

AGENDA

Meeting: Police and Crime Committee

Date: Wednesday 6 March 2024

Time: 10.00 am

**Place: Chamber, City Hall,
Kamal Chunchie Way, London, E16 1ZE**

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Members of the Committee

Caroline Russell AM (Chair)

Tony Devenish AM

Susan Hall AM (Deputy Chairman)

Len Duvall AM

Marina Ahmad AM

Sem Moema AM

Lord Bailey of Paddington AM

Caroline Pidgeon MBE AM

Unmesh Desai AM

Keith Prince AM

A meeting of the Committee has been called by the Chair of the Committee to deal with the business listed below.

Proper Officer: Mary Harpley, Chief Officer
Tuesday 27 February 2024

Further Information

If you have questions, would like further information about the meeting or require special facilities please contact: Lauren Harvey, Senior Committee Officer; Email: lauren.harvey@london.gov.uk. For media enquiries please contact: Anthony Smyth, External Communications Officer; Email: anthony.smyth@london.gov.uk. If you have any questions about individual items please contact the author whose details are at the end of the report. If you have a public enquiry please contact the City Hall Public Liaison Unit on 020 7983 4000. This meeting will be open to the public, except for where exempt information is being discussed as noted on the agenda. It is suggested that any member of the press or public wishing to attend the meeting in-person contacts the clerk (listed above) in advance. A guide for the press and public on attending and reporting meetings of local government bodies, including the use of film, photography, social media and other means is available online at [Openness in Meetings.pdf](#). Public areas are located on the ground floor. There is access and facilities for disabled people, and induction loops are available. There is limited parking for orange and blue badge holders, which will be allocated on a first-come first-served basis and must be booked in advance. Please contact Facilities Management in advance via email at FM.Helpdesk@london.gov.uk if you require a parking space or further information regarding access and facilities.

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Certificate Number: FS 80233

Agenda

Police and Crime Committee

Wednesday 6 March 2024

1 Apologies for Absence and Chair's Announcements

To receive any apologies for absence and any announcements from the Chair.

2 Declarations of Interests (Pages 1 - 4)

Report of the Executive Director of Assembly Secretariat

Contact: Lauren Harvey, lauren.harvey@london.gov.uk

The Committee is recommended to:

- (a) Note the list of offices held by Assembly Members, as set out in the table at Agenda Item 2, as disclosable pecuniary interests;**
- (b) Note the declaration by any Member(s) of any disclosable pecuniary interests in specific items listed on the agenda and the necessary action taken by the Member(s) regarding withdrawal following such declaration(s); and**
- (c) Note the declaration by any Member(s) of any other interests deemed to be relevant (including any interests arising from gifts and hospitality received which are not at the time of the meeting reflected on the Authority's register of gifts and hospitality, and noting also the advice from the GLA's Monitoring Officer set out at Agenda Item 2) and to note any necessary action taken by the Member(s) following such declaration(s).**

3 Minutes (Pages 5 - 44)

The Committee is recommended to confirm the minutes of the meeting held on 7 February 2024 to be signed by the Chair as a correct record.

4 Summary List of Actions (Pages 45 - 56)

Report of the Executive Director of Assembly Secretariat

Contact: Lauren Harvey, lauren.harvey@london.gov.uk

The Committee is recommended to note the completed and ongoing actions arising from its previous meetings.

5 Action Taken Under Delegated Authority (Pages 57 - 66)

Report of the Executive Director of Assembly Secretariat

Contact: Lauren Harvey, lauren.harvey@london.gov.uk

The Committee is recommended to note the recent action taken by the Chair of the Police and Crime Committee under delegated authority, following consultation with party Group Lead Members, namely to agree the Committee's letter to the Commissioner of Police of the Metropolis regarding money laundering in London, as attached at Appendix 1.

6 Baroness Casey Review - One Year On (Pages 67 - 70)

Report of the Executive Director of Assembly Secretariat

Contact: Janette Roker, janette.roker@london.gov.uk

The Committee is recommended to:

- (a) Note the report as background to putting questions to invited guests and note the subsequent discussion; and**
- (b) Delegate authority to the Chair, in consultation with party Group Lead Members, to agree any output arising from the discussion.**

7 Date of Next Meeting

The London Assembly's Annual Meeting, due to take place in May 2024, will decide which committees to establish for the 2024/25 Assembly Year and a timetable of meetings for those committees.

8 Any Other Business the Chair Considers Urgent

Subject: Declarations of Interests

Report to:	Police and Crime Committee
Report of:	Executive Director of Assembly Secretariat
Date:	6 March 2024
Public Access:	This report will be considered in public

1. Summary

- 1.1 This report sets out details of offices held by Assembly Members for noting as disclosable pecuniary interests and requires additional relevant declarations relating to disclosable pecuniary interests, and gifts and hospitality to be made.

2. Recommendations

- 2.1 **That the list of offices held by Assembly Members, as set out in the table below, be noted as disclosable pecuniary interests;**
- 2.2 **That the declaration by any Member(s) of any disclosable pecuniary interests in specific items listed on the agenda and the necessary action taken by the Member(s) regarding withdrawal following such declaration(s) be noted; and**
- 2.3 **That the declaration by any Member(s) of any other interests deemed to be relevant (including any interests arising from gifts and hospitality received which are not at the time of the meeting reflected on the Authority's register of gifts and hospitality, and noting also the advice from the GLA's Monitoring Officer set out at below) and any necessary action taken by the Member(s) following such declaration(s) be noted.**

3. Issues for Consideration

- 3.1 The Monitoring Officer advises that: Paragraph 10 of the Code of Conduct will only preclude a Member from participating in any matter to be considered or being considered at, for example, a meeting of the Assembly, where the Member has a direct Disclosable Pecuniary Interest in that particular matter. The effect of this is that the 'matter to be considered, or being considered' must be about the Member's interest. So, by way of example, if an Assembly Member is also a councillor

of London Borough X, that Assembly Member will be precluded from participating in an Assembly meeting where the Assembly is to consider a matter about the Member's role / employment as a councillor of London Borough X; the Member will not be precluded from participating in a meeting where the Assembly is to consider a matter about an activity or decision of London Borough X.

3.2 Relevant offices held by Assembly Members are listed in the table below:

Assembly Member Interests

Member	Interest
Marina Ahmad AM	
Lord Bailey of Paddington AM	Member, House of Lords
Elly Baker AM	
Siân Berry AM	
Emma Best AM	Member, London Borough of Waltham Forest
Andrew Boff AM	Congress of Local and Regional Authorities (Council of Europe)
Hina Bokhari AM	Member, London Borough of Merton
Anne Clarke AM	Member, London Borough of Barnet
Léonie Cooper AM	Member, London Borough of Wandsworth
Unmesh Desai AM	
Tony Devenish AM	Member, City of Westminster
Len Duvall AM	
Peter Fortune AM	
Neil Garratt AM	Member, London Borough of Sutton
Susan Hall AM	Member, London Borough of Harrow
Krupesh Hirani AM	
Joanne McCartney AM	Deputy Mayor
Sem Moema AM	Member, London Borough of Hackney
Caroline Pidgeon MBE AM	
Zack Polanski AM	
Keith Prince AM	Member, London Borough of Havering
Nick Rogers AM	
Caroline Russell AM	Member, London Borough of Islington
Dr Onkar Sahota AM	Congress of Local and Regional Authorities (Council of Europe)
Sakina Sheikh AM	Member, London Borough of Lewisham

3.3 Paragraph 10 of the GLA's Code of Conduct, which reflects the relevant provisions of the Localism Act 2011, provides that:

- where an Assembly Member has a Disclosable Pecuniary Interest in any matter to be considered or being considered or at
 - (i) a meeting of the Assembly and any of its committees or sub-committees; or
 - (ii) any formal meeting held by the Mayor in connection with the exercise of the Authority's functions
- they must disclose that interest to the meeting (or, if it is a sensitive interest, disclose the fact that they have a sensitive interest to the meeting); and
- must not (i) participate, or participate any further, in any discussion of the matter at the meeting; or (ii) participate in any vote, or further vote, taken on the matter at the meeting

UNLESS

- they have obtained a dispensation from the GLA's Monitoring Officer (in accordance with section 2 of the Procedure for registration and declarations of interests, gifts and hospitality – Appendix 5 to the Code).

