Haringey Council

Report for:	Overview and Scrutiny Committee – 10 April 2014	**Item Number:**	

Title:	Community Safety and Mental Health – Conclusions and Recommendations of Communities Scrutiny Panel Project

Report Authorised by:	Cllr David Winskill Chair, Communities Scrutiny Panel

Lead Officer:	Rob Mack, Senior Policy Officer (Scrutiny)

Ward(s) affected: All	**Report for Key/Non Key Decisions:**

1. Describe the issue under consideration

1.1. The Panel has been undertaking an in-depth piece of work on the issue of community safety and mental health. This report outlines the conclusions and recommendations from this piece of work.

2. Cabinet Member introduction

N/A

3. Recommendations

That the following recommendations be approved:

(i). That ongoing links between the Mental Health Sub-Group of the Health and Well Being Board and the Community Safety Partnership be strengthened through the appointment of a representative from the Police or other agency with a key role in the criminal justice system onto the Mental Health Sub-Group *(Health and Well Being Board (HWB)).*

(ii). That the Police and community safety partners develop a system for monitoring the number of incidents locally that have a mental health aspect to them, including assessment of base levels, and that this is fed into JSNA process. *(Community Safety*

Partnership (CSP))

(iii). That the joint protocol between Barnet, Enfield and Haringey for addressing the issue of mentally disordered people who are found in public places and the use of Section 136 be refreshed in the light of changes to the NHS and, in particular;

- Links to CCGs be developed; and
- Meetings of the Inter Agency Monitoring Group be rotated between the three boroughs and service users and carers re-invited to attend future meetings. *(BEH MHT)*

(iv). That joint work be undertaken by the Inter Agency Monitoring Group to improve the quality of statistical information that it receives on Section 136 detentions. *(BEH MHT)*

(v). That proposals be drawn up by the Community Safety Partnership, in liaison with mental health commissioners, to develop a pilot project for Haringey whereby a small percentage of the total spend on the criminal justice system is top sliced to provide resources to support prevention and early intervention work with people identified as having mental health issues and either already within the criminal justice system or likely to enter it. *(CSP)*

(vi). That urgent and long term action be taken by Community Safety partners to address the issue of the financial exploitation of vulnerable people and drug dealing in accommodation provided specifically for them. (*CSP)*

(vii). That the Cabinet Member of Communities be requested to write to the appropriate Home Office Minister raising the issue of the impact of the reduction in the number of prison officers on access to treatment for mental health issues by prisoners. *(Cabinet Member for Communities)*

(viii). That the Police and community safety partners invite mental health carers and user groups to work with them to develop a suitable means of providing regular feedback on their performance in respect of mental health issues. *(CSP)*

(ix). That the Police and other community safety partners in Haringey work with mental health agencies, particularly Barnet, Enfield and Haringey Mental Health Trust, to ensure that mental health issues are covered effectively in relevant training programmes. *(CSP)*

(x). That the effectiveness of the Mental Health First Aid programme be evaluated fully and consideration given to commissioning a further programme of such training in due course if proven to be effective. *(Director of Public Health)*

(xi). That a seminar be arranged for relevant stakeholders and partners;

- To consider recently published national and London wide reports and hear how they will be implemented;
- To identify Haringey specific priorities; and
- To assist partner agencies by informing them on how the various recommendations could be implemented in the borough. *(CSP)*

Haringey Council

4. Other options considered

N/A

5. Report

Introduction

5.1 The Communities Scrutiny Panel has been undertaking a piece of in-depth work on the issue of mental health and community safety. The suggestion for this came from the Police Service, who had been concerned for some time about the complexity of the challenges that individuals suffering from mental health issues may face, which usually involve more than one agency. The view was that work by the Panel on this issue could lead to a wider acknowledgement of the issues and provide opportunities to identify solutions through partnership working.

5.2 The aims of the Panel's project have been twofold:
(i). To raise the profile of the impact of mental health on community safety and cohesion; and
(ii). To make recommendations on how the Council and its partners might enhance joint working in this area.

5.3 The Terms of Reference were as follows:

"To consider and make recommendations to the Overview and Scrutiny Committee on how Haringey Community Safety Partnership address the issue of people with mental health issues who come to the attention of law enforcement agencies, with particular reference to:

- Service provision available and any gaps;
- Sharing and management of information; and
- Joint working."

