



## Additional Information: Mental Health

### 1. Background

1.1 Safeguarding and protecting vulnerable people has been a key outcome of the PCC's Police and Crime Plan since the first was published in 2013. Within this has been 'Mental Health' as a key priority. Below is the narrative from the PCC's latest Police and Crime Plan 2016-2021:

1.2 *'We have seen some great successes in how people with mental health issues are treated and supported within West Yorkshire whether they are victims or suspected perpetrators of a crime. However more needs to be done to reduce the risk of those with mental health issues both committing and becoming victims of crime. Through the Mental Health Forum I will make sure that partners are working together to collectively support people with mental health issues who find themselves in the criminal justice system and look for opportunities to intervene at the earliest stage.'*

1.3 There is a recognition that in order to help and provide the best support to those in crisis collaboration between the police, criminal justice agencies and partners working in health, Adult Social Care and other support agencies including from the third sector must take place.

### 2. The National Picture

2.1 The Department of Health defines mental disorder as "any disorder or disability of the mind" and it is estimated that mental health problems affect around one in four people in any given year.<sup>1</sup>

2.2 In the Independent Commission on Mental Health and Policing Report published in 2013 mental health was described as core business with regards to policing.<sup>2</sup> The 2015 published report of the Home Affairs Committee inquiry into Policing and mental health, highlighted that like anyone else people experiencing mental illness could come into contact with the police for a variety of reasons however the four most likely were;

- on suspicion of committing a crime
- as a victim of crime

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<sup>1</sup> Understanding mental health problems, Mind, <https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/#.WsOOFGLTWEc>

<sup>2</sup> Independent Commission on Mental Health and Policing Report, [http://www.turning-point.co.uk/media/621030/independent\\_commission\\_on\\_mental\\_health\\_and\\_policing\\_main\\_report.pdf](http://www.turning-point.co.uk/media/621030/independent_commission_on_mental_health_and_policing_main_report.pdf)

- having been reported missing
- or because they are experiencing a mental health crisis<sup>3</sup>

2.3 Mental health can be a factor in why someone is victimised and can also affect the mental health of the victim. National data quoted by the organisation Safelives states that 40% of high risk victims of domestic abuse report mental health difficulties.<sup>4</sup> Research from the University of London has also shown that women with mental health issues are five times more likely to be victims of rape and or other serious sexual offences<sup>5</sup>.

2.4 Although it is difficult to quantify exactly how much time and resource the police put into dealing with mental health related incidents it is recognised nationally that it is both a significant amount of time and very costly with the College of Policing estimating 20-40%. It is also recognised that sometimes the police are responding to situations because more appropriate services are not open 24/7 or there is no health care bed readily available.<sup>6</sup>

2.5 In December 2017 new legislation came into force which meant that children and young people under 18 detained under S 136 cannot be taken to police custody, and adults can only be taken there in exceptional circumstances. It also meant that the maximum detention period was reduced from 72 to 24 hours which in exceptional circumstances can be extended for a further 12 hours where a doctor certifies this is necessary (due to the person being too mentally distressed or too intoxicated only and not due to unavailability of an Approved Mental Health Professional or doctor). Before using their powers a police officer must consult with one of a number of specified health professionals if practicable.

### **3. Work of the West Yorkshire PCC and the Office of the Police and Crime Commissioner (OPCC)**

3.1 The first meeting of the West Yorkshire Criminal Justice and Mental Health Forum took place September 2015 and continues to meet quarterly. Chaired by the PCC, its members include representation from the Office of the Police and Crime Commissioner, West Yorkshire Police, Clinical Commissioning Groups, NHS England, Public Health England, the Ambulance and Fire Services, Mental Health NHS Trusts, British Transport Police and the third sector.

