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POLICE & CRIME COMMISSIONER
LINCOLNSHIRE – SAFER TOGETHER

Working together to create safe, well communities

Developing a partnership approach to mental health challenges in Lincolnshire

CONTENTS

INTRODUCTION

Mental health is a growing national issue. 20-40% of demand on police activity is attributed to mental health related incidents each year (House of Commons Home Affairs Committee, 2015). In Lincolnshire, 87% of 2800 recorded mental health related police call outs involved people already known to mental health services. Our commissioning response has included two adult Section 136 suites, a mental health triage car and mental health nurses in the force control room to divert these calls for police intervention to appropriate health-led support.

Whilst Lincolnshire organisations have grasped opportunities to create some innovative and successful solutions, more needs to be done to bring those existing initiatives together to create a coherent, integrated and measurable programme of work.

Working together to tackle some of our most complex challenges will improve community safety through crime reduction, improve mental well-being and contribute significantly to the de-escalation of acuity in the health environment. Health and Justice Commissioners will benefit from the associated cost reductions. The longitudinal quality impact on our communities will include increased feelings of safety and experience associated with co-ordinated public sector response.

As a County, we have a long history of working together to improve services. Local commissioning has included 2 adult Section 136 suites, a mental health triage car and Mental Health Nurses in the Force Control Room to support crisis response.

Our health sector has already identified and commenced transformation in pathways which focus on treating people, rather than conditions, and stepping away from fragmented health services, favouring a commissioning approach which considers the persons journey through the health and social care environment.

In October 2016, Professor Sir Bruce Keogh described the relationship between health and social influences on offending and re-offending behaviour as "complex". He suggested that [health and criminal justice systems] together should "grasp opportunities" for integrated working to prevent both offending and re-offending. In June this year, the Independent Commission on Mental Health and Policing (Adebowale, 2017) recommended greater integration in operational working between the NHS and policing.

Lincolnshire Police and Crime Commissioner has engaged with local partners to establish opportunities for cohesive working, and achieve high impact outcomes for Lincolnshire; including the reduction of mental health demand on policing. In collaboration we have produced a development plan which will provide some high impact interventions, to springboard our continuous development of this work programme with our stakeholders.

WORKING IN PARTNERSHIP

This piece of work has been undertaken through engagement with strategic and operational teams in our partner organisations. It has been an exercise in listening, to set the scene for our future development opportunities. We wish to thank our partners for the time they have committed to speaking openly about their challenges and those of their service users.

The Lincolnshire Police & Crime Commissioner
Lincolnshire Police
Lincolnshire Fire & Rescue
Lincolnshire County Council
Inc. Public Health, Community Safety, Housing Health & Homelessness, Trading Standards
Lincolnshire District Councils
HMP Lincoln & North Sea Camp
Purple Futures
National Probation Service
Intraserve (Local Probation Service)
P3 Lincolnshire
Addaction Lincolnshire

Lincolnshire Health & Care Partners including:
Lincolnshire Partnership NHS Foundation Trust
United Lincolnshire Hospitals NHS Trust
Lincolnshire Community Health Services
East Midlands Ambulance Service
Lincolnshire Clinical Commissioning Groups
Lincolnshire Medical Committee

Healthwatch Lincolnshire
NHS England Health & Justice Team
Lincolnshire Crisis Care Concordat

Throughout the development of this work, our partners have spoken on behalf of their service users. Whilst we have engaged with a small number of service users as opportunities have arisen, we propose that in order to ensure our work programme remains person-focused that each programme will have its own approach to engagement and that our developments will incorporate some innovative 360° feedback. This is addressed in our Development Plan (4.4).

SHARED SYSTEM CHALLENGES

The communities we collectively serve are becoming increasingly diverse and complex, necessitating different types of response from our public services.

Our partners are responding to challenges created by public funding constraints and rising demand, and are looking outwards to more system integrated ways of working to maximise resource, decrease wastage in public spending and optimise public service outcomes.

