



## MEMORANDUM

**To:**  
SUPT Edward FOSTER  
SUPT Sally SEELEY  
SUPT Beth BRIDGES

**From:**  
CH/INSP Matthew TITE

**Subject:**  
PCC Mental Health Roundtable  
Triage Team Review

**Ref:**

**Ext:**  
822 3272

**Date:**  
20<sup>th</sup> August 2020

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Sir / Ma'am,

On 9<sup>th</sup> March 2020 a Mental Health Roundtable was convened by the OPCC. Following the meeting, on 7<sup>th</sup> April 2020, an action was forwarded to Force Response on which I was asked to lead:

"Establish a working group to review the Triage service with the aim to have a consistent offer across the WMP area. Use Service User Groups to feed into this. WMP to coordinate with partners."

The progression of this action was delayed as a result of the COVID19 pandemic however work has now been completed to provide an update in relation to the task set which is described below.

### THE CURRENT POSITION:

The Triage Team was established in 2014. There are three separate teams: (1) A Black Country Team covering Walsall, Wolverhampton, Sandwell and Dudley, (2) A Birmingham Team covering Birmingham and Solihull and (3) A Coventry Team.

Up until recently, the Black Country and Birmingham Teams operated in exactly the same way: a police Sergeant supervising a team of six police Constables supported by paramedics and psychiatric nurses responding to mental health incidents in a marked ambulance. The teams operated 7 days per week between the hours of 10:00 and 02:00 (or 03:00 on a Friday or Saturday).

The Coventry Team is different in that there is not a dedicated Sergeant nor a team of dedicated Constables. Instead, the police officers staffing the Triage car are drawn from the response team which is on duty at the time and those officers are supervised by the response team Sergeant. The officers respond in a marked police vehicle with a psychiatric nurse, operating 7 days per week between the hours of 10:00 and 02:00 (or 03:00 on a Friday or Saturday). There is no paramedic / ambulance support.

The Birmingham Team and Coventry Team continue to operate in exactly the same way as described above however, in January 2020, West Midlands Ambulance Service removed their resource from the Black Country team. Shortly following this, as a result of the COVID19 pandemic, a number of CPNs were either successful in applications for other roles . There were also a number of police moves from the team . From April 2020, the team was therefore reduced to only 2 police Constables. These officers have subsequently been redeployed into Force Contact hubs on the Western side of the Force to support RADS as Mental Health Tactical Advisors (TacAds). As such, since April 2020, there has been no Triage car function at all operating in the Black Country.

West Midlands Police now finds itself in a position with three separate models running within the Force: (1) No service in the Black Country, (2) A full service across Birmingham and Solihull, (3) A hybrid service involving police and CPNs in Coventry.

### FINANCIAL POSITION:

The financial contribution of West Midlands Police to the Mental Health Triage service was reviewed for the financial year: April 2019 - March 2020. A full breakdown of the analysis is included as a short powerpoint presentation at Appendix A to this report however the main points are that, for this period of time, West

Midlands Police contributed just under £899,000 to the team in terms of staff costs, vehicle costs and premises costs. It is important to note that the police costs do not include the cost of the Inspector. To include these costs in addition would push the total contribution of West Midlands Police to over £900,000. In terms of savings made by West Midlands Police (based on the avoidance of unnecessary detentions under S136 MHA), this equates to just under £205,000 per year. Savings have been determined by using the cost of a S136 MHA detention calculated on the premise that two Constables are committed with a detainee for 6.5 hours which is the average wait time at a place of safety.

These figures indicate that West Midlands Police made a financial loss of just under £695,000 last year in terms of its investment in the Mental Health Triage team.

#### PARTNER WORKING GROUP:

In line with the initial action set from the Roundtable Meeting in March, a virtual 'Zoom' meeting was held on 20<sup>th</sup> July 2020 which was chaired by myself. Twenty eight partners were invited to the meeting from across the geography of West Midlands Police. Attendees comprised senior partner representatives including AMHP leads, Clinical Services Directors, Urgent Care leads, Clinical Commissioners and West Midlands Ambulance Service. Approximately two thirds of invitees attended the meeting. The meeting was used to set out the current position of West Midlands Police in terms of team availability and financial contribution / overall loss and to begin a discussion as to what a consistent service across West Midlands Police might look like. The invitation to the meeting is attached to this report as Appendix B.

Some key points from the discussion were noted:

- \* West Midlands Ambulance Service (WMAS) will state that they feel that they are making as much of a commitment to the Triage Team as they can in the context of the business case. WMAS were disappointed that their involvement in the Coventry Team concluded after only three months but will point to a lack of funding as the reason for this. WMAS will state that they do not feel the demand is there in the Black Country to justify a commitment.

- \* Several partners indicated that a 'one size fits all' model would not work and would not be possible given the different partnership arrangements and complex funding streams which are in existence in different areas of the Force.

- \* Representatives from the Coventry area indicated that the CPNs aligned to the Triage Team in this area are employed directly to perform that function (unlike other areas where CPNs are seconded to the team). If the Triage Team were to withdraw from Coventry this would put CPN jobs at risk.

- \* There was a suggestion from one partner (Birmingham CCG) that WMP should look to off-set our financial loss against the wider health economy figures to balance the two.

