

MSE Integrated Care Partnership, 28th June 2023

Agenda Number: 9

Community Safety and Integrated Care Systems

Summary Report

1. Purpose of Report

To talk about Community Safety and the Probation Service, highlight the cross over with the wider determinants of health and seek collaboration.

2. Executive Leads

- **Name:** Leighton Hammett
- **Job Title:** Partnerships and Prevention
- **Organisation:** Essex Police

- **Name:** Felicity Ayre
- **Job Title:** Health & Justice Partnership Co-ordinator
- **Organisation:** East of England Probation

3. Report Author

- **Name:** Leighton Hammett
- **Job Title:** Partnerships and Prevention
- **Organisation:** Essex Police

4. Responsible Committees

N/A

5. Financial Implications

None identified

6. Details of patient or public engagement or consultation

No engagement made

7. Conflicts of Interest

None identified

8. Recommendation/s

No formal recommendations sought, this is more of a discussion started to stimulate future working.

Title of Report

1. Introduction

Community Safety and Integrated Care Systems,

2. Main content of Report

To talk about Community Safety and the Probation Service, highlight the cross over with the wider determinants of health and seek collaboration.

3. Findings/Conclusion

4. Recommendation(s)

Recommendations must be identical to those on the cover sheet.

5. Appendices

List where applicable.

Integrated Care Systems & Community Safety

Leighton Hammett – Essex
Police

Felicity Ayre – East of
England Probation



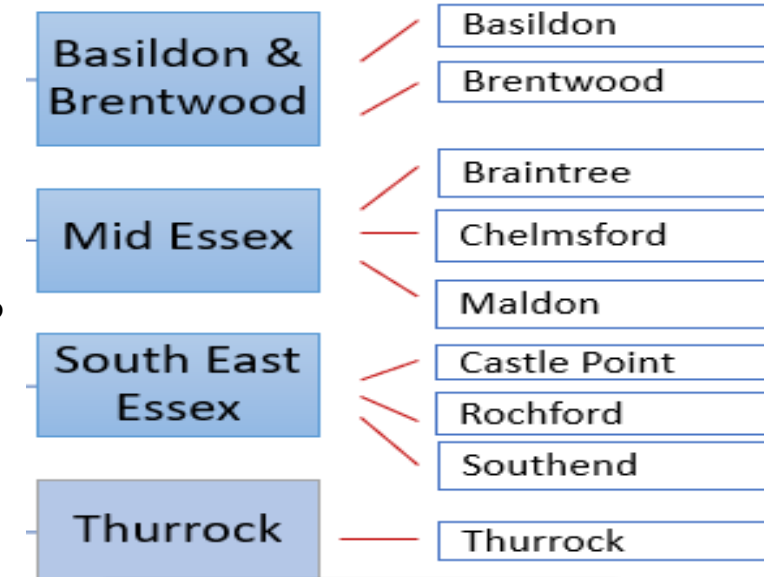
Community safety partnerships (CSPs) are made up of representatives from the 'responsible authorities', which are the:

- Police
- Local authorities
- Fire and rescue authorities
- Probation service
- Health

The responsible authorities work together to protect their local communities from crime and to help people feel safer. Effective information sharing is fundamental to supporting the development of CSP intelligence and providing an evidence base on which these partnerships can make decisions. This decision making should then help direct appropriate responses to:

- Prevent and reduce crime, disorder and anti-social behavior (ASB)
- Apprehend and prosecute offenders; reduce re-offending
- Address issues associated with the misuse of drugs and alcohol
- Enhance public reassurance and confidence in the services that are in place to improve community safety.

To tackle these issues associated with community safety requires a response that involves more than one agency. Each of these agencies collects information that relates to certain community safety problems, so for these problems to be understood it requires each agency to share this information.

