MENTAL HEALTH DEMAND

Lancashire Constabulary and Partnership Developments to reduce demand on the whole system, including policing.

Abstract

A briefing note for Joint Audit and Ethics Committee

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PURPOSE

The purpose of this briefing document is to provide a synopsis of the work undertaken to reduce mental health demand in the whole system, including policing. This will start with an overview before focusing more specifically on the actions undertaken and planned for the future.

MENTAL HEALTH DEMAND

A snapshot undertaken by the Home Office on 12 November 2019 confirmed that approximately 5.1% of all incidents recorded by Lancashire Constabulary met the national definition of a mental health incident, compared to the 9% identified by the UCLan study into mental health incidents in February 2019. What this snapshot exercise revealed was that the 'tagging' of Mental Health related incidents in the Force Control Room (FCR) is likely to be an under-representation of the overall demand.

The development of Voice Analytics technology has enabled the Constabulary to undertake further work to identify the proportion of total calls received by the Force Control Room, not only those that are logged, that include one of 22 mental health related key words.

Between 01/01/2020 and 01/01/2021 the key words were identified in 14 per cent of the 433,162 incident logs that were created from 101 and 999 telephony demand. Voice analytics show that 6 per cent of the unlogged demand (an additional 475,455 calls over this 12-month period) also included the 22 key words. This accounts for a total of 89,564 calls where one of the 22 keywords were used in the log or transcribed by voice to text technology.

Deployments to mental health incidents are known to be time consuming, with s.136 detentions and attempts to seek onward referrals proving particularly problematic. This inability to seek the appropriate service to support those in crisis in a timely manner has been identified as one of the main contributors to the high levels of repeat presentations and deployments to those in crisis.

Data relating to s.136 detentions from April 2019 to January 2020 revealed that there were 32 individuals across the county who had been detained on four or more occasions, resulting in 185 detentions. Individuals from Blackpool and East Lancashire accounted for 73% of this total number (135 detentions), with four individuals being detained on ten or more occasions (maximum 16 times) in just under a ten-month period.

The Constabulary has also monitored the proportion of s.136 detentions that were taken to hospital emergency departments as opposed to s.136 suites. This is particularly relevant as the time spent dealing with those taken to emergency departments is significantly longer and has been a key focus of the Mental Health Improvement Programme. In March 2019, 86% of s.136 patients were taken to emergency departments owing in part to the lack of available s.136 suite beds.

THE RESPONSE

Having identified these significant demands and approached the Commissioned Services for Mental Health Treatment (particularly acute services via LSCFT), it became apparent that the demands and pressures were far wider than policing. A review by the CQC identified significant areas for improvement during an Inspection of Crisis Pathways in 2019 and as a result a Partnership Improvement Board was established. Overseen by NHS England, several key areas for improvement were identified following consultation with all agencies and service users. This programme of development is still in progress, but there have been some significant achievements.

- Implementation of SIM (Serenity Integrated Mentoring) to assist those who frequently contact services whilst in crisis. We support these teams with two dedicated police officers and additional time from two other PC posts. They are also staffed with mental health practitioners and linked to the wider community safety teams. This has seen the frequency of contact by those on the programme significantly reduce but works with a small cohort of patients owing the intensity of the work.
- The introduction of a 24-hour Home Treatment Service by LSCFT – this is not yet consistent, but has certainly seen benefits where it is fully implemented and operational.
- The roll out of Mental Health tactical advisors on response teams a minimum of one officer based with every Response team at each briefing base, with a higher level of training in relation to mental health law, treatment pathways, what partner agencies offer and available resources in their area.
- Planned multi-agency training using the 'Respond' Model, which places professionals from different agencies in a scenario and encourages learning through discussion and problem solving. This will probably be used to enhance knowledge and build the relationships between MHTAs and mental health professionals in other agencies.
- Improved use of the Mental Health Access Line. The line is now staffed consistently and answered reliably, although the access to alternative pathways and recommended actions for officers remain inconsistent, there is work underway to improve this.
- The commissioning of alternative places of safety such as crisis cafés and safe spaces in a number of areas.
- A Memorandum of Understanding (MOU) with the CPS about offences committed by those who are in-patients in mental health facilities, including the introduction of SPOCs within CPS who will assist investigating officers to ensure all of the necessary procedural work is undertaken prior to progressing cases.
- The Psynergy pilot, in partnership with the North West Ambulance service and LSCFT providing a street triage facility on the Fylde Coast.
- Improvements to the Bed Hub and Bed Management Processes – including accessibility and contact.
- A Patient discharge plan to reduce the number of 'Superstayers' and improve bed availability including access to s136 suites.