3.4 Failure to comply with the above requirements, without reasonable excuse, is a criminal offence; as is knowingly or recklessly providing information about your interests that is false or misleading.

3.5 In addition, the Monitoring Officer has advised Assembly Members to continue to apply the test that was previously applied to help determine whether a pecuniary / prejudicial interest was arising - namely, that Members rely on a reasonable estimation of whether a member of the public, with knowledge of the relevant facts, could, with justification, regard the matter as so significant that it would be likely to prejudice the Member's judgement of the public interest.

3.6 Members should then exercise their judgement as to whether or not, in view of their interests and the interests of others close to them, they should participate in any given discussions and/or decisions business of within and by the GLA. It remains the responsibility of individual Members to make further declarations about their actual or apparent interests at formal meetings noting also that a Member's failure to disclose relevant interest(s) has become a potential criminal offence.

3.7 Members are also required, where considering a matter which relates to or is likely to affect a person from whom they have received a gift or hospitality with an estimated value of at least £50 within the previous three years or from the date of election to the London Assembly, whichever is the later, to disclose the existence and nature of that interest at any meeting of the Authority which they attend at which that business is considered.

3.8 The obligation to declare any gift or hospitality at a meeting is discharged, subject to the proviso set out below, by registering gifts and hospitality received on the Authority's on-line database. The [gifts and hospitality database](#) may be viewed online.

- 3.9 If any gift or hospitality received by a Member is not set out on the online database at the time of the meeting, and under consideration is a matter which relates to or is likely to affect a person from whom a Member has received a gift or hospitality with an estimated value of at least £50, Members are asked to disclose these at the meeting, either at the declarations of interest agenda item or when the interest becomes apparent.
- 3.10 It is for Members to decide, in light of the particular circumstances, whether their receipt of a gift or hospitality, could, on a reasonable estimation of a member of the public with knowledge of the relevant facts, with justification, be regarded as so significant that it would be likely to prejudice the Member's judgement of the public interest. Where receipt of a gift or hospitality could be so regarded, the Member must exercise their judgement as to whether or not, they should participate in any given discussions and/or decisions business of within and by the GLA.

4. Legal Implications

- 4.1 The legal implications are as set out in the body of this report.

5. Financial Implications

- 5.1 There are no financial implications arising directly from this report.

List of appendices to this report:

None

Local Government (Access to Information) Act 1985

List of Background Papers: None

Contact Information

Contact Officer:	Lauren Harvey, Senior Committee Officer
E-mail:	lauren.harvey@london.gov.uk

MINUTES

Meeting: Police and Crime Committee

Date: Wednesday 7 February 2024

Time: 10.00 am

**Place: Committee Rooms 2&3, City Hall,
Kamal Chunchie Way, London, E16 1ZE**

Copies of the minutes may be found at:

www.london.gov.uk/about-us/london-assembly/london-assembly-committees

Present:

Caroline Russell AM (Chair)

Susan Hall AM (Deputy Chairman)

Marina Ahmad AM

Lord Bailey of Paddington AM

Unmesh Desai AM

Tony Devenish AM

Sem Moema AM

Caroline Pidgeon MBE AM

Keith Prince AM

1 Apologies for Absence and Chair's Announcements (Item 1)

1.1 Apologies for absence were received from Len Duvall AM.

2 Declarations of Interests (Item 2)

2.1 The Committee received the report of the Executive Director of Assembly Secretariat.

2.2 **Resolved:**

That the list of offices held by Assembly Members, as set out in the table at Agenda Item 2, be noted as disclosable pecuniary interests.

3 Minutes (Item 3)

3.1 Resolved:

That the minutes of the meeting held on 10 January 2024 be signed by the Chair as a correct record.

4 Summary List of Actions (Item 4)

4.1 The Committee received the report of the Executive Director of Assembly Secretariat.

4.2 Resolved:

That the outstanding actions arising from previous meetings be noted.

5 Policing and Mental Health and Neurodiversity (Item 5)

5.1 The Committee received the report of the Executive Director of Assembly Secretariat as background to putting questions to the following invited guests:

- Dr Lade Smith CBE, President, Royal College of Psychiatrists;
- Dr Sarah Hughes, Chief Executive, Mind;
- Lynette Charles, Chair, Mind in London;
- Commander Kevin Southworth, Head of Public Protection, Metropolitan Police Service (MPS);
- Detective Superintendent Alastair Vanner, Lead Responsible Officer for Mental Health, MPS;
- Daniel Elkeles, Chief Executive Officer, London Ambulance Service (LAS);
- Alison Blakely, Director of Clinical Assessment and Pathways, LAS; and
- Martin Machray MBE, Executive Director of Performance with NHS England (London).

5.2 A transcript of the discussion is attached at **Appendix 1**.

5.3 The meeting adjourned at 11.32am, reconvening at 11.38am.

5.4 During the course of the discussion, the Chief Executive Officer, LAS, offered to provide further details on the design of the specialist mental health ambulances.

5.5 Resolved:

(a) That the report and discussion be noted.

(b) That authority be delegated to the Chair, in consultation with party Group Lead Members, to agree any output arising from the discussion.

6 Police and Crime Committee Work Programme (Item 6)

6.1 The Committee received the report of the Executive Director of Assembly Secretariat.

6.2 **Resolved:**

That the Committee's work programme for the 2023/24 Assembly year be noted.

7 Date of Next Meeting (Item 7)

7.1 The next meeting of the Committee was scheduled for 21 February 2024 at 10.00am in the Chamber, City Hall.

8 Any Other Business the Chair Considers Urgent (Item 8)

8.1 There were no items of business that the Chair considered to be urgent.

9 Close of Meeting

9.1 The meeting ended at 12.34pm.

Chair

Date

Contact Officer: Lauren Harvey, Senior Committee Officer; Email: lauren.harvey@london.gov.uk

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London Assembly Police and Crime Committee - Wednesday 7 February 2024

Transcript of Agenda Item 5 - Policing and Mental Health and Neurodiversity

Caroline Russell AM (Chair): We now move to our main item of business, and I would like to welcome all our guests. We have Dr Lade Smith CBE, President of the Royal College of Psychiatrists (RCP); we have Dr Sarah Hughes, who is Chief Executive of Mind; we will be joined by Lynette Charles, who is Chair of Mind in London; we have Commander Kevin Southworth, Head of Public Protection at the Metropolitan Police Service (MPS); we have Detective Superintendent Alastair Vanner, who is the Lead Responsible Officer (LRO) for Mental Health in the MPS; we have Alison Blakely, Director of Clinical Assessment and Pathways with the London Ambulance Service (LAS); we have Daniel Elkeles, the Chief Executive Officer of the LAS; and we have Martin Machray MBE, who is the Executive Director of Performance with NHS England (NHSE) (London).