5.4 The work of the Panel was informed by evidence from a number of sources:

- The Police Service;
- Adults and Housing;
- Barnet, Enfield and Haringey Mental Health Trust;
- Public Health;
- Mental Health GP lead Haringey CCG;
- The Probation Service;
- Service users; and
- MIND in Haringey;

5.5 The role of overview and scrutiny in respect of crime and community safety issues is to scrutinise the work of the Crime Reduction Partnership i.e. partnership activities. However, the issue of mental health overlaps considerably with areas covered by the Health and Well-Being Board (HWB).

5.6 On a national basis, the significant impact that mental health can have on policing and community safety can have has been outlined by the Association of Chief Police Officers (ACPO);

- 15% of all Police incidents have an identified mental health aspect (Centre for Mental Health). This equates to approximately 10.5 million calls a year;
- 35% of deaths in custody involve detainees with mental ill health (IPCC);
- 40% of fatal Police shootings involve people with mental ill health (IPCC)
- 10% of the prison population has a "serious mental health problem", equating to 8,800 people

5.7 In addition, the Psychiatric Morbidity of Offenders Study (1998) found that 70% of prisoners had a mental disorder. The HMIC Inspection of Metropolitan Police Service (MPS) custody suites in 2011-12 reported that an average of 25% of individuals taken into police custody were on the record as having a mental health problem or were suicidal/self harming.

5.8 The recent report of the Independent Commission on Mental Health and Policing, chaired by Lord Victor Adebowale, also outlined the scale in which mental health impacts on policing within London. A survey of Metropolitan Police Service (MPS) officers indicated 'daily or regular' encounters with victims (39%), witnesses (23%) and suspects (48%) with mental health conditions. 67% reported encountering unusual behaviour, attributed to drugs and/or alcohol. The report commented that there is nevertheless little understanding of how often the Police respond to incidents linked to mental health. This was attributed largely to the fact that data is not available.

5.9 A review of mental health related calls in London undertaken for the Commission identified mental health was an increasing demand on the MPS;

- Of a total number of 3,958,903 calls to the MPS between September 2011 and August 2012, 1.5 per cent (60,306) were flagged on the Crime Related Incident System as being linked to mental health.
- In 2012 there were 61,258 mental health related calls. This was 21,741 more than robbery and 47,203 more than sexual offences.
- The MPS review also stated that it was estimated that between 15% and 25% of incidents were linked to mental health. Using this estimate the daily contact rises to a minimum of 1,626 calls per day - the equivalent of around 600,000 calls per year.
- Estimates from MPS officers who specialise in mental health are that mental health issues account for at least 20% of police time.

5.10 There is some limited data available that shows the scale of the issue within Haringey. According to the Community Safety Strategic Assessment 2012/13, the annual audit of crime and disorder in Haringey, almost a third of offenders have been identified as having mental ill health. Mental ill health was particularly prevalent amongst violent and acquisitive offenders. Over two thirds of domestic violence offenders were identified as having a mental health issue. There is also a particularly high level of severe mental illness, with high levels of psychotic disorders (including schizophrenia and bipolar disorder), concentrated in the east of the borough and people with such conditions will have a greater likelihood of coming into contact, in one capacity or other, with community safety agencies.

The Bradley Report

Synopsis

5.11 In recent years, there have been several initiatives of note to address the impact that mental health has on policing and community safety. In December 2007, Lord Bradley was asked by the government to look into diverting people with mental health problems and learning disabilities away from the criminal justice system. The review considered evidence from criminal justice and health practitioners as well as vulnerable people who had been through the criminal justice system and published its report on 30 April 2009.

Main findings

5.12 The report's main findings included:

- There was a need identified for interventions to help vulnerable children and adults as early as possible within the criminal justice system and ways of preventing them from being involved in crime in the first place;
- It called for all police custody suites to have access to liaison and diversion services, including screening for vulnerable people and assessing their needs, providing information to Police to enable diversion and signposting to local health and social care services;
- Adequate community alternatives to prison for vulnerable offenders should be provided where appropriate;
- Better mental health screening and assessment needed to be provided on arrival at prison;
- There was a need for greater continuity of care as people enter and leave prison to re-enter the community; and
- Help needed to be given to petty offenders with mental health problems or learning disabilities to ensure they are helped to stay out of trouble.

Response

5.13 The government responded by stating its commitment is to improve mental health support for people in contact with the criminal justice system. In particular, it pledged to develop care pathways that enhanced health and social care provision and contributed to the delivery of justice, especially focussing on assessment and intervention at as early a stage as possible. The development of effective liaison and diversion services were central to the delivery plan.

