

Independent Residents' Panel

September 2021

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Purpose of the Independent Residents' Panel

The Independent Residents' Panel (IRP) consists of 9 independent panel members who are all volunteers representing the communities of Avon and Somerset. Their aim is:

'To act as a 'critical friend' to the Police and Crime Commissioner (PCC) and to Avon and Somerset Constabulary by providing feedback on completed complaint files to the office of the PCC and to the Constabulary's Professional Standards Department (PSD). The Independent Residents' Panel (IRP) will review complaints against the police from a local citizen's viewpoint.'

Further information can be found [on our website](#).



ATTENDANCE:

Attendees: KS, LC, DW, TW, AD, PK & PAK

Apologies: SB, CH

STRUCTURE OF THE SESSION

The Independent Residents Panel continue to use the video conferencing platform Microsoft Teams to hold meetings given the challenges presented by the COVID-19 pandemic. This meeting structure will continue for the year ahead, until the Panel are in a safer position to accommodate meetings in person. The Office of the Police & Crime Commissioner will regularly review how meetings can take place safely and in line with government recommendations as the year progresses.

7 of the 9 Panel members attended and the theme of the dip sampling session was Mental Health. This theme was chosen having not been subject to a previous dip sampling review.

A total number of 24 files were reviewed in detail by Panel members prior to the meeting and discussed in depth verbally with the Head of the Constabulary's Professional Standards Department (PSD) answering questions.

As part of this sample two cases were reviewed that were complaints specifically relating to Discrimination. This formed part of the IRP's ongoing commitment to assist PSD in the reviewing of their responses to allegations of discrimination by considering more cases on a regular basis.

Total number of cases sampled: 24



ACTIONS

No.	Action	Status
Dec 18	Request from Panel to PSD regarding obtaining Complainant satisfaction/feedback (face to face, telephone or electronic survey).	KEEP IN VIEW, BM has raised this with PSD, overriding theme for 2021/22
Mar 21	Inclusion & Diversity training for all panel members	BM has reissued mandatory Equality Act eLearning to all members to complete. BM has consulted with ASC's Head of Organisational Development regarding further training including Cultural Intelligence workshops. IRP to be bore in mind once training has been rolled out to senior leaders & staff in 2022.

PSD UPDATE Temporary Superintendent Jane Wigmore

STAFF CHANGES

Superintendent Wigmore introduced Acting Detective Chief Inspector Adam Smith to the meeting. Acting D/CI has taken over from former D/CI Gary Stephens. Acting D/CI Smith previously worked in the Investigations Directorate, Complex Crime Unit. The panel look forward to working with him.

DISCRIMINATION COMPLAINTS PORTFOLIO

Last June there was rise in discrimination complaints particularly for race and disability. Supt Wigmore was concerned about the increase and sought engagement from key stakeholders such as the Strategic Independent Advisory Group and SARI about what those communities need from PSD. From the feedback it became apparent complaints processes are confusing and the technical application of legislation is likely adding to mistrust from communities. There is a perception PSD is 'marking its own homework'. Supt Wigmore commissioned an analysis of PSD's discrimination complaints for recommendations on how the handling of complaints can be improved. The recommendations include support from the IRP around scrutiny. The Panel agreed to assist with this work, received two cases for this quarter and will consider in the future how they may be able to enhance this provision.

PSD UPDATE Temporary Superintendent Jane Wigmore

LEARNING FORUM

PSD held their first Learning meeting in June. The meeting is held quarterly and reports into the Confidence and Legitimacy Conduct and Standards Committee. The aim of this meeting is to identify, implement and embed learning from complaints and misconduct processes to enhance public confidence. The meeting is chaired by PSD and attended by staff from various departments such as communications, training school and organisational development. The objective is to have a cross departmental approach to identify, analyse learning and make recommendations on how to embed learning. Learning recommendations will be tracked in the PSD Tactical Threat Coordination Group to understand if it leads to the reduction of complaints and misconduct.



Positive Commentary from the Panel:

- “It was highlighted in the report how the police officer was able to build a rapport with the flat mate in the police car and felt this should be given recognition for going ‘above and beyond’ that of regular police work.
Excellent use of the vulnerability assessment tool that helped the officers to inform the mental health triage team of the level of vulnerability”.
- “The Officer mainly concerned with dealing with the situation exhibited an impressive degree of patience, restraint and care notwithstanding considerable provocation from the detainee.
The Investigating Officer’s report is full and easily readable”.
- “Excellent practice!, noted that rather than get into a debate about whether the police had responded appropriately to Mr X’s many calls, they acknowledged his concern, recognised his anxiety and took steps to address that. With mental health complaints it is particularly important to understand the drivers behind the complaint and not just respond to the words.
Clear plan of action set out to complainant, all actions followed through making final letter a reassuring read, I hope that Mr X was likewise reassured. I also hope that the other agencies involved also stepped up following contact from the neighbourhood policing team.