It is brilliant to have such a wide-ranging panel because our discussion about Right Care, Right Person (RCRP) is absolutely dependent on that working together process, so we are really looking forward to hearing from you all.

Just before we start, I want to mention that some listeners may find topics that we discuss during the meeting this morning triggering and, if so, help is available 24 hours a day through agencies such as the Samaritans and they can be called by dialling 116 123.

We will now move on to the questions. I am going to start with the MPS. Because we have more than one person from several organisations, we will direct our questions to a particular organisation, and you possibly need to just juggle between you which of you is best able to answer the question. We have the MPS, LAS and Mind; obviously, Martin and Dr Smith, questions will be to you directly. For the MPS, how would you describe the demand responding to mental health incidents is placing on the MPS, and in what ways this has changed over the last five years?

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): I will lead off, Chair, if I may and my colleague Detective Superintendent Vanner is our mental health LRO, therefore he may be able to add more detail if I miss anything. It is always good to have an expert sat behind you. However, from my perspective, I took up post as Commander of Public Protection, as the Police and Crime Committee will probably remember, about two years ago now. We certainly recognise that the scale of how we supported people in mental health crisis in policing was really putting a huge strain on our frontline and, more importantly, not always resulting in the right outcome for those people who we were trying to help, because ultimately, while our officers and staff will always do their best for the public and have some insight through the training we provide into mental health illness and also to neurodiversity challenges and so on and so forth, the reality of it is that we are not clinical experts and we are not going to pretend to be. Colleagues to my left from the LAS and from the National Health Service (NHS) are infinitely better placed to deal with people in mental health crisis than we are. That goes often to the heart of where RCRP - I am sure when we come on to it - is set, hence the title.

In terms of that demand point, it was really quite pronounced most in the number of people that we as a service were detaining under section 136 of the Mental Health Act [1983]. There are other facets, there is section 135 where we execute warrants in support of people who need to be brought in for their own care, but section 136 is - as colleagues on the Committee will know - the power by which police officers can effectively detain, arrest if you want to use that term, a member the public for their own safety because there is a serious

risk to life in a public situation. It is a necessary power and sadly probably always will be, because there will always be times when our officers must detain someone for their own safety, but there is no doubt that, through no fault of their own, our officers too often were finding themselves in situations where they felt they had no alternative but to arrest and detain under section 136.

This was running at some points up to as many as 700 detentions per month and I will call it “over-136ing” of too many people, and this undoubtedly put significant additional strain onto our colleagues to my left, the LAS, and particularly to emergency departments and the NHS, because, while of course we would prefer to take people where we can to health-based places of safety if they are detained under that power, all too often our officers were finding themselves at the nearest emergency department where, because of the law in place, they would need to stay with the individual detained for sometimes as much as 12 to 14 hours at a time with two police constables (PCs), someone detained under arrest effectively, sometimes perhaps in handcuffs if they have been particularly violent. That is not a place where we want those members of the public to be. It is not a place where our officers wanted to be, and it is certainly, I am sure, not where many of our colleagues from the NHS would prefer any of us to be. That demand, as it stood at that time going back two years, was a real challenge for us all.

RCRP has been absolutely fundamental in shifting that paradigm significantly. Without going into too much detail too early in what could be quite a lengthy committee meeting, the good news, if I can cleave to that from the public and from this Committee’s point of view, is those numbers have come down massively. The last three months, we have been averaging less than 400 section 136 detentions a month by MPS officers, which is a huge reduction on what was 700. The gains in that, of course, are really pronounced in that every time you have two PCs who are off the road, detaining someone in such a situation like that, they are no longer available to take the immediate response calls that we need them to take. They are no longer available to police the demonstrations we need them to police. More importantly, for members of the public who are affected by serious mental health, they are in a situation where they are being detained and arrested effectively by two police officers who are not necessarily best placed to care for them. Therefore that reduction has been one of the best successes I have seen in recent times in policing and a huge debt of thanks to our colleagues from the LAS and NHS, but also from other partner agencies as well, in helping us to deliver that, because it has given us undoubtedly tens of thousands of hours of PC time back into police service and prevented - as again more importantly than our demand; more importantly than that - it has meant that we have detained roughly 200 to 300 fewer people under arrest for what is effectively being in mental health crisis in these last few months, which I hope is a good news story on every level. That is probably enough from me, just as a headline. My colleagues may have more to offer.

Caroline Russell AM (Chair): That is a very, very helpful introduction. You say tens of thousands of hours back to the police, is that something that you are tracking?

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): We are, absolutely.

Caroline Russell AM (Chair): You are, yes, thank you. In what ways does the MPS support officers to identify people with mental health conditions or who are neurodivergent and what opportunities are there for officers to feed back and learn from their experiences?

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): In individual instances where something has been particularly critically challenging, there will always be a debrief process in terms of organisational learning from instances where things have gone wrong. We do have an effective organisational learning process within the MPS for, dare I say it, critical incidents where something

bad has happened. I would not say we debrief in every single instance because obviously the numbers are very, very high. We would not be able to always do a debrief in every situation, but where there is learning, we definitely will.

Moving back through those points in terms of the training, there is recruit entry level training, which we give to all of our officers and staff around people with vulnerability, people suffering mental health illness, neurodiversity, just to try to raise that cultural competence, that awareness in our recruits. Perhaps more importantly, and impressively indeed, the work that Detective Superintendent Vanner and his mental health central team have been doing to raise awareness in frontline teams has been really important. They have gone around to all frontline emergency response teams, for instance, to give briefings, literally every team in the MPS, Alistair I think in fairness, which is a really impressive feat with rather a large organisation. However, to brief them on, not just what to do in these situations where we think someone might be at risk, but what the alternatives to section 136 are.

That has included things such as creating an app where we mapped out all the mental health crisis cafés across the city so that our officers at least had some alternatives rather than thinking, “My only option here is to detain this person for their own safety”, could we potentially get them to voluntarily attend a mental health crisis café. As you know, there are about 30 of those across the city, they are really valuable institutions. Some of them were reporting low footfall and that is a travesty, because ultimately if we can redirect people in mental health crisis to those institutions, then obviously that is always going to be a better solution, I would suggest, as long as we do it in a safe and proportionate manner. Whether it is awareness of alternatives, whether it is upskilling in terms of training and cultural competence, we have tried to come at this from a number of different lenses, but again I will defer to Alistair in case he has anything to add on that.

Detective Superintendent Alastair Vanner (Lead Responsible Officer - Mental Health, Metropolitan Police Service): It is important to consider that, prior to RCRP, we worked extensively with my colleagues to the left [LAS and NHSE] to think about those alternatives to section 136, but also the availability of the section 136 hub, which is staffed by NHS staff, so that officers, when they come across someone in the street in mental health crisis, they are able to call that advice hub 24/7 and get clinical advice. That is in the Mental Health Act legislation that we should be getting clinical advice for every call that we go to. Prior to RCRP coming in, we had made significant difference in bringing down the number of people that we were detaining under section 136 because of that training around alternatives, is there a family member, a carer, a loved one, that we can take that individual home to, rather than taking them to an accident and emergency department (A&E). Then going into the section 136 advice hub provided to the police by the NHS to get clinical advice around what is best for that individual.

