



To: Business Coordination Board

From: Chief Constable

Date: 21 September 2016

## MENTAL HEALTH AND POLICING

### 1. Purpose

1.1 The purpose of this report is to highlight to the Business Coordination Board (“the Board”) the significant demand and risk supporting people with mental health issues places on the police officers and staff in Cambridgeshire.

### 2. Recommendation

2.1 The Board is asked to note the contents of the report and recognise the significant partnership work required to ensure the needs of the public are met, while acknowledging the impact the issue has on the Constabulary’s ability to deliver an efficient and effective policing service which safeguards the welfare of officers and staff.

### 3. Background

3.1 The extent to which the Constabulary is successful at identifying protecting and supporting those who are vulnerable is a core indicator of our overall effectiveness. The HMIC PEEL: Police effectiveness vulnerability inspection <sup>1</sup> grading for the question “How effective is the force at protecting from harm those who are vulnerable, and supporting victims?” was ‘requires improvement’ albeit this inspection did not encompass mental health crisis and detentions. There is a governance and scrutiny framework around the care and detention of those in mental health crisis in the form of day to day management through to partnership meetings that discuss and share data on S136 detentions.

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<sup>1</sup> <https://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/police-effectiveness-vulnerability-2015-cambridgeshire.pdf>

3.2 Recent research<sup>2</sup> shows that:

- 14% of police incidents have a mental health factor
- Each month police respond to 78 people in mental health crisis
- Each month 28 of those are detained using S136 Mental Health Act
- Each month less than one person is taken to police custody as the place of safety<sup>3</sup>
- In addition officers refer 11 people each day to the MASH as vulnerable with MH issues
- Ambulance response to S.136 is inappropriate in 58% of cases

#### **4. Working in partnership**

4.1 The Constabulary has played an active role in developing the local Cambridgeshire and Peterborough Mental Health Crisis Care Concordat declaration. This has resulted in gradual changes to the current mental health crisis care provision which has been driven by the local delivery group.

4.2 Part of the partnership response to the Crisis Care Concordat has included OPCC/Constabulary funding of Community Psychiatric Nurses (CPNs) to work in the Force Control Room. This Integrated Mental Health Team helps mitigate the risk posed to officers and staff supporting people with mental health issues. However the overarching risk still sits with the Constabulary's officers and staff. While it is appreciated that partners are still pushing forward system changes to improve their response to people in mental health crisis, officers are finding it challenging to engage with A&E and GPs, at what should be the point of 'hand-over', even after being advised by the CPN that a person needs support from these bodies. The Constabulary is collating many examples of where it has become the first port of call for people in mental health crisis. In particular, being called to restrain violent patients in wards or being asked to remain with mentally ill people to prevent them from leaving A&E where properly trained security staff would be a better alternative.

4.3 It is recognised that across the public sector there is a commitment to improve the experience of people in mental health crisis. However the current system improvements rely on developing business cases to release money from other parts of the system – namely the acute trusts. Crisis services are already stretched and as new services are introduced they are soon working to capacity with little or no future resilience.

#### **5. Next steps**

5.1 In line with the Mental Health Demand Strategy 2016/17 the Constabulary will adapt and use technology and data to understand current and future demand. Clearly agreement needs to be reached with partners on each other's roles and responsibilities when dealing with mental health crisis. Key to this will be to strengthen partnership relationships at strategic, tactical and local levels and to understand 'what works'.

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<sup>2</sup> Mental Health Demand paper to DCC Baldwin – August 2016

<sup>3</sup> Due to violence that cannot be safely managed in a health care setting

5.2 The Constabulary is keen to raise this issue with the local Adult Safeguarding Boards and seek their views on where the oversight of mental health provision should sit. There needs to be a shared partnership risk management approach and the ability to share learning from adverse events as crisis services are built up. Currently each agency is mitigating their individual key risks rather than looking more widely at the risks across the wider partnerships. The Constabulary must continue to ensure its officers are supported to make the right decisions on a daily basis as they continue to be required to respond to such situations. Clearly longer term work must aspire to see that mentally ill people get the support they need from the 'right service'.

## 6. Recommendation

6.1 The Board is asked to note the contents of the report and recognise the continuing significant partnership work required to ensure the needs of the public are met, while acknowledging the impact the issue has on the Constabulary's ability to deliver an efficient and effective policing service which safeguards the welfare of officers and staff.

## BIBLIOGRAPHY

<b>Source Document</b>	<a href="https://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/police-effectiveness-vulnerability-2015-cambridgeshire.pdf">BCB 11th August 2016 – Resource Demand in Policing https://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/police-effectiveness-vulnerability-2015-cambridgeshire.pdf</a>
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