

<b>Committee(s):</b> City of London Police Authority Board	<b>Dated:</b> 20 September 2023
<b>Subject:</b> City of London Police Mental Health Response-update	<b>Public</b>
<b>Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?</b>	1- People are safe and feel safe
<b>Does this proposal require extra revenue and/or capital spending?</b>	<b>N/A</b>
<b>If so, how much?</b>	<b>N/A</b>
<b>What is the source of Funding?</b>	<b>N/A</b>
<b>Has this Funding Source been agreed with the Chamberlain's Department?</b>	<b>N/A</b>
<b>Report of:</b> Commissioner of Police Pol 102-23	<b>For Information</b>
<b>Report author(s):</b> Umer Khan, Commander Operations and Security; Amanda Wolf, Superintendent, Local Policing	

### Summary

Following a request from the Police Authority Board Director for a progress update on the City of London Police Mental Health Response and the launch of the Mental Health National Partnership Agreement in July 2023, this report provides a progress update on the following key areas:

- **NPCC 'Right Care, Right Person' (RCRP) Approach Update:** Ongoing CoLP and Pan-London efforts to adopt the NPCC 'Right Care, Right Person' approach including the Mental Health National Partnership Agreement.
- **Alignment with National Best Practices:** Integrating national best practice into our methodology. This commitment not only underlines our pursuit of excellence but also seeks to ensure CoLP approach remains effective.
- **Current position on CoLP response to Mental Health and Mental Health Data Collection Progress:** The significant improvements in our data capture techniques utilising the Power-bi dashboard. This enhanced approach provides a more transparent view of our organisation's mental health landscape, facilitating better-informed decision-making.

### Recommendation(s)

Members are asked to note the report.

## **Main Report**

### **Background**

1. The Mental Health National Partnership Agreement (Right Care, Right Person (RCRP)) was launched in July 2023. It was signed and published on 26<sup>th</sup> July 2023, supported by MP's and the National Police Chiefs Council (NPCC). In conjunction, a toolkit has recently been published by the College of Policing to assist Forces in implementing similar approaches, with the ability to tailor to local requirements. Central to RCRP is the assurance that all policies give clear guidance to officers and staff, are comprehensive, consistent with legal obligations, and promote the best interests of the Force, and the public/communities it serves.
2. RCRP is now being adopted by all the forces in England and Wales, with Humberside used as the 'blueprint'. It is worth noting that the implementation of RCRP in Humberside took 3 years. Further details of RCRP are in the body of the report.
3. The Police Authority Director requested the City of London Police provide an update to the September Police Authority Board on the RCRP and the CoLP response to Mental Health.

### **Current Position**

4. Members will be aware from previous updates that the City of London Police (CoLP) has been operating a Mental Health Street Triage (MHST) model since 2017. This service involves a qualified mental health practitioner working alongside response officers, and attending those calls to service where there is associated mental health/vulnerability. The mental health nurses currently work between 1500 hours and 0300 hours, and as highlighted in a previous report (by the Suicide Prevention Steering Group) this has proved beneficial in resolving mental health incidents proportionately and expeditiously. One area where the MHST has proved effective, is in dealing with incidents that may require police to use their powers under Section 136 of the Mental Health Act 1983. This act affords the legislative power to remove a person from a public place (where they appear to be suffering with a mental disorder and need immediate care and control), to a place of safety for mental health assessment.
5. As an example, in July 2023 officers attended 39 Mental Health (MH) incidents, but with MHST offering specialist advice and assessment at the scene, just ten individuals were detained by police. This reduces the time police officers are abstracted, but more importantly, ensures the most applicable care and further treatment for that individual from the outset.

### **Humberside and Development of Right Care Right Person Initiative**

6. Humberside Police identified that officers were deployed to an average of 1,566 incidents per month of concerns for welfare, mental health, and missing people. The overriding concern was that by attending these incidents, officers were not affording the most suitable intervention to vulnerable people, who often require more specialist

support. As such, the decision to revert to basics and concentrate on the core policing principles was made, with Humberside Police seeking legal advice, to understand its duty of care responsibilities and those of its partner agencies. This legal advice was used as the basis to support the development of the RCRP initiative. Early evaluation of the initiative has shown a more collaborative, informed, and appropriate response to RCRP incidents across Humberside. It has also demonstrated a large reduction in the deployment of police resources to this incident type, with the additional benefit of improving attendance rate across other calls to service.

