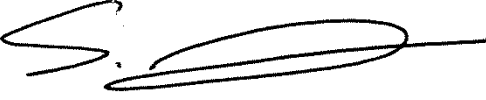




Haringey Council

Report for:	Cabinet -14 October 2014	Item Number:	
Title:	Responses to Scrutiny Review on Mental Health and Community Safety		
Lead Officers and report authorised by:	Stephen McDonnell, AD Environmental Services & Community Safety 		
Report author:	Hazel Simmonds (as deputy and on behalf of the Community Safety Partnership)		
Ward(s) affected: All	Report for Key/Non Key Decisions: Non key		

1. Describe the issue under consideration

- 1.1** Attached at Appendix A are the draft responses from the Community Safety Partnership to 11 recommendations of the Scrutiny Report on Mental Health and Community Safety which was instigated in April this year.
- 1.2** Although the initial need for this report was raised by our partners in the Metropolitan Police Service, it is clear that the range of mental disorders which come to a head in Haringey on a daily basis impact on all partners and at all levels from frontline services to strategic planners.
- 1.3** The available data suggest high prevalence of mental ill health in Haringey; in particular pockets and among particular communities. The challenge facing us is to consider utilising our existing resources to better effect and to lever in additional resources to enable continuous improvement. Further efforts will also need to be made to reshape our efforts towards a more preventative agenda.



2. Cabinet Member introduction

- 2.1** The issues covered in the recommendations are of top priority for both the Health & Wellbeing and Community Safety Partnership Boards, as mental health has been identified as a key issue in anti social behaviour, London wide this has been raised as an issue relating to young offenders as well as adults. A recent Haringeystat identified mental Health as a key issue in the east of the Borough. We have, therefore, committed to working through the available information and resources jointly. It is a sign of the determination of the Met to improve outcomes for these people that it was a Haringey police officer who originally suggested the review. I am pleased that the training of frontline staff, including police officers, is underway and that this work is seen as good practice. I understand that MOPAC is working on a pan London Bid to train 8,000 Police and front line staff to be aware of the issues and have a common language.
- 2.2** Since this review began, the Health & Wellbeing Board has revised its strategy which is still under consultation. However, the proposal is to focus on two headline outcomes; one of which is improving mental health and emotional wellbeing. This focus is welcome.

3. Recommendations

- 3.1** That the draft responses with comments from the Community Safety Partnership be accepted.
- 3.2** That the Community Safety Partnership and the Health and Well Being Boards prioritise joint work and planning on these topics as set out in Appendix A.
- 3.3** That Cabinet consider whether resources from other areas such as CYPS and Adults could be brought to bear on this priority especially in relation to prevention and early help.

4. Alternative options considered

- 4.1** None



5. Background information

5.1 The Communities Overview and Scrutiny Committee conducted a review into mental health and Community Safety against the background of the launch of several national and pan London reports and initiatives setting out to improve the outcomes for mental health service users when they come into contact with the police and judicial system.

5.2 The aims of Scrutiny were twofold:

5.2.1 To raise the profile of the impact of mental health on community safety and cohesion; and

5.2.2 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:

5.3.1 Service provision available and any gaps;

5.3.2 Sharing and management of information; and

5.3.3 Joint working.

5.4 There was a launch in April of the London trial of the Liaison and Diversion Service in Wood Green Civic Centre, the then Chair of the Overview and Scrutiny Committee commented that a packed audience learned that up to 40% of the 300,000 people arrested each year in London have an enduring mental health condition.

5.5 The outcome of the review is based on interviews with MPS, Adults and Housing Services, Barnet Enfield and Haringey Mental Health Trust, Public Health, Mental Health GP Lead, Haringey CCG, Probation Service, Service Users and Mind Haringey. Published findings and reports were also considered. Based on those sources 11 recommendations were made including better integration of services and agencies and improved sharing of information being fundamental to improving services. It is hoped that the Liaison and Diversion Service put in place after a review by Lord Adebawale will do much to improve outcomes for clients but, there is still much to be done in increasing and coordinating the resources that are available to provide support services to break the cycle of offending and imprisonment. The Scrutiny report made a number of recommendations set out below to ensure that Haringey continues the momentum to achieve an effective coordinated service.