Police Forces are taking new approaches to address emerging types of crime, and working in partnership with justice, emergency response, health and social care and voluntary services to create ever more innovative approaches to the creation of safe communities.

Whilst police and justice leaders strive to create safe communities, health leaders strive to create well communities. The core human needs related to establishing feelings of "safe" and "well" are inter-related but our objectives to improve the lives of the people we serve, as a wider system collaboration are not always visibly aligned.

We have identified a need to look differently at our approach to community safety and well-being, focusing on the opportunities which most readily present themselves as shared challenges; and using the shared learning from these initial approaches to further our collaborative developments for the sustainable benefit of the public we serve.

KEY DEVELOPMENT OPPORTUNITIES

Whilst under pressure to meet the demands of a rising population and formidable budget constraints, public services face unprecedented new and evolving challenges, and with it, opportunities to look at our combined approaches

For policing, the emergence of new crime types demand a different approach to policing some of which are highly resource intensive. Crimes such as fraud target our vulnerable population and have a significant impact on victims. Serious and organised crime such as sexual exploitation, human trafficking, modern day slavery and terrorism are increasingly growing an online presence, threatening health and well-being behind the scenes in our communities.

The commonality between maintaining healthy communities and maintaining safe communities has helped us to identify shared objectives based on outcomes for our service users.

The Policing Vision 2025 supports a community collaborative approach to:

- Increased focus on crime prevention activity through use of intelligence and early intervention;
- Working with partners to help resolve the issues of individuals who cause recurring problems and crime in the communities they live in;
- Supporting multi-agency neighbourhood projects that build more cohesive communities and solve local problems (where police do not play a central role);
- Working with partners to establish joint technological solutions, enabling the transfer of learning between agencies
- Moving to a place-based approach to commissioning services in response to threat, harm, risk and vulnerability.

The Office of the Police and Crime Commissioner has engaged with partners to identify and develop opportunities for collaborative, high impact actions. The following proposed opportunities are presented as a result of those interactions:

1. REDUCE MENTAL HEALTH CRISIS PRESENTATION

Strengthening psychological resilience and creating stronger communities will help us to address the increasing demand for crisis support services.

We need to consider all factors leading to crisis regardless of place of presentation to ensure the right support and care continues, to help people sustain a good quality of life and associated mental health.

Multi-factorial social elements impact heavily on a person arriving at crisis point. We need to establish a method of addressing these elements collaboratively, using our existing resources.

The cost of crisis management is high: Lincolnshire spends over £1.9m per year responding to crisis reactively in blue light response for just 100 of our most frequent service users.

We have worked with partners in collaboration to commence deployment of a new way of working using the Hampshire Model (High Intensity Network). In Hampshire, the average cost per annum has reduced from £19,000 to under £3000 per service user, reducing incidents of suicide to zero and s136 detention to single figures.

Lincolnshire Crisis Care Concordat has commissioned a review of crisis pathways, due for publication in March 2018. It is important that as working groups and sub-committees develop from this collaboration, that we ensure central strategic oversight leads this complex and continually changing community system to avoid stifling progress by simply doing more, rather than working differently.

Lincolnshire does not have an evidence based single oversight of crisis demand which will make it difficult to make insightful decisions about allocation of resources. We have allowed our system to become reactive to crisis without addressing how people arrive at crisis and how we might work collaboratively to prevent it.

Improving our data sharing and strategic oversight will help us to look at system impact from our interventions in a way which exceeds two dimensional activity monitoring *(table below).* Working in partnership offers opportunities to shift our culture into one of whole-system budgeting, enabling a reduction in duplication and improving service experience through a collaborative approach to support.

2017 Crisis Response Service Activity	Episodes of Care
Community Crisis Team episodes of care	11,342
Mental health coded police interactions	2800
Ambulance conveyance for mental health crisis	1630
Admissions to acute mental health unit	937
Mental Health Triage Car call outs	448
S136 Detentions	366
Mental Health Rapid Response Car call outs	180
A&E	*Data not available
Hospital Liaison Team	*Data not available

To address these issues we propose to:

1.1 Lead, in collaboration with our partners, the development of a structured network to manage those people who place the most demand on emergency teams, creating effective multi-organisation support plans to de-escalate and prevent further crises.