Independent Commission on Mental Health and Policing

Synopsis

5.14 The Independent Commission on Mental Health and Policing was set up in September 2012 at the request of the Metropolitan Police Commissioner. It was chaired by Lord Victor Adebowale and published its final report in May 2013. Its brief was to review the work of the Metropolitan Police Service (MPS) with regard to people who have died or been seriously injured following police contact or in police custody. The Commission's recommendations nevertheless addressed mental health issues in a wide ranging manner.

Findings

5.15 Key findings of the review covering the following issues:

1. Failure of the Central Communications Command to deal effectively with calls in relation to mental health;
2. The lack of mental health awareness amongst staff and officers;
3. Frontline police lack of training and policy guidance in suicide prevention;
4. Failure of procedures to provide adequate care to vulnerable people in custody;
5. Problems of interagency working;
6. The disproportionate use of force and restraint;
7. Discriminatory attitudes and behaviour;
8. Failures in operational learning;
9. A disconnect between policy and practice;
10. The internal MPS culture;
11. Poor record keeping; and
12. Failure to communicate with families.

Response

5.16 The recommendations have been accepted by the Metropolitan Police Commissioner and an action plan is in the process of being put together. The Police and Crime Committee of the London Assembly met on 21 November 2013 to discuss progress with the implementation of the recommendations and other relevant matters. The following progress was reported:

- Every single MPS policy relating to mental health has now been reviewed, including human resources policies;

- Vulnerability assessment framework training is being developed. This will address how frontline Police services deal with people who are vulnerable, including those with mental health issues. Training will begin shortly and will cover every single member of the service;

- Engagement has taken place between the Metropolitan Police Service (MPS) and the London Ambulance Service (LAS) on responding the mental health crises. It has been agreed that should a mental ill-health crisis plus restraint occur, it will be treated as a medical health emergency and subject to an LAS eight-minute response;

- There will be a named lead Police officer within each borough at superintendent level who has responsibility for the protecting vulnerable people portfolio delivery, which will include mental health;

- The Merlin system is now used to track vulnerable adults, including people with mental health issues coming to the attention of the Police. This has enabled the Police to develop a greater awareness of the numbers involved and to bring individuals to the attention of health partners who can then consider interventions and support;

- The Pan-London Mental Health and Policy Partnership Board was set up nearly two years ago. It arose originally from work conducted by NHS London around joint concerns of the Police and NHS on the application of the Mental Health Act, particularly Section 136[1]. It originally comprised of representatives from the MPS and mental health and adult social services. Since the publication of the Commission's report, it now includes NHS commissioners, such as NHS England, and the MOPAC. It is currently co-ordinating work with the Mayor's Office and NHS England around mental health triage pilots as well as working with the Police and health services to develop a scheme where nurses go out with the Police to try and prevent mental health crises requiring the use of Section 136 occurring;

- NHS England already commissions 25 diversion and liaison schemes in 19 boroughs which aim to keep mentally ill people out of Police custody. Such schemes are shortly to be extended to all London boroughs.

Use of Police Cells/Section 136

[1] **Section 136 of the Mental Health Act:** If a Police officer finds in a place to which the public have access a person who appears to them to be suffering from mental health disorder and to be in immediate need of care or control, the officer may remove that person to a place of safety if they think it necessary to do so in the interests of that person or for the protection of other persons.

This legislation allows for the person to be held in a place of safety for up to 72 hours to enable further assessment by a Registered Medical Practitioner and an Approved Mental Health Professional. This informs whether or not further mental health intervention is required and, if so, whether such intervention should be provided under the ambit of the Mental Health Act.

5.17 A report was published June 2013 on the use of police cells as a place of safety under Section 136 in the light of joint inspections by Her Majesty's Inspectorate of Constabulary (HMIC), Her Majesty's Inspectorate of Prisons, the Care Quality Commission and Healthcare Inspectorate Wales. The inspection report was based on the results of fieldwork undertaken in 7 Police force areas and two Metropolitan Police boroughs (Bromley and Lewisham).

Findings

5.18 The report found that Police cells were still being used as a primary or secondary place of safety in many areas. This varied between 6% and 76% of those people detained under Section 136 in the areas inspected for the report. Police officers spoken to as part of the review expressed the view that Police custody was not an appropriate people who were suffering from mental illness. Figures compiled by the Association of Chief Police Officers (ACPO) in 2011/12 also showed that more than 9,000 were detained in Police custody under Section 136 in that year.

Response

5.19 Following this report, a pilot scheme was launched by the government and funded by the Department of Health to improve responses to mental health emergencies. In particular, it aimed to reduce the number of people with mental health issues being detained in inappropriate settings and cut demands on Police time. The scheme involved mental health nurses going on patrol with Police officers. This was piloted initially in four police force areas but has since been extended to a further five.

