Pain, potential and the need for paracetemol

‘High frequency contacts’

Multi-agency learning and improvement in Wiltshire

National Probation Service

Police & Crime Commissioner for Wiltshire and Swindon

Wiltshire Council
Where everybody matters

DORSET & WILTSHIRE FIRE AND RESCUE

Swindon Borough Council

citizens advice bureau

NHS Wiltshire Clinical Commissioning Group

selwood HOUSING GROUP

Today we are going to talk about…

- Where the system does not fit people (typically vulnerable people), and some outcomes of that
  - For the families and individuals
  - For the service providers
- What we have already done, in response
  - First field group: rationale, mobilising (done), learning (in progress), and then developing different ways of working
- Some early learning and questions for the system
  - Applying the learning; proposed next steps

In the beginning, there was a question, and another question (and another…).

- “Why are [my] front line police spending so much time on people with a mental health issue?”
- What does the evidence tell us?
- What is going on?

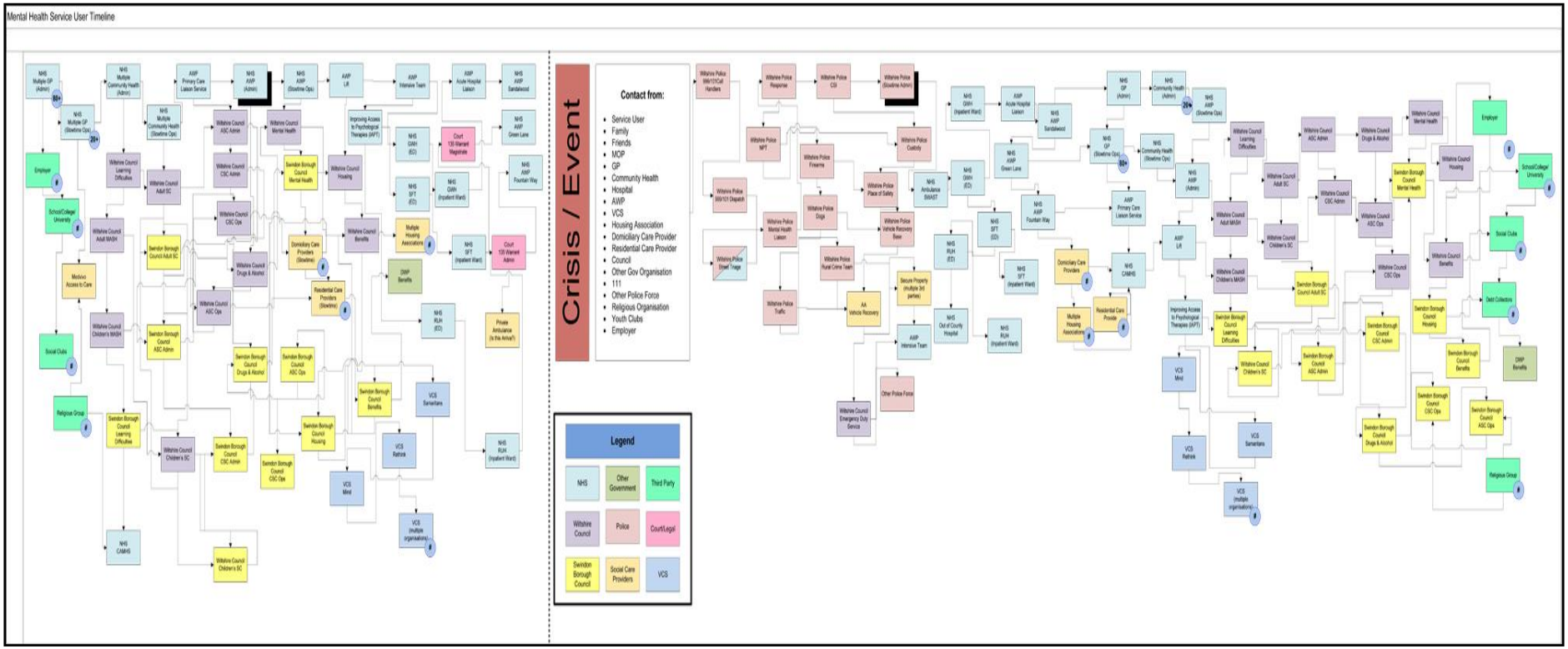
Started with demand volumes into Police for ‘Mental Health’

