

## Monthly Assurance Meeting September 2020 – Meeting Notes

Date: Tuesday 24<sup>th</sup> September, 10 am  
 Chair: John Campion  
 Minutes: Jackie Irvin Senior Policy Manager, OPCC  
 Venue PCC conference room

	<b>Name:</b>	<b>Capacity:</b>
<b>Attendance:</b>	John Campion	Police and Crime Commissioner (PCC)
	Jackie Irvin	Senior Policy Manager (SPM)
	Charity Pearce	Assistant Policy Officer
	Anthony Bangham	Chief Constable (CC)
	Geoff Wessell	Assistant Chief Constable (ACC)
	Sarah Bennett	Staff Officer (SO)

1.	<b>Outstanding Matters / Matters arising</b>	<b>ACTION</b>
	<p><b>Action arising from the September 2019 meeting:</b></p> <p><i>The PCC intends to revisit and understand the benefit of the 2019 year of wellbeing. This is to include the internal focus on the mental health of the workforce.</i></p> <p>A report had been provided to the PCC prior to the meeting summarising the year of wellbeing benefits. The CC explained that the People Strategy provides the main focus and that mental health is one of the strands integrated into the strategy.</p> <p>The PCC asked for confirmation as to whether the year of wellbeing was a national or local initiative and what the organisational costs and benefits had been. The CC confirmed that it was a national initiative and it had been a choice to bring it to West Mercia. There had been a lot of activity to help people feel well and perform better but this had not been linked to improving productivity. Learning from this demonstrated a need for a cohesive set of plans, which is what the People Strategy will bring.</p> <p>The PCC asked what the difference would be in a further years' time and was told that the Health, Safety and Wellbeing Board is connecting activity and ensuring strategy delivery. Connecting health and wellbeing to improved activity hasn't previously been measured, but the force is starting to improve how it does this. It is difficult to measure wellbeing, an example of feedback from officers at leadership days following improvements to accommodation in Telford was given as an example of</p>	

	<p>how feedback is provided.</p>	
<p><b>2.</b></p>	<p><b>Holding to account - Mental Health</b></p>	
<p><b>2.1</b></p>	<p><b>Leadership and governance</b></p> <p>The PCC began by saying mental health is a long running issue, but is something that is talked about much more than ever before. The PCC asked the CC to provide his overall assessment of how the organisation manages mental health.</p> <p>The CC said that there has been a shift from a poor understanding with high numbers of people, especially young people coming into contact with the police and that there had been little national direction or acknowledgement of the problem. The police service has now moved to a better place and mental health is now recognised as a big issue. Locally the force has reduced the number of detentions due to mental health and coming out of the alliance meant looking at responsibility, corporate ownership and tactical delivery.</p> <p>The CC acknowledged that the force should be more progressed than it is. A national strategy had been launched and the force had developed a 4 P's plan. This now needs drive activity.</p> <p>The PCC commented that the force would have been the same position last year and questioned whether the CC was satisfied with the progress made in support of the national strategy. The CC responded that it wasn't important to have a West Mercia strategy, but a self-assessment against the national priorities is needed. The force has a positive story to tell around interventions of young people going into custody as numbers are now very low, but at a strategic level partnerships need to be gripped and this will be more challenging. The ACC added that in his time with the force the response to mental health had improved but it is not where it should be.</p> <p>The PCC commented that without corporate strategic governance, change will be difficult and agreed strongly that the head of vulnerability it was right for this person to lead. The ACC replied that mental health needs a leader who is passionate and has the influence and control to make step change. This person was now in post and change would happen.</p> <p>The PCC commented that the head of vulnerability has a broad portfolio with many challenging risk area including domestic abuse and asked if the CC was confident that the officer has sufficient capacity to strategically manage mental health as well. The ACC responded that it was his responsibility as ACC to build the capacity and make sure local networks are working in the right way, and that he will step in at the right</p>	