Update from Inspector Jon Owen, Avon and Somerset Constabulary's Mental Health Coordinator

Inspector Jon Owen could not be present at the Panel's meeting but provided a comprehensive update detailing the work being undertaken by the Constabulary regarding Mental Health. Jon is the Constabulary's dedicated full-time Mental Health Coordinator and he is supported by Superintendent Mark Edgington who is the Thematic Lead for Mental Health. Both have been assisted by a Mental Health Support Officer. This role is undertaken by one constable at a time, on a six month secondment and they are picked from a cohort of existing Mental Health Tactical Advisors.

Jon's role is to maintain close liaison with colleagues and partners from around the NHS, Mental Health Trusts and Clinical Commissioning Groups – working to develop systems and protocols to assist all services and the public; trouble-shooting and meeting with clinicians to discuss individual and specific cases where police have become involved in crisis response. This work has escalated exponentially since the pandemic where new and urgent contingency protocols needed to be developed very quickly.

Jon has represented the police regionally in the development of a protocol around the urgent transfer of patients from custody to secure hospitals following serious crime. He has also been involved in a number of national projects reviewing overall mental health demand on the police, triage evaluation and has spoken several times at the National Police and Mental Health

Conference to outline some of the initiatives employed within the Constabulary which have been considered innovative.

The other main role is ensuring that – where police are required – the response is correct. Brand new procedural guidance was written for the first time in 2019 and a new, updated, refreshed and comprehensive version will be published in December 2021. A detailed and analytical review of Triage was undertaken in 2018 and this led to the identification of a number of serious issues which were preventing it from achieving its objectives and full potential. Since that time there have been senior level discussions, involving the OPCC and Clinical Commissioners, which has led to a significant increase in funding from the NHS and improvements in resourcing and protocols which mean Triage now stands a better chance than ever of adding value and offering assistance to officers.

Departments across the Constabulary have benefitted from in-house training, including:

- A one day workshop for Inspectors and Sergeants
- A one day workshop for Communications Supervisors
- Full training days for all communications teams
- Full training days for response officers (700 received this input in January and February 2021 via Teams due to the Pandemic restrictions)
- A day session with new PCDA Student officers – in their first few weeks whilst at UWE.

- Bespoke inputs for other departments such as custody, Professional Standards and Serious Case Review Teams – and others.

Work has also been undertaken by the Constabulary to provide written resources and documents which officers can consult for advice – such as the Mental Health Operational Handbook.

The most significant development was the introduction of Mental Health Tactical Advisors. Mirroring a system familiar to other areas of policing such as public order and firearms it was intended to train a cohort of officers to a more advanced level of knowledge so that they could be called upon to assist and advise their colleagues. 61 police officers, PCSO's and Comms Staff received an intense 4 day course – delivered in partnership with the two local mental health trusts – and including input from service users. 55 now remain with some having been lost due to role moves or leaving the organisation. These staff are not intended to replace consultation with medical professionals. The course is quite clear that they are not being trained to be pseudo-clinicians. Rather their role is to act as a bridge between officers and clinicians – to identify the policing purpose in any mental health related call and give advice on the appropriate police response to it. Other forces have shown interest in this model.

The Constabulary has also developed Advice Plans for people in apparent mental health crisis. There has been consultation with the Constabulary Ethics Committee on this and they have provided support and guidance. Each plan is bespoke to the individual person

concerned. It is written by their closest clinician – wherever possible with the person's own input for true co-production. These are not clinical care plans. Police do not get involved in the clinical pathway. They are not intended to be punitive. It is recognised, however, that the police are likely to be the first to arrive at the scene of a person in crisis and, where a plan exists, it is written to contain as much useful background information, potential options, useful contact numbers and other advice which might assist the officers. There are about 45 such plans in existence. Each takes about two weeks to prepare and they can only be written by the Mental Health Coordinator or his support officer (alongside the clinician and service user.) So far they seem to have proven useful in reducing unnecessary use of police powers and providing officers with options and alternatives that might not otherwise have been considered. These will be evaluated more formally in due course.

In December, a small cohort of specifically trained staff from the communications department (many of whom are already trained Tactical Advisors) will take part in a pilot initiative. They will be embedded within the ambulance control room – working alongside the existing triage team and ambulance clinicians. Their role will be to assess certain types of calls to police – as they come in – and attempt to get Triage involved as early as possible. It is hoped that this will reduce the need for police officers to even attend in some cases. However, their other role is to ensure that when a police response is legitimately required that it is provided. This initiative will be evaluated carefully and fully. If it is successful then a business case will be put forward to continue it.