- ‘Mental health’ and behavioural crisis – frequent contacts into Police (not usually the right place).
- Analysed three months of STORM Logs (plus Niche) as a preliminary study.
- The 1207 logs had 757 Unique Service Users (USU)
- The top 70 repeat demand USU (9%) were responsible for 755 STORM logs in three months (combined tagged and untagged). This is approximately 35% of all ‘Mental Health’ demand into police.
- Data quality was mixed: not completely consistent tagging/ designation; systems are for despatch and for crime recording, and not set up to answer the question we were asking.

Mental Health Service User Timeline

Opportunities for early support/prevention

Opportunities for improved outcome' based response



Case 1

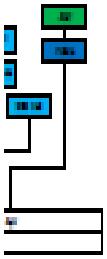
Not included: interactions with

- Drug and Alcohol Abuse services/teams
- Benefits service/teams
- Housing services/teams
- Further contacts with health services/teams

Summary as at June 2017

over the last 10 years, Mr A has called the Police Communication's Room 239 times. He has called the Ambulance Service 223 times. A great deal of these calls were made on the 999 system.

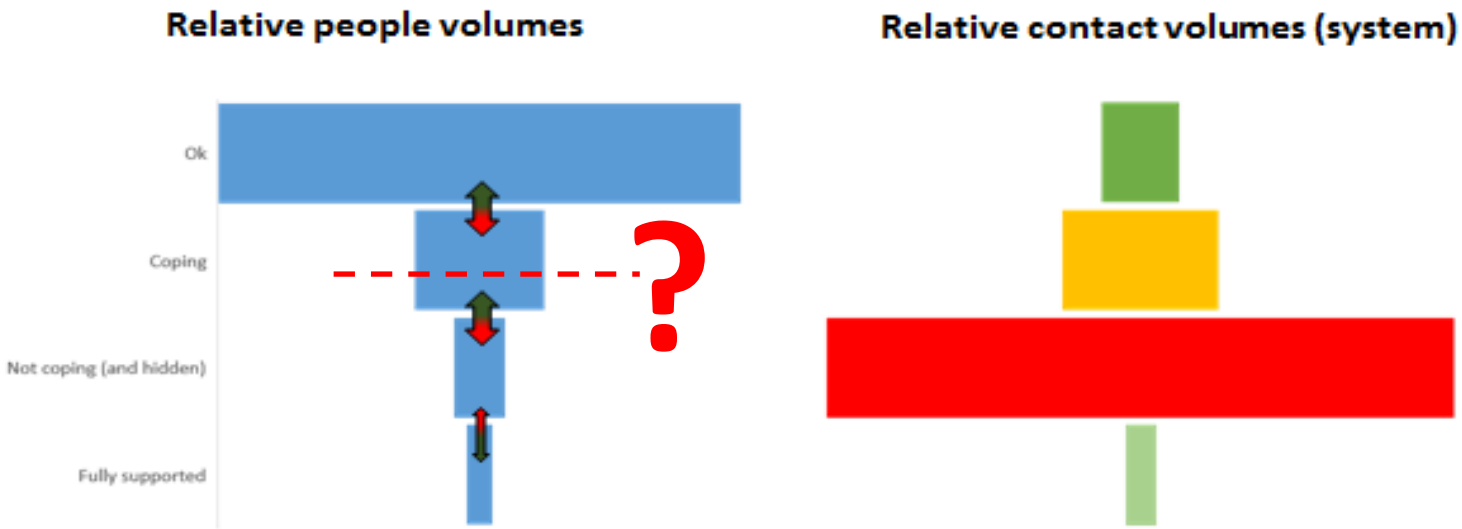
He has also been arrested 9 times; most of these were for welfare concerns and/or attributed to his poor mental health. He is not a convicted criminal. He is normally polite and respectful to authority when engaged with.



Mr A was eventually served a *Community Protection Notice* (*CPN*). He was arrested for breaching this and was fined £12.50 at the Magistrates Court; he was fined, even though the cost his totalled over £1000 in three months. The CPN is not tackling the actual reason for his behaviour.