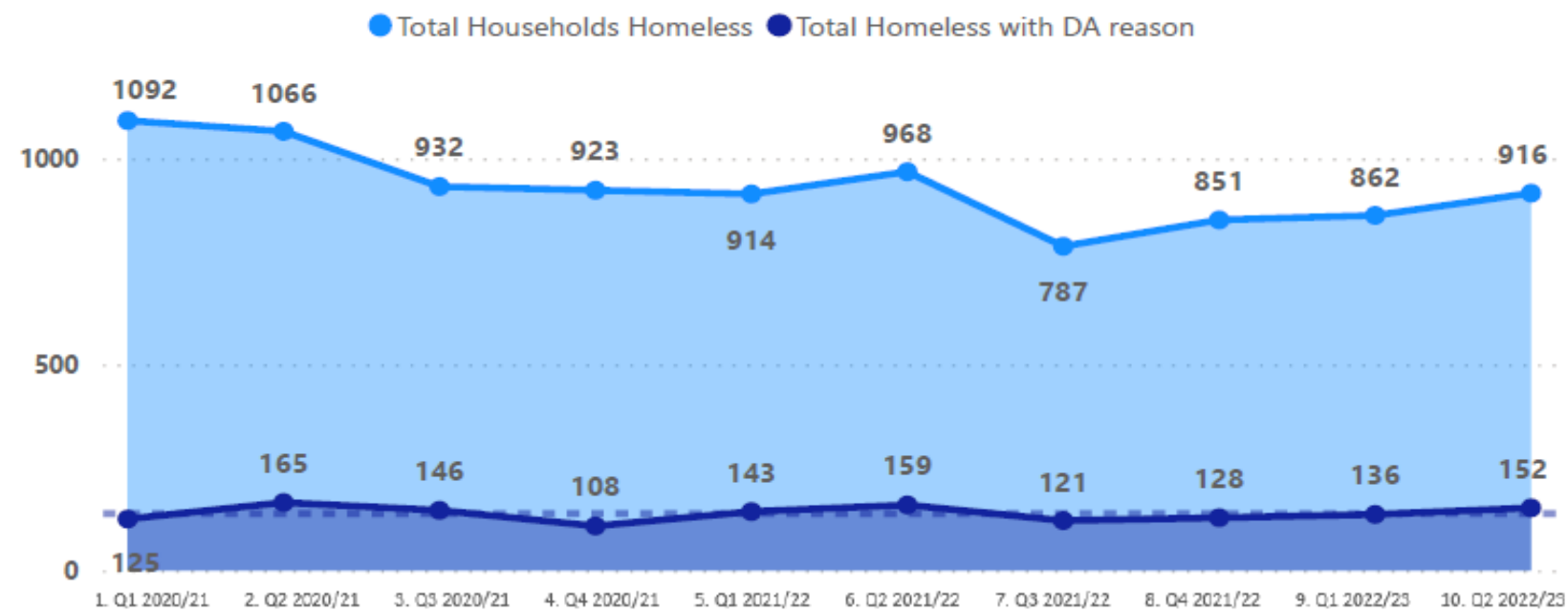




MENTAL HEALTH

- In the last 12 months Essex Police has taken 17,909 incidents of Mental Health (from June 2022 – May 2023). The peak of demand appeared in December 2022 with 1778 incidents.
- We can see that in the past 12 months, 45.27% of those who enter police custody, are identified as having some form of MH following a risk assessment, this will equate to 10121 custody records over this time period.
- The top 5 mental health callers in May called Police a combined total of 420 times.

Total Households Homeless, Total Homeless with DA reason and First Quarter by Number



Those households that have become homeless with DA reasons since April 2020 have remained consistently between 11% and 16.5% of the total of all households that have become homeless. Since the start of 2021/22 this has been 15% or over, indicating an overall rise of those with a DA reason over the last 18 months.



Source: homeless.org.uk.

Complex Need



Those who are homeless are significantly more likely to be unemployed, have poor mental health, have long-term physical health issues and use drugs compared to the general population.

The longer someone experiences rough sleeping for, the more likely it is they will develop additional **mental and physical health needs, substance misuse issues and have contact with the criminal justice system** (collectively known as complex needs). The more complex needs someone has, the more help they will need to move on from homelessness and rebuild their lives.



HM Prison &
Probation Service

Probation
Service



East of England Probation Service Health & Justice Partnership Team

Integrated Care Partnership Meeting
28th June 2023

Author: Felicity Ayre – Health & Justice Partnership Co-Ordinator

Preventing victims by changing lives

National Perspective

Health & Justice Partnership Coordinators

Health & Justice Partnership Coordinators play a pivotal role in local leadership of the health and justice agenda in the community.

- Act as a critical link between national policy developments and local delivery
- Build and influence local partnerships and pathways to support people on probation access and engage with health services, using performance data to drive activity
- Provide local leadership & expertise in the Continuity of Care for HMPPS in the East of England
- Drive opportunities for local innovation and cultural change



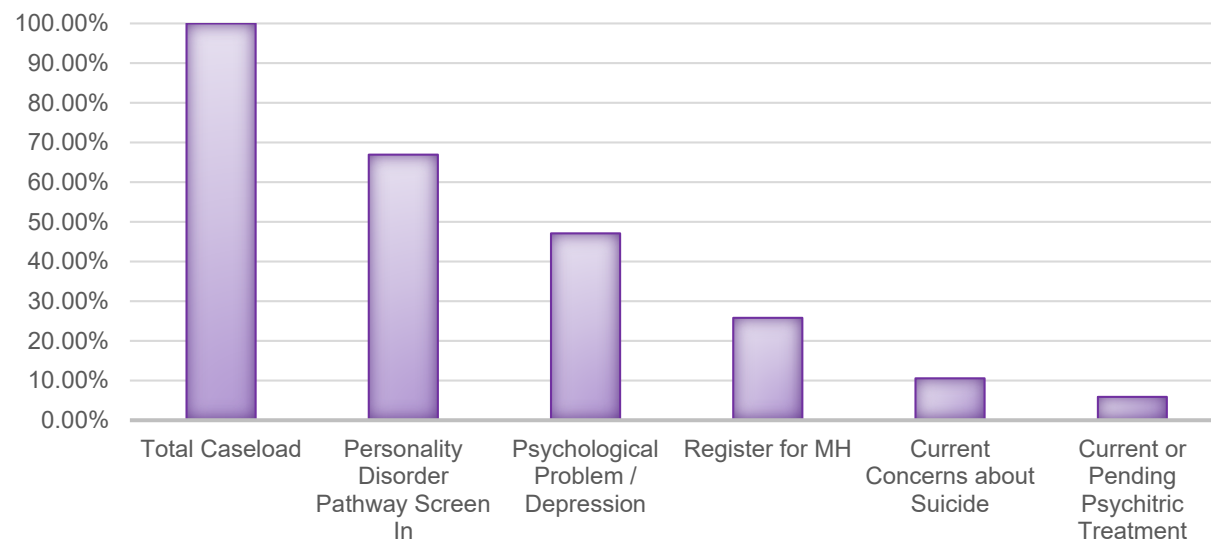
Our People on Probation – National Picture