> 1.1.2 Our network will consist of existing specialist resource from health, policing, fire and rescue services, criminal justice, mental and physical health resource in addition to housing support officers and support from our third sector and voluntary partners.

1.1.3 We will utilise shared learning and service user experience from this programme of work to develop wider understanding about the needs of our population and use this to inform future service developments. Particularly in relation to the development of community assets which support wellbeing and social inclusion.

1.1.4 We will ensure that our network aligns with the developing nationally represented high intensity network, contributing to local , regional and national continual learning and development.

1.1.5 We will implement digital technology in alignment with partners which will enable our multi-organisational teams to work effectively in their shared commitment to protect and care for these individuals.

2. DEVELOP A COLLABORATIVE APPROACH TO STRENGTHENING OUR VULNERABLE COMMUNITIES AGAINST CRIMINAL ACTIVITY.

The Policing Vision for 2025 supports work which improves understanding of vulnerability (physical and virtual) as a means to developing different methods of protection.

In Lincolnshire, specialised police units infiltrate crime intelligence, to attempt to identify which areas criminals are most likely to target. This intelligence is based on people who have already been victims and is therefore still a reactive approach. This type of crime can be committed online, or door-to-door, or by post. Reporting of crime/threat of crime is hampered by the stigma associated with being a victim.

Health professionals are regularly engaged with 80% of vulnerable individuals in communities, they will be aware of changing behaviours, and often vulnerability will be recorded in some way on the health record prior to the person becoming a victim of crime.

In times of system emergency, health records are accessed in order to identify any need for supported evacuation, and co-ordinate our emergency services to respond, for the purposes of community safety.

Whilst we must acknowledge the concerns regarding data sharing, we must remember our joint responsibility to protect and to care for our public. This responsibility extends to prevention of harm.

We must support new approaches to preventing harm by using intelligence we receive as part of our Joint Strategic Needs Assessment, and care records to co-ordinate meaningful early interventions to support our most vulnerable community members.

We will lead and support a programme of work which supports our specialist police teams in collaboration with our health partners to:

2.1 Strategically target crime prevention support to our most vulnerable and complex communities.

2.1.1 We will lead on a joint programme of work which enables key leaders in health to work with trading standards, our specialist public protection unit (leading Operation REPEAT and Operation REVIVE) and Friends Against Scams to find innovative solutions to targeting critical prevention work to our most vulnerable communities. This work programme will include:

2.2 Creation of accessible information and guidance to support people who might be more vulnerable to criminal activity, before offences take place.

2.2.1 Frail elderly

2.2.2 People with learning disabilities

2.2.3 People with severe and enduring mental health issues

2.3 Empowering health and social care professionals through a joint approach to safeguarding training, to identify those at risk from emerging new crime types and increase signposting to early support:

2.3.1 Police leadership in the development of safeguarding training packages, both online and face-to-face, which help our public services to identify any vulnerability to emerging crime types and also of the symptoms associated with being a victim of these crimes.

2.3.2 We will more frequently align our approach to communicating crime prevention to our vulnerable people, through existing community engagement initiatives planned through healthcare engagement.

3. ALIGNING LOCAL APPROACHES TO THE MANAGEMENT OF COMPLEX SOCIAL DETERMINANT FACTORS

Police Teams report difficulties in accessing health and social care solutions around a person or a family. Officers working directly within the management of complex and chaotic lifestyles, troubled families, anti-social behaviour, domestic abuse, prolific offender behaviours and substance misuse provide a voice for those who find it hard to access health and social support services. This feedback will provide some important insight for Health Commissioners, who regularly consider the impact of deprivation on health needs.