A model for levels of demand

People and [relative] contact levels (hypothesis)



Purpose – High Frequency Contacts

- To enable improved prevention and interventions among the people who interact most frequently with the majority of agencies that make up the Wiltshire system.
  - Collective learning about the way the systems works with and for the people who most frequently contact us; this learning includes the cultural barriers to better outcomes.
  - By conducting small-scale localised trials to test potential improvements to our service delivery, for subsequent introduction into operational delivery.

Case 2: synopsis

- Female age 26
- SEN statement age 7 (BESD)
- Looked After Child from age 10; ten x fostering and residential placements in six years
- Sexual assaults x 2 as minor
- Terminated pregnancy age 16
- Four children (three in care, eldest with biological father)
- Several attempts at training and employment
- Recurrent abusive relationships
- Victim and perpetrator of crime including assault and criminal damage
- Three overdoses, aged 20 x 2 and 24 (analgesics and anti-depressants)
- Absconded twice when pregnant
- Recurrent debt and arrears; frequent LWP's
- One eviction (at least).

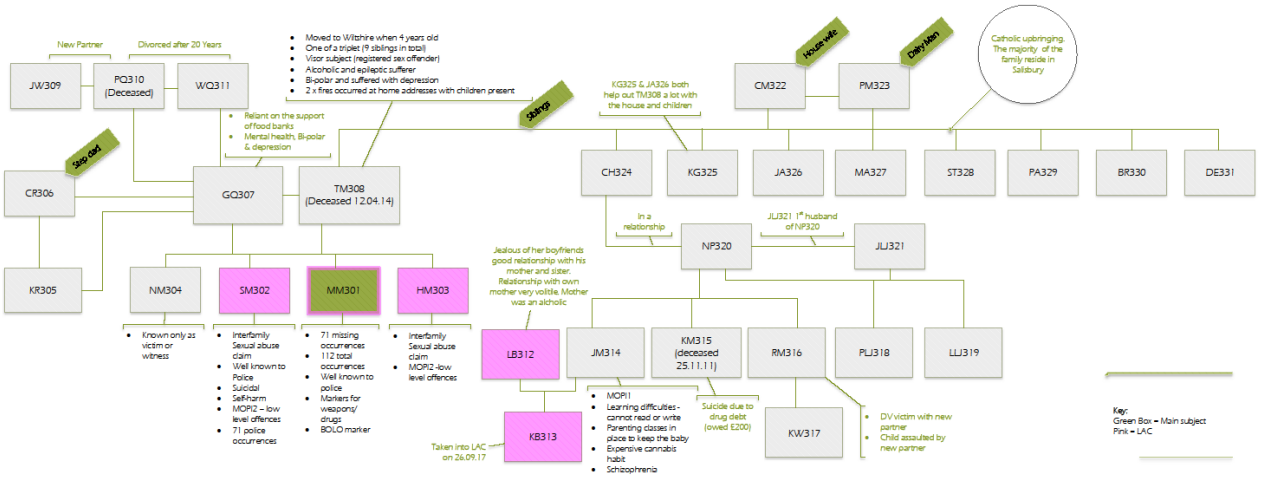
Case 2: agencies contacted/accessed (approx 50% of total contacts)

