephone:** | **03000264778** |
| **Email:** | **Sweety.sahani@durham-pcc.gov.uk** |