Hampshire Police and Crime Panel

Proactive Scrutiny of ‘Mental Wellbeing - Evidence

Contents:

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Date recvd</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hampshire Constabulary</td>
<td>30/03/2013</td>
<td>2</td>
</tr>
<tr>
<td>Hampshire County Council Health and Wellbeing Board</td>
<td>26/03/2015</td>
<td>7</td>
</tr>
<tr>
<td>(Joint with Southern Health)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isle of Wight Health and Wellbeing Board</td>
<td>25/03/2015</td>
<td>5</td>
</tr>
<tr>
<td>Isle of Wight NHS Trust</td>
<td>26/03/2015</td>
<td>6</td>
</tr>
<tr>
<td>Members of the Public</td>
<td>26/03/2015</td>
<td>9</td>
</tr>
<tr>
<td>Police and Crime Commissioner for Hampshire</td>
<td>27/03/2015</td>
<td>10</td>
</tr>
<tr>
<td>Samaritans</td>
<td>24/03/2015</td>
<td>17</td>
</tr>
<tr>
<td>Solent Mind</td>
<td>23/03/2015</td>
<td>18</td>
</tr>
<tr>
<td>Solent NHS Trust</td>
<td>26/03/2015</td>
<td>19</td>
</tr>
<tr>
<td>South Central Ambulance Service NHS Foundation Trust</td>
<td>26/03/2015</td>
<td>21</td>
</tr>
<tr>
<td>Southern Health NHS Foundation Trust (Joint with</td>
<td>26/03/2015</td>
<td>7</td>
</tr>
<tr>
<td>HCC HWBB)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Hampshire Constabulary

1) How well do you feel the Police and Crime Commissioner has worked in partnership with you or your organisation to encourage improved outcomes for people affected by mental health issues?

   a) The PCC has helped maintain momentum behind what is a complex partnership arrangement in relation to mental health crisis care. There are eight Clinical Commissioning Groups (CCGs), 4 local authorities (who provide adult social care support to mentally ill people) and five mental health Trusts that cover the Constabulary area.

   b) The Crisis Care Concordat, for the first time, brings together all relevant Government departments and professional bodies to agree what the crisis care pathway should contain. The document calls for local declarations to be signed indicating support across organisations to delivering against the concordat. Across Hampshire and the Isle of Wight the Constabulary, and OPCC, as successfully signed four such declarations; each being co-terminus with the unitary or 2nd tier local authority. This will allow the relevant Health and Well Being (HWB) board for that local authority area to oversee developments locally with regard to the concordat. The OPCC has representation at these HWBs and was a signatory on each declaration.

   c) Complementing the declarations is a detailed action plan and a multi agency strategic group (with an independent chair and project support) that helps ensure consistency in delivery across the force area.

   d) I am aware that the PCC, or nominated deputies, have met key strategic individuals with clinical commissioning groups to discuss the issue. The solution, however, requires consistency across agencies which the meeting detailed in (c) aims to achieve.

   e) The force position in relation to the use of police cells as places of safety has vastly improved in recent years. Our use of s.136 has reduced overall by 50% and since 2012/13 we have had what we believe to be the largest reduction (-83%) across England and Wales in relation to the use police cells.

   f) The position in relation to under 18’s has been an issue for the Constabulary over recent years with there being no commissioned place of safety. I am pleased to report that following negotiations that has involved Constabulary staff and the OPCC NHS commissioners and providers will be providing this facility from 01 April 2015.

2) What do you think should be the Police and Crime Commissioner’s priority for action to improve outcomes for people affected by mental health issues who may come into contact with the police?
a) To monitor delivery of the Crisis Care Concordat action plan and help to hold relevant partners to account for their commitment to this.

b) To work with health and social care partners to ensure any Liaison and Diversion scheme has appropriately resourced pathways after police contact, with a view to reducing further demand on the police.

3) Is there anything further that you can provide to the Panel, including any examples of best practice which could be considered, that will assist us with our proactive scrutiny of this topic?

a) The OPCC has helped to fund some innovative solutions. The best example of this is Operation Serenity on the Isle of Wight. This has developed from what was the first street triage scheme nationally (police and mental health professionals patrolling together) into one that further reduces demand on policing whilst ensuring people are dealt with swiftly and by the right resource. The Constabulary have tried to adopt a similar street triage scheme on the mainland. In an eight week trial in 2014 across Southampton the feedback was not as positive with more demand for police presence than on the Isle of Wight.

b) Alongside this trial the Constabulary also had a mental health nurse working in our control room to triage calls before officers were deployed. This had yielded better results and arguably less misplaced demand onto police. NHS Commissioners have received money to support this longer term and the relevant Trust is seeking to recruit to these vacancies currently. Of note the ambulance service are doing the same with their 111 service; could there be an opportunity to combine this service moving demand (when solely health demand) to health professionals?

c) The OPCC has supported the Constabulary in delivering bespoke mental health training to frontline staff and staff from other agencies.

d) The Constabulary is also the only known force to be using the services of a private ambulance provider to remove transportation requirements from officers. This reduces risk for all parties and releases officers to frontline more quickly from mental health incidents.