3.2 Through this forum the PCC will make sure that partners are working together to collectively support people with mental health issues who find

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<sup>3</sup> Policing and mental health, Eleventh Report of Session 2014-15, House of Commons, Home Affairs Committee <https://publications.parliament.uk/pa/cm201415/cmselect/cmhaff/202/202.pdf>

<sup>4</sup> Getting it right first time: policy report, SafeLives (2015)

<sup>5</sup> <http://www.ucl.ac.uk/news/news-articles/0914/040914-Mental-health-sexual-assault>

<sup>6</sup> Mental Health, Report of the Chief Constable, West Yorkshire Police, Community Outcomes Meeting 31 July 2017 [https://www.westyorkshire-pcc.gov.uk/media/130850/item\\_5\\_-\\_mental\\_health.pdf](https://www.westyorkshire-pcc.gov.uk/media/130850/item_5_-_mental_health.pdf)

themselves in the criminal justice system and look for opportunities to intervene at the earliest stage.

- 3.3 Recent agendas have included the NHS West Yorkshire Sustainable Transformation Plan, the West Yorkshire Suicide Prevention Strategy, therapeutic support for victims of crime, the roll out of liaison and diversion initiatives, and other issues. The terms of reference for the forum are attached as Appendix A.
- 3.4 NHS partners are working closely together to deliver the Sustainable Transformation Plan. West Yorkshire is one of 44 STP areas covering England and Wales. The STP brings together the NHS family in West Yorkshire to address health and well-being, care and quality and funding and efficiency. Although the West Yorkshire wide structures responsible for delivering the STP are at an early stage of development, there are encouraging signs that it is becoming easier to have a dialogue with the NHS as a whole at the West Yorkshire level. An overview of the footprint in West Yorkshire is attached as Appendix E. There is a mental health programme within the STP.
- 3.5 During 2016/17 members of the forum worked together to submit proposals to the Department of Health for the improvement and expansion of health based places of safety as part of the Crisis Care Concordat programme. As part of the first wave of successful bids announced in August of 2016 funding was secured for the below:

Types of facilities proposed	Location	Funding awarded
<ul style="list-style-type: none"> <li>• A new safe space for people in crisis</li> <li>• Rebuilding a health based place of safety</li> <li>• Street Triage conveyance vehicle</li> <li>• Improvements to mental health crisis liaison facilities for children and young people</li> </ul>	Bradford, Calderdale, Kirklees, Leeds and Wakefield	£421,640

- 3.6 Applications to the latest funding scheme ‘Beyond Places of Safety’ are currently being assessed by the Government and an outcome is expected during the coming months. It is important to recognise that this investment is capital funding only so will not address any capacity issues.

#### **4. Work of West Yorkshire Police**

- 4.1 The police service has a key role to play in providing a first response to those in crisis suffering with mental ill personality disorders and people who are feeling suicidal. The police also have a responsibility to identify and support those individuals who come to the attention of officers on a regular basis.

- 4.2 There are several areas of policing where mental health is or can be a key factor including but not exhaustive:
- People in crisis who may require detaining under S.136 of the Mental Health Act
  - Missing cases where the person has dementia or is feeling suicidal
  - People who make repeated calls to the police and other agencies due to their mental health conditions or personality disorders
  - Offenders who have mental health issues which can be a key factor in them committing criminal offences, which can sometime be of a very serious nature
  - Victims of crime who may be more vulnerable or targeted because of their mental health or may suffer mental health problems as a result of crime committed against them.
- 4.3 The approach adopted by WYP is one where problem solving and early help to identify and respond to problems is the focus rather than waiting for a crisis to occur. It is sometimes the case that the police are responding to situations because more appropriate support is not available 24/7 or in instances when a health care bed is not readily available.
- 4.4 The number mental health incidents being dealt with by the police increased steadily from 2014, with there being a slight increase of 2.4% on 2017 figures compared to 2016. This has however meant the number of calls received in 2015 against 2017 has increased from 850 to 1300 per month. What is not reflected in these figures are the number of incidents responded to by the police that are not directly due to mental health but where mental health is a key factor in the situation and so the overall impact is much greater.
- 4.5 In comparison the number of S.136 detentions reduced significantly over the same two year time period, with the current rate of reduction being - 2.7% in the last 12 months.
- 4.6 Leeds district accounted for 41.9% of all incidents during the last 12 months and has the highest rate per population at 8.6 incidents per 1000 population.
- 4.7 During the last 2 years the number of missing incidents overall has risen sharply and whilst the overall percentage of cases where mental health is a factor has reduced the total has seen a steep increase. In 2015-2016 there were 1096 high risk missing cases and of those 663 people had mental health issues recorded. In 2016-2017 out of 2126 high risk cases, 1075 had recorded mental health issues.
- 4.8 The Policing and Crime Act 2017 which made several changes to the Mental Health Act of 1983 is already proving to be a positive driver to improve services for those suffering with a mental ill health crisis. The below table provides S.136 detention data and shows the number has decreased

