



To: Business Co-ordination Board

From: Chief Constable

Date: 25 March 2014

MENTAL HEALTH DELIVERY AND THE MENTAL HEALTH CONCORDAT

1. Purpose

1.1. The purpose of this paper is to update the board on local activity to manage the identified Force risk associated with the County governance arrangements for mental health; build operational capacity and capability for officers dealing with individuals experiencing mental health crisis; and to implement a local action plan in response to the national mental health concordat that has recently been launched.

2. Recommendation

2.1. The Board is invited to;

- Note the progress made locally to manage the risks associated with frontline officers dealing with people in mental health crisis.
- Agree to the proposals for the round table event with its core objective being to
 - Agree a mental health crisis care declaration that confirms a shared ambition to deliver against the principles and aims of the national concordat here in Cambridgeshire.

- To establish a Mental Health Concordat Delivery Group that is empowered to review, design and progress the provision and delivery of mental health services for people in crisis.

3. Background

- 3.1. In April 2009 The Bradley Report was published following a review of people with mental health problems or learning difficulties in the criminal justice system. The relevant recommendations of this were reviewed and a local action plan was developed and implemented in full.
- 3.2. In May 2013 a report was published by Lord Adebawale, into the handling of mental health incidents by the Metropolitan Police following the death in custody of Sean Rigg. This report has played a significant part in shaping our local delivery and its recommendations form the basis of the current mental health delivery plan.
- 3.3. In November 2013 following the death in custody in Bedfordshire of Leon Briggs, the Force lead for mental Health, T/Detective Superintendent Kevin Vanterpool, led an urgent review of the current arrangements, protocols and processes for frontline officers dealing with individuals in mental health crisis. This review identified a risk to the Force arising from its inability to influence partners and commissioning arrangements due to a lack of strategic partnership governance arrangements for the mental health agenda. As a consequence, the Constabulary was faced with a situation where a significantly high number of individuals were being detained in police cells because a healthcare based place of safety was not accessible.
- 3.4. In February 2013 HM Government launched the Mental Health Crisis Care Concordat to improve outcomes for people experiencing mental health crisis. It establishes key principles of good practice that local partners and services should use to raise standards.
- 3.5. The Concordat has been agreed by a partnership of national organisations and bodies however a step change can only be achieved through local delivery.
- 3.6. The Concordat has been publicly supported by Sir Graham Bright, the Police and Crime Commissioner for Cambridgeshire.

4. Current Governance Arrangements and Update on Local Progress

- 4.1. The Assistant Chief Constable has strategic ownership for the operational delivery relating to mental health.
- 4.2. Responsibility for the progress of the Mental Health Delivery Plan rests with the Force lead who is supported by a Crime Business Area Co-ordinator who holds the portfolio for this area. The Mental Health Forum, chaired by the Force lead, is attended by operational

managers from across the force and this meeting provides the focus to drive activity against the deliverables within the plan. This meeting also reviews and reflects on local incidents and learning emerging from other forces both regionally and nationally.

- 4.3. The Force lead also represents the Constabulary on a regional level. Suffolk Constabulary currently chairs this meeting and feed directly to the ACPO National lead. Cambridgeshire has been viewed as a progressive and influential member of the region with our delivery plan, protocols and local monitoring arrangements being shared across the region as best practice.
- 4.4. At the last review in January 2014 progress against the delivery plan was complete save for one deliverable relating to the commissioning of suitable transportation for people in crisis from the Ambulance Services. This action had been closed pending the signing of the Concordat.
- 4.5. At an operational level, frontline uniformed officers have been provided with training through nationally accredited e-learning packages, with 97% completion. These same officers and supervisors have also been provided with a day of face to face training with an Approved Mental Health Professional, which proved especially successful.
- 4.6. Custody staff and call takers have also been provided with bespoke training to help them and identify and manage people in crisis and support has been secured from Samaritans in Cambridge for people upon their release from detention who have not met the threshold for admission to Mental Health services but still pose a concern to officers.
- 4.7. The force has implemented a review process for every case where powers under S135 or S136 MHA are used. Information is collated from both police and partners systems in a 'virtual debrief' and learning arising is collated and shared where themes emerge. Where necessary, actual debriefs of incidents are held between police and partners. This process, introduced recently, has been welcomed by partners, especially those in hospital emergency rooms where they find themselves facing similar challenges to frontline officers regarding access to the dedicated 136 suites.
- 4.8. In June 2013 HMIC conducted an inspection specific to 136 detainees, overall findings were positive. This same positive progression of activity was reflected in a separate audit by Grey Loughton Associates which focused on our implementation of good practice standards for police custody and the current cohort of individuals on the Integrated Offender Management Scheme.
- 4.9. Since September 2013 there has been particular focus to further reduce the use of police cells as a place of safety. At the same time as engaging with partners to signal our revised approach officers have been encouraged to pursue access to the 136 suites robustly, challenge the often cited bar of alcohol or risk of violence and escalate through to Force Duty Managers if required. As a consequence more detailed information is available to