4) What progress has been made to accurately record the number of individuals detained under Section 136 who are perceived to be intoxicated, and what steps have been made towards developing a national toolkit in order to capture this data?

a) The Constabulary sits in the South East regional mental health group. The chair of this meeting is also the National Lead, Commander Christine Jones (Met Police). Through this office they are speaking to the Home Office and from 2016/17 there will be a new Annual Data
Requirement to supply this information at force level. The proposal nationally is to use a three page recording form. Opportunities to make this process as easy to complete for operational officers is being explored.

b) Accurate data collection requires returns from all agencies which complicates the return. Historically intoxication has been used a reason to decline admission to places of safety leading to increased uses of police cells. The Constabulary, using the crisis care concordat, has been able to influence providers to accept intoxicated individuals without additional risk factors.

5) How is the PCC working with partners to share information relating to this data capture in order to plan effectively for future service demands?

a) This will be achieved through the multiagency Crisis Care Concordat delivery group as discussed earlier.

b) The eight CCGs meet quarterly and constabulary staff presented at the last meeting. This may be an opportunity for the PCC to influence the Chief Operating Officers across the force area through some standing agenda items?
Isle of Wight Health and Wellbeing Board

1) How well do you feel the Police and Crime Commissioner has worked in partnership with you or your organisation to encourage improved outcomes for people affected by mental health issues?

The PCC has supported initiatives such as ‘serenity’ a joint social care/Police initiative and continues to be receptive to ideas and approaches even in the face of severe funding issues.

2) What do you think should be the Police and Crime Commissioner’s priority for action to improve outcomes for people affected by mental health issues who may come into contact with the police?

These are part of wider community issues that should be addresses within funding parameters and not at the expense of other front line crime related matters. There is a cross over between Police responsibility and Social Care responsibility that should be addressed by informed discussions and agreements.

3) Is there anything further that you can provide to the Panel, including any examples of best practice which could be considered, that will assist us with our proactive scrutiny of this topic?

The serenity project on the Isle of Wight is a good example of joint working practices that deliver outcomes for all concerned.
Agenda item: 7 Appendix: 2

**Isle of Wight NHS Trust**

1) How well do you feel the Police and Crime Commissioner has worked in partnership with you or your organisation to encourage improved outcomes for people affected by mental health issues?

*We feel that there has been effective working through the release of a sergeant from the force who has progressed Operation Serenity (Street Triage) and the integrated recovery programme which works with mental health service users who are frequent attendees within police and acute hospital services.*

*This has been very successful in reducing the number of 136 detentions and ensuring that people receive appropriate support or treatment in the most appropriate setting.*

*In conjunction with the police we now have a delivery panel which now analyses operational policies and identifies solutions which is shared across services.*

*Work continues with the Trust, Police and the CCG to develop the local action plan in relation to the Crisis Concordat.*

2) What do you think should be the Police and Crime Commissioner’s priority for action to improve outcomes for people affected by mental health issues who may come into contact with the police?

*The following areas could be looked at to improve outcomes:*

- *How we continue to educate staff in dealing effectively with incoming calls in relation to mental health.*
- *Increasing mental health awareness amongst staff and officers*
- *Increased training and policy guidance in suicide prevention*
- *Improving attitudes and behaviour towards mental health.*
- *Improving communication with families and carers of mental health service users who come into contact with the police.*

3) Is there anything further that you can provide to the Panel, including any examples of best practice which could be considered, that will assist us with our proactive scrutiny of this topic?

*An area of good practice is Operational Serenity (Street Triage) which is currently operational across the Isle of Wight.*
Joint Response from Hampshire Adult Services, Hampshire County Council and Southern Health NHS Foundation Trust

1) How well do you feel the Police and Crime Commissioner has worked in partnership with you or your organisation to encourage improved outcomes for people affected by mental health issues?

