

REPORT FROM THE POLICE AND CRIME COMMISSIONER

To: Health and Wellbeing Board

Date: 17th September 2015

From: Dorothy Gregson, Chief Executive, Cambridgeshire Office of the Police and Crime Commissioner

1.0 PURPOSE

1.1 To share the Police and Crime Commissioner's strategic vision to reduce demand on public sector services through an effective prevention agenda and show how this vision can support the work of the Health and Wellbeing Board.

2.0 BACKGROUND

2.1 The first Police and Crime Commissioner elections took place in November 2012. They have a statutory responsibility, set out in the Police Reform and Social Responsibility Act 2011, to 'deliver an effective and efficient police force', 'work with partners to tackle crime and disorder' and 'ensure the efficiency and effectiveness of the criminal justice system'. Commissioners are required to publish a Police and Crime Plan setting out the Police and Crime Objectives for their area.

2.2 Cambridgeshire's Commissioner Sir Graham Bright shares many of the Health and Wellbeing Board's agendas and is committed to focusing on prevention and partnership working.

2.3 Within Sir Graham's Police and Crime Plan he sets out this commitment to 'improve the partnership response to mental health'. This was clearly demonstrated through the role he took in driving forward the local Cambridgeshire and Peterborough Mental Health Crisis Care Concordat declaration. This sets out the shared aspiration to 'prevent mental health crisis happening whenever possible through prevention and early intervention'. Sir Graham has also stepped in to jointly fund an identified gap in provision for victims of crime to support them into commissioned mental health services.

3.0 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

3.1 The Cambridgeshire Police and Crime Plan very much supports the Health and Wellbeing Strategy. We share the same communities and desire to work in partnership. In 2013 Sir Graham shared with the panel how his work supported the delivery across all priority areas of the Health and Wellbeing Strategy. For example:

- **Priority 1 - Ensure a positive start to life for children, young people and their families**
 - The Commissioner must hold the Chief Constable to account for "safeguarding of children and the promotion of child welfare".
- **Priority 2 - Support older people to be independent, safe and well**
 - The Commissioner funds the 'Bobby scheme' which provides practical support for elderly victims of burglary to enable them to feel safe and remain independent.

- The Constabulary's response to calls for service prioritises the most vulnerable people.
- **Priority 3 - Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices**
 - The Commissioner makes a contribution to drugs and alcohol treatment services and has taken responsibility for highlighting the alcohol agenda both locally and nationally.
 - Drugs/alcohol issues are seen in up to a third of all offenders.
- **Priority 4 - Create a safe environment and help to build strong communities, wellbeing and mental health**
 - Multiple shared agendas and shared delivery models such as Multi-Agency Referral Unit (MARU) and working arrangements such as Multi-Agency Risk Assessment Conferences (MARAC).
 - People with mental health issues are over represented within both victim and offender cohorts.
 - The Commissioner funds services to support victims of crime to cope and recover from their experience – this includes the provision of Mental Health Pathfinders to guide victims of crime into existing commissioned services.
 - The Commissioner also awards Police and Crime Reduction Grants to Community Safety Partnerships to allow them to fund grass roots work to tackle the issues which affect their community the most.
- **Priority 5 - Create a sustainable environment in which communities can flourish**
 - The Commissioner's commitment to 'divert young people away from a life of crime' has seen him set up a Youth Fund, Volunteer Police Cadet Schemes across the county and he contributes to the funding of the county's Youth Offending Services.
- **Priority 6 - Work together effectively**
 - Partnership working is at the heart of all of the Commissioner's work.

3.2 The police can be at the sharp end with respect to the management of vulnerable people. It is the police who are called when a person publically tips into crisis in order to safeguard them and the people around them; the frontline officers and staff then rely on colleagues in partner agencies to ensure the person receives the support they need towards recovery.

3.3 Over that past three years it is encouraging to see in how partners are working in a co-ordinated way to deal effectively with safeguarding issues. The police are often a key partners in this. The development of the Multi-Agency Safeguarding Hub which brings staff from a range of agencies together to effectively safeguard the most vulnerable people in our community, is just one example of this.