review incidents both in custody and through the debrief process outlined above adding to our ability to influence provision and access to the suites.

4.10. Whilst there have been month on month variances in the numbers detained it is particularly pleasing to note that the frequency of use of police cells as the first choice place of safety have dropped significantly from 56% between April and September 2013 to 15% in January 2014.

4.11. Externally, the Force lead or Crime Business Area Co-ordinator attend or contribute to a range of partnership meetings.

- The Mental Health Act Liaison Meeting, chaired by a manager from Cambridgeshire and Peterborough Foundation Trust (CPFT) is the venue for reviewing and progressing issues relating to the '136 Protocol'.
- The Suicide Prevention Group in both Cambridgeshire & Peterborough (police led in Cambridgeshire) progresses efforts to reduce the frequency and risk of suicide. Once again the work of the Force has been recognised as progressive in how we apply our suicide strategy and enhanced risk assessment for those arrested for indecent images or similar offences that fall within nominated professions.
- Peterborough Adult Mental Health Stakeholder Group, focused mainly on the provision of clinical services.
- Cambridgeshire Autism Forum, hosted by Cambridgeshire County council and focusing on service provision for those with learning disabilities.
- Dual Diagnosis Steering Group, formally chaired by the force lead but now adopted by CPFT, focusing on service provision for those affected by mental health but combined with substance misuse.
- The force lead also holds a Mental Health partnership governor role within CPFT although this has never been exercised.

5. Proposal

5.1. Whilst there has been success in reducing the use police cells and greater accountability, there does remain limited scope to influence the shape and delivery of mental health provision, other than at an operational level. There is scope through the two Health & Wellbeing Boards to adopt the Concordat action plan as a vehicle for delivery under Priority 4 in each area. However we must also look to develop new countywide governance arrangements to ensure that the Concordat is implemented in such a way that it does not negatively influence the effectiveness of operational policing in different areas of the County. In particular, differing levels of alcohol consumption and variances in

perception of the risk of violence should not be a bar to access to the 136 suites in the force area.

- 5.2. The launch of the Concordat is viewed as an exciting opportunity to enhance the already constructive and positive dialogue with partners and will shape future commissioning and provision of Mental Health services across Cambridgeshire & Peterborough.
- 5.3. To realise this aim it is recommended that the Police & Crime Commissioner sponsor the formation of a new Mental Health Concordat Partnership Group to bring together key strategic leaders from across Cambridgeshire & Peterborough to agree a plan of action in line with the Concordat. Such a group should include high level representation from local statutory and non-statutory agencies, the Voluntary, Community and Social Enterprise (VCSE) sector and the local hospital and Ambulance Trusts.
- 5.4. In the first instance it is proposed that a Round Table event, hosted by the PCC should be held with two core objectives;
 - To agree a mental health crisis care declaration that confirms a shared ambition to deliver against the principles and aims of the national concordat here in Cambridgeshire
 - To establish a Mental Health Concordat Partnership Delivery Group that is empowered to review, design and progress the provision and delivery of mental health services for people in crisis.

6. Recommendations

- 6.1. The Board is invited to;
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