The PCC has clearly identified the need for improved partnership working between Hampshire Constabulary and Adult Services/ SHFT in Hampshire in respect of providing support for people experiencing mental health issues. Appointment within the Police force of specialist officers to support the development of the mental health agenda has resulted in improved outcomes across a range of service areas which span a variety of mental health NHS and social care agencies.

Significant developments have been made with close Police liaison to progress the well publicised ‘s136 agenda’. This has provided focus on ensuring better outcomes for persons experiencing mental health crisis by improved communications and shared service arrangements between Police, NHS and Social care staff and emphasis on suitable provision of Places of Safety. The PCC has been a vocal advocate of this specific aspect of crisis care lending his support to innovation and pioneering approaches such as street triage and appropriate provision for young people.

Multi-agency arrangements have also included wholesale training of Police staff on the area of mental health issues. This has had a significant impact on ensuring that police interventions with people in the community are more effective with informed decision making.

The decision to include senior ‘mental health’ representation on the stakeholder panel in the recruitment process of both the Chief Constable and the Deputy Chief Constable was also reflective of a commitment to address partnership working and diversity.

2) What do you think should be the Police and Crime Commissioner’s priority for action to improve outcomes for people affected by mental health issues who may come into contact with the police?

The main priority for the PCC to improve outcomes for people affected by mental health issues is to lend his full support to the implementation of the Crisis Concordat Action Plan across Hampshire.

Within this priority, the issue of providing a Place of Safety for persons subject to s136 of the Mental Health Act 1983 requires ongoing support and development, particularly with reference to young people.

The achievements of the PCC whilst progressing the improvements in shared working on the mental health agenda are underpinned by fundamental cultural change both within the police organisation and in the community. These cultural changes are being embedded following implementation of some of the described
work streams. This energy needs to continue in line with the rapid pace of change in the public sector and the support of the PCC is essential to maintain momentum.

3) Is there anything further that you can provide to the Panel, including any examples of best practice which could be considered, that will assist us with our proactive scrutiny of this topic?

The collaborative work to enable MH staff to be hosted with the Hampshire Constabulary Call centre as a pilot in 2014 led to significant positive outcomes for callers presenting in a variety of crises. Due to the availability of joint screening the calls into the call centre, police and mental health services were able to make joint decisions on risk assessment and deploy resources to meet need accordingly. This shared approach led to more effective and targeted outcomes diverting people from custody and offering them assessment and support as required preventing delays and further deterioration of circumstances. This pilot is now being extended with a view to longer term implementation.
Members of the Public

Dear Sirs

1. Firstly, mental health is something that we all have if you are human, there is no escape. And, it is something that we all fluctuate in; this is the human condition.

2. What drives our mental state is our emotions, and our emotions are determined by the way that we perceive, and our perception is determined by our beliefs (our tablets in stone), and our beliefs built by our experiences and how we have received and interpreted them. If you change the way a person views an experience, you change their belief and the way that they behave.

3. Understanding these drivers changes focus on underlying cause rather than the presenting symptoms. We tend to, in our society, all too readily, focus on the presenting symptom, whether it is in criminal justice, health, or social issues, we see the behaviour as the target for control. As IW Police Serenity have found and proved, time and skill spent in dealing with underlying cause pays dividends in resolving behaviour and saves significant expenditure in the longer term.

4. This consideration by the PCC, is, of course, only part of a much bigger picture, than is being drawn down nationally, and especially on the isle of Wight. The Police are not alone in this line of thinking. The mind and the emotions have direct and indirect influence not only on our behaviour, but also on our physiology, and, this is, increasingly, being recognised, and brought into play, in the medical world, where the science of how the mind (and emotions) determine illness and ailments, and how addressing the very same fundamental issues that the Police are now looking at can help resolve illnesses. There is strong research, available in the public field, on the positive and negative effects of perception and belief, and how, in the medical world, this can override drugs, can cause and cure illnesses, and the same principle applies to behaviour and resultant crime. Sgt Paul Jennings (IW Serenity) fully understand this.

5. Another area where this applies, and not to be overlooked, is education, where, again, the same principles apply. It is, of course, a lot easier and far more productive to address these issues in a child, before they become a greater problem, masked and much more difficult to uncover, let alone deal with in an adult. The problems that determine behaviour and health issues in later life are very often formed in childhood, and overlooked as they may not really be a problem at that stage. The opportunity should be sought to identify and address these issues, no matter how small.

6. You may wish to consult with and include Professor Rida Elkheir, Director of Public Health, on the Isle of Wight, as a leader in this vein of thinking, Andrew Turner MP as an interested party and sponsor in the IW initiative, and other IW residents such as a retired psychiatric hypnotherapist who has specialised in treating PTSD in the armed forces, and who has lent me his support in these matters (but whose identity, I am not at immediate liberty to divulge).