6. Conclusions and Recommendations

Introduction

6.1 People with mental health issues may come to the attention of the criminal justice system for a range of reasons, including the following:

- They may be witnesses or victims of crime. These are by far the most common reasons;
- They may be having a mental health crisis and causing a disturbance in a public place that requires an intervention;
- Although there is no direct link between mental health and offending, it is possible that a mental health condition may be a factor in a person's offending behaviour; or
- They may have committed an offence and have an unrelated mental health issue.

6.2 The Panel's project focussed on the issues concerning people in crisis and offenders. It did not specifically deal with people with mental health issues who may be witnesses or victims of crime as these are as issues with their own individual processes and challenges and best dealt with separately.

6.3 The Panel has found that the most acutely and chronically ill people appear to be able to access treatment, supported housing and targeted interventions in a timely manner. The area where there may well be a shortfall is in support for petty offenders whose needs are at the lower end of the spectrum as such people are not sufficiently ill to require in-patient treatment and fall beneath the threshold for eligibility for supported housing. A significant percentage will not have a GP and may also not have a stable address. Effective treatment in the community is therefore likely to be inadequate and patchy in such circumstances and they are therefore more likely to revert to offending behaviour.

6.4 The Panel noted evidence that commissioning can often focus on time limited support, which may not meet the long term needs of people whose illness is a long-term condition. This accounts for a significant percentage of people. In addition, the Panel heard that only 50% of people respond to treatment for mental illness. Some conditions that are disproportionately high amongst offenders can be especially hard to treat. According to Mind, at least half of offenders have a diagnosis of personality disorder which can be particularly hard to treat successfully. It may therefore also be the case that interventions will not necessarily be effective or prevent further offending. An offender's mental health condition may also well not be linked in any way to their offending.

Links

6.5 The report of the Independent Commission emphasises that mental health is a core part of the day-to-day business of the MPS. However, it goes on to say that a joint approach with partners and involving families and service users. The issue of mental health and community safety straddles the work of two partnerships in Haringey - the Community Safety Partnership and the Health and the Health and Well Being Board (HWB). There are already established and ongoing links between the Community Safety Partnership and relevant health partners, with the MHT and the CCG represented on the Partnership. However, the same links between the Health and Well Being Partnership and community safety partners have yet to be established. The Panel is of the view that the establishment of such a link would help ensure that community safety considerations are considered routinely in strategic commissioning decisions relating to mental health.

- *The Panel recommends that ongoing links between the Mental Health Sub-Group of the Health and Well Being Board and the Community Safety Partnership be strengthened through the appointment of a representative from the Police or other agency with a key role in the criminal justice system onto the Mental Health Sub-Group.*

Data

6.6 There is currently a lack of data that is available to demonstrate the impact of poor mental health on the criminal justice system, as highlighted by the report of the Independent Commission, and this makes it difficult to be precise about the scale of the issue and to take it into account in commissioning and to monitor progress. The Department of Health has acknowledged this by making an "information revolution" one

of its priorities for transforming support for people with mental health problems over the next two to three years in its "Closing the Gap" document. The need for better local information sharing is also emphasised in ensuring personalised, joined up support.

6.7 The one key piece of data relating to mental health in Haringey's Community Safety Strategic Assessment of 2012/13 is the number of offenders who have a mental health issue (332 or 31.7%). The Panel is of the view that there is a clear need to develop more comprehensive data locally, such as number and type of incidents, in order to more accurately monitor the scale and impact of the mental health on community safety. This could then be fed into the Joint Strategic Needs Assessment and allow it to be given consideration when commissioning decisions for health and social care services are taken.

6.8 There is the potential for issues relating to community safety and mental health to impact disproportionately on some communities. For example, there are disproportionate rates of psychotic illness amongst the African Caribbean community which can therefore put them at greater risk of coming into contact with the criminal justice system. It is therefore important that the impact on particular communities is monitored in order to identify and respond to any disproportionate impacts on particular communities.

- *The Panel recommends that the Police and community safety partners develop a system for collecting data on the number of incidents locally that have a mental health aspect to them, including assessment of base levels, and that this is fed into JSNA process.*

Crisis Care

6.9 People can be vulnerable to coming to the attention of the Police when experiencing a mental health crisis. The Panel noted that a Crisis Care Concordat has recently been signed by 22 organisations including NHS England, ACPO and the Royal College of Psychiatrists which sets out the standards of care that people should expect if they suffer a mental health crisis. It challenges local areas to ensure that health based places of safety and beds are available 24/7 and that patients get suitable help swiftly. It also refers to the need for more early intervention so that mental health problems do not escalate.