Caroline Russell AM (Chair): When were those hubs first set up?

Detective Superintendent Alastair Vanner (Lead Responsible Officer - Mental Health, Metropolitan Police Service): The hub went live on the same day that RCRP did.

Caroline Russell AM (Chair): Is it part of the RCRP?

Detective Superintendent Alastair Vanner (Lead Responsible Officer - Mental Health, Metropolitan Police Service): It is not part of it, it is something that we had in the planning for a very long time over a couple of years. Martin may want to talk more about it.

Caroline Russell AM (Chair): Yes, please do.

Martin Machray MBE (Executive Director of Performance, NHS England (London)): Thanks, Chair. The advice line and the hub were part of a broader agreement between local authorities, the Greater London Authority, the NHS, and other partners, including the MPS, under something called the Mental Health [Crisis Care] Concordat, which was signed in May of last year [2023], and is aimed to do a number of things, irrespective of RCRP. We knew that Humberside was trialling it, but it was a part of the challenge that we knew existed within the NHS and within the public sector generally, where we saw a rise in people being detained under the Mental Health Act under section 136. We saw a rise in the number of admissions through an A&E department for people in mental health crisis. We saw long delays in those A&E departments as people tried to get into beds or into other therapy services. We have seen a real challenge to the mental health services, the secondary mental health services within the city, where demand has risen for their services and doctors and nurses across the city are facing, every day, a huge amount of pressure to treat the patients in front of them.

As part of that overall scene, we decided that we would start to address how to improve the alternatives to A&E, how we would help the police have alternatives to use of [section] 136. Though [section] 136, we should not think of its use as a bad thing. It was set up as part of the Mental Health Act in 1983 for a real purpose. The problem is it has been overused over time because of the demand on services, not necessarily for the right thing for the right person, and also to work on some of the housing issues and the discharge issues that the NHS has, as you might imagine.

As part of that overall Concordat, which was led by the Chair of South London and Maudsley [NHS Foundation Trust] (SLaM), Sir Norman Lamb, we agreed that we would set up a clinical advice line to the police in the hope that they would use that clinical advice and learn - back to your previous question - about when would be most appropriate to use what service and when. That happened to go live - as Alastair said - about the same time, it was 31 October [2023] it went live. Within 24 hours it went live. It has seen a remarkable change in behaviours. It is not because of RCRP; it is because of the work we collectively saw was needed to meet the challenges within London.

Caroline Russell AM (Chair): Thank you, that is really helpful context. I just want to bring in Mind and also Dr Smith. For both of you, are there any areas relating to mental health that you think could be better understood by the police?

Dr Sarah Hughes (Chief Executive, Mind): Thank you so much for the question. It is a really important one. The context here is that policing and mental health has been a challenge for decades. This is not new news. Indeed the [Mental Health] Crisis Care Concordat that we led in 2013/14 laid bare some of these challenges in real time. That is where many of the sanctuaries, the crisis cafés, the new crisis pathways, were developed. We have been here.

I guess in terms of the question, are there issues in relation to mental health that the police do not understand, it is fair to say that they are not the experts, and they recognise that they are not the experts, which is why RCRP has come about, I guess. What I would say is that, while the police are not ideal for every situation, they are for some. It is really important to acknowledge that we support the principles of RCRP deeply, profoundly, especially because of the impact that policing can have on racialised communities, for instance, and section 136.

However, that said, it is striking that we go from 700 [section] 136s to 400 [section] 136s in such a short period of time. I do wonder where those additional 300 people have gone, because those needs do not disappear overnight. I guess that is the deep and profound concern that we have. The police will not necessarily know what is a mental health issue or not until they get there and are able to assess the situation.

In that respect, that can be difficult. It is difficult in relation to assessing whether things are life and death, if somebody is at risk of suicide. Again, you will not know the risk until the person is in front of you. Therefore, there is a bit of a gap between what we think the police should understand in relation to mental health and what is readily available for police officers on the ground. That gap still exists and that gap is not going to be addressed by RCRP. While we agree with the principles, there are some grave concerns we have about the rollout and the unintended consequences of this important policy.

Caroline Russell AM (Chair): The unintended consequence is who is tracking the 300 people that are no longer being dealt with through [section] 136.

Dr Sarah Hughes (Chief Executive, Mind): It is not just about that.

Caroline Russell AM (Chair): That is one of the things.

Dr Sarah Hughes (Chief Executive, Mind): That is one of the things, although of course we know at the moment that the only data that has really been collected in relation to RCRP is from the police perspective, not from the system perspective.

Caroline Russell AM (Chair): From a health perspective, or a mental health perspective, one would want processes in place for tracking the outcomes for those people. Who would that tracking job sit with?

Dr Lade Smith CBE (President, Royal College of Psychiatrists): Can I add to that?

Caroline Russell AM (Chair): Yes, please do.

Dr Lade Smith CBE (President, Royal College of Psychiatrists): Just to say that, in addition to being President of the RCP, I am also a jobbing clinician. I am consultant psychiatrist at SLaM, and I am also the clinical director of the forensic services at SLaM. I am responsible for all the acute forensic admissions for south London. The reason that is important is because, as well as getting reports from colleagues all over the country and mental health all over the country, I also am aware of what is happening in south London, in particular what is happening with relation to the MPS; the work that we do with the MPS.

Therefore, as Sarah has said, there is no doubt at all that the idea of trying to reduce police input when people are in mental health crisis is a good idea when it is done properly. The difficulty that we have is the way in which RCRP has been implemented. We know already - and Martin described some of the context - but you were perhaps playing it down a little bit, the state of mental health services in the country, in particular in London, are parlous. We have had chronic under resourcing. We have terrible workforce shortages. Since the pandemic, as everyone knows, there has been a 20 per cent increase in need and demand. That is across the board, particularly in children and young people.

Before the pandemic, mental health services were meeting that need and demand, despite everything and how hard it was, we were meeting that demand, but since the pandemic it has gone up. That means that there are not more people to do the work. It also means that unfortunately our waiting lists are higher, and when people sit on waiting lists, they are much more likely to go into crisis. Therefore, the context is that there are more people going into crisis. Unfortunately, that means that there will be more people who are either at home or in a public place, who are so very unwell and unable to be safe, that they need input. The Crisis Concordat was excellent in terms of identifying ways in which mental health services, the LAS, and the MPS, could work together to provide a service to those people who may go into crisis. It also, excellently, included

the charities. A lot of the mental health crisis cafés and those hubs are run by charities. That was a really positive thing.

The difficulty for us was then there was a sudden cliff edge announcement that things were going to suddenly change and that, even though we were working along with all the different agencies towards developing a gradually improving offer of mental health services, and we completely understand why, there was a sudden, "Right, that is enough now, we cannot do this anymore". There is a simplistic idea that somehow, if someone has a mental health problem that they are not going to need police input. In fact, there is a whole branch of psychiatry which is about people who unfortunately develop mental health problems and then have become violent or have to have contact with the criminal justice system. In fact, if you go to any prison, 70 per cent of people in prison have a comorbid mental health problem. Therefore, we know that people with mental health problems may well offend and there is a whole part of the Mental Health Act, called part 3 of the Mental Health Act, which is about supporting people who fall foul of the criminal justice system, and [section] 136s and [section] 135s are part of that.

