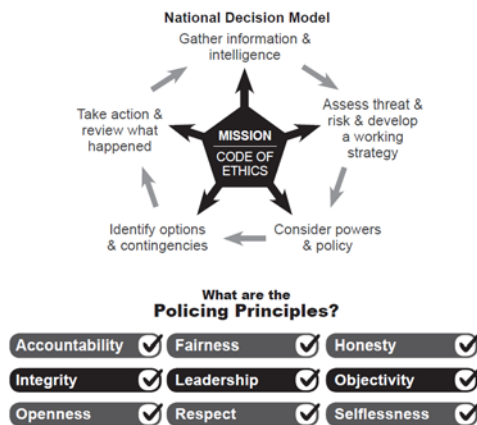




Mental Health

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1. Background

- 1.1.** This paper has been requested to provide an update on how the force responds to and supports people with mental illness, in particular how the force is responding to repeat demand from both hospitals and individuals, and the forces preparedness for changes introduced by the Police and Crime Act 2017. This report also includes an assessment of how resilient the force is taking into account the increasing demands in relation to mental health.

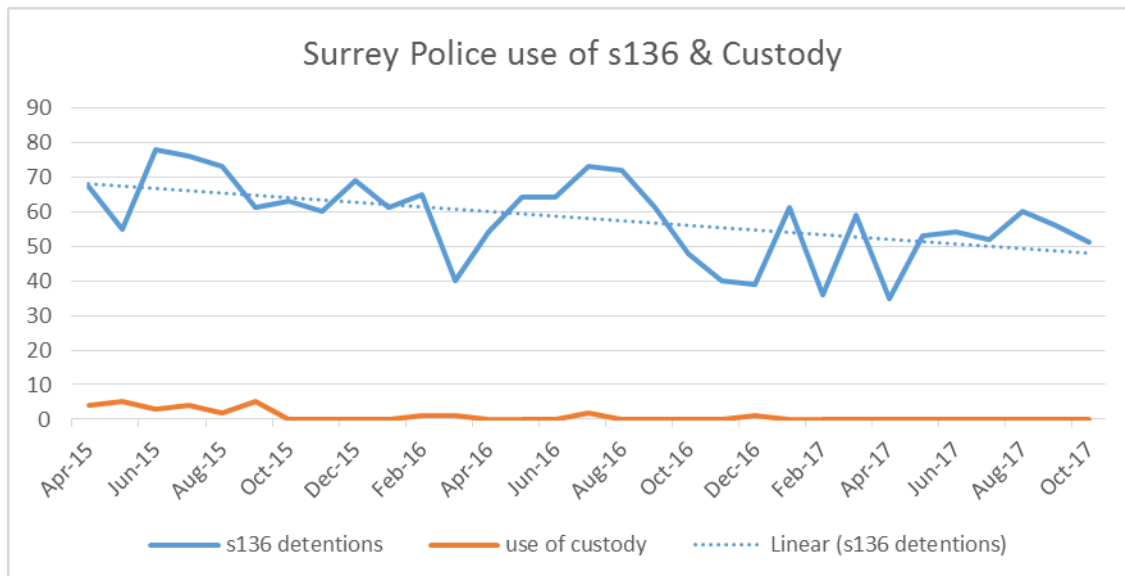
2. Demand

- 2.1.** The force continues to monitor avoidable demand that arises from both Acute Trusts and Mental Health hospitals and shares and discusses this to help identify areas for improvement.
- 2.2.** The force Mental Health Lead has met with the Surrey Heartlands STP to develop an action plan that seeks to address demand and the associated risks from Acute Trusts, this includes training for staff in A&E departments, an increased use of CCTV and researching an extension of 'street pastors' to focus on supporting vulnerable people in A&E. The STP will be forming a task and finish group to progress these actions. Support is still required from the Health & Wellbeing Board to ensure their remains a steady focus on these areas of work.
- 2.3.** Demand from mental health hospitals in relation to missing persons has increased excessively between August and October. Unsuccessful attempts to address this with Staff, Matrons, Security, Directors and the Chief Executive led the force to escalate concerns to the Care Quality Commission (CQC). The CQC have since requested information from both the Mental Health Trust and Surrey Police to understand the concerns raised in more detail.
- 2.4.** The Mental Health lead continues to meet with the Mental Health Trust on a monthly basis to review and address areas for improvement. The force is currently supporting the trust to review and revise how they assess risk, manage leave and improve their security processes.
- 2.5.** The initial results from the Surrey High Intensity Partnership Programme (SHIPP) show a clear decrease in calls, deployments, detentions under the MHA and missing person episodes in relation to the cohort of patients managed under this scheme. There is a noticeable reduction for APT officers responding to repeat people, repeat risks and repeat locations and instead the risks are managed more appropriately by the dedicated officer working alongside the Mental Health Trust.
- 2.6.** From January 2018 a further two officers will be seconded to work on SHIPP, enabling the scheme to extend across the county and address repeat patterns of behaviour from people resident in North and East divisions, in addition to West Surrey where it currently operates. The Mental Health Trust are putting in place a team of three Care Coordinators to work alongside the three Officers, to provide dedicated and intensive support to high risk and high demand individuals.