3.4 Progress has not only been made with respect to the partnership work to prevent people tipping into crisis or meeting safeguarding thresholds; there are many other examples of effective partnership working which meet both the Board and the Commissioner's agendas.

- Making Every Adult Matter project – working with chronically excluded adults
- Integrated Offender Management
- Integrated support services for victims of crime through the Victims' Hub
- Troubled Families project and through the gate support for offenders – although we see some overlap between them when reducing offending is the outcome.

- 3.5 While we all acknowledge there is work to be done we also need to celebrate what has been achieved in the past three years building on the assets of our communities. For example the continued increase in the number of people volunteering as Special Constables, to support victims of crime, for Neighbourhood Watch and as Volunteer Police Cadet Leaders and the Cadets themselves.
- 3.6 The Commissioner wholeheartedly welcomes the proposed work by Cambridgeshire County Council to develop a community resilience strategy. This work supports the view that communities need to be encouraged to become self-supporting – much of Sir Graham’s allocation of Police and Crime Reduction Grants is in this same vein.
- 3.7 However even in supportive communities the Victim and Offender Needs Assessment (2012) identified that people with mental health illness are more vulnerable to becoming a victim of crime and as one of the main offender groups. Mental Health has emerged as a key local and national partnership agenda and we need to effectively commission services at all levels from high risk, high need to developing people’s capacity to maintain good mental health themselves.

4.0 PARTNERSHIP WORK TO IMPROVE MENTAL HEALTH OUTCOMES

- 4.1 The Commissioner’s commitment to bring partners together to start the conversation on the provision of mental health services is clear. At the first Mental Health Crisis Care Concordat roundtable (July 2014), which was jointly hosted by Sir Graham and the Chair of the Clinical Commissioning Group (CCG) Maureen Donnelly, partners heard from NHS England’s National Clinical Lead for Mental Health Geraldine Strathdee on how transformation can ensure greater access to mental health services.
- 4.2 A consensus that service transformation was needed was reached at the second roundtable (November 2014) and the CCG pledged to link with all agencies on their agenda.
- 4.3 By the third meeting, a year after the first, the CCG reported their launch of this work and their commitment to consult with partnership agencies as this progresses. It was also acknowledged that risk areas remain, e.g. sustainable access to 24/7 provision of the Section 136 suite and the provision of mental health services for children and young people. The issue of information sharing to effectively safeguard people with mental issues has also yet to be fully resolved.
- 4.4 At the first round table Geraldine Strathdee shared a vision on how mental health services can be transformed building on the assets within communities to promote good mental health and allowing easy access to mental health services for those who can benefit from them. As set out in para 4.3 the transformation work programme has been initiated and partners look forward to this coming to fruition. In the meantime for policing there are risks which are important to be resolved through the Mental Health Crisis Care Concordat work.

5.0 IMPLICATIONS & NEXT STEPS

- 5.1 Working together to build ‘Safer, Stronger Communities’ in partnership is the right thing to do. But there is much work to be done to give the work stream the momentum to drive the strategic direction of partner agencies at a pace which matches the reduction in funding streams.

5.2 The Board must champion new and planned upstream preventative work across all of the interdependent priorities to manage the increasing demand on public sector services. The troubled families approach, through the gate support for offenders and health interventions will all play their part, but this is unlikely to be enough to tackle the scale of the demand.

6.0 RECOMMENDATION/DECISION REQUIRED

6.1 The Health and Wellbeing Board are requested to note the role of the Police and Crime Commissioner as a key stakeholder within the mental health agenda specifically through his focus on prevention. Clearly promoting good mental health, and helping those achieve and maintain good health, will reap rewards across the whole sector and in turn manage the increasing demand on public sector services.

Source Documents	Location
Police Reform and Social Responsibility Act 2012	www.legislation.gov.uk
Cambridgeshire and Peterborough Crisis Care Concordat Mental Health Declaration	www.crisiscareconcordat.org.uk
Cambridgeshire Police and Crime Plan – revised June 2015	www.cambs-pcc.gov.uk
Cambridgeshire Victim and Offender Needs Assessment	www.cambridgeshireinsight.org.uk