

Report of the External Services Scrutiny Committee 2014/15

Policing and Mental Health Services



Members of the Committee's Working Group

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CHAIRMAN'S FOREWORD

The plight of people with mental health issues has never been more present in the public eye, and there is a wide belief that there has never been a bigger gap between what mental health services can deliver and the expectation of what should be available. There is a vast array of mental health support and advice services across the Borough and the increased role of the Local Authority in the preventative agenda gives us an opportunity to give direction to the promotion, provision and monitoring of both our own services and those of our partners.

It has been extremely difficult to confine this review. Whilst the Working Group did not want to appear insensitive to the issues faced by those suffering with mental health, it was important to focus specifically on the impact that mental health has on the Metropolitan Police Service (MPS).

The Working Group decided to focus the review on the operation of Section 136 and preventative work to benefit residents and stakeholders. It investigated how the Council works with its partners to reduce the impact that mental health has on police time. It is clear that someone who is experiencing a mental health crisis and is not suspected of any criminal offence should be dealt with by the appropriate health professional. A balance needs to be maintained to ensure that dignity and safety is preserved for those who have a mental health need without monopolising the time of police officers.

On behalf of the Working Group, I would like to sincerely thank all of the witnesses for their valuable contribution to this review. Their input has enabled the Working Group to come up with recommendations to Cabinet which will build on the good work already being undertaken by the Council and its partners to put residents first.

Councillor Ian Edwards

Chairman of the External Services Scrutiny Committee Policing and Mental Health Working Group

RECOMMENDATIONS

Following its review, the External Services Scrutiny Committee has made the following recommendations to Cabinet:

1a

That the Cabinet utilises the requirement of the Care Act, to improve information to users of health, social care and wellbeing services to better signpost mental health services to residents including those available from partner agencies.

1b

That Cabinet endorses the TeleCareLine Service for use by those with mental ill health and requires further promotion be given to how the service can support those with mental ill health. This builds on the successful promotion of the service to residents with a learning difficulty and will support the ethos of reducing the demand on future social care services.

2

That Cabinet welcomes that Hillingdon Council is one of the first Local Authorities in the United Kingdom to sign up to the Crisis Care Concordat and require the London Mental Health Crisis Commissioning Guide to be used by the Council and its partners to ensure services meet the needs of Hillingdon residents.

3

That Cabinet requests that the Health and Wellbeing Board asks the CCG for an update in relation to how it is responding to the London Mental Health Crisis Commissioning Guide and how existing community services will be utilised to develop clear care pathways for people in, or at risk of, mental health crisis.

4a

That Cabinet endorses the Community Risk MARAC which is to be provided by Hillingdon Metropolitan Police and the Council's Anti Social Behaviour and Community Safety Team to better support residents with mental ill health.

4b

That Cabinet commends the improvements in service by the Hillingdon Metropolitan Police Service when dealing with people in a mental health crisis and notes that no persons were detained in a police cell in this Borough under Section 136 in 2014.

5

That the Cabinet Member for Social Services, Health and Housing asks the CCG to review the provision of safe transport to enable individuals with mental health issues to be transported to a place of safety in a safe, timely and dignified way and report back to the Cabinet Member and External Service Scrutiny Committee.

BACKGROUND TO THIS REVIEW

Noun: mental health

A person's condition with regard to their psychological and emotional well-being.

This review has looked at the impact on the Metropolitan Police Service when supporting individuals that have mental health issues in the Borough and has looked at ways to improve outcomes for all parties. The Working Group has also explored what help is already available to the police in dealing with those that suffer with mental health issues.

Many people with mental health problems will come into contact with the police, either as victims of crime, witnesses, offenders or when detained under the Mental Health Act 1983. Both Section 135 and Section 136 of the Act give the police power to temporarily remove people who appear to be suffering from mental ill health and need urgent care to a 'place of safety'.

These powers are summarised below:

Section 135 - A Magistrate's order can be applied for by an Approved Mental Health Professional (AMHP) in the best interest of an individual who is thought to be suffering with mental ill health but is refusing to allow mental health professionals into their residence for the purposes of a Mental Health Act assessment.