THE IMPACT OF RESPONSES

SIM MODEL

The SIM Model is now in operation across Lancashire with teams at different stages of maturity.

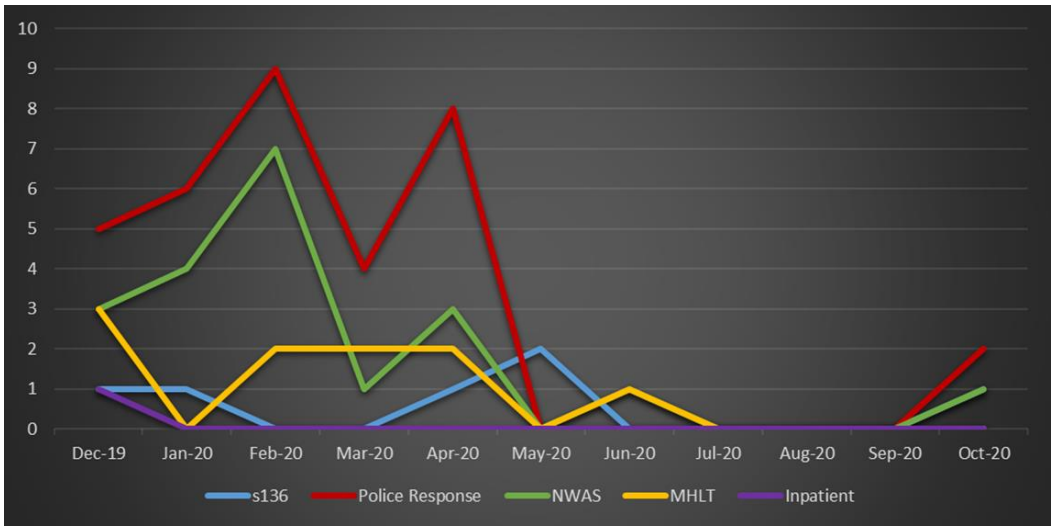
East Lancashire has the most established Frequent Attender/SIM team and they currently have 5 individuals who have been accepted onto SIM with the teams working towards establishing robust multi-agency response plans. All individuals under SIM have significantly reduced their levels of presentations and detentions under s136 and to other services. The team also work with many other individuals who present on a frequent basis but who do not require a full SIM approach and with these individuals also, we have seen dramatic reductions in presentations and detentions with the development of trigger plans to assist frontline officers when dealing with such individuals.

The Blackpool team was the next to come online in mid-2020 and they have 2 individuals currently accepted onto SIM. The team are currently working on developing plans but already we have seen improvements in terms of presentations/detentions and officer's confidence in changing our approach when dealing with them with the assistance of trigger plans put in place. Like East, the team also focus on several other individuals who present to services and cause significant demand in

the system and their engagement with these individuals is also showing reductions in presentations/detentions.

The Central and the Lancaster/Morecambe teams were the last to come online and are very much in their infancy. Lancaster and Morecambe do have 1 person accepted onto SIM and are in the early stages of working with her. The Central Team were working closely together prior to SIM training and with the assistance of the CST officer, worked with possibly the most complex and demanding patient in the county at the time and as a result of their interventions we have seen incredible reductions in s136 detentions. This particular female had been detained under s136 seven times in around 6 weeks and following intervention from CST and the MH Team in May 2020 there has been 1 further s136 detention shortly after they became involved and since then, no further detentions and significant reductions in demand.