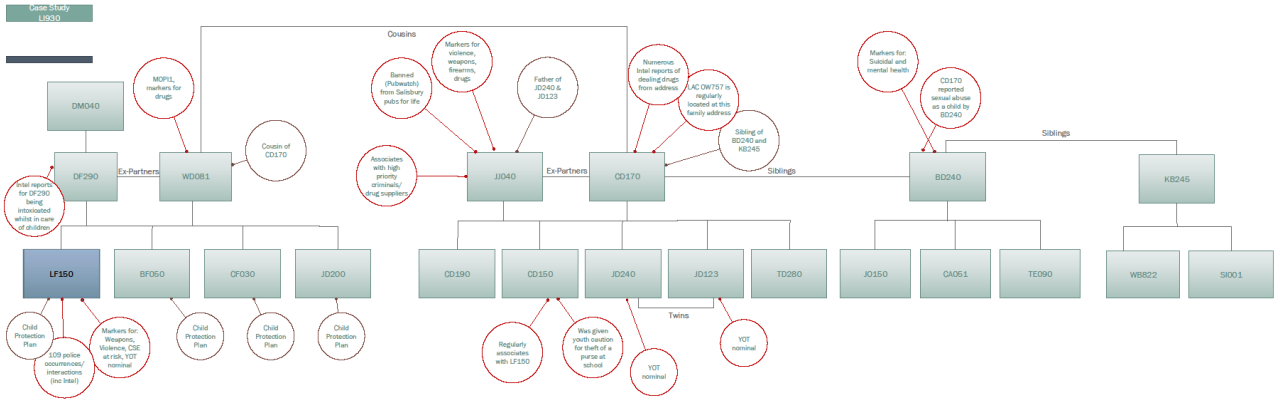
- Children's services: safeguarding, children's centres, early help, LA youth services (196)
- Housing (488)
- Benefits (90)
- Ambulance and hospital (7)
- Primary health (not identified and quantified)
- Mental health: interactions with AWP (5)
- Police (238) references as victim, witness, suspect or perpetrator: includes 57 missing person episodes, 76 attendances at location, 50+ intel reports; partner currently in custody for breaches of non-molestation order
- Refuges, housing associations, DWP, Splitz, Pause (not identified and quantified).

LAC case analysis

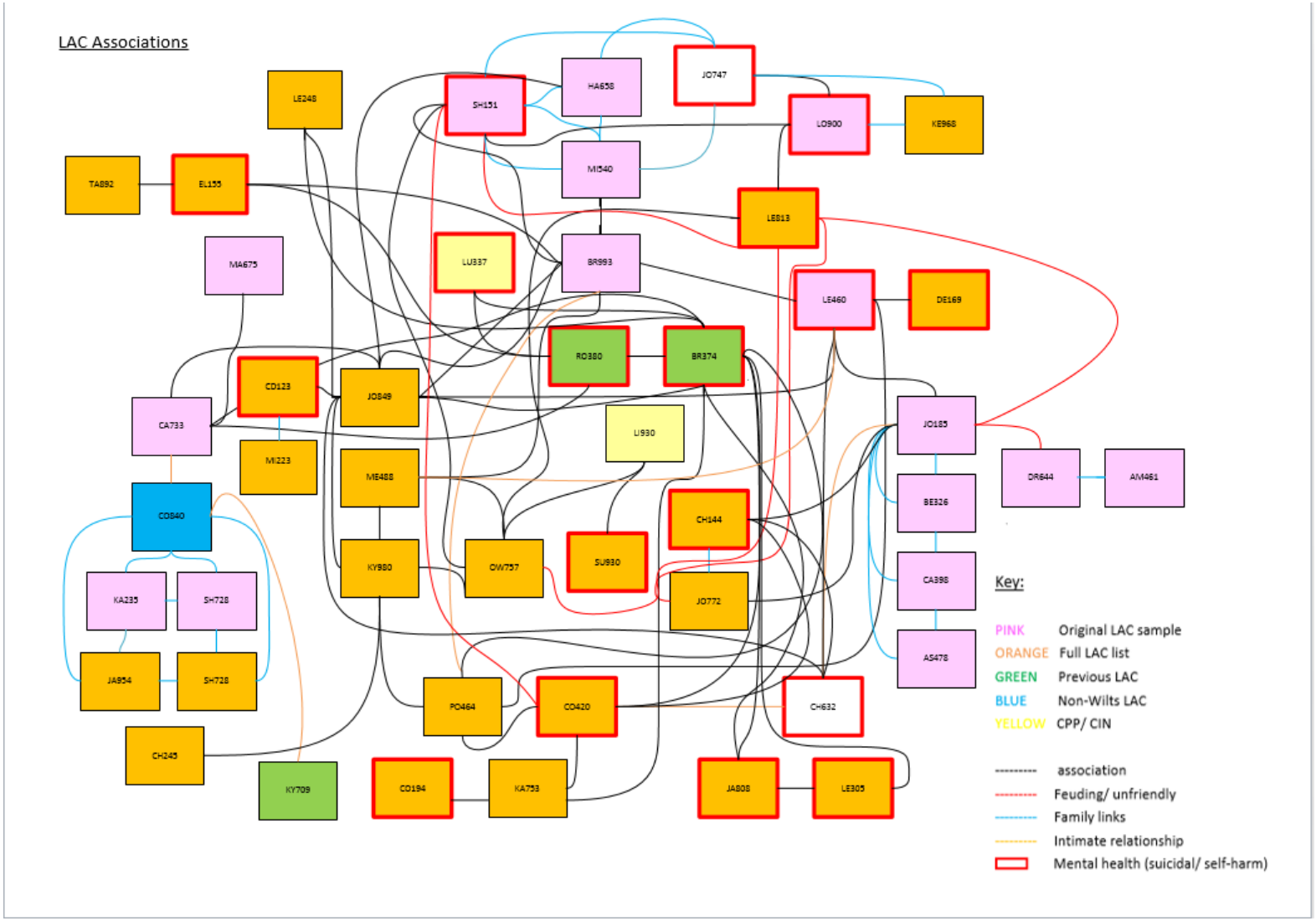
- Looked in depth at about 50 cases of children and their families with similar characteristics.
- There is a high incidence of mental ill-health, substance misuse, domestic abuse, children at risk/child protection in more than one generation, and risk of CSE. Involvement with drugs and violence and/or weapons are also present.
- In many cases these children or their immediate families had numerous entries on police systems as victim, witness and/or perpetrator of domestic abuse.