significantly in December 2017. Whilst the reason for this is not yet clear, WYP is discussing this with partners.

	Dec 16	Nov 17	Dec 17
Leeds	90	54	40
Bradford	11	18	14
Kirklees	13	11	2
Wakefield	11	12	2
Calderdale	10	9	2

- 4.9 Since 11 December and the introduction of the new legislation no-one detained under S.136 has been brought into police custody. In all cases officers have been following the new processes correctly and where practicable timely consultation with Health professionals has taken place and handover to professionals at S.136 suites has also been timely. Some delays do still remain when an individual is also taken to the Emergency Department and this is being looked at with NHS colleagues.
- 4.10 New procedures have been adopted in West Yorkshire with regards to S.136 arrests in or from custody, as it is now lawful to arrest a person in this way within a police station. This is currently being used in 2 different ways:
- Where a person is arrested for a criminal offence, taken into custody and becomes seriously mentally ill, police matters are finalised and the person is then arrested S.136 and transported to a health based place of safety.
  - Where a person is arrested for a serious offence and following a formal Mental Health Act assessment is deemed to require admission to hospital however no bed is immediately identified. The criminal matters are then finalised and the person is arrested S.136 and kept in custody due to the serious danger they pose to others, until a specialist bed can be found.

Whilst neither of these procedures are specifically detailed in the legislation both practices aim to work in the best interests of the patient to ensure they receive the appropriate and required medical care at the earliest opportunity and are not detained in police custody unlawfully.

- 4.11 All districts have provided training to officers and staff through e-Learning and specific training days on mental health issues such as dementia, suicide, the Herbert protocol and the role of mental health nurses in police stations and control rooms. A key focus of this training has been treating people with dignity and respect in all circumstances, whilst also being able to recognise that a person may need to be treated differently in order to best meet the needs of that specific individual and get them the support and help needed. Planned training over the next 12 months includes new WYP Mental Health training in light of the legislative changes and the College of Policing, Mental Health and Learning Disabilities Programme.

- 4.12 WYP work closely with the third sector organisation West Yorkshire Finding Independence (WY FI) who specialise in helping individuals with complex needs including mental health, homelessness, addiction and re-offending. They are keen to continue this work and include other mental health partners to provide the best level of support to those in West Yorkshire who need it.

## **5. Current Local Arrangements**

- 5.1 During 2015 the First Response service was launched by the Bradford District Care NHS Foundation Trust to provide mental health crisis support 24/7 to vulnerable people needing urgent care. The service is operated by the trust in partnership with Bradford and Airedale Clinical Commissioning Groups, City of Bradford Metropolitan Council, West Yorkshire Police, Haven, a day-time adult mental health service developed with The Cellar Trust, and Sanctuary, a night-time service developed with mental health charity Mind. The partners involved have been national leaders in this area of work as part of the 'Crisis Care Concordat' multi agency partnership work and regarded as an example of best practice.
- 5.2 Funding from the PCC's Partnership Executive Group since 2015/16 has contributed jointly with the NHS Foundation Trust towards the provision of a nurse based in the Bradford District Control Room (DCR) at peak times.
- 5.3 During 2016 a number of new facilities were opened through the First Response service including the Safer Space facility, an overnight mental health crisis care facility for children and young people, Haven operating during the day in Shipley supporting adults from across Bradford, Airedale, Wharfedale and Craven and the Sanctuary providing support between the hours of 6pm – 11pm.
- 5.4 Elsewhere across West Yorkshire there is a Police Liaison Mental Health nurse in Calderdale based within the DCR during 2pm – 2am and a 24/7 helpline for the police to obtain specialist advice, a co-located mental health nurse providing a combined crisis, triage and police liaison role in Kirklees both of which are funded completely by the local CCG and NHS Vanguard Programme funded provision in Wakefield until March 2018 initially and discussions for beyond April 2018 are ongoing.
- 5.5 Funding from the PCC was also agreed towards providing a mental health nurse in the Leeds DCR during 2016 and following discussions during 2017 a longer term funding arrangement has been agreed between the PCC, Leeds North CCG and Safer Leeds for the period 2018-2021.