Below is a graphical representation of the change in demand relating to one of the SIM patients from East Lancashire after their involvement in May 2020:



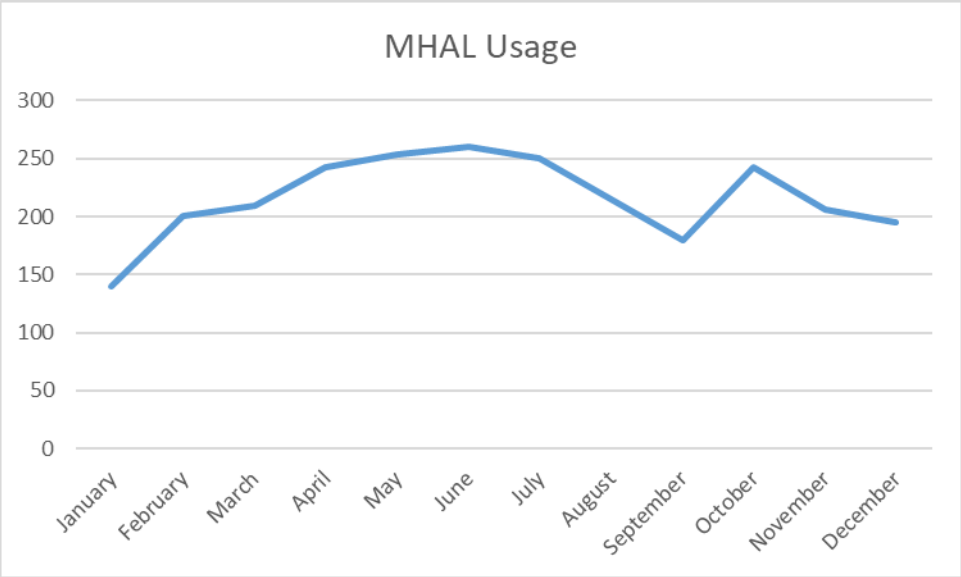
MENTAL HEALTH ACCESS LINE

Usage of the MHAL has improved considerable from the end of 2019 and early 2020 with significant increases in numbers of calls made to the MHAL by Police. In January 2020 there were 140 calls into the MHAL which have then risen to consistent numbers more than 200 with the exception of September and December and even during those months' usage was at 179 and 195 calls respectively.

From December training has been provided to all immediate response teams in a 2-hour Mental Health input, covering various areas where Mental Health and Policing overlap and the use of the MHAL was promoted throughout that training.

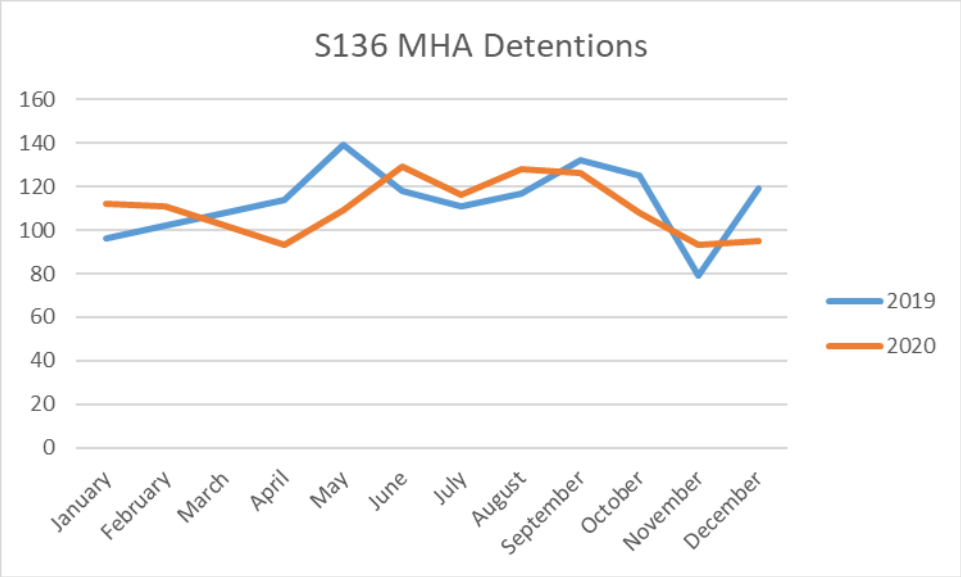
Feedback has been provided by various officers that they regularly use the service and they have found it invaluable. However, there are still occasional issues reported where officers have reported issues with making contact with the service.

