



**Haringey Council**

<b>Report for:</b>	Communities Scrutiny Panel – 7 November 2013	<b>Item Number:</b>	
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<b>Title:</b>	Scoping report – Community Safety and Mental Health
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<b>Report Authorised by:</b>	Cllr David Winskill Chair of the Communities Scrutiny Panel
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<b>Ward(s) affected:</b> All	<b>Report for Key/Non Key Decisions:</b>
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## **1 Describe the issue under consideration**

- 1.1 The Communities Scrutiny Panel has agreed to undertake a piece of on the issue of mental health and community safety. The suggestion for this came from the Police Service who highlighted the cross cutting nature of the challenges that individuals suffering from mental health issues may face (e.g. risk, crime, ASB). The view was that work by the Panel on this issue could lead to a wider acknowledgement of the issues facing Haringey and provide opportunities to identify potential improvements in partnership working.
- 1.2 The following provides a scope of the planned work on mental health and physical health which is to be agreed by the panel.

## **2 Cabinet Member Introduction**

- 2.1 N/A

## **3 Recommendations**

- 3.1 That the terms of reference and objectives set out in this report for the project be agreed.

## **4 Other options considered**

4.1 N/A

## **5 Background information**

5.1 Under its agreed terms of reference, the Communities Scrutiny Panel can assist the Council and the Cabinet in its budgetary and policy framework through conducting in-depth analysis of local policy issues.

5.2 In this context, the Panel may:

- Review the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
- Conduct research, community and other consultation in the analysis of policy issues and possible options; and
- Make recommendations to the Cabinet or relevant nonexecutive Committee arising from the outcome of the scrutiny process.

5.3 Cabinet Members, senior officers and other stakeholders were consulted in the development of an outline work programme for Overview & Scrutiny Committee and its scrutiny panels, which was agreed at the meeting of 17 June 2013. This identified potential issues for consideration by each of the panels.

5.4 The Communities Scrutiny Panel agreed to undertake an in depth piece of work on community safety and mental health. The following scoping report provides an outline of the legislative and policy context, the aims of scrutiny involvement and the proposed plan of work to be undertaken by the Panel.

## **Comments of the Chief Financial Officer and Financial Implications**

6.1 There are no financial implications directly arising from this report. Work to support the review will be carried out by officers of the council and other stakeholder organisations and costs met from existing resources.

## **7 Head of Legal Services and Legal Implications**

7.1 The functions of the Scrutiny Review Panels are included at paragraph 6.03 of the Articles of the Constitution and their procedures are set out in the Overview and Scrutiny Procedure Rules in Part 4, section G of the Constitution. There are no other immediate legal implications arising from this report.

## **8. Equalities and Community Cohesion Comments**

8.1 Overview and scrutiny has a strong community engagement role and aims to regularly involve local stakeholders, including residents, in its work. It seeks to do this through:

- Helping to articulate the views of members of the local community and their representatives on issues of local concern

- As a means of bringing local concerns to the attention of decision makers and incorporate them into policies and strategies
- Identified and engages with hard to reach groups
- Helping to develop consensus by seeking to reconcile differing views and developing a shared view of the way forward
- The evidence generated by scrutiny involvement helps to identify the kind of services wanted by local people
- It promotes openness and transparency; all meetings are held in public and documents are available to local people.

8.2 Engagement processes will be used as part of the work of the Panel and will seek to include a broad representation from local stakeholders. It is expected that any equalities issues identified within the consultation will be highlighted and addressed in the conclusions and recommendations reached by the panel.

## **9. Head of Procurement Comments**

9.1 Not applicable.

## **10. Policy Implications**

10.1 It is intended that the work of the Panel will contribute and add value to the work of the Council and its partners in meeting locally agreed priorities.

## **11. Use of Appendices**

11.1 All appendices are listed at the end of the attached report:

## **12. Local Government (Access to Information) Act 1985**

## **Communities Scrutiny Panel**

### **Scope and Terms of Reference for Project on Community Safety and Mental Health**

#### **1 Introduction**

1.1 The Communities Scrutiny Panel has agreed to undertake 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 have been concerned for some time about the complexity of the challenges that individuals suffering from mental health issues may face. Usually these challenges 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.

#### **2 Background**

##### *Introduction*

2.1 The role of overview and scrutiny in respect of crime and community safety is to scrutinise the work of the Crime Reduction Partnership i.e. partnership activities. Specific scrutiny of the Police within London is undertaken by the London Assembly through its Police and Crime Committee. Work undertaken by the Panel on this issue should therefore focus on local partnership activity in respect of community safety.

##### *Mental Health and Community Safety*

2.2 Mental health has a significant impact on policing and community safety. According to 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

2.3 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.

2.4 The recent report of the Independent Commission on Mental Health and Policing also outlined the scale in which mental health impacts on policing

within London. A survey of 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.