6.10 The Concordat states that, in every locality in England, local partnerships of health, criminal justice and local authority agencies will agree and commit to local Mental Health Crisis Declarations. These will consist of commitments and actions at a local level that will deliver services that meet the principles of the Concordat. This should include:

- A commitment for local agencies to work together to continuously improve the experience of people in mental health crisis in their locality;
- Development of a shared action plan and a commitment to review, monitor and track improvements;

- A commitment to reduce the use of police stations as places of safety, by setting an ambition for a fast-track assessment process for individuals whenever a police cell is used; and
- Evidence of sound local governance arrangements.

6.11 The Department of Health and the Home Office, with the Concordat signatories and other partners, are planning practical ways to support and promote the development of these local agreements. It is unclear at this stage at what organisational level the declaration is expected to be agreed. In London, this could feasibly be undertaken either on a pan London basis, at CCG level or at a level that is co-terminus with mental health trust boundaries.

6.12 The Panel notes that the Concordat does not appear to offer any additional funding to ensure that the necessary services are in place to deliver more effective crisis care. Mental health is still underfunded compared to physical health and the level of resources have declined by 2.3% in real terms in the past 2 years according to statistics collated by the BBC and Community Care. Crisis care funding has fallen by 1.7% in the same period, despite referrals having increased, on average, by 16%.

6.13 In terms of Barnet, Enfield and Haringey, total referrals have increased by 11% over the last three years, whilst funding had decreased in real terms by 13%. There is also significant pressure on in-patient beds due to the number of patients being sectioned, with in-patient wards currently operating at a 100-105% occupancy rate. There is therefore no scope to respond to any additional need for beds that actions arising from the Concordat might possibly generate.

6.14 The Concordat also refers to the need to develop early intervention services in order to prevent mental health issues escalating and reaching crisis level. However, many early intervention services have been subject to budget cuts in recent years. For example, Rethink have recently reported that the majority of Early Intervention in Psychosis (EIP) services have had their care provision decreased and cut jobs in the past year. Some cuts were reported to be by as much as 20%. Rethink have highlighted the fact that psychosis in young people can make them vulnerable to developing a serious mental health crisis, being detained under the Mental Health Act or getting caught up in the criminal justice system. They further state that early intervention can make a massive difference in helping young people recover.

Section 136

6.15 There is currently a joint protocol between Barnet, Enfield and Haringey for addressing the issue of mentally disordered people who are found in public places and the use of Section 136. The protocol dates from 2005 and constitutes a joint agreement between the Barnet, Enfield and Haringey Mental Health Trust (BEH MHT), Police, LAS, A&Es and all three local authorities. The preferred place of safety specified within the protocol for Haringey is St. Ann's Hospital. The Panel was pleased to note that Police cells are very rarely used as places of safety, with only one instance recorded in Haringey in 2012.

6.16 The Protocol provides for regular monitoring through a Joint Protocol Monitoring Group. The Panel noted evidence from BEH MHT that the Group is now referred to as the Inter Agency Mental Health Law Monitoring Group. It meets regularly to look at issues of mutual concern, including the use of Sections 135 and 136 and any calls to mental health wards. The Panel also noted that user groups were invited but do not always attend. Meetings currently always take place at Chase Farm Hospital.

6.17 The Panel would recommend that the Protocol is refreshed in the light of the Concordat and to take into account any relevant changes that have taken place within the NHS since it was first agreed. It is of the view that the Clinical Commissioning Groups (CCGs) within the three boroughs should be included within this process and consideration be given to providing them with a formal role within the updated protocol. This is due to the increasingly significant role that primary care plays in addressing mental illness as well as the key strategic commissioning role of CCGs.

6.18 The Panel is also of the view there needs to be a closer relationship between the joint monitoring group and Barnet and Haringey so that better links to local stakeholders can be facilitated, especially with service users and carers. It should therefore rotate its meetings between the three boroughs, ideally in locations provided by different agencies.

6.19 The borough of origin of people detained under Section 136 has been recorded since 2012 and statistics are submitted to the Monitoring Group. The average number of people detained is just below 300 per year across the three boroughs. This figure has remained stable for the last three years. The last full year figures that are available, which is 2012, show that 134 people were detained in Haringey.

6.20 The MHT acknowledge that there are issues relating to the accuracy of the statistics. In particular, they currently show extremely low levels of detention of Barnet residents. A key factor in this could be the fact that the Section 136 suite at Barnet Hospital has been closed and therefore detentions have to be made at either Chase Farm or St Ann's hospitals. This has coincided with a large drop in detentions in Barnet from 105 in 2009 to 0 in 2012. The total number of detentions across the three boroughs is very similar to the number before the closure so it is suspected that at least some Barnet residents may be being incorrectly recorded as Enfield or Haringey residents.