Section 136 - Is similar to Section 135 but allows the police to take an individual whom they consider to have mental ill health and in need of immediate care or control to a place of safety but does not require a Magistrate's order. This order only applies if the individual is found in a public place.

A 'place of safety' is a place where a person can be held without harm until they are assessed by an approved doctor and an Approved Mental Health Professional (AMHP) so that appropriate arrangements are made for their care. A 'place of safety' is defined as being residential accommodation provided by a local social services authority, a hospital, an independent hospital or care home for people suffering with mental ill health, a police station, or any other suitable place where the occupier is willing to temporarily receive the patient.

Approximately 1 in 4 people¹ experience mental ill health in any given year and many will come into contact with the police either as victims of crime, witnesses, offenders or when detained under the Section 136 of the Mental Health Act 1983. Unfortunately, many people with mental ill health are more likely to be victims of crime than others and the impact experienced is commonly greater owing to their ill health.

Police officers have a crucial role in working with and supporting people with mental ill health and are often the first to respond to urgent situations involving people with mental

¹ <http://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/>

ill health who suffer crisis. Police often have to make quick decisions to assess a situation and the needs of the individuals involved, ensuring their safety and that of the general public.

Either finding or being directed towards a person with a mental disorder in a public place is not in itself a reason to detain under Section 136. The power to remove requires 3 conditions to be fulfilled before the Police can act:

1. The person must appear to the officer to be suffering from mental disorder;
2. They must appear to the officer to be in immediate need of care or control; and
3. The officer must think they need removing in their own interests or for the protection of others.

The power to remove an individual under Section 136 does not expect Police Officers to make diagnoses of someone's mental state but provides power to officers who believe in good faith that someone is mentally ill and requires immediate care and control to remove them to a place of safety.

A significant amount of work has already been undertaken by a range of organisations to support residents with mental ill health in the Borough. The recommendations in this report have focussed on intervention and prevention which inevitably will support the Police by reducing the number of people being sectioned under 136 of the Mental Health Act 1983.

During course of this review the following two themes emerged:

- Preventative work
- Partnership working

The Working Group therefore focussed its review and eventual findings around these themes.

There were a total of 156 people sectioned under 136 of the Mental Health Act 1983 between November 2013 and October 2014. Of these, 78 resulted in an admission to the mental health unit at Riverside in Hillingdon Hospital, of which 52 were detained under the Mental Health Act and the remainder admitted informally i.e. not detained, and agreeable to admission. The remaining 50% may have been referred or signposted to a variety of other pathways including, Improving Access to Psychological Therapies (IAPT) or Central and North West London (CNWL) secondary care services in the form of an assessment by a psychiatrist or referral to the Home Treatment Team. Some people once assessed may be deemed to require no further input from mental health at all and often this is at their request.

Police have power under section 136 of the Mental Health Act 1983 (s136) to take an individual to the s136 suite at the Riverside Centre. During the period between November 2013 and August 2014 Police were required to remain at the Riverside Centre for more than the agreed 2 hour period for assessment in two thirds of instances with the longest waiting time being 7 and a half hours.

PREVENTATIVE WORK

The Working Group reviewed a number of services activities and proposals that could improve support for those with mental ill health.

Hillingdon Council's TeleCareLine Service

TeleCareLine is a monitoring and alert system to help support people to live independently in their own homes. TeleCareLine provides reassurance to residents and their carers that help is available in an emergency.

The objectives of TeleCareLine are to:

- Sustain independence and prevent hospital admissions,
- Facilitate timely hospital discharge and transfer of care,
- Improve the quality of life for clients and their carers, and
- Result in the delay and lower levels of admission to long term residential or nursing home care.

The equipment provided to service users ranges from basic alarms, which can be activated by pressing a button, to more sophisticated devices that can sense if there is a personal risk (such as falls) or an environmental risk. It can also help with memory by reminding an individual to take their medication.

TeleCareLine is linked to the Hillingdon Community Alarm Service, which holds important information about an individual, such as who to contact in an emergency.

Hillingdon TeleCareLine service is free to:

- residents aged 80 and over (with effect from 7 April 2014)
- residents currently receiving Housing and or Council Tax benefit (this does not include single persons living allowance)
- residents, for six weeks, who are receiving a reablement package from Hillingdon Council

The service is available to other residents who are not eligible for a free service. The weekly cost will vary from £1.13 to £12 depending on the level of service required.