We accept very much so that there is far too much use of [section] 136s. What we are concerned about is that, as a result of the messaging and the way in which RCRP has been implemented, it has meant that even where there has not been all the work, the partnership work that takes some years, bobbies on the beat, and perhaps more senior police officers as well, have decided to take matters into their own hands. The understanding and the learning and the knowledge that they have to do that is limited. It is of interest that we have not had much contact with the police until recently about how we can support that. One of the main things that the RCP does is to educate and train. We educate and train at a very high, senior level, including around the law, etc. We have not really had any contact with the police about that, I am afraid.

What we are hearing from our colleagues is that when, for example, a [section] 135 is when police are called to support the conveyance of someone who has a mental health problem from their home to a place of safety. The only people who have the powers to do that conveyance are the police. In order to do a [section] 135, you will have repeatedly tried to see the person, you would have repeatedly tried to engage them, it takes a lot of work for an approved mental health professional (AMHP). They have to go to court, sit in a Magistrates' Court all day, to get a [section] 135. Then what is happening more recently is that people are phoning the police and the police are telling us, "No, we cannot come because we are not doing mental health." That is a mistake but that is an indication that sometimes, unfortunately, on the ground, the police do not have the knowledge that they need to be able to institute this programme properly.

Caroline Russell AM (Chair): Thank you. That is again really useful grounding for this conversation that we are having this morning. I am just going to bring in the LAS at this point because you have not had a chance to contribute to the beginnings of what we think about RCRP.

Daniel Elkeles (Chief Executive Officer, London Ambulance Service): Our perspective is slightly different. We believe we have worked really closely with the MPS in the run up to the implementation of RCRP. The way we worked closely was we, with MPS agreement, put some of our clinicians into the police Control Room to find out who are all these people and what are their needs. The section 136 patients are quite a small volume of the total patients we are talking about. A lot of the calls are people, imagine someone has been burgled and they are in distress and the police are thinking, "Need some health input into person who has been burgled". That is clearly nothing like a section 136 patient.

Having listened with the police to lots and lots of the calls that their police handlers were taking, we agreed a script with the police call handlers, which is very quick, where the police call handler can identify whether the person has a health need or not. The police, based on that, are then able to say to a lot of the people they are

talking to, “You do not have a police need and you do not have a health need”, therefore that is the end of the conversation. However, all the people who have a health need, they then pass down through a dedicated IT link from the police control to our control, and we are receiving between 200 and 250 referrals from the police a day. Nearly all of those people really are patients, and it is totally right that the police no longer send a police response to those people, but the NHS works out what is the right care.

What we have assembled is a team of our clinicians to triage the calls that come from the police and we then decide, is the person a patient for the 999 [call] system or a patient for the 111 [call] system, and nearly all of the people are patients for the 111 system, and then because we now operate 111 across the whole of London, in part, we can get it to the right 111 service to do the assessment. Nearly all of those patients come out of the 111 assessment and we can work out what is their health need, and we get a good response.

Alison Blakely (Director of Clinical Assessment and Pathways, London Ambulance Service): Daniel has just explained what we did as a group at the launch of RCRP that enabled us to really risk assess patients as they arrive within our system. When the calls arrive in to the LAS, as Daniel has just explained, we have clinicians who are able to undertake a triage of those patients. We also have some mental health specialists within that team that we employ directly working within our Control Room so that adds a level of mental health specialism within our Control Room also. We have a number of mental health pathways, some of which have just been mentioned by panel members, and we are able to refer patients electronically or via a clinician to a clinician conversation into existing mental health pathways, right the way across London.

We also have some specialised responses that we can send physically if that patient needs a physical response. Across London we have six mental health joint response cars, which are also mentioned within the Mental Health Concordat. Those cars operate in each of the five Integrated Care Boards (ICBs), and then there is one additional car that works in the centre of London and can travel to any of those five ICB areas. Those cars are staffed by a mental health clinician and a paramedic, both of whom are employed by the LAS to specifically provide this service. They will attend patients who are in a crisis or patients who have directly called 999 and come through to the LAS with a mental health need.

Since the launch of that service, the service has grown, but we have also seen the volume of patients who have been successfully referred into onward care at home or an onward pathway really increase. At the start of the programme, when we were sending a double crewed ambulance to the majority of these patients, we saw about 70 per cent of those patients being conveyed into an emergency department. Now, with the mental health joint response cars and this programme of work, it is about 20 per cent of those patients being conveyed to an emergency department. That risk assessment is undertaken by those joint clinicians. They have access to the patient’s prior health records, including mental health notes, and therefore we are able to have a clinician-to-clinician conversation about the best next steps for those patients in live time.

Caroline Russell AM (Chair): Thank you, that is huge amounts of information about a new system. Sarah, did you want to just come back on that?

Dr Sarah Hughes (Chief Executive, Mind): Yes. It is really, really helpful to hear all of this and what I would say is that it is interesting in terms of who the experts are in this conversation around mental health. Again, with all due respect, I would not consider the paramedics either to be experts in mental health, so it is really interesting that you all kind of made up this kind of process and these pathways without the engagement of expertise. That is really important to recognise. If you were listening to this outside, you would think this is a perfect pathway, and I have to say that is not the experience on the ground. One of the things that we must also attend to is that RCRP also applies to under-18s, although there is a grave difference

of opinion between Government departments on that, which we may come and draw on later on. However, again I just want to acknowledge that because that is a really important point.

Caroline Russell AM (Chair): Very briefly, because I am wanting to move on.

Dr Lade Smith CBE (President, Royal College of Psychiatrists): It is just to say that this is fantastic, and we really welcome what has been done. However, what you have described is how the MPS and the LAS were responding to people in distress where there is not mental illness. This goes to that thing of really understanding the difference, everyone has mental health, obviously, but a few people unfortunately have mental illness. Number one, it is a great thing that people are thinking much more about their mental health and have been over the last few years, but the concern is that understanding about mental health has not translated into an understanding of mental illness. What you just described to me is a wonderful example of how you stopped dealing with complaints that are to do with people who have mental distress, who do not have mental illness. However, I am still concerned about how we manage people who have mental illness.

Caroline Russell AM (Chair): I am going to bring in other Members with questions at this point, but that has been very helpful to show the complexity of this whole situation, the scale of it, and we have a sense of how the MPS and the NHS are managing with very tight resources, and we have a situation of huge amounts of need. I am going to move on to other questioners and bring in Assembly Member Desai.

Unmesh Desai AM: My first question is to the MPS. Studies show that almost all responding officers are exposed to traumatic events, and that about one in five police officers experience post-traumatic stress disorder (PTSD) themselves. In her report [*An independent review into the standards of behaviour and internal culture of the Metropolitan Police Service, March 2023*], Baroness [Louise] Casey [of Blackstock DBE CB] found that response officers “did not seem to routinely have access to mental health support”. What kind of services are available to officers that are struggling mentally as a result of traumatic experiences from serving?