6.21 The Panel noted that breaking down the figures by borough is extremely difficult because it relies on the Police correctly recording precisely where they picked the patient up from and on the person filling in the spreadsheet knowing which borough the address is in, which may not always be obvious.

6.22 The Panel is nevertheless of the view that joint work should be undertaken to improve the level of accuracy of the statistics in order that patterns can be better monitored and responded to, particularly by commissioners. The need for improved data is particularly pertinent in the light of the new Crisis Care Concordat and will better enable improvements in response to crises to can be monitored.

- *The Panel recommends;*

- *That the joint protocol between Barnet, Enfield and Haringey for addressing the issue of mentally disordered people who are found in public places and the use of Section 136 be refreshed in the light of changes to the NHS and, in particular;*
  - *Links to CCGs be developed; and*
  - *Meetings of the Inter Agency Monitoring Group be rotated between the three boroughs and service users and carers re-invited to attend future meetings.*

- *That joint work be undertaken by the Inter Agency Monitoring Group to improve the quality of statistical information that it receives on Section 136 detentions.*

Integrated Offender Management

6.23 The Panel received evidence regarding the Integrated Offender Management (IOM) scheme, which is a partnership initiative to reduce reoffending by addressing the needs of offenders who were considered to carry a high risk of reoffending. Many have mental health issues and these can cover a wide spectrum. There are also often co-morbidities with other issues, particularly drug and alcohol misuse. Offenders are very often victims of circumstances and can find it very difficult to break the cycle of offending. The Panel noted that fact that very few offenders have GPs and there is also a comparatively high percentage without fixed addresses.

6.24 The current model is specific to Haringey and considered "cutting edge". It involves the co-location of a range of partners, who are based at Wood Green Police station. The scheme also funded a prison officer, who was located in Pentonville, to work with the cohort that are on the scheme and an officer in Holloway from April 2014. There are several people on the scheme who have exhibited signs of psychosis and around a quarter have mental health issues. The availability of mental health nurses in the custody suite means that is now possible to make referrals directly to mental health services. Probation staff manage offenders and monitor appointments with treatment agencies. Offenders are closely monitored and this could be on a daily or weekly basis.

Liaison and Diversion

6.25 The aim of liaison and diversion services is to identify and assess individuals with mental health needs when they come into contact with the criminal justice system. They provide identification, assessment and referral of people in Police custody suites and may lead to better decision making by the criminal justice system and information sharing but do not provide treatment.

6.26 The Panel received evidence that Liaison and Diversion has been in operation for over ten years within Haringey. BEH MHT are to trial a new operating model which has been developed by NHS England and are the pilot site for London. This has allowed the current service to be extended. The pilot scheme is primarily concerned with facilitating better informed decision making which will help to identify what is most likely to work. It will facilitate the wider dissemination of assessment recommendations to support decision makers at the Police station and Court and services, like Probation

and the Youth Offending Service, that have the ongoing case management roles. The post diversion infrastructure is still being developed and services will be delivered by the voluntary sector, NHS and private sector. There is a high level of support for the pilot and it is to be independently evaluated.

6.27 The scheme is not a treatment facility though and any additional mental health referrals generated will have to be addressed within existing mental health resources. The Panel noted the view of the MHT that is unlikely that there will be a significant rise in referrals as those individuals with acute or chronic illness are likely to be already known to the MHT or would quickly come to their attention by another means.

6.28 The Panel is of the view that the pilot scheme might nevertheless identify previously undetected needs amongst people that are less acutely ill. Treatment services, which are already under severe pressure, may find it difficult to address referrals arising from these. The MHT acknowledge that there might well be some identified unmet need or gaps in service that are identified by the pilot. There will be both a local mechanism and one developed by NHS England that will see the dissemination of this data to the CCG and local authority to inform the joint strategic needs assessment.

6.29 The Panel has noted the introduction of the Better Care Fund to promote integrated care in health and social care by the reallocation of money from the NHS to areas covered by CCGs. The Panel is of the view that a similar project to address the impact of poor mental health on the criminal justice system could be piloted in Haringey by indentifying the aggregate spend on criminal justice in the borough and moving a small percentage of this to be spent via the Mental Health Trust on those people identified as having mental health issues and either already within the criminal justice system or likely to enter it.