In 2013/14 the Council provided TeleCareLine (TCL) to 2,383 clients, out of these 14 were registered as being provided a TCL service because they had mental health issues.

In 2014/15 the Council provided TCL to 2,158 clients, out of these 19 were registered as being provided a service because they had mental health issues. It should be noted Dementia is categorised separately and is therefore not included in this data as a mental health issue. Additionally if mental health was a secondary issue and physical a primary issue then mental health would not be indicated as the reason for receiving the service.

Whilst the service is available to everyone in the Borough, it perhaps may not be clear to local residents as the publicity offering the service tends to focus on older people. Members of the Working Group noted that the Council's TeleCareLine Service was well valued but would welcome the additional promotion to those with mental health needs building on the successful promotion of the service to residents with a learning disability.

Shop4support

Shop4support was created when In Control, the national charity and pioneer of self-directed support, came up with the idea of using the Internet to help people needing support to find and buy care products and services more easily.

A website that helps people take charge of their own support so they can live the life they want, shop4support is similar to an online supermarket but is dedicated to social care - it's a unique shopping experience for people who have a disability, are getting older and/or need support to live their life.

Shop4support will enable the Council to achieve the objectives of the Think Local Act Personal agenda. A report has recently been approved by the Leader of the Council and the Cabinet Member for Social Services, Health and Housing which gives further detail about the service.

It is anticipated that this new system will benefit and support residents with mental ill health by complimenting and promoting existing services, such as TeleCareLine, whilst empowering residents. The new system will give individuals online access to information regarding their care plan and financial situations online as well as giving them the ability to request Care Assessments and purchase social care services.

Hillingdon Home Treatment Team - CNWL

Hillingdon Home Treatment Team, provided by CNWL, helps avoid admission to a mental health inpatient ward by providing intensive support to people in acute mental crisis in their own homes. The Team is supported by the Trust's Out of Hours Urgent Advice Line. All service users are provided with a crisis card with details of how to contact the appropriate service in an emergency. The Team can accept referrals from other secondary mental health services.

The Team provides support for people who:

- Are over the age of 18.
- Are a resident of Hillingdon or registered with a Hillingdon general practitioner (GP).
- Are suspected to have or be in a phase of acute mental illness, which may include service users who have a dual diagnosis, such as a learning disability or substance misuse as well as mental illness.
- Are suffering a relapse of a long term mental illness.
- Are vulnerable or at risk of harm to themselves or others, who cannot be safely supported in a community setting without an intensive level of support, care and treatment.

During the review, it was noted that Hillingdon MPS currently use the CNWL out of hour's telephone line as a source of information.

Publicity and Information

The transfer of responsibility for local health improvement from the NHS to local authorities has been the biggest shift in public health delivery in decades. The Health and Social Care Act 2012 conferred new duties on local authorities to improve outcomes

across a range of public health issues for their local populations. Local authorities now hold responsibility, supported by ring-fenced budgets, for commissioning and delivering services in a broad range of areas including sexual health, alcohol and drug misuse services, NHS Health Check assessments, public mental health and dental public health amongst a range of other services and interventions.

Local authorities also have a duty to promote the health of their population, tackle health inequalities, ensure that robust plans are in place to protect the local population and put in place arrangements to provide public health advice to NHS commissioners.

The prevention of mental illness and the promotion of positive mental health are imperative, not just to the individual that experiences issues with mental health but also for the Council and its external partners.

As has already been mentioned, the occurrence of mental illness is widespread. Mental illnesses often occur early in the life span and persist throughout. The treatment of some clinically diagnosed mental illnesses is often limited in effectiveness; therefore the costs of mental illness, and thus the potential benefits of prevention, are extremely high. It is believed that the provision of support and guidance will help to raise an individual's self-esteem, strengthen their life and coping skills and emotional resilience. A number of mental health promotion interventions are provided in the Borough which includes:

- Promotion and evaluation of the 'Five Ways to Wellbeing' programmes in local wards that residents can access and that can support people to take part in activities involving each of the 'Five Ways'.
- Promotion the 'Five Ways to Wellbeing' messages through community events, wellbeing publicity and training as an early intervention tool for frontline staff, community groups, service providers, Job Centre Plus staff and the Met Police.
- Working with library services to develop 'Health Information Points' in libraries (piloting in Uxbridge Library).
- Supporting the Hillingdon Library "Reading Well" scheme - bringing libraries and mental health partners together.
- Hillingdon Stop Smoking Service provides support for smokers with mental health challenges: The service undertook an assertive campaign to support smokers who may have mental health challenges. A bespoke clinic, run by an experienced mental health counsellor, has been in operation in two community sites across the year. This includes one MIND site. The service has supported the local mental health provider, CNWL, to train up its staff on smoking cessation awareness.

Improving mental health, that is promoting the circumstances, skills and attributes associated with positive mental health, is a worthwhile goal in itself: most people place a high value on a sense of emotional and social wellbeing. In addition, positive mental health also:

- Contributes to preventing mental illness.
- Leads to better outcomes, for example in physical health, health behaviours', educational performance, employability and earnings and crime reduction.

Physical health problems significantly increase the risk of poor mental health, and vice versa. Therefore it is important to recognise that an individual's physical and mental health is equally important and, in turn, have an effect on one another.

Since the founding of the NHS in 1948, physical care and mental health care have largely been disconnected. There is an increasing call on healthcare professionals to consider psychological wellbeing when treating the physical symptoms of a condition and vice versa. Around 30 per cent of all people with a long-term physical health condition also have a mental health problem, most commonly depression/anxiety. Mental health problems can seriously exacerbate physical illness, affecting outcomes and the cost of treatment.

The implementation of the Care Act 2014 will also help to improve people's independence and wellbeing. It is the responsibility of local authorities to provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.

1a

That the Cabinet utilises the requirement of the Care Act, to improve information to users of health, social care and wellbeing services to better signpost mental health services to residents including those available from partner agencies.

1b

That Cabinet endorses the TeleCareLine Service for use by those with mental ill health and requires further promotion be given to how the service can support those with mental ill health. This builds on the successful promotion of the service to residents with a learning difficulty and will support the ethos of reducing the demand on future social care services.

PARTNERSHIP WORKING

Crisis Care Concordat

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. During this review Members noted that Hillingdon Council is one of the first Local Authorities in the United Kingdom to sign up to the Crisis Care Concordat.

In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Crisis Care Concordat. It focuses on four main areas:

- Access to support before crisis point – making sure people with mental health problems can get help 24 hours a day and that, when they ask for help, they are taken seriously.
- Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment.
- Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and intervention. The Concordat builds on and does not replace existing guidance.

The Crisis Care Concordat in England sets out that, irrespective of factors such as intoxication, a history of offending, or violence when a person is in crisis, an individual in a mental health crisis should expect to be supported in a health-based place of safety. People who are under the influence of drink or drugs should be managed in either the designated place of safety or, if there is a medical need, the emergency department. Health-based places of safety should accept intoxicated people who are experiencing mental health crises. However, these people cannot undergo a mental health assessment until they have recovered from the effects of drugs and alcohol.

London Mental Health Crisis Commissioning Guide

The Mental Health Strategic Clinical Network has produced a set of standards and recommendations for commissioning mental health crisis services across London. To develop the standards, the Network has analysed existing mental health crisis provision, reviewed literature, cross referenced against other guidance such as that produced by NICE, identified case studies and consulted people with lived crisis experience. The commissioning standards therefore were devised to reflect what people should expect from London's mental health crisis services. They are embedded within twelve subject areas, mirroring the Crisis Concordat approach including:

- Access to crisis care support

- Emergency and urgent access to crisis care
- Quality of treatment of crisis care
- Recovery and staying well

2

That Cabinet welcomes that Hillingdon Council is one of the first Local Authorities in the United Kingdom to sign up to the Crisis Care Concordat and require the London Mental Health Crisis Commissioning Guide to be used by the Council and its partners to ensure services meet the needs of Hillingdon residents.

General Practitioners (GPs)

Usually, the first step to getting help if someone has a mental illness is by visiting their general practitioners' (GP) surgery.