Yours

John Nicholson - Ward Member Cowes South & Northwood
RESPONSES TO POLICE AND CRIME PANEL “MENTAL WELLPBEING” SCRUTINY QUESTIONS

From the Police and Crime Commissioner for Hampshire, Mr Simon Hayes.

For Hampshire Police and Crime Panel

Mental Wellbeing Proactive Scrutiny

10 April 2015

Prepared by

The Office of the Police and Crime Commissioner for Hampshire

26 March 2015
1) **How well do you feel the Police and Crime Commissioner has worked in partnership with you or your organisation to encourage improved outcomes for people affected by mental health issues?**

The Police and Crime Commissioner, Mr Simon Hayes (hereafter referred to as the Commissioner), has identified improving outcomes for vulnerable individuals (including those affected by mental health issues) as a priority to be tackled within his term of office. Through the Commissioner’s Police and Crime Plan 2013 – 17 and public statements, the Commissioner set out his vision to “Protect People & Places”, including supporting vulnerable individuals. The majority of the Commissioner’s influence in the area of mental health is through his commissioning strategy. For the Commissioner, vulnerability includes people with mental health problems or learning disabilities; older people and younger people; people with disabilities; BME groups and the LGBT community.

There are four key elements to the Commissioner’s role,

a) **Hold the chief constable to account on this topic**

The Commissioner has made a commitment to protect vulnerable people including those with mental health problems within his Police and Crime Plan. As part of the delivery of the Police and Crime Plan the Chief Constable has agreed a number of commitments (21 in total), this includes working with partners to identify and protect people with mental health issues especially those who access police custody.

The Commissioner has set up a new scrutiny programme called Progress 21, to hold the Chief Constable to account regarding the delivery of the 21 commitments. At the most recent Progress 21 meeting held on the 4th March, the theme was mental health and working with partners. This enabled the Chief Constable to outline the work which was being done around people with mental health problems including the work of the MASH (Multi Agency Safeguarding Hub) which bring key practitioners under one roof to address the needs of vulnerable people including those with mental health problems affected by the Criminal Justice System. Further discussions focussed on the impact of the Health and Social Care Act on police capacity and how the Constabulary had reduced the number of people with mental health problems being detained in custody suites from nearly 700 to around 100.

The Commissioner acknowledged the tremendous work of Operation Amberstone, the Constabulary’s specialist team which supports vulnerable people, which provides practical advice in relation to the interviewing and protection of vulnerable adults, assistance for those vulnerable victims and witnesses throughout the criminal justice process and early signposting to support agencies. The Commissioner is determined to continue that understanding and development.
b) Influenced partners/persons

The Commissioner has attended meetings with key partners (Clinical Commissioning Groups, the National Health Service Trusts and Local Authorities), to discuss services and the provision of services for vulnerable people including those with mental health problems.

The Commissioner continues to maintain an overview of progress. In January, the OPCC contacted the Lead Clinical Commissioning Group, North East Hampshire and Farnham to be reassured of progress to provide a commissioned place of safety for under 18’s detained under s.136. The Associate Director of the CCG confirmed that Hampshire, Southampton and Portsmouth have identified a place of safety for young people. The OPCC were advised that the Clinical Commissioning Groups had collaborated pan-Hampshire and jointly commissioned Southern Health NHS Foundation Trust to provide 3 suites, one in Havant, one in Southampton and one in Basingstoke.

The Commissioner has signed up to the Mental Health Crisis Care Concordat, an agreement between agencies which provide care and support for people in crisis. The agreement sets out how organisations will work better together to ensure individuals receive the help they need when they reach crisis point.

The Commissioner has been instrumental in encouraging and expanding the use of Safety Net amongst partners. Safety Net is a partnership information-sharing tool. It gives relevant agencies access to updates on incidents and managed cases, and how those incidents and cases are being responded to by the partner agencies.

The Commissioner’s view is that Safety Net is a valuable tool to help prevent another tragedy similar to Fiona Pilkington¹, particularly for issues such as anti social behaviour, and could be important in implementing the new Community Trigger and identifying vulnerable and repeat victims in the new world of supporting victims.

Court Diversionary and Liaison Scheme

The Commissioner is working closely with NHS England on developing a court diversionary and liaison scheme for people with mental health problems throughout the County.