- *The Panel recommends that proposals be drawn up by the Community Safety Partnership, in liaison with mental health commissioners, to develop a pilot project for Haringey whereby a small percentage of the total spend on the criminal justice system is top sliced to provide resources to support prevention and early intervention work with people identified as having mental health issues and either already within the criminal justice system or likely to enter it.*

Accommodation

6.30 The Panel noted that accommodation is a particular challenge for offenders with mental health issues. Supported housing is nevertheless available for offenders with an identified mental health condition and a housing officer is based within Probation to assist with this. If mental health needs are of a lower level, advice can be provided. Supported housing is generally available for two years. The rationale for this is that it is hoped that clients will have gained sufficient skills to be independent and therefore able to obtain private rented accommodation. However, this period can be extended if need be.

6.31 The Panel nevertheless noted that some offenders with mental health issues are ineligible for supported housing due to their illness not being of sufficient severity. Whilst all offenders are provided with accommodation when they leave prison, this is

mainly temporary housing. The lack of stable housing can make it difficult for offenders to access support and the Panel noted that, in terms of referral pathways, the biggest single issue in terms of long term offender support is appropriate housing.

6.32 The Panel received evidence from the MHT, the lead GP for mental health at Haringey CCG and services users that service users are vulnerable to financial exploitation and threats by drug dealers and that they had evidence of this. They were of the view that there was a particular issue with drug dealing in hostels where people with mental health issues are accommodated. In particular, service users can be lent money and then have to pay this back at exorbitant rates. They stated that they currently had at least three patients subject to safeguarding in respect of this and were of the view that residential facilities can sometimes provide rich pickings for those wishing to exploit people. Similar issues to this were reported by Dr Akunjee, who is the Haringey Clinical Commissioning Group's lead on mental health issues.

- *The Panel recommends that urgent and long term action be taken by Community Safety partners to address the issues of the financial exploitation of vulnerable people and drug dealing in accommodation provided specifically for them.*

Treatment in prison

6.33 The Panel noted that BEH MHT were responsible for managing the delivery of mental health services in Brixton and Pentonville Prison and Feltham Young offender Institute as well as custody suites. All prisoners receive a mental health screening on arrival and were also screened for drug and alcohol, physical health and neurological issues. They could be provided with a range of interventions from in-house professionals. The major challenge in London is that most prison accommodation is used for remand which meant that prisoners are only there for 4-6 weeks, which leaves little scope for interventions. Most prisoners are moved out of London to serve their sentences.

6.34 The Panel heard that one specific barrier to interventions in prison is that there are now significantly fewer prison officers than previously and this means that escorting prisoners around is more difficult. One or two prison officers can now typically find themselves responsible for 3-400 prisoners. The Panel noted that efficiency savings that had prompted the reductions in staffing levels are still in the process of settling down. The budgets and nature of care available are relatively unchanged but now sit with NHS England rather than with primary care trusts.

6.35 The Panel is concerned that offenders may be being prevented from accessing treatment facilities that assist with their rehabilitation and reduce the potential levels of re-offending despite the interventions being available. Successful rehabilitation is undoubtedly cost effective in the long term and, if it is the case that reduced numbers of prison officers are providing a barrier to treatment of offenders, this is likely to have cost implications in addition to the human cost of the increased likelihood of continued offending.

- *The Panel recommends that the Cabinet Member of Communities be requested to write to the appropriate Home Office Minister raising the issue of the impact of the reduction in the number of prison officers on access to treatment for mental health issues by prisoners.*

Feedback from service users;

6.36 The Panel are of the view that it is important that the Police and other community safety partners obtain good ongoing feedback from service users concerning their performance in respect of mental health issues. Feedback information is available on a Metropolitan Police wide basis but not locally. The Panel would therefore recommend that a local means of obtaining feedback from service users and carers be developed, which could be used to help determine and finesse training. The most appropriate way of taking this forward would be for service users and carers to consider what might be appropriate.

- *The Panel recommends that the Police and community safety partners invite mental health carers and user groups to work with them to develop a suitable means of providing regular feedback on their performance in respect of mental health issues.*

Training;

6.37 The Panel received some very positive feedback from service users on how well Police officers address mental health issues. However, service users also stated that some officers can be indifferent. The Mental Health Trust offered to assist with future training plans, particularly with new Police recruits. Vulnerability Assessment Training is nevertheless to be provided for all Police staff as part of the response to the Independent Commission and this will include mental health. However, the Panel is nevertheless of the view that the Police and other community safety partners in Haringey should, wherever possible, work with mental health agencies, particularly the Mental Health Trust, to ensure that mental health issues are covered effectively in relevant training programmes.