GPs are ideally placed to reduce many misconceptions around mental health, particularly the stigma attached. GPs can proactively and respectfully interweave discussions of emotional and mental health into most consultations. Patients deeply respect the medical profession and GPs can build on that to create change that allows all patients to consider their own individual responses to both physical and mental health and its emotional costs. This would also empower patients to become better informed and supported and provide them with better clinical outcomes.

GPs should be encouraged to be at the forefront of mental health to ensure that prevention and intervention are used at the earliest stage to reduce the risk of an individual's mental health deteriorating. Prevention and intervention used effectively would achieve good outcomes for all, whilst potentially mitigating any further issues from arising.

CNWL are currently in the process of a service redesign to implement a Primary Care Mental Health Team. This would mean that all GP referrals into secondary mental health services are triaged by a nurse assigned to the practice. The nurse would also be able to manage a large cohort of people for the GP practice with mental health problems and help to navigate and sign post them to the stepped services should the need arise. CNWL expect that this will hugely improve the GP services for mental health patients in Hillingdon.

Accident and Emergency (A & E)

During this review, it became apparent that there was frustration among professionals regarding the lack of clarity with Accident and Emergency being used as a place of safety. Evidence suggests that it is fairly common for police officers to take people in mental health crisis to A & E where, for example, they have been refused admission to another place of safety. This is most common where the individual is intoxicated or where they have physical health problems which may in themselves be less serious than the mental ill health crisis.

A&E use should not be standard practice and should, wherever possible, be restricted to occasions where the person also has significant physical health problems related to, for example, self harm or substance misuse. The issue of alcohol consumption/dual

diagnosis has often been dealt with inconsistently between assessment centres. Existing facilities are often unable to deal with the mix of mental illness, medical emergency and violence. Members expressed that they would like to see more staff within A&E to be trained to deal with residents who are experiencing a mental health issue.

During this review, Members also noted the differentiation of the restraint techniques used by health care professionals and the Police. Members recognised why it was less suitable for the police to restrain someone who was experiencing mental health crisis as they used pain compliance techniques which were not appropriate compared to the restraint techniques carried out by health professionals.

3

That Cabinet requests that the Health and Wellbeing Board asks the CCG for an update in relation to how it is responding to the London Mental Health Crisis Commissioning Guide and how existing services will be utilised to develop clear care pathways for people in, or at risk of, mental health crisis.

Hillingdon Community Risk Multi-Agency Risk Assessment Conference (MARAC)

The Police deal with a large number of people with mental health issues that perhaps may not be known to CNWL and who, for a variety of reasons, might not want help. However, someone who is detained by the Police under section 136 of the Mental Health Act 1983 (s136) might have had previous contact with CNWL. Those who presented on a regular basis are discussed by the relevant agencies at MAPPA meetings (Multi-Agency Public Protection Arrangements) to identify whether any further support could be provided.

A Community Risk MARAC has been created in Hillingdon and convened for the first time in February 2015. A CRMARAC was established in Ealing in May 2013 and acts as a multi agency problem solving meeting where decision makers can discuss high risk complex cases involving vulnerability, disability, ASB and repeat victimization (including hate crime).

Although the Membership will be similar to that of the Domestic Violence (DV) MARAC, it is anticipated that the meetings will have some difference. The risk management would consider all parties whilst responsibility for the subjects would be placed on the most relevant agency. Mental Health Leads from the Council and external agencies would also need to support and attend such meetings to ensure that their field is appropriately represented. It is thought that the CRMARAC would complement existing frameworks whilst, at the same time, creating a consistency across London in a recognised format.

It is anticipated that the CRMARAC will identify individuals who have come into contact with the various agencies (including ASB and housing) but who have not been identified as being in crisis. The MARAC will look at vulnerability and risk so that measures can be put in place to help these individuals at an early stage. These meetings will be held every 5 weeks and it is anticipated that they will reduce the number of meetings being attended by the different agencies and result in increased productivity. It has been proposed that the CRMARAC be provided by Hillingdon Metropolitan Police Service and the Council's Anti Social Behaviour Team.