The first of these is currently funded in Southampton by the Commissioner and delivered by Southampton Care Association. NHS England will fund a similar service in Portsmouth and it will then be rolled out across Hampshire and the Isle of Wight.

c) Commissioning interventions

The Commissioner’s commissioning strategy has prioritised projects which work with vulnerable individuals. An extract from the Commissioner’s Commissioning Plan for

¹ Fiona Pilkington killed herself and her severely disabled daughter in 2007 after years of torment by youths. The main failure was in agencies not sharing information and therefore failing to identify the family as vulnerable, which meant they did not provide a structured, cohesive response to the prolonged antisocial behaviour they endured.
2015/16 reads “We are very concerned about the impact of crime on vulnerable people. The type of crime is very important in determining the support that a victim will need, but so is the person and their situation, wellbeing and circumstances. Vulnerable people are disproportionately targeted as victims and are the least able to cope and recover from the crime or ASB incident. Victims with mental health issues, in particular are often less willing or able to report crime to the police as they are frightened that they will not be believed. There is also an issue regarding perpetrators with mental health problems, how they are managed and supported within the criminal justice system”, Recent evidence suggests as much as 30% of people who pass through police custody suites have some form of vulnerability.

The Commissioner has both commissioned specific services for people with accessing the criminal justice system who have mental health issues, and also ensured that the mainstream provision he commissions includes specific support for people affected by mental health issues.

**Hampshire Integrated Domestic Abuse Services (IDASH)**

The Commissioner is encouraging a joined up approach to improving outcomes for domestic violence victims affected by mental health in his collaboration with Hampshire County Council around a new integrated domestic abuse service. This three year service covers the Hampshire county area and commences 1st April 2015. It will ensure that there is a high quality consistent approach to victims as the service specification includes requirements ‘to engage with other services providing support for children/young people experiencing emotional difficulties including Child and Adolescent Mental Health Services’.

**Southampton City Council Domestic and Sexual Abuse Service**

The Commissioner is collaborating with Southampton City Council around its domestic and sexual abuse commissioned service. This service comprises ‘prevention, education’ and ‘refuge’. Supporting vulnerable victims is included in the service specification as follows: ‘ensure services and interventions reach those who may find it difficult to access services and/or who may be at greater risk of violence and abuse’. Furthermore, high risk women who experience a range of vulnerabilities (e.g. mental health) as well as sexual or domestic abuse are in the priority group for refuge provision.

**Isle of Wight Domestic Abuse**

The Commissioner is working closely with the Isle of Wight Council in planning a future integrated domestic abuse service. A workshop will be held in April as part of the consultation phase which will review how to work with those with mental health problems.

**Domestic Abuse Perpetrators**

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2 HMIC report “The welfare of vulnerable people in police custody” March 2015
The Commissioner is coordinating a partnership approach across Hampshire and the Isle of Wight around Domestic Abuse Perpetrators. This project seeks to determine a standard response to identifying serial perpetrators, assessing their risk, managing them and then reviewing the process. The current focus is on identifying the number of perpetrators affected by drugs, alcohol and/or mental health with a view to identifying the most effective way of reducing crime and protecting victims.

**Sexual Assault Referral Centre (SARC)**

The SARC has been re-commissioned and is jointly funded by NHS England, Hampshire Constabulary, the Commissioner and all Local Authorities across Hampshire and the Isle of Wight. The SARC works with men, women and children who have been victims of sexual violence whether or not they choose to report to the Police.

The delivery aim of the SARC is to provide clients with -

1. Acute healthcare and support in age-appropriate settings
2. Comprehensive forensic medical examination
3. Follow up services which address the client’s medical, psychosocial and ongoing needs
4. Direct access or referral to Independent Sexual Assault Advisor (ISVA)

The Commissioner encouraged all Local Authorities across Hampshire and the Isle of Wight to contribute funding towards the re-commissioning of the SARC. The outcome relating to mental health is:

- Improved Mental Health outcomes through early support of clients’ needs, by having access to counselling.

**Victim Care Service**

The VCS is a new bespoke service that supports all victims of crime in Hampshire and the IOW by supporting those with lower needs, signposting to specialist support agencies following a risk assessment. Victims Care Service was launched on the 20th of April 2015. Solent MIND is working with the OPCC to ensure that victims with mental health problems are identified and supported. Victim Care Service will be delivered by Victim Support (VS) from 1st April and their processes include a needs assessment and a risk assessment. This includes gathering information around whether a client has mental health issues, has a named mental health worker(s) and/or support services already in place.

As part of the process (with consent) VS will contact such named agencies to establish the best possible support for the client and establish which service is best placed to provide such support in relation to the crime/incident. This joined up approach to establish the correct support package is put in place to ensure the best outcome for those affected by mental health.