- *The Panel recommends that the Police and other community safety partners in Haringey work with mental health agencies, particularly Barnet, Enfield and Haringey Mental Health Trust, to ensure that mental health issues are covered effectively in relevant training programmes.*

Public Health Initiatives

6.38 The Panel noted that that there are a number of local public health initiatives concerned with mental health issues, such as programmes to address the issue of the stigma attached to mental illness through awareness raising, particularly work with primary and secondary schools. Work to address stigma is especially welcome as there can be a particular stigma attached to mental illness within some communities within the borough.

6.39 Of particular relevance to community safety is the Mental Health First Aid initiative that seeks to equip front line staff with the skills to deal with people who are having a crisis, which has the potential to save Police resources as well as improving care for people experiencing a mental health crisis.

- *The Panel recommends that the effectiveness of the Mental Health First Aid programme be evaluated fully and consideration given to commissioning a further*

programme of such training in due course if proven to be effective.

Further Action

6.40 The Panel is mindful that this issue of community safety and mental health is an area which is currently subject to considerable change. It is also aware that this is a complex area and cuts across the work of partnerships and agencies. It is therefore of the view that further discussion of the issue including relevant stakeholders and partners would be helpful.

- *The Panel recommends that a seminar be arranged for relevant stakeholders and partners;*
  - *To consider recently published national and London wide reports and hear how they will be implemented;*
  - *To identify Haringey specific priorities; and*
  - *To assist partner agencies by informing them on how the various recommendations could be implemented in the borough.*

7. Comments of the Chief Finance Officer and financial implications

7.1 This report makes a number of recommendations, some of which have fairly minimal financial implications and should be able to be funded from within existing resources. (Recommendations i, vii, viii, and xi.) However others could have more significant cost impacts.

7.2 Recommendations ii and iv concern improvements to data gathering – this could increase administrative burdens depending on the scale of the changes required. Recommendations ix and x relate to training provision which will have a small cost, falling on Police and other partners and Public Health. This will require some prioritisation of resources. Recommendation iii concerning the protocol between Police and the BEHMHT may have implications for those partners but should have no impact on the Council. Recommendation vi concerning protection of vulnerable people may require additional resources to be identified.

7.3 Recommendation v is an innovative proposal to topslice criminal justice budgets to create a pooled budget for early intervention and preventative work. Although this proposal does not require any additional resources across the whole system it will require some level of reprioritisation with funding being cut from some current services so that it can be reinvested elsewhere. The proposal will also present a number of governance and control issues that will need careful consideration.

7.4 At this stage, the proposals are high level recommendations. If adopted further work will need to be undertaken to identify resources and put in place appropriate control arrangements.

8. Assistant Director Corporate Governance and Legal Implications

8.1 The Assistant Director Corporate Governance has been consulted on the contents of

this report.

8.2 The interaction between the police and mental health services is set out in sections 135 and 136 of the Mental Health Act 1983 (MHA) for those persons in the community and in sections 35 – 45 for those subject to criminal proceedings. These provisions are fleshed out in the relevant sections of the Code of Practice to the Mental Health. As stated in the footnotes to the report, section 135 provides a power to enter premises and remove persons suffering from mental disorder. Section 136 provides the corresponding power to remove to a place of safety such persons found in public places.

8.3 Section 10 of the Code of Practice sets out the expectations in the implementation of sections 135 and 136. It requires a locally agreed policy to monitor their use, as referred to in this report, and that parties to that policy should meet regularly to discuss its effectiveness. Recommendations (i) and (iii) reflect the requirements of the Code in strengthening links with the police and the CCGs. As the Code expects that effectiveness be monitored systems for data gathering and feedback are important which ties in to recommendations (ii), (iv), (x) and (xi). As per recommendation (ix) the Code states that all parties involved in the use of sections 135 and 136 should receive the necessary training.

8.4 The access to treatment for prisoners is set out in section 33 of the Code. It requires that prisoners should have access to treatment for mental disorders in the same timeframe as a community patient. Any unacceptable delays in the transfer of a prisoner to hospital should be actively monitored and investigated.

8.5 In summary, the report and recommendations broadly facilitates compliance with duties already incumbent on those with responsibility for the powers and duties set out in the report.

9. Equalities and Community Cohesion Comments

9.1. There are disproportionate levels of mental illness amongst some ethnic minority Communities. In addition, there can be a particular stigma associated with mental illness amongst some communities. Both of these issues are addressed within the body of the report.

10. Head of Procurement Comments

10.1. N/A

11. Use of Appendices

N/A

12. Local Government (Access to Information) Act 1985