- 5.6 A facility for vulnerable children and young people in need of urgent mental health care opened at the Becklin Centre in Leeds during July 2016 and offers a dedicated Section 136 suite or 'Place of Safety' for those under 18 years old.

Jane Mischenko, Commissioning Lead for Children and Maternity Services at NHS Leeds South and East Clinical Commissioning Group, said: "We welcome this facility for young people in Leeds.

"One of our key priorities for commissioning health care for children and young people in Leeds is effective support for them when in crisis."

West Yorkshire's Police and Crime Commissioner, Mark Burns-Williamson, added: "I welcome this important step forward in ensuring there is a more appropriate response to the needs of under 18s. Our shared aspiration is that none of those who experience a mental health crisis in this age group should be detained in police custody.

"I will continue to work with partners through the Criminal Justice and Mental Health Forum I set up last year, to ensure consistency across the whole of West Yorkshire."

*Extract from the press article published by the Leeds and York Partnership NHS Foundation Trust, 7 July 2016*

- 5.7 Ongoing discussion between the PCC and partners with regards to the need for a change or bolstering of the Appropriate Adults provision commenced in 2014. Following a meeting between the PCC and representatives of the 5 Youth Offending Teams in West Yorkshire during January 2017 work has been progressed to procure and implement a full West Yorkshire wide service to replace any existing arrangements.
- 5.8 A project team (chaired by Stephen Crofts, Youth Justice Services Manager, Wakefield MDC on behalf of the five West Yorkshire YOTs) with representation from each Local Authority area, West Yorkshire Police, the National Appropriate Adult Network and the OPCC has been driving the work forward since this time. Following consideration by the project team it was confirmed that Leeds City Council would act as a lead Local Authority to commission a volunteer service on behalf of the five local authorities. A financial contribution has also been made by the PCC in support. Following a successful procurement exercise a three year contract was awarded to The Appropriate Adults Service (TAAS) and the service was launched on 1 April 2018. The project team will continue to performance monitor the service during this time.

#### Liaison and Diversion

- 5.9 The Liaison and Diversion (L&D) programme was created in 2010 as a consequence of the Bradley Report of 2009 and the Government have shown a commitment to roll out L&D services across England through a phased approach. As a cross government initiative it includes partners from; Department of Health, NHS England, Home Office,

Ministry of Justice, Youth Justice Board, HM Courts and Tribunals Service, Public Health England, Offender Health Collaborative, Bradley Review Group and the National Offender Management Service. It is NHS England however who are responsible for commissioning L&D services and they are held accountable for the rollout of services by the Department of Health.

5.10 The aims of the service are to:

- identify a person with one or more mental health, learning disability and substance misuse vulnerabilities who has come into contact with the justice system
- be a service that assesses and refers that identified individual to an appropriate treatment or support service

In addition to that it will operate to:

- share accurate and timely information on the identified person with the police and courts to ensure any charging, sentencing or disposal decision is based upon an authoritative assessment of their mental health, any learning disability or substance misuse issue
- support the most appropriate outcome for that individual, as contact with criminal justice agencies can be the first time a person will be assessed and diagnosed.
- identify individuals as early as possible after they come into contact with the police and criminal justice system. Through coverage at police custody suites and criminal courts and through links with probation, the youth offending service, prisons and the secure estates for young people

5.11 L&D services currently operate in 3 of the 5 districts in West Yorkshire, covering Wakefield, Leeds and most recently Bradford which was launched in February 2018. It is anticipated that rollout will continue across West Yorkshire however timescales have not been confirmed.