In addition to the above we are currently exploring a VCS Alliance which will bring together other support services such as Age Concern, Age UK, CAB, Solent Mind, Southampton Care Association etc to form an Alliance under the VCS umbrella to provide a wrap around service for victims - better signposting to services, so the VCS can be a gateway to a range of specialist services.
Grants awarded

The Commissioner has awarded a range of smaller grants including, £9,520 to “Buzz Off” a project to reduce crimes by and against people with learning disabilities and awarded £5,000 to “Youth First” project tackling anger and anxiety in young people.

d) Mental health engagement and influencing decision makers

- 18/10/13 – Met with representatives from Southern Health NHS Foundation Trust, (who provide adult mental health services across Hampshire),
- 12/05/14 – 18/05/14: Mental Health Awareness Week. The Commissioner participated in a mental health web chat alongside the lead for mental health with the Constabulary.

The Commissioner has spoken about mental health on BBC Panorama programme: “Locked Up For Being ill”. You Tube clip attached, the Commissioner speaks at 13:26 -13:39 https://youtu.be/mv9E4kHvyx0?t=13m26s

On the 24th March, the Commissioner met with the Home Office – Permanent under Secretary of State, Mark Sedwill, who visited Hampshire to witness first hand how the Constabulary had reduced the number of people with mental health issues detained in custody suites across Hampshire and the Isle of Wight.

2 What do you think should be the Police and Crime Commissioner’s priority for action to improve outcomes for people affected by mental health issues who may come into contact with the police?

The Commissioner has clearly stated his commitment to supporting vulnerable people who come into contact with the Criminal Justice System whether they are victims, witnesses and were appropriate perpetrators. Ideally at all points of the system there should be a path way to support for those who need it.

The priority for the Commissioner is to reduce the number of people with mental health issues detained in custody suites across Hampshire and the Isle of Wight. Through partnership working ensuring there are sufficient number of places of safety provided by partners to look after and care for those who come into contact with the police and have mental health issues.

In addition victims of crime should have access to appropriate services.

To stress to lead partner organisations (the NHS and Clinical Commissioning Groups) the importance of them providing appropriate services and resources to respond to vulnerable people with mental health problems.

3) Is there anything further that you can provide to the Panel, including any examples of best practice which could be considered, that will assist us with our proactive scrutiny of this topic?
In a period of ever decreasing budgets and increased demand on all services, the need to work collectively with all partners to improve services for vulnerable individuals should remain the priority. The Commissioner transcends all other agencies, he is uniquely placed within Hampshire and the Isle of Wight with the ability and gravitas to bring agencies together regardless of boundaries to work for the benefit of vulnerable individuals affected by mental health who come into contact with the Criminal Justice System. Agencies working together are greater than the sum of all their parts working independently of each other.

The Commissioner has supported call for the mental health act to be amended to guarantee that police cells are no longer used as places of safety for those individuals detained under s.136, [http://www.hampshire-pcc.gov.uk/Your-Commissioner/Commissioners-point-of-view/The-Commissioners-point-of-view.aspx](http://www.hampshire-pcc.gov.uk/Your-Commissioner/Commissioners-point-of-view/The-Commissioners-point-of-view.aspx)

The Commissioner has supported and funded “Operation Serenity” a mental health pilot on the Isle of Wight. An innovation collaboration between Hampshire Constabulary and mental health services on the Isle of Wight to work together to ensure the best and most appropriate first response is provided to individuals with mental health problems. The intention is to roll this pilot out across Hampshire and the Isle of Wight.

The Commissioner’s Estates Strategy is not only ensuring the police estate is fit for the 21st century but will also ensure that police investigation centres which include custody suites are fit for purpose and safe.
Samaritans (Winchester and District)

1) How well do you feel the Police and Crime Commissioner has worked in partnership with you or your organisation to encourage improved outcomes for people affected by mental health issues?

Samaritans provide a support service for persons experiencing emotional distress by telephone, email, text and face to face. Although this is not primarily orientated to those with mental health issues, many of our callers do have distressing symptoms such as depression, hallucinations, phobias, paranoia and suicidal thoughts as a result of mental health problems. As such we aim to provide support by listening and helping callers to express their concerns, think through how they can cope with their distress and, where appropriate, sign-post them to other organisations which can provide help.

Winchester and District Samaritans regularly provide briefings on the Samaritans service to staff at the Netley Control Centre so that they can appreciate the nature of our service, and have also collaborated with Hampshire Constabulary on a pilot scheme to offer support to persons reported missing who are thought to be at risk of harm.

