



To: Business Coordination Board

From: Chief Constable

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PERFORMANCE UPDATE – 12 months to June 2018

1. Purpose

- 1.1 The purpose of this paper is to provide an update to the Business Co-ordination Board (“the Board”) on the Constabulary’s response to the Policing and mental health: Picking up the pieces document as provided by the HMICFRS in November 2018.
- 1.2 The Board is invited to note the contents of this report.

2. Recommendations and force responses

2.1 Recommendation 1

The NPCC lead and College of Policing should agree a new national definition of mental ill-health for all forces to adopt

We found forces using different definitions to describe mental health-related incidents. This makes it difficult for forces to identify people with mental health problems correctly, and to understand mental health-related demand. Many forces have adopted a consistent definition for vulnerability, which has helped them identify it and respond more appropriately.

A new national definition for mental ill-health would help all forces provide a consistent approach to people with mental health problems. It should be developed in consultation with officers across the country and replace the existing definition. It would also help them measure their demand and workload against a national standard.

Recommendation

By January 2019, the NPCC lead for mental health and the College of Policing should draft and agree a new national definition of mental ill-health. This should be included within the new national strategy on policing and mental health that they are developing together. All forces should then adopt this definition as soon as reasonably practicable.

2.2 Force response to Recommendation 1

We are still awaiting agreement for the final definition from NPCC and College of Policing.

2.3 Recommendation 2

All forces should carry out a 'snapshot' exercise to assess their mental health-related demand

All 43 police forces are committed to responding effectively and sensitively to people with mental health problems. The new national strategy on policing and mental health will be more effective if forces understand better the nature and scale of mental health demand in their area.

In this report, we refer to a 'snapshot' day that the Welsh forces carried out to develop their understanding of how much of their demand was mental health-related. A snapshot exercise like this is very useful and it would be beneficial for all forces to do the same.

We would then have a national picture of how much time and money forces are spending on their response to mental health demand. It is crucial that forces understand the full picture of demand and act where they can to reduce risk.

Recommendation

By December 2019, forces should develop a better understanding of their mental health data, and the nature and scale of their demand. All forces should carry out a 24-hour snapshot exercise, using the new national definition of mental ill-health in Recommendation 1. This would help them see where their mental health demand is concentrated and identify any gaps in their data. The NPCC mental health lead should set out how the data was collected during the Welsh forces' snapshot exercise.

This exercise will help forces understand the strain on the service by assessing the combination of demand and workload. This will then help forces when establishing and reporting mental health demand in their force management statements (FMSs).

2.4 Force response to Recommendation 2

Cambridgeshire Constabulary carried out a mental health related demand snapshot over a 24 hour period approximately 18 months ago. We will speak with the mental health lead for Welsh Police forces and see how they have carried out their snapshot exercise to assess their mental health related demand. Using the new definition we will then complete this exercise again to look at each incident that occurs during a 24 hour period and collate data on how many are mental health related. We would look to undertake this piece of work during the first half of 2019.

2.3 Recommendation 3

All forces should evaluate their mental health triage services

Mental health triage, or street triage, now operates in 42 of the 43 forces. Triage should be a service that acts as a gateway to further mental health care. There is still a perception that this is a service that is filling gaps that local health partners no longer can or will.

A more effective understanding of the service, and the environment it operates in, would show where the demand is coming from, and whether there are good enough outcomes and care options for patients. Patient feedback about individual experience of triage would help forces understand whether their partnership approach is working, and to shape future services.

Recommendation

By August 2019, all forces should review their existing partnership mental health triage services to assess their effectiveness, and the environment they are operating in. This will help them make decisions about sustainable future services with partners to make sure mental health care needs are being met.

If forces find any deficiencies in their triage services, they should take steps to address them as soon as reasonably practicable.

The College of Policing has agreed to devise some practice guidelines to help forces benchmark their triage activity. We will inspect on progress in this area as part of our integrated PEEL assessments inspection framework.

2.5 Force response to Recommendation 3

The Force Control Room based mental health triage service, the Integrated Mental Health Team (IMHT), was evaluated independently after its first year (in approximately April 2017) and we will look to undertake a further review now that it has been running for almost three years. We would look to undertake this piece of work in the first half of 2019.

2.6 Recommendation 4

All forces should review their mental health training programmes

The quality and quantity of mental health training varies considerably across forces. Several forces have developed multi-agency training that police officers and staff have found very useful. Forces need to make sure they are allowing enough time for quality training that allows officers to respond with a greater understanding of the complexity of mental health crises.

Recommendation

By August 2019, all forces should review their mental health training programmes, using the College of Policing learning standards, to establish whether they are giving their officers the right tools to understand and respond to people with mental health problems.

If forces find any deficiencies in their training programmes, they should take steps to address them as soon as reasonably practicable.

Where forces invite outside organisations to train staff, they must make sure its content and quality are checked against College of Policing APP.

2.7 Force response to Recommendation 4

As a tri-force Bedfordshire, Cambridgeshire and Hertfordshire Learning Development team has recently reviewed mental health training for new police officer recruits. As of 2019 all new recruits will receive a two day training input on mental health at around week nine of their IPDLP course. Furthermore, all response officers are part of a programme to receive a three hour mental health training input in the first half of 2019.

2.8 Recommendation 5

The Crisis Care Concordat steering group should carry out a fundamental review and make proposals for change

Although the first four recommendations are achievable, they won't solve the fundamental problem. There needs to be a comprehensive, long-term approach to identifying, assessing and supporting people with mental health problems.

Recommendation

By 30 September 2019, the Department of Health and Social Care (DHSC) and the Home Office should review the overall state response to people with mental ill-health. The scope of this work should include as a minimum:

- An assessment of the implementation of the Crisis Care Concordat;
- Crisis response and whether people with mental health problems can access appropriate services;
- The role and responsibilities of police officers when meeting people with mental health problems; and
- Whether there is sustainable and integrated support to prevent repeat contact.

The Crisis Care Concordat steering group should consider whether any changes are necessary, or should be considered, to legislation; structures; initial and ongoing training; and guidance and guidelines (for example, the APP and National Institute for Health and Care Excellence guidelines).

The Crisis Care Concordat steering group should report to the Ministers in DHSC and Home Office with relevant recommendations, to improve the whole system relating to mental health, for:

- The Department of Health and Social Care;
- The Home Office;
- The Ministry of Housing, Communities and Local Government;
- NHS England;
- The National Police Chiefs' Council;
- The Association of Police and Crime Commissioners;
- The College of Policing;
- Public Health England; and
- If necessary, other members of the Crisis Care Concordat steering group.

2.9 Force response to Recommendation 5

The Cambridgeshire and Peterborough Crisis Care Concordat are to hold a review and make proposals for change.

Contact Officers	Supt Laura Hunt – Strategic Lead for Mental Health Insp Will Davis – Governance and Inspection manager
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