Example family trees





LAC associations map



Questions arising…for field work

- If we do nothing, what will happen? Is it reasonable to say that the system (as a whole) results in people with similar lives / circumstances?
- How many similar people might be in the system (several hundred or more)?
- When might we have engaged earlier, or differently? How would we have been able to spot this, or decide what to do?
- How can we change the system to reduce the numbers of people and improve their outcomes?

First field group – Salisbury-based

- “Supporting young people to live in their families and communities” [under FACT multi-agency programme]
- Goals are:
  - to be able to identify accurately and consistently the families who would benefit from early/earlier support,
  - to develop ways to provide that support by working with the clients and their strengths – personalised and positive.
  - Working initially with a former looked-after child and with a family with an adolescent who is close to Child Protection.
- Started at the end of February
- The team is currently composed of front-line staff from: children’s safeguarding (lead), placements, drug and alcohol abuse, domestic abuse, benefits, employment and skills, housing services; Selwood Housing Association; CAB; community policing team and public protection.

Initial observations/questions

- When a fuller picture was available to all the team, everyone's perception changed. Until then, each 'slice' of information triggered a 'silo' response
- The new questions we asked focused on understanding root causes of behaviour: "Why when they have an income are they not paying rent?" "Why are they not managing X's behaviour?"
- The family's perceived need "I only want help for X"; however "there are so many people involved now"
- What are the client's strengths to build from?
- What local **community** assets could help X and the family?

Three lines to follow

- Learning and developing – first cohort group
  - Moving from analysis to redesign and test
  - Governance arrangements; implementation
- Adding another field group
  - Sure. But that begs a lot more questions…. (next slides)
- System leadership and the arts of the possible
  - New territory – complex, dynamic, risk/reward… (further slides)

7 domains of deprivation

included in the Index:

Supplementary index -
Income Deprivation Affecting Children Index (IDACI)

Income
22.5%

Supplementary index-
Income Deprivation Affecting Older People Index (IDAOPI)