5.12 The Youth Offending Team in Wakefield were initially selected to take part in a national pilot during 2014 to provide an all age L&D service in the Wakefield District. The service, delivered in close partnership with WYP then received national recognition in 2016 when it was awarded the title 'Best Liaison and Diversion Service' in the country by the Howard League for Penal Reform. The service was expanded to also provide provision to all defendants appearing at Leeds Court which coincided with the closure of the court in Wakefield but was available to any individual regardless of their home address.

5.13 Following the service's success an approach was made by NHS England during late 2016 for a further expansion to cover the Leeds district. Wakefield Youth Offending Team entered into a partnership with Touchstone, the Together Women Project, Leeds District Police and the Leeds Youth Offending Team to expand its services into Leeds during 2017, with a team now based at the district's headquarters on



Elland Road with personnel in both the Neighbourhood Policing Office and the custody suite. Cover is provided every day of the week during the hours of 8am – 8pm.

- 5.14 There is an approximate throughput of 17,000 detainees yearly though the police cells in Leeds, against approximately 9,000 in Wakefield.
- 5.15 In addition to the service a Liaison and Diversion Partnership Board has been established in Leeds and the current governance structure means reporting is to the Reducing Re-offending Board and the Safer Leeds Partnership.

## **6. Community Outcomes Meetings - Holding the Chief Constable to Account**

- 6.1 The Community Outcome Meetings between the Chief Constable and the Police and Crime Commissioner focus on important policing and community safety issues which are of a high public interest. The aim is to offer greater transparency to communities on how the PCC holds the Chief Constable to account on these important issues. These meetings also provide an excellent opportunity for the PCC to raise issues with the Chief Constable on behalf of members of the community.
- 6.2 A report on Mental Health is received twice yearly as part of an agenda focused on 'Supporting Victims and Witnesses', with the latest being discussed on 20 February 2018. During this meeting the PCC asked a number of questions of the Chief Constable and officers from WYP in order to gain reassurance on the following:
- the main risks to be managed by the police service over the coming months
  - reassurance that the reduction in recorded Section 136 data was not due to reluctance of officers to make an arrest
  - vehicle availability and the use of triage vehicles alongside ambulances
  - challenges to the police with regards to Government funding of Health Based Places of Safety and the equity of provision across West Yorkshire
  - risks once Big Lottery funding for West Yorkshire Finding Independence ended in 2020
  - scope for the police to support the development of better prevention and early intervention strategies around mental health

## **7. Future Work and Aspirations**

- 7.1 In order to understand work from the OPCC, WYP and partners on each priority within the Police and Crime Plan and consider what we want to do together to deliver on our priority areas of work we have developed our

'Priority Plans'. These plans will be refreshed, renewed and are work in progress but we will report on our delivery against these Priority Plans in public facing Community Outcomes Meetings.

- 7.2 A key piece of work for the Criminal Justice and Mental Health Forum is to develop greater consistency of approach across West Yorkshire, and to secure longer term sustainable funding arrangements for the good practice which has been developed. The capacity of the Forum will be further developed, with the inclusion of partners from the wider criminal justice system. It will be supported by the PCC's Criminal Justice Adviser.
- 7.3 Much of the Forum's work has been focussed on crisis intervention, but there is a need to give more attention to early intervention and prevention initiatives which can avoid such crisis happening. The lesson of the third sector led West Yorkshire Finding Independence programme need to be learned, as well as best practice nationally such as that promoted through the High Intensity Network.
- 7.4 The Forum recognises the unmet needs of many victims of crime for therapeutic support, including counselling. NHS partners have recognised the need to strengthen referral pathways. This will be a key piece of work moving forward, which will be led by the PCC's Victims Services Adviser.
- 7.5 In each district, there are local Concordat partnership arrangements which bring together the local authority, NHS, Police and other partners. The strength of these partnership arrangements is variable. The Forum receives regular reports from them. It is important that CSPs are aware of the work of local Concordat groups and has an appropriate working relationship with them.