



Cambridgeshire
Police & Crime
Commissioner

To: Cambridgeshire Countywide Community Safety Strategic Board

From: Chief Executive Dorothy Gregson

Date: 12 October 2016

MENTAL HEALTH AND POLICING

1. Purpose

1.1 This report highlights to the Countywide Board (“the Board”) the significant demand supporting people who may or may not have mental health issues but are ‘struggling to cope’ with daily life 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 the requirement for closer partnership working to ensure the needs of the public are met.

3. Background

3.1 The Constabulary is collating many examples of where it has become the first port of call for people who are struggling to cope with life and are in crisis – this may or may not be accompanied by enduring mental ill-health issues.

3.2 Recent research¹ shows that nationally the demand on policing for mental health-related incidents ranges between 20 to 40 per cent and that in Cambridgeshire:

- 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 safety²
- Each day officers refer 11 people 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 positive changes to the current mental health crisis care provision which has been driven by the local delivery group. This includes the First Response model (funded

¹ Mental Health Demand paper – August 2016

² Due to violence that cannot be safely managed in a health care setting

through Vanguard non-recurrent funding), two MIND-run sanctuaries (Cambridge and Peterborough) plus an outreach service in Huntingdon, telephone triage (dial 111 and press 2) and in-community assessments.

- 4.2 The Commissioner has funded three Community Psychiatric Nurses (CPNs) to work in the Force Control Room. This Integrated Mental Health Team is:
- adding significant value and giving officers and staff (including CID) confidence in their decision making
 - ensuring force data contains the correct markers to improve future service delivery with quality data.
 - saving officer/staff time dealing with people in MH crisis
 - speaking to individuals directly and sometimes avoiding an emergency response or a mental health response where it is not appropriate.
- 4.3 While progress is being made in the system wide response to people in mental health crisis, the police are being drawn into non-policing business through:
- responding to calls for service of people in mental health crisis
 - transporting people in crisis – (long waits for ambulances) to hospitals or places of safety (custody isn't appropriate)
 - waiting with people in crisis in hospital A&E departments to have their initial assessments; and
 - restraint (in clinical settings).
- 4.4 A recent IPCC Report said of the 102 people who died during or following contact with the police in 2015/16 more than half were reported to have mental health concerns. Successive IPCC investigations into deaths of people with mental ill health and disabilities following police contact indicate that delays in access to medical support may have ultimately contributed to the deaths of people with mental health problems when they are in police care.

5. Next steps

- 5.1 Significant work is on-going to define partners roles and responsibilities when dealing with vulnerable people who may be in mental health crisis involving strategic, tactical and local levels and to understand 'what works'. It is recognised that it will take a number of years for a fully mature proactive mental health strategy to be embedded in Cambridgeshire. The Mental Health Crisis Care Concordat and pooled budget arrangements provides leadership over the positive work being taken forward.
- 5.3 However, case studies highlight that there are ongoing challenges within the mental health system which increase risks for vulnerable people. This is likely to continue until the change programme is complete and fully embedded.
- 5.4 Safeguarding issues are the territory of the safeguarding board. Agencies need to think how this statutory body is used to monitor risks and ensure they are being managed appropriately.

6. Recommendation

- 6.1 The Board is asked to note the contents of the report and the requirement for closer partnership working to ensure the needs of the public are met.