2.5 A review of mental health related calls in London undertaken for the inquiry 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.

2.6 There is some 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.

2.7 It should nevertheless be emphasised that people with mental health issues may come to the attention of law enforcement agencies for a range of reasons and not merely as suspects. They can also be witnesses or victims of crime. It is particularly worth noting that individuals with mental health issues have a significantly higher risk of being a victim of crime, particularly serious crimes. Victims who self-report mental health conditions are also less satisfied with the service they receive from the Police.

2.8 Haringey's Community Safety Strategy for 2011-14 refers to the considerable link between mental health and victimisation. It quotes a report by Mind in 2007 that states that:

- 71% of people with mental health issues had been victimised in the previous 2 years;
- Nearly 90 per cent living in local authority housing had been victimised;
- 41 per cent of respondents were the victims of ongoing bullying;
- 34 per cent had been the victim of theft of their money or valuables, from their person or from their bank account.
- 27 per cent had been sexually harassed and 10 per cent had been sexually assaulted; and
- 22 per cent had been physically assaulted

2.9 Mind have also quoted another study that showed that people with mental health issues are *11 times* for likely to be a victim of crime than the general population.

### *Recent Developments*

2.10 Two recent reports have highlighted key issues relating to community safety and mental health. These are:

- The report of the Independent Commission on Mental Health and Policing; and
- A Criminal Use of Police Cells? Joint report on the use of police cells as a place of safety under Section 136 of the Mental Health Act 1983 by Her Majesty's Inspectorate of Constabulary (HMIC), Her Majesty's Inspectorate of Prisons, the Care Quality Commission and Healthcare Inspectorate Wales

### *Independent Commission on Mental Health and Policing*

2.11 The Independent Commission on Mental Health and Policing was set up in September 2012 at the request of the Metropolitan Police Commissioner 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.

2.12 Key findings of the review concerned the following:

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

## 12. Failure to communicate with families”

- 2.13 The recommendations have been accepted by the Metropolitan Police Commissioner and an action plan is currently being put together.

### *Use of Police Cells/Section 136*

- 2.14 An even more recent report was published June 2013 on the use of police cells as a place of safety under Section 136 of the Mental Health Act 1983 in the light of joint inspections 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).
- 2.15 If a Police officer believes that someone in a public place who appears to be suffering from a mental disorder, he or she may remove the person to a place of safety. This can be a range of settings including a hospital or a Police station. 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 place for 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.
- 2.16 In Haringey, there is a joint protocol between the local authority, the Mental Health Trust, the Ambulance Service and the Police on the use of Section 136. The preferred place of safety specified within the protocol is St. Ann’s Hospital. A recent report on Police custody in Haringey that was based on a visit undertaken in December 2012 stated as follows:
- “There were no detentions in custody under section 136 of the Mental Health Act 1983 during our visit. There was a dedicated section 136 suite at St Anne’s Hospital, Tottenham and an agreed admission protocol. In the previous year, only one person had been detained in custody under section 136. We were told that detentions were made after careful assessment and were appropriate”
- 2.17 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.

## **3 Scope of Work by Communities Scrutiny Panel**

### *Objectives*

- 3.1 The aim of the project is 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.

### *Terms of Reference/Objectives*

- 3.2 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.

### *Methodology*

- 3.3 The project will receive the input of a range of stakeholders including service users. It will also look at relevant documentation, such as the borough's Safer Communities Strategy, as well as any statistical evidence.

### *Sources of Evidence*

- 3.4 The work of the Panel will be informed by evidence from the following
- The Police Service;
  - Adults and Housing;
  - Barnet, Enfield and Haringey Mental Health Trust;
  - Public Health;
  - A local GP;
  - A local magistrate;
  - The Probation Service;
  - Haringey User Network;
  - Haringey Mental Health Carers Support Association;
  - MIND in Haringey;
  - Healthwatch.

### *Evidence Gathering Meetings*

- 3.5 The meetings will be arranged as follows:

#### *Meeting 1:*

To obtain the views and perspective of service users and carers and patient representatives, including:

- Haringey User Network;
- Haringey Mental Health Carers Support Association;
- MIND in Haringey;



- Healthwatch.

*Meeting 2:*

1. To receive evidence from the Council and partners on the Safer Communities Partnership, as follows:
  - The Police Service;
  - Adults and Housing;
  - Barnet, Enfield and Haringey Mental Health Trust;
  - Public Health; and
  - The Probation Service.
2. To receive evidence from a local GP and a magistrate.

*Meeting 3*

Together with relevant partners and stakeholders, to analyse and consider the evidence received as part of the project and make recommendations for submission to the Overview and Scrutiny Committee.

*Timescale*

- 3.6 It is essential that the work of the Panel on this issue is completed in time for approval by the Overview and Scrutiny Committee on 17 March. It is therefore suggested that the evidence gathering work of the Panel should be completed by the end of January 2014.