The benefits of a CRMARAC will include:

- Multi agency resolution – joint ownership
- Trust and value in those that participate
- Accountability and credibility
- Encourages creativity and innovation / True Problem Solving and specialist input
- Effective communication – builds on existing relationships and develops them further
- ASB / Hate crime / Vulnerable Adult / Mental Health, Early Intervention or just complex cases
- Harm centered approach
- Updates on new policy and legislation
- Positive outcomes
- Credibility with other panels and the courts
- Future ability for cross border/Borough referrals

The Vulnerability Assessment Framework

All frontline police officers have received training for the Vulnerability Assessment Framework which provides a simple tool for Metropolitan police officers to identify those that are vulnerable and possibly in need of further help. Since this system went live, over 55,000 reports have been completed, enabling the police and partners to identify individuals that are becoming vulnerable far earlier and enabling early intervention.

4a

That Cabinet endorses the Community Risk MARAC which is to be provided by Hillingdon Metropolitan Police and the Council's Anti Social Behaviour and Community Safety Team to better support residents with mental ill health.

4b

That Cabinet commends the improvements in service by the Hillingdon Metropolitan Police Service when dealing with people in a mental health crisis and notes that no persons were detained in a police cell in this Borough under Section 136 in 2014.

Transport

Issues surrounding the transportation of patients under Section 136 have been a key area of concern for most professionals. In the past, there have been problems nationally in getting an ambulance to transport a patient to a place of safety and it is often quicker to use police vehicles to do so. There were concerns from the police that they should not be transporting very ill people in police vehicles, because of the risk of death. In addition, those who suffer with mental ill health often feel that being transported in police cars has an impact on their dignity, can make them feel stigmatised and can exacerbate any sense of anxiety.

Changes have been made over the past few years to eliminate the use of police vehicles to transport an individual to a 'place of safety' due to the associated risks and stigma. During this review, Members noted that a police car had not been used to transport a person detained under section 136, in the last 12 months, unless the individual had

committed a crime. Additionally, Members noted that a Police Station had not been used as a 'place of safety' during 2014 and commended Hillingdon Metropolitan Police Service for this change.

Where an individual is experiencing a mental health crisis, in the absence of immediate physical health care needs, it is thought that the provision of alternative transport arrangements could be investigated such as private transport options.

Although procedure dictated that, when someone with mental ill health was being restrained, the Police should call for an ambulance and that the response time would be no more than 8 minutes, this target was not being achieved in approximately two thirds of cases. Hillingdon MPS have been monitoring the LAS attendance times as significant delays increased the risk to the Police and increased the risk to the patient of positional asphyxia.

The Clinical Commissioning Groups (CCGs) have the responsibility of commissioning the appropriate transport facilities which includes the London Ambulance Service (LAS). Members had been aware of the strain on the LAS across London prior to this review taking place and additional concerns have been raised during the course of it. Members of the Working Group were mindful that the LAS needed to achieve a balance whilst prioritising life-threatening situations in their response times.

Members believed that more could be done to alleviate the problems associated by transport, not just for the police, but also the LAS and individuals in need of being transported. The following recommendation could ultimately achieve a balance by transporting an individual to a place of safety by utilising alternative appropriate transport and releasing the LAS to respond to other emergencies.

The Department for Health and the Home Office had mentioned in their extensive review of the operation of section 135 and section 136 that CCGs should specifically consider the transportation of people detained under section 136 when commissioning ambulance services. During the Council's review, it became clear that transport was an issue that the Police felt was a delay, not just for themselves but also the patient who needed to be transported to a place of safety.

5

That the Cabinet Member for Social Services, Health and Housing asks the CCG to review the provision of safe transport to enable individuals with mental health issues to be transported to a place of safety in a safe, timely and dignified way and report back to the Cabinet Member and External Service Scrutiny Committee.

Comments of the External Services Scrutiny Committee

The Committee is acutely aware that mental health is a wide-ranging issue and that this review has covered just one aspect of the subject, highlighting issues in relation to the service provision and patients. As such, consideration will be given to undertaking a major review of another strand of mental health in the new municipal year.

Mental health is often overlooked and, as such, it is important to highlight issues such as

the pressure that is placed on the police when the handover of a patient in mental health crisis takes an excessively long time. It is clear that police officers need to be freed up as soon as possible as they are not best placed to be caring for individuals in mental health crisis.