Employment
22.5%

Education
13.5%

Health
13.5%

Crime
9.3%

Barriers to housing & services
9.3%

Living environment
9.3%

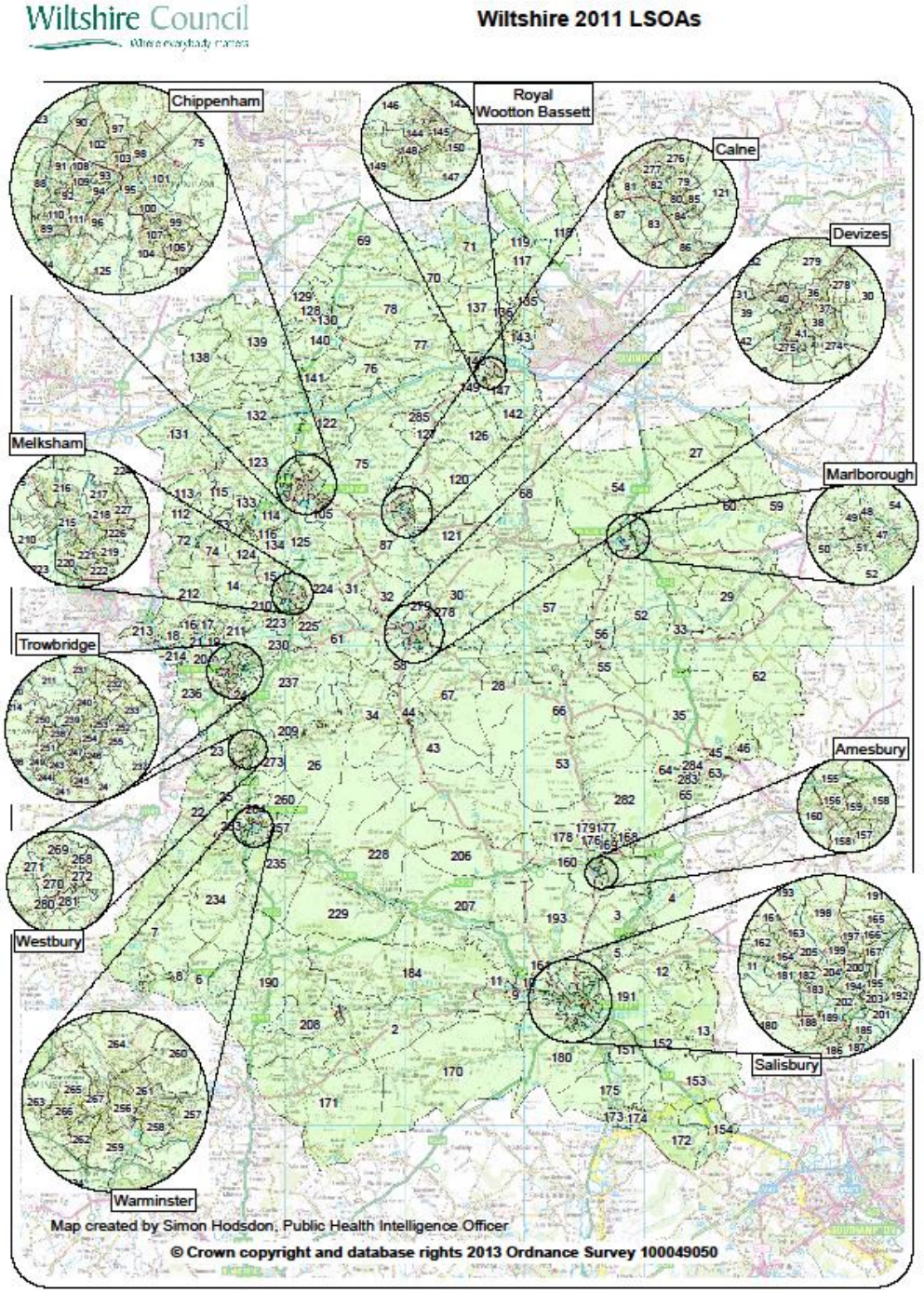
HOW CAN IT BE USED?

- ✓ comparing small areas across England
- ✓ identifying the most deprived small areas
- ✓ exploring the domains (or types) of deprivation
- ✓ comparing larger areas e.g. local authorities
- ✓ looking at changes in relative deprivation between versions (i.e. changes in ranks)