HIGHLIGHTS OF CONCERNS, QUESTIONS OR ISSUES RAISED BY THE PANEL

Panel Member Feedback	PSD Response
<p><i>The author uses the term `fanciful` to describe the nature of the complainant's statement, which was his stated opinion (...)This raises the question of whether it was even necessary to use that phrase along with what I can only assume is a recognised legal definition, where perhaps a simple `no case to answer` would have been sufficient.</i></p> <p><i>Using this term whilst the complainant was in the midst of a mental health crisis was not appropriate calming language and people who are in crisis need to be dealt with sensitively.</i></p>	<p>It is accepted that the word fanciful can be emotive unless explained in context. In this case the finalisation was essentially a decision to take no further action rather than a full investigation. One of the criteria specified within IOPC statutory guidance to take no further action is when a complaint is deemed to be fanciful. In this regard the respondent was making reference to the specified criteria. Whilst fanciful is a specific test it is accepted that an accompanying explanation to support and contextualise that view would have been helpful.</p>
<p><i>How will you increase mental health training for officers?</i></p>	<p>Tactical advisers are available for officers on the beat and are embedded across different teams (see pages 6&7 with ASC update)</p>
<p><i>Is their advice available from tactical advisers 24/7?</i></p>	<p>Yes but being a tactical adviser is in addition to their day job. Currently there are 55 in number across the force although this is not necessarily equitable across all teams and there will be gaps. Mental Health Triage is still embedded in the control room. The Constabulary are hoping to do some uplift training so that the numbers can increase.</p>
<p><i>More training in sensitivity to mental health issues for officers is needed</i></p> <p><i>More joined up and imaginative approaches to accessing mental health services is needed</i></p>	<p>On reading the complaint, the contact with the complainant and our request for LSU to review and problem solve, I would recommend the challenges on creative access to mental health services are outside policing. On recently experiencing how many officers for over 12 hours were with detainees awaiting a mental health assessment and support, this issue needs to be led by Mental Health services.</p>

How much Mental Health training does an officer complete?

Officers receive training and support from various sources. The force has invested heavily in recent years in introducing a tranche of measures including training for recruits and ongoing inputs. The force has appointed a mental health lead, part of his role is to identify learning and action appropriately. The force has trained and provided mental health tactical advisors as a resource for front line staff and officers can take triage advice from a mental health professional from the scene of an incident.

When an officer is commended for their excellent work like this case what happens and does the officer get the recognition formally, officially or just verbally?

Officers and staff are regularly commended for good work, this can comprise of a verbal update, in writing or by providing detail to a senior officer for a formal process dependent on the circumstances. PSD regularly identify good work and ensure that it is recognised where identified.

How often are the files and information updated when it comes to contacting the 'correct' next of kin?

Police files are constantly updated whether this be text on relevant systems or 'flags' on individuals or addresses both on local and national systems. There is the ability to use free text to reflect previous learning so that further incidents are dealt with in the context of previous issues.

Was there anything in the file to say the relationship with the complainant and her parents had completely broken down?

As an adult with capacity there is a right to privacy. However in this case officers were dealing with what they deemed to be a life or death situation and chose to take action to address that threat. The primary responsibility of a police officer is to protect life and limb.

At what point is it correct to contact next of kin or relative without consent?

Reading the summary of this niche report was uncomfortable going, whilst I commend the officers for doing their best to keep the complainant's son safe during transport, their obvious lack of training in dealing with people with significant mental health and learning issues is clear. Transferring the son into the van resulted in a clear escalation, at what point was a risk assessment carried out, and on what evidence was it based?