The Equality Act (UK Government, 2010) empowers those with a public duty to remove or minimise disadvantages suffered by people due to their protected characteristics. Barriers arise for individuals when their conditions are not recognised as a protected characteristic. Being homeless, misusing substances, offending and risky behaviours are not categorised as a condition and are therefore not routinely considered during the design of health services; recognition of local issues in Lincolnshire is apparent through the many local initiatives designed to find resolution to these wicked system problems (Grint, 2008).

Planning our services collaboratively in consideration of complex and chaotic lifestyles, would reduce complexity; reduce the impact on family, friends, neighbours and the general public through incidents of crime and community safety, which further impact on health system activity, capacity and quality.

Local Commissioners and public service providers must consider their responsibilities in alignment with “Hard to Reach” Groups (Department of Health, 2002) in addition to the Equality Act (UK Government, 2010) and;

- Take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people.
- Encourage people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

As different organisations and third sector groups converge to fill the gaps between services without singe strategic oversight, our efforts are not effectively maximised. The benefits of any one programme cannot be easily determined.

Equally, creating a list of projects to align would present us with an “accurate for now” operational plan. We would benefit from different way of working across our structures to enable strategic leadership to benefit from oversight and shared decision making, and operational community policing and health teams to work efficiently in collaboration with partners.

Whilst being cautious not to risk policing resource, and specialist team capabilities being drawn into health objectives, there are opportunities to support community policing to recognise common objectives between health and social care partners, perhaps initially focusing on the key areas that we know to be determinant factors in protecting safety and

protecting health. Joint guidance for community integrated working may include:

- Substance misuse
- High intensity/high frequency users
- Community safety (Hoarding/Persons who create regular cause for concern through risky behaviours)
- Domestic abuse
- Crime reduction (Integrated Offender Management Team)
- Crime prevention - vulnerable community members
- Offender resettlement and community rehabilitation
- Victim support

Lincolnshire Health & Care are already working hard to align a variety of health practitioner teams to Neighbourhoods, dividing Lincolnshire into 12 areas, to enable health and social care practitioners work together as real teams. These teams are already demonstrating the value of operational relationships outside of their normal working practices, as part of a whole-person approach.

Some examples of opportunistic joint working in Lincolnshire include:

- A reduction of high frequency fire service calls in Gainsborough by addressing the persons rationale for taking safety risks to manage an unreported health condition. No further call outs following health team intervention to remedy the root cause.
- Referral to a mental health team to address the root cause of anxieties has resulted significant reduction in the number of calls for police support made by an individual who required continuous assurance of safety on a daily basis via emergency services.
- Victimisation of a known offender returning to a community resulted in continual crisis management through all services. A combined approach has enabled a multi-agency care plan, and has reduced the number of safe and well checks being undertaken by four organisations, regularly throughout the day, to just one check on a rota basis, increasing system productivity by 75%.

Social Determinant Factors of offending (Revolving Doors, 2013)
Poor Health & Social Equality
Social Exclusion
Substance Misuse
Housing problems & Homelessness
Associated social determinants (family history, environment, exposure to chaotic lifestyles)
Lack of clear lead in health & social care pathway
Difficulties in adhering to rigid appointment systems or attending during regular office hours
Distrust of statutory services – barrier in accessing health services
Disintegrated patient pathways
Stigma/ Health Professionals
Transition (Young person to Adult Services)
Fragmented data between prison & care

Our specialist police teams engage with partners through Local Authority led strategic management boards (SMBs):

- Anti-social behaviour
- Domestic Abuse
- Substance Misuse
- Offence Reduction

- Organised Crime
- Sexual Violence and;
- Safer Lincolnshire Partnership *(former Lincolnshire Community Safety Partnership)*

To make a sustainable impact on both health improvement and crime/ harm reduction, we need a collaborative approach to system projects which seek to improve the lives of our most complex service users.

The Police & Crime Commissioner proposes central co-ordination of existing Strategic Management Boards and the associated intelligence to support their decision making, co-ordinated by the PCC Office.

We propose a revision of the current strategic oversight of all of these groups, to enable a single committee to remain accountable for organisational alignment to a system co-ordinated programme of shared priorities:

4. DEVELOP A STRATEGIC OVERSIGHT COMMITTEE TO LEAD EFFECTIVE OPERATIONAL COLLABORATION AND ONGOING LEARNING AND DEVELOPMENT.