	<p>level to influence.</p> <p>The PCC asked the CC how he gets assurance that the issue of mental health won't be ignored and was told that there is a need to challenge and ask. All local policing teams talk about mental health, it's a live topic and impacts on demand.</p> <p>The PCC asked if it was fair to say that mental health had not been a priority and was told that 2019 had been about reducing demand, developing tactical approaches to managing demand, but that the prevent approach with partners needed to have started.</p> <p>The PCC asked what would be the indicators that things had changed or improved in six months time and was told that there would be the right structures and partners, working together with a more cohesive approach. The ACC added that if needed he would like the PCC to intervene and use his powers to support the work to develop strategic partnership structures, including a partnership executive group (PEG), but that funding would always be an issue.</p> <p>The PCC asked the CC if he was confident that elements of the national strategy and policy will be directed into improving the approach to mental health. The CC replied that the self assessment would be a quick piece of work, to inform a delivery plan which in turn should be integrated into both the PEG and force delivery groups.</p> <p>The PCC commented that partnership arrangements are inconsistent and asked how the force could be more influential. The CC responded that the partners involved with the PEG were the sort who would drive the agenda. The force has good people delivering operationally but there had been a gap to the strategic and the two need to link, with the PEG addressing inconsistencies.</p>	
<p><b>2.2</b></p>	<p><b>Performance management</b></p> <p>The PCC asked the CC if he was confident that views of service users are sought and that all data avenues have been reviewed to ensure the voice of the service user is sought and heard. The CC acknowledged that the force does not do this at the moment and that it is also an issue across partners. The ACC added that an interim report for a pilot street triage scheme was providing anecdotal feedback, but this needs to be improved. It can be problematical to get direct service user feedback, but this could be sought via intervention teams.</p> <p>The PCC asked the CC what his aspiration would be in six months time around service users. The CC responded that he expects the force to be better able to articulate the voice of the service user and show a better understanding. The ACC added research shows service users prefer to see police rather than an appointed professional as they tend to be seen as more compassionate. He has seen this demonstrated in LPAs where</p>	

	<p>officers have the skills and compassion. A person with mental health issues can present as having criminal behaviour and police officers are often called to intervene.</p> <p>The PCC asked for reassurance that repeat offenders and repeat victims are being addressed and that available data is used to inform problem solving and prevention. The ACC said that the force does not have a specific mental health marker on its recording system, but instead has a wider vulnerability marker and that there are wider data quality issues. The CC said the desire to be more evidence led is good, but being joined up with partners is also important and provides opportunities to link together and problem solve. This is not being done sufficiently at the moment.</p> <p>There had been a mental health pilot running in the control room in 2017 and then the more recent triage pilot. The PCC asked the CC if he was confident that evaluations of pilots are completed in a timely manner to capture outcomes and drive future activity. The CC replied that the control room pilot had been the right thing to do, and that the data suggested it didn't prove itself. The street triage pilot is still running, and the two will be evaluated again as there is now a new control room and new systems in place.</p>	
<b>2.3</b>	<p><b>Responding to calls for service</b></p> <p>The PCC said he had previously seen a disconnect between chief officer priorities and what is delivered locally and sought reassurance that the areas prioritised for delivery on training days will deliver the anticipated outcomes. The CC responded that some of it can be delivered tactically and that training days were important.</p> <p>Acknowledging numbers are very small, the PCC had noted a small upward trend in the number of people being detained in custody as a place of safety and ask for reassurance on the increase. The CC responded that there numbers are still low, but it is important to understand if the increase is an indication of the start of a change.</p> <p>Action arising</p> <p>The CC will provide an update to the PCC on the reasons for the number of people being detained.</p>	
<b>3.</b>	<p><b>HMICFRS inspection programme / Matters arising from the Service Improvement Board (SIB)</b></p> <p>None</p>	
<b>4.</b>	<p><b>AOB</b></p> <p>None</p>	

<b>5.</b>	<b>Confirmation of next meeting type / date / time / venue:</b> Thematic on the outcome on budget investments Wednesday 28 <sup>th</sup> October 2020	