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): Thank you, Assembly Member Desai, and for your concern for our officers and staff as well. There are three tiers really to how we try to support our officers and staff in any such situation. There is a more long-term offer around occupational health support. We can provide sessions of counselling for colleagues provided by an outsourced provider who have been subject to either traumatic incidents at work or perhaps suffering from long-term mental health illness or distress of some type. That is a more diffuse offer that takes a little longer to deliver, it is available to all officers through our Occupational Health department, which has been some time in formulation and well progressed now.

Then there are more acute services. If it is a particular critical incident, we have our trauma peer support service, which is a new initiative that has been rolled out in order to provide that immediate cathartic debrief process and counselling around an incident which may be particularly challenging for our officers and staff. Just the other day, I visited one of our child abuse investigation teams where they had two sudden unexplained deaths in infancy to deal with in the same week, and of course it is extremely exacting emotionally for those who are involved in such instances and to make sure they aware of this facility being available to them.

Honestly, reflecting, if I may, the challenge we have sometimes is making sure we communicate effectively to our officers and staff that all of this is available to them, because it is not always as well-known as we would like it to be. As part of the programme which I lead, which is the Strengthening Public Protection programme, we are making sure that we have a whole workstream dedicated to, not just ensuring the provision is available, but that our officers and staff know that it is there as well.

Just as a middle ground between the two, the acute and the longer-term, I feel I am straying into medical terminology here, I should be careful as there are genuine experts around - in that middle ground between the two we also have been rolling out our Trauma Impact Prevention [Techniques] training (TIPT), which is trauma-informed peer training, so that we have a self-regulating process within our teams where colleagues try to identify among themselves if a peer is under particular psychological pressure and can step in and intervene in that space. Those are the three layers if you like from the lower term to the more acute and with the TIPT trauma-informed in the middle. I hope that is helpful.

Unmesh Desai AM: That is helpful. The MPS has been condemned for a culture of victim blaming. However, Baroness Casey found that victims who were neurodivergent or had mental health struggles were more likely to have their credibility challenged by officers. What is being done to ensure that neurodivergent victims are not being discriminated against and that offending officers are made aware of this and appropriate action taken if necessary?

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): Thank you. The suggestion of victim blaming is one that has come to the fore during the recent His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) inspection as well, as you will know. It is a very broad-ranging term. In some areas we have made great inroads into that. If you take, for instance, the Operation Soteria work, which I also lead on, and is about how we transform our approach to rape investigations. That is a particularly important area to get right because we know that historically, too often, victims themselves have felt that they have been the one under investigation rather than the suspect who the allegation is made against. There has been significant inroads made there to make sure that we "bust the rape myths" - as the terminology has been used, I think by the Law Commission, as opposed to just by us in policing - to challenge some of those sad stereotypes that have been there in the past, that somehow people are responsible for what has happened to them, or worse still, are to blame. Therefore, in discrete areas of what we do, rape being an example, we have gone to great lengths and continue to do so to make sure that our officers and staff are culturally competent to acknowledge the existence of those stereotypes and make sure they do not fall prey to them.

More broadly, in areas like neurodiversity, which of course is a far vaster landscape than the rape allegation area where we have 9,000 offences a year, we are talking about entire communities who may suffer from neurodivergent issues. The challenge there is to make sure that our entry level recruits are upskilled in that way and, as I mentioned just earlier in my evidence, there is an input to our recruits and officers when they come through the training school process to try to make sure that they are at least aware or sensitive to neurodiversity issues so they understand the challenges that members of our community may face and avoid that risk of somehow failing to understand them, or worse still, blaming them for their situation.

Between the acute and the long-term, there are discrete areas where we are doing really surgical stuff like rape investigation. Very soon you will see our long-awaited Child First Strategy, looking at how we make sure we raise our cultural competence and awareness of the challenges that children and young people face, many of whom will have neurodivergent conditions. Then there is the entry-level training we try to do to upskill our officers in broader awareness.

Unmesh Desai AM: Thank you. My next two questions have been touched upon, I will put them formally, but I will ask the panel to be very, very brief. In particular, this question is directed to the NHS because I do not think you have had the chance to comment on this. To what extent, Martin, do you believe that the police understand the demand mental health is placing upon them?

Martin Machray MBE (Executive Director of Performance, NHS England (London)): As you said, Assembly Member, we have partially covered that. We have to respect the various skills across the entire sector. The police are experts in policing, our clinicians are experts in mental health or mental illness, and our community sector are best at supporting communities and families. Part of the reason for RCRP coming into being and part of the reasons for the Concordat is because over time we get the balance wrong between who does what and we try to self-correct or try to amend and what you have been hearing today is how we get that. The police have lots to learn, I have lots to learn about how we support the police, and the key is in the partnership.

Can I just say one other quick thing, we keep referring to RCRP as about mental health. RCRP is not about mental health, and I am really concerned that we start to stigmatise people who have a mental illness and link it to RCRP. RCRP is about making sure that the people get the right care at the right time, and that care might be someone with dementia walking off my ward, which in my clinical practice happened quite a lot, and we have talked about those things. Therefore, making sure that we get the right services to the right people, it is not just about someone who has a label of mental illness.

Unmesh Desai AM: Do you have anything to add to what you already said, Dr Smith, Dr Hughes or Lynette?

Dr Lade Smith CBE (President, Royal College of Psychiatrists): Just to add to what Martin said, that it is about the right care to the right person at the right time. Just to add that everybody thinks this is a good idea. It is the way in which it is being implemented and we have already seen today that it is interesting that this should be about partnership, but people have not involved all the partners, all the stakeholders. That unfortunately is something that happens with mental health care and mental illness all the time, where the people who really need to be involved are excluded because they are not thought about, it is often an afterthought. I have to say that there is long-standing societal discrimination against people with mental illness, and we have to be mindful of that, and that is going to have an impact on the way any policy is implemented because there are already unconscious biases at play.

Lynette Charles (Chair, Mind in London): I just wanted to add to that. I do appreciate that RCRP is about health for everybody, but that when it comes to mental illness, we want to make sure that we get it right because that has a bigger impact on our society, and we have seen that recently when we do not get it right for people with mental illness. I do appreciate it is for everybody, but we really have to get it right with mental illness.

Unmesh Desai AM: Thank you. My final question, very, very briefly, is to Mind, either Dr Hughes or yourself, Lynette, and yourself, Dr Smith. How do you describe the way the police respond to people with mental health needs in one word, good, bad, room for improvement? If there is room for improvement, in what way?

Dr Sarah Hughes (Chief Executive, Mind): That is a great question. I do not know that I can answer it in one word. In many respects the police have saved lives over decades, there are people who have been incredibly poorly, I know many myself, where if the police had not been involved, we would have lost those individuals. There is no doubt that when they are the right people, they make a hugely positive impact and therefore, it is a very difficult question. Effectively, for many people though, experiencing the police when they are in mental health crisis does not end well, either there are long waits or it can re-traumatise, there are loads of reasons why, ideally, the police are not the right people. Effectively, for years we have operated a system where they have been the first response. While we understand that first response needs to be shifted, it comes back to that point again around implementation and the how. The police are sometimes the right people; they just are because of the powers that they have.