3. Police and Crime Act 2017

- 3.1.** On 11th December 2017 the Mental Health Act 1983 will be amended according to the provisions of the Police and Crime Act 2017. These changes relate to Police Officers powers under ss135/136 MHA and introduces new regulations for places of safety for people experiencing mental health crisis.
- 3.2.** The Mental Health Lead in conjunction with the senior Approved Mental Health Professional (AMHP) attended APT training days from May to July 2017 to provide an update on the changes being introduced. This has been followed up with further briefings more recently (again delivered by the Senior AMHP) at the start of APT shifts.
- 3.3.** The main changes relate to where powers can be used; where people detained under the MHA can be taken to, the requirement to consult a mental health professional for advice prior to detaining, and the time period available to detain a person under the MHA.

- 3.4.** The Force and the Trust have been working closely to bring in these changes consistently across both organisations, in addition to the joint training and briefings, a multi-agency policy has been developed and agreed, supported by operational guidance.
- 3.5.** The Force is in a good position to respond to these changes, the use of s136 MHA has been steadily reducing over the last two years, in contrast to the national position. Custody has not been used as a place of safety at all this current financial year and a young person (under 18) detained under the MHA has not been in custody for a long period of time (at least three years), this is evidenced in the table below.



Data taken from Surrey Police s136 Mental Health Reports

4. Resilience

- 4.1.** The Mental Health Lead has been working with the Mental Health Trust under the governance and oversight of the Crisis Care Concordat to ensure there is a continued focus on reducing the occasions when people in mental health crisis come into contact with the police. Work with both Acute and Mental Health hospitals and schemes such as SHIPP, Contact Centre Triage and Safe Haven cafes have all seen a steady reduction in the use of s136 MHA.
- 4.2.** This reduction in the use of restrictive measures by police officers is positive and is in despite of increasing mental health demand coming into the police Contact Centre. Operational officers have received training and support in relation to responding to mental health and should be recognised for the sensitivity and diplomacy they show to people who present in mental health crisis, there are numerous messages of thanks and praise from both mental health professionals and patients who appreciate the response they receive from Surrey officers.
- 4.3.** Each hospital (both Acute and Mental Health) has an officer assigned to be a single point of contact. This enables issues to be raised, discussed and resolved quickly and efficiently.
- 4.4.** The Public Protection Strategy Unit have recently recruited a Force Advisor to work on Missing Adults and Adults at Risk, this role will work alongside the Mental Health Lead where there are areas of cross-over, in particular to provide some support in relation to adults who go missing from Acute hospitals.

5. Conclusion

- 5.1.** At a strategic level, Surrey Police has formed successful and productive working relationships with colleagues in the mental health trust, this has resulted in innovative and positive initiatives that have reduced the use of s136.
- 5.2.** The commitment to develop SHIPP across the county provides a level of operational support to APT officers and assists them in their responses to high risk, complex individuals.

5.3. Further work is required to improve joint responses to vulnerable people who are at risk, particularly those who present voluntarily to Acute hospitals for support for their mental health. However this will be addressed by ensuring there is a continued commitment from each division to have in place local points of contact at each hospital site to enable effective joint working between police officers and hospital staff. This will enable shared learning between organisations and ensure that risks are identified, raised, managed and owned appropriately.

6. Decision[s] Required

6.1. None, this paper is for information only.

7. Attachments / Background Papers