There have been a number of recent reports and documented evidence which formed part of the Scrutiny Committee's package for consideration and informed the recommendations that were made. Below is an extract from that report:-

- 5.5.1** “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”
- 5.6** In coming to its conclusion Scrutiny considered a number of reports including the recent report of the Independent Commission on Mental Health and Policing, chaired by Lord Victor Adebawale, the Bradley Report, Independent Commission on Mental Health and Policing and the Use of Police Cells/section 136.
- 5.7** The following recommendations were considered by the Community Safety Partnership and Appendix A sets out the response to the recommendations.
- 5.7.1** 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)*).
- 5.7.2** 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)*)
- 5.7.3** 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)

- 5.7.4** 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*)
- 5.7.5** 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*)
- 5.7.6** 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*)
- 5.7.7** 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*)
- 5.7.8** 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*)
- 5.7.9** 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*)
- 5.7.10** 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*)
- 5.7.11** 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;



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- 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)

Please refer to the original report submitted to the Overview and Scrutiny Panel on 10th April 2014 which contains comprehensive background information Appendix B

6. Comments of the Chief Finance Officer and financial implications

6.1 The responses in this report have fairly minimal financial implications and where the cost falls on the Council they should be able to be funded from within existing resources. Where more significant cost impacts emerge at some future point, for example from commissioning additional services, these will need to be met from Mental Health and Community Safety Budgets available at that time, or seek approval from Cabinet for additional resources.

7. Assistant Director of Corporate Governance Comments and legal implications

7.1 The Assistant Director Corporate Governance has been consulted on the contents of this report.

7.2 Under Section 9F Local Government Act 2000 (“LGA”), the Overview and Scrutiny Committee have the power to review or scrutinise decisions made or other action taken in connection with the discharge of any of Cabinet’s functions and make reports or recommendations to Cabinet with respect to the discharge of those functions. Overview and Scrutiny also have the power to make reports or recommendations to Cabinet on matters which affect the Council’s area or the inhabitants of its area. The Overview and Scrutiny Committee report and recommendations on Mental Health and Community Safety are pursuant to this power.

7.3 Under Section 9FE of the LGA, the Cabinet is under a duty to consider and respond to the recommendations indicating what if any action Cabinet proposes to take and to publish its response. The proposed Cabinet response to the Overview and Scrutiny Committee report and recommendations is in accordance with this duty.

7.4 The interaction between the police and mental health services is set out in section 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. Section 136 provides the power to remove persons found in public places suffering from a mental disorder to a place of safety. These provisions are



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fleshed out in the relevant sections of the Code of Practice to the Mental Health Act 1983.

7.5 Section 10 of the Code of Practice sets out the expectations in the implementation of section 136. It requires a locally agreed policy to monitor its use, and that parties to that policy should meet regularly to discuss its effectiveness. Recommendations and responses 1 and 3 in Appendix A 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 2, 4, 10 and 11. As per recommendation 9, the Code states that all parties involved in the use of section 136 should receive the necessary training.

7.6 In summary, the report and recommendations broadly facilitate compliance with duties already incumbent on those with responsibility for the powers and duties set out more fully in the Overview and Scrutiny report of 10th April 2014.

8. Equalities and Community Cohesion Comments

8.1 The work suggested in this report is directly addressing one of the most significant drivers of inequality in the borough. As such, this piece of work is a valuable contribution to the cohesion and equality ambitions of the council and its partners.

9. Head of Procurement Comments

9.1 There are currently no procurement issues

10. Policy Implication

10.1 Mental ill health is an underlying driver of many local challenges. It is also a by-product of other problems, meaning that some residents are beset by multiple and complex health and behavioural issues. This should, therefore, be a top priority across the Council and partner organisations for intensive and multi-disciplinary attention with proactive work on prevention earmarked across all major policy areas.

11. Reasons for Decision

11.1 These have been agreed with the relevant lead agencies.

12. Use of Appendices



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Appendix A: Chart featuring draft responses

13. Local Government (Access to Information) Act 1985