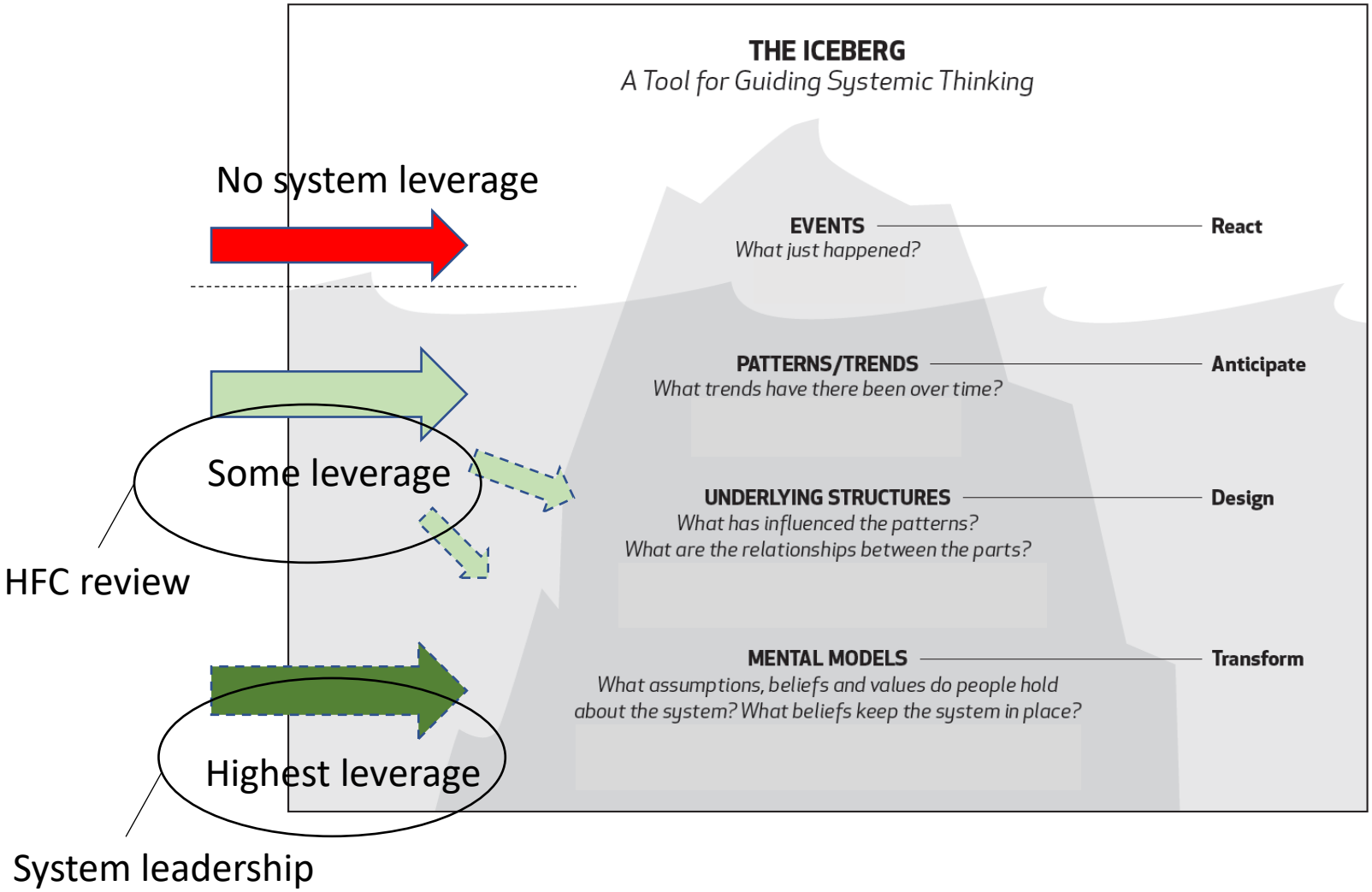
- ✗ quantifying how deprived a small area is
- ✗ identifying deprived people
- ✗ saying how affluent a place is
- ✗ comparing with small areas in other UK countries
- ✗ measuring real change in deprivation over time

More questions…

- Which community?
- Who defines a community, and how?
- Which assets are important?
- How do you ask a community if it would like us to work with it?
- How do you frame the initial ‘problem statement’? Is it even valid to do so?



System leadership….



Personal reflections

- Where we started is not where we are now.
- I think we are starting to ask ‘righter’ questions – but that is not making things easier.
- The further we go, the more obvious the need for system governance.
- I’m a ‘little green person’ from the system’s point of view, but the system (including **me**) is *all* little green people from the *clients*’ point of view.
- Self awareness is uncomfortable … but is the first step.

Challenges to address/ideas….

- SCiO table discussion and plenary collation – pick any question/topic of these three.
  1. We have a two-hour workshop with the system leaders in mid-September. What should we have in mind as we design and deliver that session?
  2. We want to get from learning to trialling on the ground. If you were leading this field work in a community, what would be your priorities/things to consider.
  3. Anything interesting line of thought you'd like to explore related to this presentation.

Thank you….