7. RCRP is now being adopted by all the forces in England and Wales, with Humberside used as the 'blueprint'. It is worth noting that the implementation of RCRP in Humberside took 3 years.
8. As aforementioned, the RCRP National Partnership Agreement was signed and published on 26<sup>th</sup> July 2023, supported by MP's and the NPCC. In conjunction a toolkit has recently been published by the College of Policing to assist Forces in implementing similar approaches, with the ability to tailor to local requirements. Central to RCRP is the assurance that all policies give clear guidance to officers and staff, are comprehensive, consistent with legal obligations, and promote the best interests of the Force, and the public/communities it serves.
9. Learning points from the Humberside model have been reviewed and include the following, which are at the forefront of adopting a similar approach in the City of London:
  - The main barriers to overcome are internal culture (staff and officers being cautious about declining to deploy support) and partnership relationships. These require careful consideration and management.
  - That effective implementation is supported by tight governance, senior officer buy-in, clear partnership working and effective systems.
  - A robust legal and evidential basis for change, a shared partnership vision, adequate training and support, proper evaluation and monitoring processes, and consideration of internal culture, which will support effective implementation of RCRP.
10. Many of the calls to service are from agencies that are unable to cope with demand; an analysis of demand from other agencies identified the types of calls for service were being dealt with by police which shaped the RCRP.

Type of call	Example
<b>Concern for welfare</b>	Mental health services reporting that an individual hadn't attended their appointment the previous day and they had concerns about them.
<b>Voluntary mental health patients</b>	Voluntary patient taken by police to emergency department of an acute hospital after a minor self-harm episode as no ambulances free. Police were asked to remain as the individual was assessed as potentially suicidal.
<b>Walk out of health care facilities</b>	Call from emergency department of an acute hospital regarding a male who had left before being discharged with a cannular in his hand. Police were asked to locate him.
<b>Mental Health Act s136</b>	Section 136 of the Mental Health Act used to detain someone in crisis. Police attend the 136 suite but couldn't handover to clinicians as no one free to accept. Police remained for 12 hours.
<b>AWOL (absent without leave)</b>	Sectioned patient had gone AWOL after s17 escorted leave with staff, last seen in the pub. Later located at home address by officers and returned to mental health unit.
<b>Transportation</b>	Police asked to convey patients (from acute hospital to mental health facilities). Police conveying s136 or voluntary mental health patients to places of safety.

11. CoLP assessment suggest that *Transportation* and the *Mental Health Act s.136* are key areas of focus. The other areas are considered to have negligible to no impact within the City, due to its unique demographic, most notably a low residential population, and without a mental health hospital in its jurisdiction.

- Transportation: This is an area of influence under RCRP. MH patients should not be transported to hospital in a police vehicle unless there is no other feasible option. Repeatedly, owing to extensive delays for ambulances, this is a common occurrence. There are options here for development, e.g. private ambulance transport, LAS agreements but it has been delayed due to the MPS readiness.
- Mental Health Act s.136: CoLP officers are often faced with long waiting times when handing over care of a person in crisis to an Acute care unit (A&E Dept) or a Hospital Based Place of Safety (HBPOS = Mental Health Facility). This can lead to unnecessarily prolonged police intervention, increased likelihood of trauma and a lack of resources to respond effectively to incidents in the City. Quicker handovers and agreements for CoLP officers at acute care units are being explored due to the partial assessment carried out by the MHST team in advance of arrival. Additionally, escalation and post event learning process's have been and are being established across facilities with CoLP.

### **NPCC 'Right Care, Right Person' (RCRP) in CoLP**

12. The CoLP has been working with the NPCC 'Right care, Right person' (RCRP) team to understand RCRP and if it is the right approach to adopt for the City of London. Right care, right person is a model that ensures that when there are concerns for a person's welfare, linked to mental health, the right person with the right skills, training and experience will respond.

13. Due to the unique nature of CoLP's proximity to the Metropolitan Police, the landscape of the City and the mental health crisis demand compared to other forces, how CoLP progresses RCRP needs to be aligned at touch points with the Metropolitan Police to avoid confusion or conflict between forces, stakeholders and our communities.