Source: National Partnership Agreement for Health & Social Care for England

Our People on Probation – East of England

PERCENTAGE OF PROBATION CASELOAD WITH MENTAL HEALTH MARKERS

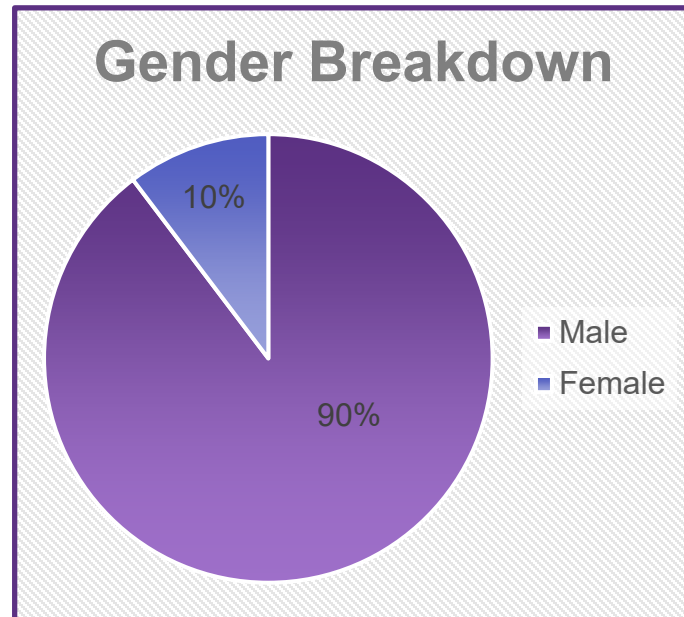


	Beds	Cambs	Essex	Herts	Norfolk	Northants	Suffolk
ATR	38	78	119	29	39	82	67
DRR	43	52	116	37	35	76	53

Source: Probation NDelius Database

Our People on Probation – Mid & South Essex

Across Mid and South Essex we currently work with 4,439 individuals;



Male 3,981
Female 458

Our people on probation are some of the most vulnerable in society;

- Homelessness
- Substance misuse
- Mental ill health
- Domestic abuse
- Childhood trauma
- Neurodiversity
- Aging population

Managing Complex Cases

On Friday 19th May at around 6pm one of the H&J Coordinators was called by a local Senior Probation Officer (SPO) as they needed help with a person on probation (Mr A) who was presenting as very unwell. He had been released the previous Tuesday from HMP Peterborough with no medication for his epilepsy and was released homeless with no financial funding.

After numerous calls to various services including local NHS teams no medication could be provided. Due to having epilepsy, he was prioritised for accommodation and this was found for him in a local area. As he hadn't eaten for a couple of days the Probation office bought him some food before sending him via a taxi to the accommodation. He had no money or phone.

The following day through many conversations between the Coordinator & SPO they ended up attending the accommodation to do a welfare check and take him more food. Mr A was still presenting as very unwell so the team ended up taking him to A&E; he had now had several seizures after 5 days of no medication.

During the waiting time of over 5 hours at A&E, the SPO & Coordinator spoke to Mr A at length about Probation and how we could support him. He had previously avoided engaging with services after fleeing from Sierra Leone as a teenager. He had no family to support him and was involved in gangs. After the support and conversations he understood the role of Probation and changed his mind about the service just being the 'authority figure' and that the care and support is there for him.

Medication was eventually provided and Mr A was dropped off at his new accommodation.

On Monday the Coordinator spoke to the Reconnect service as no referral had been offered previously. This was actioned and work commenced with Mr A immediately. He was also referred to Community Initiative to Reduce Violence (CIRV) which is a programme led by the local Police to help reduce the drugs and violence associated with gangs.

Mr A is now thriving with support from Reconnect, CIRV and Probation, but if the team hadn't stepped in on that day the story could have been very different.

Mr A is now attending regular appointments at Probation and has thanked staff for their support.

“If you hadn't helped me, I could have died”

Partnership Approach

- Partnership working is a key part of our risk assessment and on-going management of people on probation.
- We work with a wide range of partners; Police, NHS / EPUT, Substance Misuse Treatment providers, Housing
- MAPPA | MARAC | IOM | Liaison & Diversion | Horizons | Changing Futures

Areas of Challenge

- Dual diagnosis
- Secondary Mental Health Services
- Aging population and associated care issues
- Homelessness amongst our most complex individuals
- Friday / last minute releases

How can you help to improve and develop our partnership approach?