It is acknowledged that a significant number of people with mental ill health might be (or appear to be) under the influence of alcohol or drugs when they are detained by the police. This is proving a challenge for the police and hospital staff when a patient needs to be held in Accident and Emergency with no mental health nurse present and no designated holding room available (individuals cannot be transferred to the Riverside Centre until the effects have worn off). As such, it has been suggested that consideration be given to mental health in all health service planning.

The Committee congratulates the Working Group on tackling this difficult subject matter and for producing such a comprehensive report.

BACKGROUND READING

To assist with the writing of this review, reference has been made to a wide-ranging selection of background information:

- Police and Mental Health 'How to get it right locally' Mind:
http://www.mind.org.uk/media/618027/2013-12-03-Mind_police_final_web.pdf
- TeleCareLine information:
<http://www.hillingdon.gov.uk/telecareline>
- Shop4support information:
<https://www.shop4support.com/s4s/CustomPage/Index/62>
- Hillingdon Home Treatment Team information :
<http://www.cnwl.nhs.uk/service/hillingdon-home-treatment-team/>
- The Care Act 2014 information:
<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- Crisis Care Concordat information:
<http://www.crisiscareconcordat.org.uk/>
- London Mental Health Crisis Commissioning Guide information:
<http://www.slcsn.nhs.uk/scn/mental-health/mh-urgent-commiss-doc-102014.pdf>
- Review of the operation of sections 135 and 136 -
<https://www.gov.uk/government/consultations/review-of-the-operation-of-sections-135-and-136-of-the-mental-health-act>

TERMS OF REFERENCE

Members of the Committee are asked to consider and provide input into the following draft Terms of Reference for the review:

1. To review the guidance and support that is currently available to the Metropolitan Police Service and those with mental health issues that have contact with the police.
2. To review the evidence and data locally from the police and others partners to build up a good understanding of the level of activity involving people with mental health.
3. To seek out the views on this subject from residents and partner organisations using a variety of existing and contemporary consultation mechanisms.
4. To examine best practice elsewhere through case studies, policy ideas, witness sessions and visits.
5. To improve awareness and understanding of the impact that mental health has on the Metropolitan Police in the Borough when dealing with an individual with a mental health issue and to explore ideas for improving the relationship between the police and mental health services.
6. After due consideration of the above, to bring forward practical recommendations to the Cabinet in relation to strengthening the role of the police in the Borough when dealing with those who suffer with mental ill health.

WITNESSES

Witness sessions for the review were held on 25 November 2014 and 17 December 2014 in which the Committee heard from the following expert witnesses:

Session 1

- Sandra Brookes, Hillingdon Borough and Service Director - CNWL
- Kim Cox, Hillingdon Borough and Service Director - CNWL
- John Higgins, Head of Service, Safeguarding, Quality and Partnerships - LBH
- Pam Gallup, Lead Social Worker, Mental Health - LBH
- Dr Steve Hajioff, Consultant in Public Health - LBH.
- Priscilla Simpson, Health Promotion Manager - Specialist Health Promotion Team, LBH.
- Les Board, Appropriate Adult Project Coordinator - Hillingdon Mind.
- Chris Miles, Ambulance Operations Manager - London Ambulance Service.

Session 2

- Chief Inspector Claire Smart - Hillingdon Metropolitan Police Service
- Debs Amore, Mental Health Project - MPS
- Sgt Luke Mooney, MPS
- Graham Hawkes - Chief Executive Officer - Hillingdon Healthwatch
- Dr Stephen Vaughan-Smith - Mental Health Lead - Hillingdon CCG
- Noreen Rice - Mental Health Representative - The Hillingdon Hospitals NHS Foundation Trust
- Anthony Brocchi - Hillingdon Mind
- Dr Jeffrey Fehler – Hillingdon Drug & Alcohol Service (HDAS)
- Debra Davies - CNWL/Hillingdon Drug & Alcohol Service (HDAS)

Site Visit to Riverside Section 136 Suite

In addition to the 2 witness sessions a site visit took place on 13 January 2015 at Riverside Centre, located within Hillingdon Hospital grounds. CNWL Borough Director, Kim Cox, gave Members a tour of the Section 136 suite and discussed various operational aspects of Riverside Centre which gave Members a better understanding of the facilities available in the Borough. Members of the Working Group would like to thank staff at CNWL for facilitating this visit.