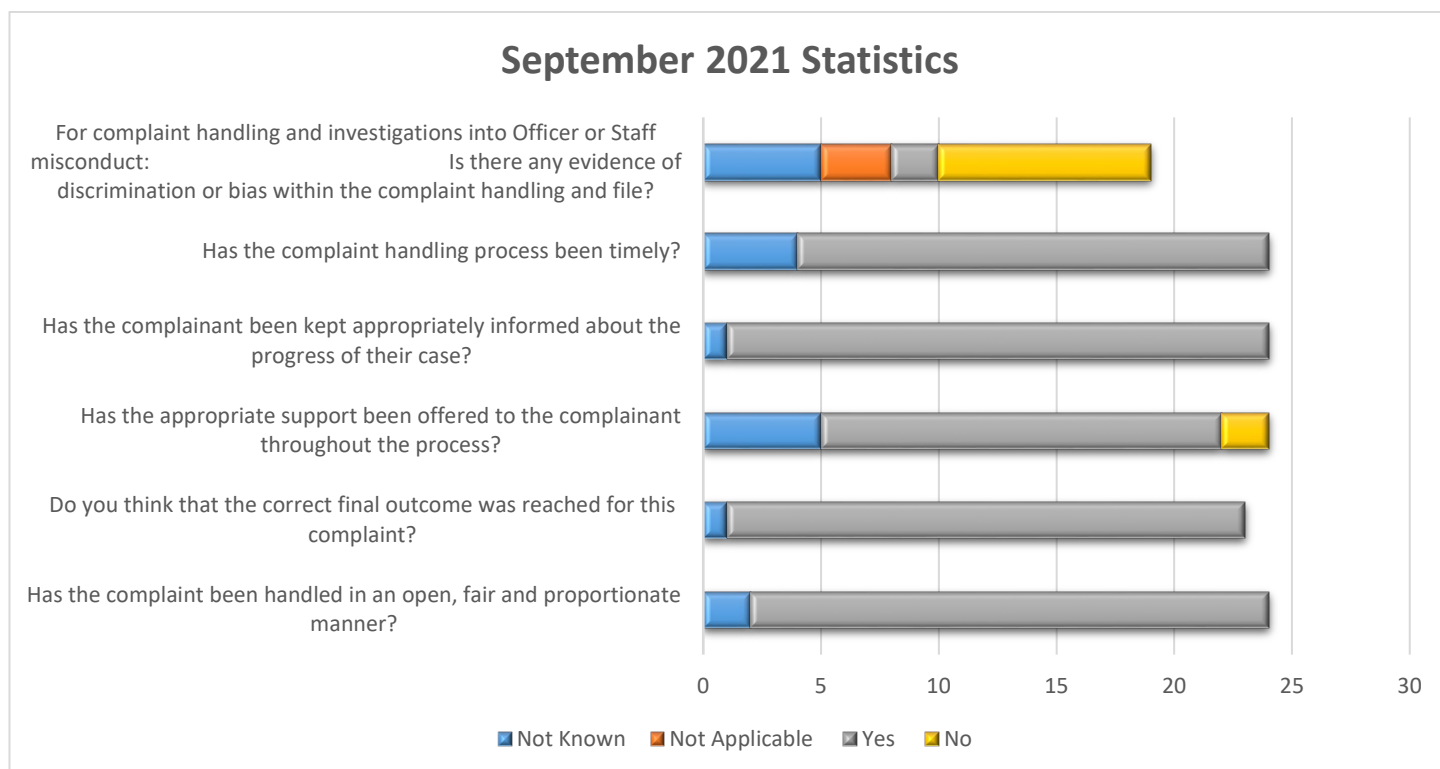
It is always challenging for officers to deal with matters involving mental health. Whilst officers are not mental health professionals the force has invested heavily in training and mechanisms to support front line officers in crisis instances such this.

In addition, why was there no BWV evidence recorded?

The rationale for transference to the van is not recorded but it can be inferred that the original transport in the rear of a police car became too risky for all concerned following an escalation in behaviours and a confinement within the rear of a van was the safest place. Officers would have continuously been considering risk and adopting an appropriate response to that risk.

Some BWC footage has been captured.

STATISTICAL ANALYSIS



This chart related to the six questions in the feedback form. Panel members record 'not known' when the case file does not give sufficient detail to allow a categorical yes or no answer.

Comments from Head of Professional Standards Detective Superintendent Jane Wigmore: *We welcome September's scrutiny into how the force handles complaints linked with Mental ill Health. It has been a tough two years due to the pandemic and data analysed by Mind revealed more people have experienced a mental health crisis during the pandemic than previously recorded. During the pandemic, we've seen over a 68% increase in the number of complaints recorded. It is important that in this context of volume, we continue to give people a voice who've interacted with the police whilst perhaps having a mental health crisis and ensure the complaint handling process is as supportive as possible. The learning received from the Independent Resident's Panel is shared with both PSD and colleagues on Area. It also feeds into our new Learning working group.*

Once again, we thank the Independent Resident's Panel for giving up their time and ensuring we understand what our communities want as part of the complaint handling process so we can continue to adapt and improve.

Comments from Avon & Somerset Police and Crime Commissioner Mark Shelford: *The Independent Residents Panel have highlighted an incredibly important issue this quarter. It is imperative that the force has the right systems and processes in place to help people with mental health problems when they come into contact with the police. It is important also to recognise that as a responsible employer Avon and Somerset Police must also look after their own officers and staff wellbeing if they are struggling and need support themselves.*

There has been significant hard work within the Constabulary to tackle mental health and to improve systems as can be seen from Inspector Owen's update and this is very positive to see. I commend all the hard work that has taken place.

Thank you to the panel as always for questioning and bringing their observations to the forefront as they scrutinise and review how this sample of police complaints were handled. Their contribution, as always, is insightful and invaluable.