



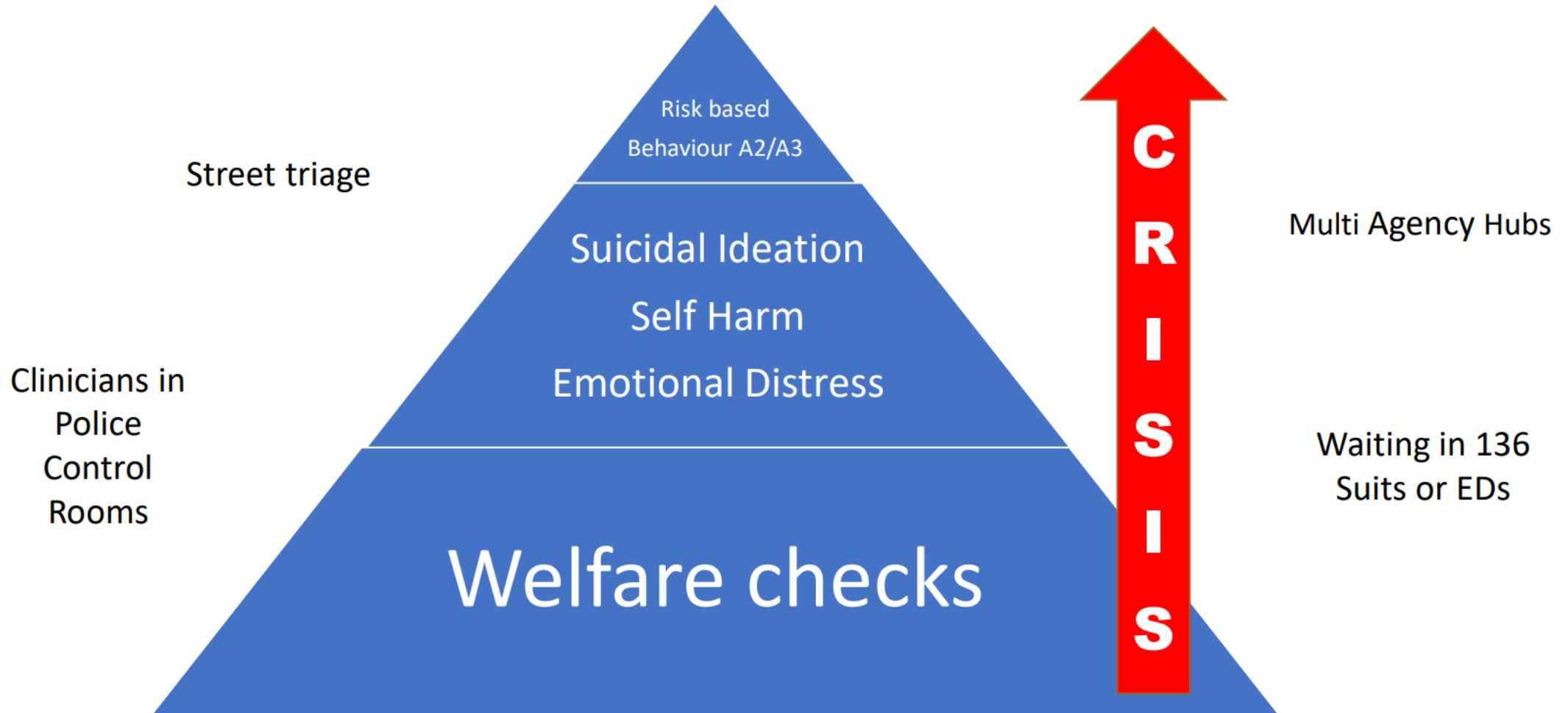
Right Care, Right Person Sandwell Health & Wellbeing Board