Dr Lade Smith CBE (President, Royal College of Psychiatrists): Can I just add that, just as mental healthcare and healthcare generally has evolved over the years, it is probably true of policing and the LAS because of the kind of problems that exist today that did not exist 40 to 50 years ago. In fact, as Sarah has said, the police are part of the response and I have seen some incredible work done by police officers and it is definitely the case - and we could cover 12 boroughs in our big service - and there are some police areas where the response is so much better than others, it is a bit of a postcode lottery. It is also something about experience. For example, Lambeth police are often really much better than other police, and that is partly to do with the fact that they work in an area where there is much more mental illness. What that means is that there should not be a simplistic blanket approach that the police should never be involved when a person goes into mental health crisis. That is my concern here that we are trying to impose a kind of binary approach on something that is more complex.

Unmesh Desai AM: Thank you. Thank you, Chair.

Caroline Russell AM (Chair): Commander Southworth.

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): Just if I may, Chair, and hopefully some reassurance to colleagues here, because we accept obviously all the feedback from the panel, especially those who have not felt included in the process to date; there is more we can do there, I am sure. However, we have found from the beginning of this process, there is a slight danger of some myths developing around both RCRP and of course the MPS's overall approach to mental health, because none of us, me included, would ever back away from a situation where we felt that someone in a mental health crisis needed our help. I myself spent 15 years as a hostage negotiator in this city and let me tell you the number of times I negotiated a bank robber out of a bank or a terrorist out of a hijacked plane were few and far between. Almost everything we do in that space is suicide intervention for people suffering mental health crisis and our success rate, as colleagues have rightly acknowledged, in helping people come down from those very difficult situations they find themselves in is second to none in the world.

We have a solid and continued commitment to supporting people in the most extreme mental health crisis and at the heart of RCRP, of course, is a process whereby we ask ourselves at the point of the receipt of a call, is there an article 2 or article 3 right potentially at risk here, rights of someone either losing their life or of suffering, or indeed is there a criminal purpose, a policing purpose, that requires us to attend. If any of those boxes are ticked, then of course we will go, we will deploy, and routinely still do 300 to 400 times each month to detain people under section 136. Therefore, I would not want anyone to come away today thinking that we are backing away from mental health, or somehow this myth that the MPS does not respond to mental health anymore, because that is far from the truth. It is still a massive area of demand and delivery for us and a really important compassionate part of what we do for our public. Therefore, I would not want anyone to go away from this thinking that we are somehow wiping our hands of mental health policing. We are not. I hope that is some reassurance at least.

Caroline Russell AM (Chair): Thanks. Can I bring in Assembly Member Ahmad.

Marina Ahmad AM: Thank you, Chair. Good morning, panel. I am going to be talking about responding to mental health needs and my first question is to our MPS colleagues. You will both be aware that in 2013 there was [a report published by] the Independent Commission on Mental Health and Policing chaired by Lord [Victor] Adebawale [CBE]. Could you say how the 28 recommendations that were made from that Commission have changed the way that the MPS responds to mental health?

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): Thank you for that question, Assembly Member Ahmad. This pre-dates my time in this role, it is some time ago and I cannot pretend to have been part of that response at the time. Obviously, Lord Adebowale's report at the time and the subsequent reports picking up the pieces were instrumental in pulling what is now our approach to mental health policing together into the state that it is. Many of the recommendations in that, there is 28 of them in total and I will not try to itemise them here, were implemented as part of that, particularly around leadership and in terms of our frontline awareness, the creation of our mental health policing teams in each borough. Therefore, every single local authority has two officers who deal just with mental health.

Backtracking slightly to a comment earlier about section 135 as well, nothing has changed in that space. We still have mental health police teams who work with the AMHPs in section 135 situations to make sure that we work together to guide our officers in, if police officers are needed, to help effect a section 135 warrant in the community to bring someone into a place of safety. The report was a signal one, it was seminal, it was instrumental in creating those teams, in building our response to where it is today. Having said that, things have moved on an awful lot in that time and RCRP certainly was not conceived as a concept at that point. While, as Martin rightly says, that transcends mental health, it has definitely changed the game significantly since then. Therefore, a signal part of our history, but something which now we have moved somewhat past. Alistair, did you want to say anything on that?

Detective Superintendent Alastair Vanner (Lead Responsible Officer - Mental Health, Metropolitan Police Service): Just additional things that we put in place in terms of the mandatory training that Commander Southworth spoke about earlier in terms of mental health nurses within our custody suites, which are there as a 24/7 provision by the NHS. It has also spoken about not transporting persons in mental health crisis who have been detained under section 136 in the back of police vans, which we are working extensively with the LAS to try to reduce that as much as possible. There are so many good things that came out of that report, which are in action today.

Marina Ahmad AM: You quite rightly, Commander Southworth, identified the fact that this was now 11 years ago, and a lot has happened, both culturally and in terms of various other issues that have come up. Could you just unpick, obviously this feels very much as if it was a basis for the work that is being done now, but how are you building on the work of the Commission?

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): The report itself was foundational and I would not denude its role in getting us to where we are. Things like the mental health teams that we have talked about, the Mental Health Liaison officer teams, are something we are actively reviewing as part of the strengthening public protection programme. Therefore, what are we looking for from the roles of those officers and how do they work more closely with our neighbourhoods teams, for instance, in identifying people. This may be germane to questions raised by my colleagues from Mind and the RCP around how we better identify in communities those who are in distress, but perhaps not in acute mental health crisis. There is a role for us beyond just the immediate and the acute management of mental health crisis.

What the mental health teams do in terms of their delivery is something we are actively reviewing as part of the strengthening public protection programme, how they work more closely with neighbourhoods. If we are hopefully helping to reduce demand in some areas where we are "136ing" less people then obviously that gives us capacity to do other things. There has been some great work through the Concordat and with other parts of the partner agencies to try to build our response to mental health.

In one area, for instance, we talked about section 135s before, the mental health liaison officer worked really closely with the local team of AMHPs and reduced the section 135 list of warrants by half in one local

authority. That was just because they looked at them, some had been extant for a long time, and thought ethically do we still need to do this, can we get a family member to help, and they problem-solved it in different ways rather than have to effect a warrant, which again is better because we are not disproportionately using our powers just because we have a warrant to do so. We are finding another way to find the right care for that person. There is lots to do in this, it is iterative, it will never change, it will continue to develop, and the [Lord] Adebawale report was a signal step in it but, yes, a long way down the line now from that.

Dr Sarah Hughes (Chief Executive, Mind): That report was a seminal piece and we all in mental health were very incredibly grateful for it when it came out. What I would say, though, that there is a distinct difference between then and now in relation to what the MPS perceives as core police business. We understand that one of the primary recommendations from Victor [Lord Adebawale]'s report was that mental health is core police business. We have been told just before the rollout of RCRP by the Deputy Chief Superintendent or Commissioner, I am sorry if I get it all wrong completely, that he does not consider mental health to be core police business. Which is it? Sorry, I am asking the questions now.

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): Perfectly fair.

Marina Ahmad AM: Would you mind answering that please?

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): Of course, absolutely. Public safety is - and my Commissioner would agree with me - our business always, preserving the peace and keeping people safe is fundamentally our business. Protecting people's article 2 rights is our business. When that means is we are required to support people in mental health crisis, as I say, whether it is a negotiation situation, whether it is a section 136, we will always deploy to support the public and I am really keen for the public to make sure they hear that. We are not turning our back for one second on anyone in crisis, let alone people suffering mental health.