The health and social care system is held to account locally by the Lincolnshire Health and Wellbeing Board. It would therefore seem sensible that a single report in respect of the impact of partnership collaboration should be presented there, representing a joined community safety and wellbeing position.

19 key organisations in Lincolnshire have individual legal responsibilities, strategic aims and operational delivery plans relating to our shared key objectives. We collectively support representation at an array of committees and meetings often duplicating effort.

To support this new way of working we will:

4.1 Deliver in collaboration with our partners; a single strategic committee to lead and hold our collaborative organisational efforts to account. It is proposed that this structure will be supported by the work of a programme co-ordinating hub, based in the Office of the Police and Crime Commissioner.

4.2 Lead the development of a Lincolnshire Health & Justice Quality and Innovation Network, to create a sustainable platform to embed lessons learned from effective integrated working, applying best practice locally, regionally and nationally.

4.3 Support the removal of barriers to cross-organisational working by creating information sharing arrangements which support our teams to collaborate to keep our communities safe within the confines of our legal obligations in relation to the Data Protection Act (1998) and Human Rights Conventions (Art.8), and the forthcoming General Data Protection Regulation (GDPR).

4.4 Create a central platform for continuous stakeholder engagement and feedback to ensure those using our services, their carers and those working with them, are able to inform the design of new approaches, and tell us how our approaches have impacted them.

5. IMPROVE UNDERSTANDING AND INCREASE ACCESS TO TIMELY MENTAL HEALTH SUPPORT

In 2017, 51% of the total recorded police sickness absence in Lincolnshire was associated with psychological illness. Our officers are frequently exposed to highly distressing situations. Their commitment to public service sometimes leads them to manage their own mental health, which means that when help is sought, it has often already caused damage to their own wellbeing. Talk therapy services are often not accessible because of real or perceived vulnerabilities or compromise caused by unintended public recognition in the mental health environment.

Improving police officers understanding of mental health also helps to develop their application of it in the community. Better understanding

helps management of risk to safety. For example: An officer might suspect

that mental health is prevalent but knowing that a person escalates rapidly to violent behaviours when afraid provides an opportunity for officers to assess more accurately and take more informed actions. 66% of mental health related Force Control Room calls were associated with concerns for a person's safety and wellbeing which necessitated officer attendance.

In 2017, 2726 police call outs were associated with mental ill health. This is felt to be a low representation due to data recording. In order to look accurately at demand, we need to understand more detail about these calls and the subsequent potential for reducing them.

We will therefore lead a multi-faceted approach to improving mental health in our communities by:

5.1 Developing a tailored police officer mental health programme to improve psychological resilience.

> 5.1.1 Outreach Talk Therapy (IAPT) Services at no cost to officers who live in Lincolnshire
>
> 5.1.2 Development of a tailored psychological resilience programme in alignment with police and police staff training. Supporting new recruits prior to deployment, active officers and officers preparing for retirement.

5.2 Supporting existing police mental health liaison officers and leads in the force to deliver mental health training and local insight to officers.

> 5.2.1 Creating a reciprocal arrangement for training, which enables policing staff to provide support for safeguarding training in light of new and emerging crime types, and mental health staff to provide operational insight into mental health conditions and awareness of current local approaches to care.

5.3 Creation of a cross-organisational review of mental health demand through the force control room, in order to inform service design considerations, through critical appraisal of experiences through our collective services.

5.4 Alignment of operational policing and health pathways, exploring mobile device technology and the use of community mental health liaison roles to create responsive and proactive solutions to emerging mental health concerns in the community.

MEASURING SUCCESS & SUPPORTING CONTINUOUS INTEGRATED DEVELOPMENT

Integrated outcome measures will provide us with shared intelligence about the impact of our decisions and actions on the whole system. Through this we will create a culture of evidence based developments.

