

APPENDIX A

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

Responses to Recommendations

	<p>Overall comments on the report</p>	<p>Key CCG comments are:</p> <p>The report needs to be clearer when it is talking about national data versus local data - for example, it advises that there have been reductions in EIP funding - we do not believe this to have been the case in Haringey. The report appears to refer to national statistics and it needs to be clear that this not the local situation. Additionally, it should cite its sources - e.g the comment that funding has reduced across BEH by 13% we suspect came from the MHT rather than the picture in Haringey.</p> <p>We welcome all the other recommendations -</p> <p>The only significant gap is about the interface with NHS England who commission forensic services. The report states that at the severe end of MH/criminality people are getting good support and though this might be true, we have not seen evidence of this, especially as regards the handover of patients from NHSE to locally commissioned services. This will need to be checked with stakeholders.</p> <p>We are unlikely to need to consider cost</p>	
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		implications but rather maximising the use of all existing resources. The overarching recommendation is, therefore, to hold a stakeholder session to agree priorities.	
	Recommendation	Draft response	Who and When
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 (<i>Health and Well Being Board (HWB)</i>).	Agreed Current Outcome 3 Delivery Group of the HWB that is focusing on mental health only has LBH officers membership. It is recommended that the Adult Partnership mental Health reference group may be a better forum for the Mental Health & Well Being and Community Safety Partnership multidisciplinary input.	CSP January 2015
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. (<i>Community Safety Partnership (CSP)</i>)	This seems relevant and sensible. One of the key issues is the time lag from referral to assessment and this recommendation could be extended to include the development of a wider set of indicators to monitor access to existing services to inform the commissioning of services.	MPS/PH/BEH March 2015
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; <ul style="list-style-type: none"> • 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- 	Agreed The council and CCG have jointly appointed a project manager to implement recommendations from the separate accommodation and mental health report that went to OSC so the accommodation issues should be picked up via that route.	In place

	invited to attend future meetings. <i>(BEH MHT)</i>		
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. <i>(BEH MHT)</i>	Agreed – BEH agreed to take this forward	BEH MHT September 2015
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. <i>(CSP)</i>	<p>Part Agreed</p> <p>Although we fully support the ethos of this recommendation, this proposal does not seem viable as there are very few identifiable borough specific budgets which could be top sliced, many already provide some element of funded mental health provision and all budgets have significant pressures. They are also held across multiple partner agencies and are often pan London.</p> <p>It may be more sensible to link this to recommendation 2 as the JSNA should drive commissioning to meet the identified need and if a mental health service linked directly to the judicial process is identified as a requirement this could then be built into the current commissioning process.</p>	CSP October 2014
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. <i>(CSP)</i>	Further work is required in order to support the required recommendations.	CSP September 2015
7	That the Cabinet Member for Communities be	Agreed.	Cabinet Member for

	requested to write to the appropriate Home Office Minister raising the issue of the impact of the reduction in the number of prison officers with access to treatment for mental health conditions among prisoners. <i>(Cabinet Member for Communities)</i>	Cllr Vanier will write to a Member of Parliament to take this recommendation forward as it is felt that this is a wider issue.	Communities October 2014
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. <i>(CSP)</i>	Agreed. That the revamp Adult Partnership Board that will have mental health reference group underneath.	CSP June 2015
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. <i>(CSP)</i>	There are a number of mental health training programmes for frontline staff already operating (e.g health, police and MOPAC) Police already run training programmes for their staff based on the Lord Adebawale's recommendations relating to "The independent commission on Mental Health and Policing report"	In place
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. <i>(Director of Public Health)</i>	This course was re-commissioned for 2014/15 and all eight sessions are fully booked for the whole year. Preliminary evaluation suggests very positive feedback.	Director of Public Health March 2015
11	That a seminar be arranged for relevant stakeholders and partners; • To consider recently published national and	Agreed. That a seminar led by Public Health following on from the Haringeystat will take place in spring of	CSP and Public Health March 2015

	<p>London wide reports and hear how they will be implemented;</p> <ul style="list-style-type: none"> • To identify Haringey specific priorities; and • To assist partner agencies by informing them on how the various recommendations could be implemented in the borough. <i>(CSP)</i> 	2015..	
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