2) What do you think should be the Police and Crime Commissioner’s priority for action to improve outcomes for people affected by mental health issues who may come into contact with the police?

Individuals overwhelmed by the symptoms of their mental health disorder can be anxious and frightened by contact with formal services such as the police and health services. In some instances, the opportunity to talk about their fears with someone who does not judge them and who will maintain their confidence can help them to become calmer, less agitated and less likely to harm themselves.

Samaritans are happy to accept third party referrals from any one concerned about an individual, and will attempt to contact them by telephone to offer them support.

3) Is there anything further that you can provide to the Panel, including any examples of best practice which could be considered, that will assist us with our proactive scrutiny of this topic?

Winchester and District Samaritans are willing to provide briefings on the nature of our service to any police grouping within our area. This would include explanation of the third party referral service, provision of details of how to refer and the way in which those at risk could be identified and offered the opportunity to talk with a Samaritans listener.
Solent Mind

1) How well do you feel the Police and Crime Commissioner has worked in partnership with you or your organisation to encourage improved outcomes for people affected by mental health issues?

*We were pleased to have been invited to talk with the PCC – informally at first – about the needs of people with mental health issues as victims of crime and have made the PCC aware of the report “At risk yet dismissed” by Mind and partners. We are awaiting a follow up to an initial meeting with a range of specialist groups to see how the PCC will view the specific needs of people with mental health issues.*

2) What do you think should be the Police and Crime Commissioner’s priority for action to improve outcomes for people affected by mental health issues who may come into contact with the police?

*We believe the PCC should consider investment alongside Victim Support in offering people with mental health issues support in reporting crimes, in particular when they are the victim, and in giving evidence to the Police and in Court.*

*We have welcomed the Police’s efforts through, for example, Operation Serenity, to understand and respond better to people with mental health issues who they encounter in the community, and their support for the Crisis Concordat locally. These are clearly high priorities and should remain so.*

3) Is there anything further that you can provide to the Panel, including any examples of best practice which could be considered, that will assist us with our proactive scrutiny of this topic?

*We think there is a case for developing – perhaps as a pilot – a specialist support scheme for victims with mental health issues.*
Solent NHS Trust

1) How well do you feel the Police and Crime Commissioner has worked in partnership with you or your organisation to encourage improved outcomes for people affected by mental health issues?

In Portsmouth engagement and co-operation between the Police and Mental Health services has been very strong and grounded in good understanding and respect of the other’s perspectives and approach. This has been particularly noted in the local Crisis Concordat and 136 Groups which have delivered their outcomes to schedule. Insp. Huw Griffiths - Hampshire Constabulary Mental Health Lead, represents the Police in both forums and works closely with statutory mental health services in Portsmouth. Huw has in depth knowledge of mental illness and the complexities of partnership working between Police and AMH.

2) What do you think should be the Police and Crime Commissioner’s priority for action to improve outcomes for people affected by mental health issues who may come into contact with the police?

There is an occasional tension between the outcomes and timescales required by the Police for safe disposal of a person with whom they have contact who may require mental health attention. This is particularly the case if somebody is incapacitated through drink or drugs – in which case mental health services could not intervene until the person is more sober. However there is no perfect solution to this problem provided by the 136, crisis concordat, or Liaison and Diversion schemes. Another problem is response time offered by mental health services, which on the whole is “urgent” (within 1-4 hours), rather than “emergency”. Hampshire Police sometimes believe that an immediate response is required, which can lead to Police wanting to bring a person to a mental health facility to end the Police involvement. The Crisis Team are not commissioned for a blue light response and there is no current safe place for clients to wait for an assessment, outside of the 136 framework. To address the challenges around these particular issues it would be helpful:

- To improve training on mental illness / mental disorders for all officers; including basic training on risk and assessment of suicidal ideation. A basic tool could be given to front line officers and they could discuss the outcome with Mental Health Crisis Team to decide the most appropriate course of action for the client.
- To ensure that Police personnel at all levels are aware of pathways into mental health services and the level of advice and service that is available in Portsmouth 24/7.
- For all stakeholders to work systemically to agree solutions which shared risk, rather than each party trying to fully export the risk from themselves.
3) Is there anything further that you can provide to the Panel, including any examples of best practice which could be considered, that will assist us with our proactive scrutiny of this topic?

There are many more examples of positive partnership working than there are problems in Portsmouth. Of particular note are:

The AMH Crisis Team in Portsmouth over the past 6 months have accepted direct referrals from the Police (in preparation for the Concordat) and this has proved positive; both in supporting Police with advice, expediting urgent referrals and avoiding formal MHA detention.