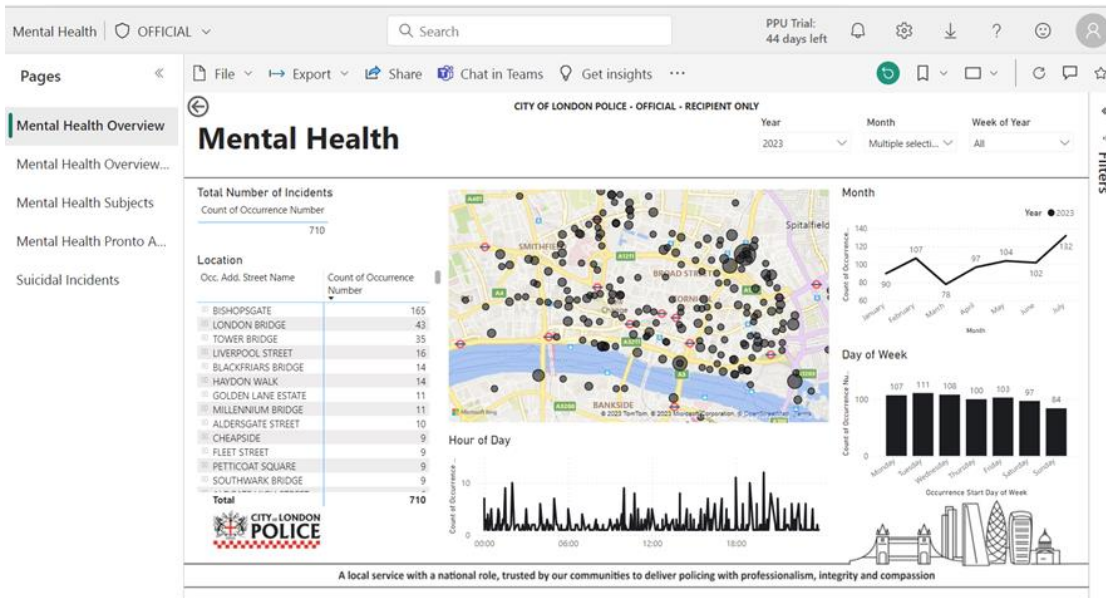
14. It is vital that CoLP work with the MPS and Public Health England (PHE) to shape how RCRP will operate from a London region perspective rather than in silos. The MPS is chairing the inaugural meeting, which is due to take place on the 13<sup>th</sup> September, chaired by T/Assistant Commissioner (MPS) Matt Twist. This meeting will be attended by CoLP RCRP Senior Responsible Officer Commander Umer Khan and Mental Health Strategic Lead Superintendent Wolf. This will serve as the first step in shaping a consistent RCRP response across the London region, building upon solid foundations and various workstreams in mental health policing provisions supported by the CoLP Partnership and Prevention (P&P) Hub.

### **Mental Health Data Collection**

15. In addition, CoLP is reviewing process, practices and implementing new ways of working to ensure that mental health demand data is accurately captured and recorded. The

Force Director of Information, as well as intelligence analysts, regularly link-in directly with the Senior Public Health Practitioner to ensure data is correct and have also made it more accessible by creating a 'dashboard' using Power-Bi (data system).

16. The image is a screenshot of one aspect the dashboard; it is interactive and can be interrogated to provide information pertaining to a specific incident, i.e., month, day, time of day, and/or officer time.



17. The dashboard is under continual development, as we learn more, we utilise the available data better. CoLP have been liaising with Hampshire Police regarding the recording and presentation of mental health statistics. As a result, Hampshire are adopting the CoLP methodology and are utilising the dashboard as a framework for their own.

### Mental Health Demand

18. MH demand in the city has been rising, which is not out of step with the national picture; there was a 31% increase over the last 12 months in responding to mental health incidents.

19. When considering incidents recorded by CoLP as crime and non-crime incidents <sup>1</sup> on our recording systems, the proportion of both where mental health has been a factor, has increased.

20. The proportion of **crimes** reported where mental health was a factor has increased from around 1.5% in 2021/22 to just over 2% in 2022/23.

<sup>1</sup> Incident where no crime has been identified at the time or subsequently.

