

<b>Committee(s)</b>	<b>Dated:</b>
Health and Wellbeing Board	04/04/2016
<b>Subject:</b> City of London Police update	<b>Public</b>
<b>Report of:</b> Superintendent Helen Isaac	<b>For Information</b>

### **Summary**

This report was requested by the Health and Wellbeing Board at the meeting in December 2015, when the Chair asked for members to be updated on work the City of London Police is doing do promote health and wellbeing both inside and outside of the force. A request was also made for information on the referral process for vulnerable people.

This report provides detail on the force signing up to the Blue Light ‘Time to Change’ Pledge, which encourages openness about mental health issues, the Liaison and Diversion Service within custody and an update on the issue we have with no secure juvenile overnight accommodation being available. Also included is some information on the Multi-Agency Risk Assessment Conference and City Community Multi-Agency Risk Assessment Conference referral processes.

### **Recommendation**

Members are asked to note this report and contents.

### **Main Report**

#### **Mental Health for Staff**

- 1 The City of London Police have signed up to the Blue Light ‘Time to Change’ Pledge, an initiative run by mental health charity, Mind, which aims to encourage police officers and staff to feel able to talk openly in the workplace about mental health issues.
- 2 Assistant Commissioner Wayne Chance signed the Blue Light Pledge on 4th February, which coincided with Time to Talk Day, a nationwide event run by Mind to end the stigma and discrimination often attached to health problems. Mental health problems affect one in four people every year, and yet people are often reluctant to talk about their experiences as they worry it might affect their relationships or their job.
- 3 The aim of Time to Talk Day is to get as many people as possible breaking the silence around mental health and to show that talking about it doesn’t need to be difficult. In February a number of sessions took place across the course of a week, provided by Mind and aimed at making managers more aware of mental

health and how they can support staff and better recognise symptoms, as part of the Blue Light Programme.

### **Liaison and Diversion Service**

- 4 We have in place in our custody suite a Liaison and Diversion Service, which is a number of specially trained mental health nurses who can identify a person with one or more mental health, learning disability or substance misuse vulnerabilities when they come into contact with the justice system. They assess the identified individual and refer them to an appropriate treatment or support service and can also access summary care records whilst the individual is in custody to assist with their care and our risk assessment.
- 5 When someone is arrested and there are concerns about the person being vulnerable they are assessed by our Health Care Practitioner (HCP) and if the HCP feels they need further assessment, a Liaison and Diversion nurse is contacted to attend. Sometimes they are based within the police station but are only ever as far away as Shoreditch. They will assess the individual and depending on the outcome will request the attendance of a Section 12 doctor (one who assesses mental health) and an AMHP (Authorised Mental Health Practitioner) who will assess the DP and refer them on further, for example to hospital. They have the community contacts to refer the individual to the right avenue of support and treatment and are able to reduce the time that someone remains in custody once it's been identified that they need specialist help.
- 6 We are part of the North and East London Liaison and Diversion Hub. This is currently a trial/pilot service run by NHS England, but will be fully commissioned nationally by the NHS with a potential start date of April 2017, although this is dependent on the NHS commissioning the service within that timeframe. The service currently runs on weekdays between 0900-1700hrs but these hours are likely to increase going forward. There is no cost to us for this service and if the NHS continues with the commission this situation is not expected to change.
- 7 Our Custody Manager, Inspector May, attends the quarterly East London Criminal Justice Liaison and Diversion Steering Group meeting run by the East London NHS Trust to ensure we are up to date with developments in this area.

### **Secure Accommodation for Juveniles in Custody**

- 8 There is a signed Youth Offending Service Contract as of 8<sup>th</sup> January 2016 between the City and Tower Hamlets; however this is still a work in progress because it does not include detail regarding the provision of secure accommodation for juveniles who need to spend the night in police custody. The City and Tower Hamlets are fully aware of this and are working towards addressing this and other important areas.
- 9 Tower Hamlets has a responsibility to provide us with secure juvenile accommodation, but they do not currently have any provision. The Home Office are encouraging all boroughs to address this issue, as it is their legal responsibility to provide such accommodation to us when required.

- 10 Inspector May attends the Youth Offending Team Management Board and the Risk Management meeting between boroughs, with a variety of attendees from all different sectors, to ensure we know what is happening with regard to juveniles around us and to keep the issue of custody accommodation for juveniles on the agenda. Inspector May also attends the Home Office Board looking at the issue of secure accommodation for juveniles.

### **Multi Agency Risk Assessment Conferences (MARAC)**

- 11 Members were interested to understand the process by which a victim of domestic violence is referred into a process of multi-agency support. A MARAC can be convened through the coordinator at the Safer City Partnership, is chaired by the Detective Inspector from the Public Protection Unit and will be convened as soon as practicable after the referral.

- 12 The four referral routes into MARAC are:

- The case is a visible high risk.
- Professional judgement. If a professional has serious concerns about a victim's safety, they should refer the case to a MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim-survivor has been unable to disclose the information that might highlight their risk more clearly. This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour' based violence.
- Potential Escalation of abuse, when three domestic related police reports are received within 12 months, for the same victim and perpetrator(s), a MARAC referral should be made on the basis of potential escalation. Used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at MARAC.
- Repeat Referrals within a 12 month period.

Any agency may identify this further incident (regardless of whether it has been reported to the police). A further incident includes any one of the following types of behaviour, which, if reported to the police, would constitute criminal behaviour:

- Violence or threats of violence to the victim (including threats against property), or
- A pattern of stalking or harassment, or
- Rape or sexual abuse

If the victim resides outside of the City of London a MARAC to MARAC referral is completed.

## **City Community Multi-Agency Risk Assessment Conference (CCM)**

- 13 A new City multi-agency meeting has been convened by the Community Safety Team to address a gap in referral procedures. It was identified that there are individuals who, due to the nature of their problems, did not meet the criteria for other referral processes, but still need to be monitored and managed by a multi-agency approach according to their needs. This meeting complements the existing referral procedures and victims that fall outside of them can be referred to the CCM process using the appropriate risk assessment and referral form.
- 14 The aims of the CCM are to:
- Determine the level of risk that the perpetrator poses to the victim-survivor, community or to the general public
  - Construct and implement a risk management plan that provides professional support to all those at risk and that aims to reduce the future risk of harm
  - Reduce on-going victimisation
  - Improve agency accountability
  - Contribute to the development of best practice
  - Share information to increase the safety, health and well-being of victim, survivors and the community
  - Identify policy issues arising from cases discussed at the risk assessment conference and raise these through the appropriate channels
  - Ensure continuous risk assessment of “high risk” cases, and keep the victim/survivor informed, where possible, of all decisions made in the conference via the appropriate agencies, at the earliest opportunity
  - Improve support for staff involved in dealing with cases where there is a risk of harm or serious disruption to people's lives
- 15 Someone will meet the referral criteria for this group:
- When an adult aged 18 or over and showing a high level of vulnerability presents as a risk to themselves or others,
  - When an adult is unable to protect themselves from harm or exploitation but does not meet the threshold for Safeguarding Adults,
  - When an adult is the victim of crime or ASB due to their vulnerability, or becomes vulnerable due to the frequency and impact of ASB or
  - When an adult is the victim of crime or ASB due to their faith, nationality, ethnicity, sexuality, gender or disability.

## **Conclusion**

- 16 This report provides an insight and additional information on some important areas of focus for the City of London Police and Community Safety Team and is submitted for information.

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