136 detentions in Portsmouth on the whole are low and very few patients are detained in Police cells. We believe that this is the result of strong relationship building and the responsiveness of MH services (AMHP and 24 hour Crisis team). This will only improve from April, as the new Liaison and Diversion service comes on line and the new twin room 136 Suite opens.
Katie Benton,
Scrutiny Officer to the Hampshire Police and Crime Panel
Hampshire County Council,
Corporate Services, Room 102,
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25th March 2015

Dear Cllr Stewart,

Thank you for your recent enquiry on behalf of the Hampshire Police and Crime Panel dated 6th March regarding improving outcomes for people affected by mental health issues. SCAS are pleased to be asked to respond to the key question posed:

How well is the PCC working with partners to encourage a 'joined-up approach' and improve outcomes for people affected by mental health issues?

Improving mental health outcomes is one of our highest priorities and we believe that our development work in Hampshire is advanced and proactive. We are particularly supporters of street triage that came out of the Hampshire Operation Serenity initiative.

I can now respond further in reference to the questions raised, and highlight some of our work streams for which we ask for on-going support from police colleagues and the PCC in order to deliver and improve.

1) How well do you feel the Police and Crime Commissioner has worked in partnership with you or your organisation to encourage improved outcomes for people affected by mental health issues?

2) What do you think should be the Police and Crime Commissioner’s priority for action to improve outcomes for people affected by mental health issues who may come into contact with the police?

3) Is there anything further that you can provide to the Panel, including any examples of best practice which could be considered, that will assist us with our proactive scrutiny of this topic?

South Central Ambulance Service NHS Foundation Trust (SCAS) works very closely with multi-agency partners and much so with the Police to aim to improve services for people affected by mental health issues, particularly those presenting in crisis.
SCAS is the only ambulance service in England to have a full time Mental Health Lead in post (Clinical Lead for Mental Health and Learning Disability). Our post holder is fully engaged with local multi-agency groups implementing the National Mental Health Crisis Care Concordat Action Plans across our geographic area, including Southern Health NHS Foundation Trust and Solent NHS Trust within Hampshire. In addition to these we have an internal action plan to enhance the quality of response to people calling with (or for) patients in mental health crisis.

The internal action plan includes four key areas, which depend on strong partnerships and require an on-going commitment from partners:

- Improved alternative care pathways (to reduce unnecessary journeys/admissions to Emergency Departments).
- Mental Health Practitioners (MHP) in our Emergency Operations Centre (to improve the triage process, providing expert/specialist advice at time of call and being able to directly refer to appropriate mental health services as necessary) including sharing essential resources
- Access to existing Care Plans (MHP being able to access existing care plans when the patient is already known to local statutory mental health services, and/or the addition of special notes which will alert staff when a patient has complex needs). This will help the police and ambulance response to such patients.
- Increase in mental health education to staff who have direct contact with our patients (face to face or telephone). This will include joint training with Concordat partners whenever possible.

The SCAS Clinical Lead for Mental Health and Learning Disability is a core member of the Hampshire wide Concordat implementation group; the overarching action plan includes the four key elements identified for SCAS. In addition SCAS has representatives at all the multi-agency Partnerships in Practice Groups across Hampshire which meet regularly to consider operational issues and monitor use of the joint interagency protocols in use (Transport and S136).

In response to the National Concordat Action Plan, SCAS has fully implemented the National Ambulance s136 Protocol and data (collected between April 1st 2014 – January 31st 2015) shows that we achieved an average response time of less than 15 minutes for 74% of s136 transport requests, compared with a national average of 61.8% (for a 30 minute response, in line with RCPsychs recommendations).

Key priorities for the Hampshire Police and Crime Panel to consider when working with SCAS include:

- Full participation in the implementation of MH Crisis Care Concordat Action Plans.
- More joint training opportunities with police, health and social care staff.
- Improved education about mental illness and the Mental Capacity Act 2005 for Police Officers.

Some examples of best practice which the panel may like to consider:

- Joint protocols (Transport and Section 136 Mental Health Act 1983).
- Joint s136 training programme.
- National Ambulance s136 protocol.
- Development of a mental health data pack where the police can share MH activity with partners.

Registered Headquarters: 7 and 8 Talisman Business Centre, Talisman Road, Bicester OX26 6HR
I hope this is useful in defining some of the priorities around mental health and how SCAS works in partnership to achieve the right outcomes.

If you require any further information please do not hesitate to contact me.

Yours sincerely

Will Hancock
Chief Executive Officer