Below is a graphical representation of the usage of the MHAL in 2020.



S136 numbers

In the calendar year of 2020 there were a total of 1322 detentions under s136 MHA which was a slight reduction on the numbers recorded in 2019 which were 1360. Below is a graphical representation of the changes in s136 MHA detention rates.



With regards to officer's time spent waiting for beds with those with Mental Health issues, we can demonstrate from data relating to our use of s136 of the Mental Health Act and where such detained people were taken. Generally speaking those taken to a s136 suite, can be risk assessed and officers are able to resume back out on to the streets, whereas those taken to A&E or Acute Trusts have to be supervised and officers will need to remain with the patient. In 2018 the percentage of s136 detentions being conveyed to A&E (and therefore remaining officers to stay with the patient) was 75%. This remained at 75% in 2019 but has reduced significantly to 56% in 2020 which will result in reduced officers waiting time. Another measure will be of those taken to A&E, how many are transferred out to a s136 suite during their detention. A move to a s136 suite will result in officers being able to handover to healthcare staff and resume. In 2018 the percentage of initial A&E attendances that were successfully transferred to a S136 suite was only 38%. This improved to 50% in 2019 and then again in 2020 to 61%.

With improved bed management and greater availability of s136 suites more patients have been taken initially to the s136 suites in the last year than in the previous 2 years. In cases where the initial admission was to A&E there was a significant improvement in patients being transferred to a s136 suite. This results in less officer time waiting with patients during such detentions.

NEXT STEPS

It is very difficult to directly show the reduction in demand on policing as result of these changes, if we wish to see more significant impact on demand more fundamental changes to the mental health system are required. In response to this, LSCFT have proposed the introduction of an IRS (Immediate Response Service). This is a fundamental change to their business model and will see the implementation of a single point of access for all their services, providing appointment / home treatment, triage and crisis responses via a single 'front door'.

There is an implementation group and the introduction of an initial pilot in the East of the county is progressing with a view to launching in Autumn of this year. Accompanied by a public awareness campaign, this provides a simple and 24-hour accessible service to mental health patients seeking assistance, reducing the need to contact other emergency services outside of office hours. Whilst it is accepted that within the Constabulary's existing demand there will remain a percentage of calls that will still require police attendance (grade one or two calls involving emergencies or incidents involving crime or where there is risk to life or property still account for 27,000 calls) it should allow the opportunity to redirect other callers to a responsive service quickly and efficiently when police deployment is not necessary or appropriate. It is also hoped that by ensuring patients can access the appropriate support in a timely manner, it will reduce the number who escalate to crisis but the monitoring of these incidents will form part of the IRS evaluation and benefits mapping. The intention is to replicate the model across the Lancashire and South Cumbria footprint in the subsequent 12-month period.

In conjunction with the IRS, LSCFT would like to reintroduce a sustainable Street Triage Model. Consultation with regards to the model and the processes surrounding it are currently underway. This is likely to see the deployment of a vehicle staffed with clinical mental health staff and police to provide a responsive service to emergency incidents involving mental health.

There are proposals from LSCFT to increase overall Bed Capacity to match the health data in relation to requirements for the health demographics of the community.

In order to better understand our own time spent and use of the s136 of the Mental Health Act powers the current paper form used in the process, is to be digitised allowing the collection of data for future improved analytical and monitoring purposes.

CONCLUSION

The foundations for improvements in reducing policing demand relating to mental health have been laid, with significantly improved relationships with system partners, a more collaborative approach to improvements and developments, a shared understanding of the issues causing excessive demand and a clear road map to better outcomes for patients and agencies. Maintaining the momentum and ensuring that the progress is measurable, and benefits are realised will be an ongoing challenge.