18th September 2023

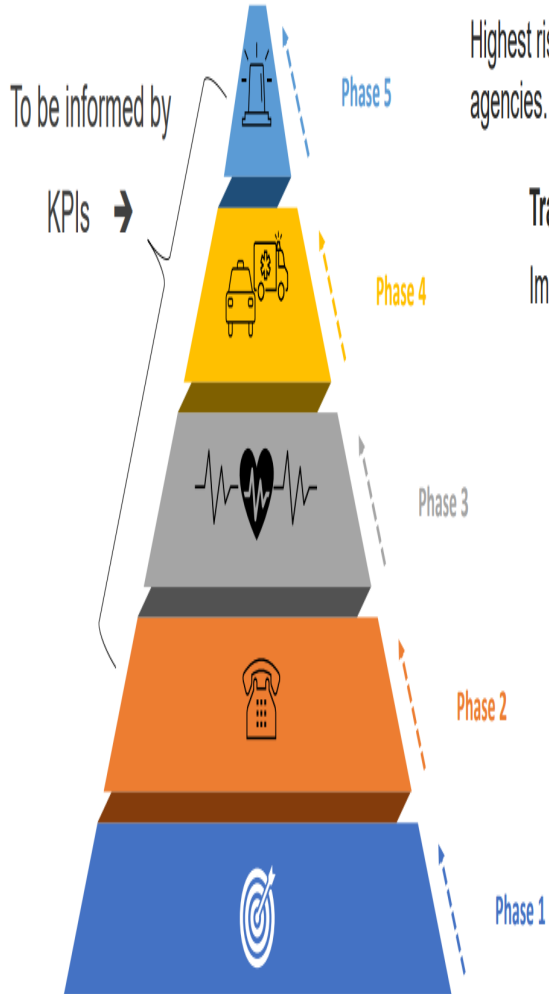
West Midlands
POLICE



What currently happens in Policing & WMP Analysis



Journey to RCRP



S136s and voluntary mental health patients

Highest risk area, and need for clear roles and responsibilities between agencies. Handover forms to support Policy.

Transportation

Impact on frontline officers and other agencies e.g. Ambulance

AWOL & Walk out of healthcare facilities

Multi agency policies and response needed.

Concerns for Welfare

Largest demand on forces, mainly an internal change for control rooms.

Preparation

Baseline (KPIs), Stakeholder Engagement, Communications, Training, Policy etc

Phase 5

- Section 136 of the Mental Health Act used to detain someone in crisis. Police attend the 136 suite but couldn't handover to clinicians as no one free to accept. Police remained for 12 hours.
- Voluntary patient taken by police to emergency department of an acute hospital after a minor self-harm episode as no ambulances free. Police were asked to remain as the individual was assessed as potentially suicidal.

Phase 4

- Police asked to convey patients (from acute hospital to mental health facilities)
- Police conveying s136 or voluntary mental health patients to places of safety

Phase 3

- Hospital requesting police do a safe and well check on a patient with capacity who left A&E but requires follow-up treatment (no immediate threat to life).
- Sectioned patient had gone AWOL after s17 escorted leave with staff, last seen in the pub. Later located at home address by officers and returned to mental health unit.

Phase 2 – Public & Partner call for services

- Mental health services reporting that an individual hadn't attended their appointment the previous day and they had concerns about them.
- Caller is stranded in Birmingham, he does not have any way of getting home or anyway to call for help
- 17 year old sister has self harmed at care home and staff did not call ambo. Have not allowed her out today even though is permitted. Victim is 17 year old female with mental health issues.
- Ambulance service seeking support to gain entry where there is no threat to themselves – Ambulance service also have powers of entry

Phase 1 WMP Police Project Board in place all activity in train. Suggest partners consider similar approach?



RCRP Project Board & Workstream Owners

- **Policy & Project Lead** Chief Superintendent Kim Madill
- **Legal Advice** Sabrina Robinson – Principal Lawyer
- **Referral Pathways** DCI Allan Green – PPU
- **Process Mapping** – Insp Simon Guilfoyle
- **System/Vulnerability Hub** Supt Erica Field - Force Contact
- **Training Development** Natalie Stokes – L&D
- **Mental Health Response** Supt Chris Mallet/Insp Stephen Taylor
- **Equality Analysis** Sgt Greg Richards — D&I Team

Key Concern – Prevention of Vulnerability Vacuum

Vulnerability Vacuum
Vulnerabilities driver for public service interventions due to unmet need = potential escalation
Potential to increase individual risks

Referral pathway options – Partnership Vulnerability Officer

Social Prescribing model – costs and responsibility

DY Model CVS - NHS funded and referrals (6 key workers, £440k/year support 1000 people, 2 key workers for high risk £144k/year support 50 people)

WV Model CVS – NHS Funded. Options to refer police demand already being developed

Following RCRP implementation

Right skills, training, expertise and experience




Department of Health & Social Care