- \* WMP made the point that police officers on the Triage Team now spend 79% of their time in private residential settings where they have no powers.

- \* There was a definite perception from WMP attendees that partners did not want the Triage Teams to disband. This was summarised by the Coventry AMHP lead who indicated that if police and CPNs are pulled out of Triage then AMHPs will struggle to meet time frames with regard to MHA assessments. An observation was made that the Triage Team ensures detainees are treated and managed better but, in the absence of Triage, more people would be detained under S136 MHA which would create a backlog and additional pressures.

In addition to the meeting on 20<sup>th</sup> July, a short survey was designed by Triage Team officers and circulated to partners for completion. The survey ran for six weeks from 6<sup>th</sup> July until 17<sup>th</sup> August. The complete survey and findings are attached to this report as Appendix C. There were 248 responses to this survey with nearly 75% of responses coming from WMAS and another 20% from Birmingham and Solihull Mental Health Foundation Trust. Broadly, the survey findings were positive and it is clear that the Triage Team is perceived as a valuable / essential service which works well. Of note:

- \* 83.5% of respondents agreed (either completely or somewhat) that the team are knowledgeable around mental health law and policy.

- \* 84.7% of respondents agreed (either completely or somewhat) that the provision of a Triage Team is an essential function.

- \* 79.0% of respondents agreed (either always or sometimes) that the team helps prevent unnecessary admissions to A&E departments.

Whilst these are positive headlines, it must be remembered that nearly 95% of responses came from either WMAS or partners in Birmingham / Solihull where the Triage Team remains fully operational.

#### SERVICE USER INVOLVEMENT:

Another stipulation from the action set in March 2020 was for service users to be involved in any review. Engagement of service users historically has been extremely difficult for several reasons. At the end of 2018, WMP attempted to develop an IAG linked to the Triage Team but there was no engagement at all from anyone who had ever been subject of an intervention by the Triage Team. Making contact with service users is also problematic. Whilst the police and MH Trusts will have the contact details of people who have been subject of a Triage Team intervention, there are legal and moral considerations as to using that information to make an unsolicited approach, through whatever means (e.g. e-mail or telephone), with a view to seeking views about the provision of the Triage Team and a service user's experience.

As such, it was decided that the most appropriate method of soliciting feedback and views would be to design a second short survey and release this into the public domain via the Force's social media accounts - which included the Triage Team Twitter account. In addition, Birmingham MIND agreed to circulate the survey using their social media accounts too. In taking this approach, the hope was that the surveys would naturally find their way into the social media accounts of individuals who had an experience of the Triage Teams, giving them an opportunity to comment, should they wish to, in their own time and anonymously.

The survey ran for the same period of time as the partnership survey described previously. The complete survey and findings are attached to this report as Appendix D. An example of the circulation via Twitter is attached as Appendix E. There were 65 responses to the survey in total which, when compared to previous engagement from the target group, is extremely positive.

Broadly, nearly half of respondents agreed (either always or often) that the Triage Team offer suitable support however, over a quarter (27.7%) disagreed. In addition:

- \* 80% of respondents agreed that they were treated with dignity and respect.
- \* 46.2% of respondents said they would change something about the Triage Team (e.g. more staff, increase the size of the team, better communication between the Triage Team and regular care services).
- \* 58.5% of respondents had either an excellent or good impression of the Triage Team.

#### OBSERVATIONS:

\* I consider that the specific action set in March 2020 at the Mental Health Roundtable meeting has been completed. A consistent service across WMP is unlikely due to the factors described above in this report.

\* At the present time there is a mixed provision of service, from a police perspective, across the Force.

\* The mission of the Triage Team has expanded significantly from its original purpose in 2014. Over the years WMP involvement has been beneficial and we now understand local processes and procedures much better as a result. However, the team is now in a position where it is supplementing services which should be in existence within the NHS and it is therefore serving a much wider purpose - not necessarily consistent with the efficient use of police officers for police related work.

\* West Midlands Police makes a significant financial loss in relation to the current Triage Team arrangements.

\* There is little appetite from either WMAS or CCGs to invest resources back into the Black Country Triage Team.

#### MOVING FORWARDS:

\* The Triage Team makes a financial loss for West Midlands Police. A decision needs to be reached as to whether WMP are prepared to accept the ongoing financial loss.

\* West Midlands Police could achieve a consistent police approach to mental health incident response but this would be by taking unilateral decisions, similar to those taken by WMAS in the Black Country, to either withdraw police officers completely from the Triage Teams or to agree the wider force roll-out of the recently evaluated Mental Health Tac-Ad pilot in Birmingham and invest police capability and capacity into that function as opposed to the Triage Team in its current arrangement.

\* Partnership engagement remains central to any actions taken moving forwards but, given the complexity of

the subject area, this will take time and will likely result in different service provision in different areas. The Triage Team is in need of reform but should not necessarily include the police. A leaner, more agile model which responds purely to those in mental health crisis may be a more suitable option.

Report submitted for information in advance of the forthcoming Mental Health Roundtable meeting on 7<sup>th</sup> October 2020. An understanding of the Force view and expectation as to future Triage Team activity within the context of the development of the Tac-Ad function is essential to ensure that efforts are aligned to a common objective and future partnership engagement is consistent.

Matthew Tite (CH/INSP)