Month	Niche - Total Number of Crimes	Niche – Number of Crimes with MH Flag
01/08/21 – 31/07/22	7,127	104
01/08/22 – 31/07/23	7,647	154

21. In respect of **‘non crime’ incidents** reported the percentage of those where mental health was recorded as a factor has increased from around 7.5% in 2021/22 to 10% in 2022/23

Month	Niche - Total Number of Non-Crimes	Niche – Number of Non-Crimes with MH Flag
01/08/21 – 31/07/22	10,361	783
01/08/22 – 31/07/23	10,112	1,014

\*Niche is the Force’s Crime and Intelligence recording system

22. The three most prevalent locations for mental health incidents are Bishopsgate (both inside and outside of the station), London Bridge and Tower Bridge.

23. We are currently establishing/testing data sets to reflect officer hours spent dealing with mental health incidents and it is currently showing at an **average of four hundred hours a month** looking from August 2022 to July 2023 with 2 officers per deployment.

### **Partner/Stakeholder Engagement**

24. As documented CoLP (through the P&P Hub) is leading on some independent activity and collaborative activity to improve the Force response to MH, including scoping how RCRP will be implemented. This includes:

- Working with the NHS, Metropolitan Police and British Transport Police on a North Central and South London collaborative s.136 Hub. This will be a pilot to deliver in partnership, a co-ordinated and consistent s.136 support service for London Police forces.
- Liaising with the Niche/Pronto team (police IT systems) to implement changes to the MH and Public Protection forms that officer complete when dealing with vulnerable people. This will ensure that the right data is captured and that it is consistent so that the Force can understand demand better.
- Bridge-Watch, which sees us collaborating with the Bridge House Estates, Ascension Trust, Public health, RNLI, Port of London Authority.
- Improving MHST working practices and culture and ensuring consistent review to better the effectiveness of the service. This is an example of where CoLP are already implementing RCRP to some degree.
- Talking to and learning from Hampshire and Humberside Police to benchmark data recording practices and RCRP, to identify best practice.
- Attending regular meetings with health trust partners to consider escalation protocols in hospitals concerning MH provisions, i.e., number of hospital beds.

### **City Suicide Prevention Steering Group**

25. CoLP is a key stakeholder at the **City Suicide Prevention Steering Group**, which comprises mental health professionals from both the City and Hackney areas, as well as other relevant agencies. The aim of the group is to utilise an evidence-based,

partnership approach to reduce incidents of suicide in the City of London. For example, most suicides in the city involve a fall from height, as part of mitigating against future incidents, CoLP's designing out crime/architectural liaison officer will follow up on all incidents, making suitable, proportionate recommendations to building owners to 'target harden' premises. The group will also consider ways to better support those who have witnessed suicide, and signpost to appropriate agencies.

26. In addition, CoLP has been working with the **Bridge-Watch Programme**; managed by the Ascension Trust, it comprises a team of volunteers and trained professionals who observe, identify, and engage with those at risk of suicide from Thames bridges. The concept is to introduce patrols with trained volunteers who will provide a reassuring presence on bridges and intervene with those indicating intent to enter the river, for reasons of self-harm or suicide. The programme now has a lead officer who is managing the volunteer recruitment process and designing a training programme to ensure volunteers are prepared for the role. CoLP will continue to be actively involved in the project, providing support and guidance, along with the RNLI, Port of London Authority, and mental health services of the Corporation of London. Additionally, CoLP will assist with training inputs and establishing joint protocols for when police are called, improving cross-agency communications and available data.
27. Internally, CoLP has introduced a **Mental Health Working Group**; held every six weeks, with membership including control room staff, response officers, MHST, custody staff, Public Protection, Liaison and Diversion, P&P Hub, and Special Branch. Membership also extends to subject matter experts (SMEs) from the Corporation of London, clinical and operational leads from the NHS and Bridge House Estates. The meeting is chaired by a senior police officer and serves to highlight and resolve any inter-agency issues, data trends, and consider new ways of improving working practices in this complex area to best support those that are vulnerable.

## Conclusion

28. City of London Police in line with National trends, note the upward increase in Mental Health Crisis response. It has acted to improve its processes through the adoption of the Mental Health Working Group and has established links with regional and national police and public health partners to improve its understanding of the rising demand and work collaboratively to support people and crises and problem solve reoccurring demand and challenges.

## Background Papers

Pol 06-23      Update on partnership Mental Health Services Demand and Response-  
January 2023 PAB

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