Our single strategic oversight committee for Lincolnshire we direct change based on information from our partners co-ordinated in the PCC hub to create a multi-system strategic impact report. The data supporting our shared objectives, will align Public Health Outcomes; NHS Outcomes; Marmot Indicators; Public Health Profiles; Police & Crime Statistics; Local Deprivation Indices; CQUINS and contractual key performance indicators. Measurable impact will include:

Key High Impact Outcomes	Development Dependencies				
Year One	**1**	**2**	**3**	**4**	**5**
Decreased blue light activity associated with highest frequency users	x		x		x
Decrease in s136 detentions	x		x		
Continued decrease in criminal activity reported from our communities' most prolific offenders	x		x		
Increased reporting of crime/attempted crime amongst vulnerable communities including; cybercrime, fraud and exploitation and domestic abuse Decreased impact of crime amongst vulnerable communities		x			
A reduction in police sickness absence associated with psychological illness & associated increased capacity in police operational workforce					x
Demonstrable shared learning and innovation between policing and mental health at community level			x		x
Equity in service provision across system public services leading to improved service user satisfaction and engagement	x	x	x	x	x
A visible, high impact, co-ordinated Lincolnshire Health, Justice and Community Safety work programme				x	
Improved risk assessment and subsequent safety of public service teams who respond to calls for assistance	x		x		x
Year two					
Decreased mental health related police activity *(measured through time on scene)*	x	x	x	x	x
Increase in early referrals to mental health liaison and health neighbourhood teams, from operational policing for mental health support *(i.e hoarding behaviours, police call outs with a root cause of anxiety, depression or lack of effective social support networks in community)*			x		x
Increased police confidence in identifying and responding to mental health challenges in the community/ increasing police reporting of low level concerns into health led neighbourhood teams/ community mental health services					x
Strong operational working relationships, measurable through cross-organisational 360° feedback					
Increasing level of commissioned wellbeing activity in communities associated with justice pathways in community (third sector growth in commissioning)			x		
Decrease in Lincolnshire suicide rate	x		x		
Cost efficiencies identifiable through strategic alignment and maximisation of resource impact (reducing duplication of effort, using capacity to improve impact on key challenges)	x	x	x	x	x

NEXT STEPS

1. PARTNERSHIP COMMITTMENT

Our partners will be invited to discuss our Key Developments at an interactive event, where we will look to align organisations and named project leads to work programmes and offer further opportunity for system engagement.

At the event we will ask senior decision in all our partner organisations to make a public commitment to support the development of the programme as part of a Lincolnshire concern.

2. CO-ORDINATION OF OUR DEVELOPMENT PROGRAMME, LEADERSHIP & SYSTEM STRATEGIC OVERSIGHT

Programme co-ordination & leadership

Leading effective work programmes across health, justice and related services involve working across complex commissioning and funding streams. Experiences from the Health Inequalities National Support Team identified the need for an 'organising hub' to provide a strategic focused approach to tackling these complex issues and achieve population level outcomes.
It is proposed the co-ordination of this programme of work will be based in the Office of the Police & Crime Commissioner. The appointed lead will need to understand the nature of local and national policies and organisational contexts; encouraging and shaping new ways of tackling problems in partnership. Strong leadership and effective systemic engagement are needed to drive this agenda to ensure system level impact and sustainability.

System Strategic Oversight

It is proposed that a new committee be devised with representation from all partners at senior decision making level. The committee will receive reports from the PCC organising hub, consolidating outcome data and intelligence, to support system-wide oversight. This report pack will include the outputs and decisions from existing Strategic Management Boards, the Crisis Care Concordat and our Integrated Outcomes Framework as a starting point.

3. PUBLIC ENGAGEMENT & COMMUNICATION

Whilst the work programme describes innovative approaches and opportunities, we need to acknowledge our partnership approach publically and address the concerns that the public will inevitably have, about data sharing to make clear the parameters of our work and offer jointly devised messages of assurance. Partners are asked within their commitment to different ways of working to enable their public engagement and communication teams to work collaboratively in the delivery of these messages.

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