However, where the Commissioner would be accurate in his viewpoint, and I am sure my colleagues will agree because it reflects what we said earlier this morning, is mental health illness, as the title suggests, is a health and illness matter first and foremost, it is for experts in that field to help support people suffering from mental health illness. We have a role, we absolutely agree and concur with that, but it is not necessarily for us to be the lead agency in dealing with mental health illness. How we support people in crisis and in critical situations is, but more broadly we need to be far more closely collaborative with our partners in the NHS than to be leading in an area where, as everyone has attested today, we are not the experts.

Marina Ahmad AM: Dr Smith, you wanted to say something.

Dr Lade Smith CBE (President, Royal College of Psychiatrists): Let us just say that we have been focusing on what happens at the point of crisis, but of course policing, as you have mentioned, involves public safety and one of the concerns that we have - and this maybe something to do with the way in which it has been implemented - but that the point that [Sir] Mark Rowley [QPM, Commissioner of Police of the Metropolis] said, "Mental health is not core policing business", one of the difficulties that we have had is that unfortunately patients with mental health problems are often victims of crime and in fact the staff who work with people with mental illness are often victims of offences as well. Whenever an offence happens, either in or near a hospital or a mental health patient is involved, either as a victim or even perhaps a perpetrator, or both, increasingly what we are finding and what we are hearing from our membership and from the Mental Health Trusts is that the police will not get involved because the police are saying, "This is a mental health

patient, go to the hospital or this is nothing to do with us". I have to say I am very impressed with you, and you are a very senior officer and clearly you are an excellent negotiator, we can see that.

Dr Sarah Hughes (Chief Executive, Mind): Absolutely, yes, I want you on my team for sure.

Dr Lade Smith CBE (President, Royal College of Psychiatrists): However, I am concerned that the message from the top has been incorrectly applied on the ground.

Marina Ahmad AM: We are going to be looking further and in detail at RCRP in a few minutes, I am sure we will come across these issues and go into them in a lot more detail. My next question is to NHS London, Mr Machray. The Mayor [of London]'s Police and Crime Plan (PCP) commits to providing an alternative to 999 for people in mental health crisis to provide 24/7 access to advice from mental health professionals and helping manage bed space across London. How is NHS London working with the Mayor's Office for Policing and Crime (MOPAC) and the MPS to deliver on these commitments? Could you also say what progress has been made and what has been the result please?

Martin Machray MBE (Executive Director of Performance, NHS England (London)): I will try to cover all that, yes. Thank you. In terms of how we work with MOPAC, we work with them every day in fact, I have a team leader in my team who is our day-to-day liaison with MOPAC and the Mayor's Office. That covers a range of issues, from how we work with the police, how we provide care in police custody suites, how we support the Marine [Policing Unit] team along the river, how we deal with suicide, and there is a whole range of services which are provided mainly by our Mental Health Trusts across the city, but are coordinated and commissioned from my team.

That works really well. You have heard evidence today I hope that we are committed at a senior level to partnership. I recognise the point that Dr Smith made that the headlines lead to unintended consequences at a local level and people will believe what they read in the press and ignore the guidance that we formally issue on our pink memos, for those who remember pink memos. It takes a lot of time to change that practice, but that is the work that we are doing with MOPAC, that is the way we see it working.

As for impact, the impact measures are across a number of areas. I will give you an example of where there has been a really positive impact and I will give you an example where we have more work to do, if that is helpful. In terms of a really positive outcome, the fact that we set up the clinical advice line to support police in making decisions before they apply a section 136 can only be a good thing. Partly the reason we have seen a drop in [section] 136 usage is because the non-experts have sought advice from the experts, and we have been able to route people to a better place. That is a good outcome for many people. Though, as we have heard already from Dr Hughes, we are always worried about those people who are lost in the cracks, and we will always worry about that.

There are some areas where we still have more work to do and the area that we are seeing, for example, using [section] 136 as the example, is when people are already in police custody and [section] 136s are applied. That can be very appropriate, but we have not seen a change in that data over many years. That is probably multifactorial, we need to understand it much better. However, the consequences of that, and we have already alluded that we knew [section] 136 usage was too high, we know that [section] 136 usage is too high in young Black men in this city. You are four times more likely to access your first mental health services through [section] 136 if you are a young Black man than the rest of the population, that cannot be right. That is a partnership problem, not a health or a police or a public sector or a community problem, that is the partnership problem, which we have to put right. There is two examples where we are working in that partnership with MOPAC and others to go, "Right, what do we do about the challenges that still face us?"

Marina Ahmad AM: Thank you. Just a resourcing question, the advice line that you were talking about, how accessible is that and how well resourced? I have been out on 'ride-alongs' with the police where three of the cases that evening were all about mental health crisis. How accessible, if there are ten different incidents happening across London, would it be for police officers to speak to the relevant person?

Martin Machray MBE (Executive Director of Performance, NHS England (London)): The evidence we have is that they are readily accessible. The longest wait for a response was in January and December, it was 25 minutes. That, when you are a police officer at the scene of an incident, must seem like an eternity. However, in the grand scheme of things it is not a bad response, it could be better. In terms of how that is resourced, the 136 hubs, there is one in the south of the city, one in the north of the city, and they work across of the two to support each other to make sure resources are available. They are funded by the NHS solely. We have been working with MOPAC and with the MPS because we think we are providing a service to the police, and we will continue to have those discussions about how we fund those things ongoing. In terms of overall cost, it is just under £1 million for a year.

Marina Ahmad AM: Thank you. Thank you, panel. Thank you, Chair.

Caroline Russell AM (Chair): Thank you. We will now move on to Assembly Member Lord Bailey.

Lord Bailey of Paddington AM: Thank you, Chair. Good morning, panel. I am going to address my first question to the LAS and then maybe the MPS might want to chip in as well. The Mayor's PCP commits to deploying LAS cars, rather than the MPS, for people in mental health crisis where appropriate. How are you working together to deliver this commitment and what impact has it had so far?

Daniel Elkeles (Chief Executive Officer, London Ambulance Service): Alison already explained about our mental health joint response cars, those are the six cars that have a paramedic and a mental health nurse on, which are proven to be very, very effective. The next step, and I wanted to compliment the police on this bit, was the LAS is responsible for transporting patients under section 136. You could take a police officer, in theory, in the ambulance vehicle to the hospital. The LAS has not had the resources to be able to do that routinely for many, many years. That responsibility has defaulted back to the police. When the police said, "We are implementing RCRP", they said, "We want to stop doing this", and we said to them, "Well, until we have sufficient resources, that would make a whole group of other patients be disadvantaged because we would not be able to get to them".

In the planning, we agreed with the police that they would not pass that responsibility to us until we had the right vehicles and the staffing to do that. From the spring [2024], we have agreed, we are getting delivery of specialist mental health ambulances, which do not look like an ordinary ambulance, they are not yellow with green Battenberg, they are grey with the blue flashing lights, but are a way better aesthetic, calming vehicle than a double-crewed ambulance. From the spring [2024], the MPS will spend less of their officer time taking the [section] 136 patients to hospital because we will start doing that. That will not reduce the amount of section 136s, but it will reduce the amount of police time because rather than needing three or four police officers, you will only need one to go with us to do that.

I wanted to put that on the table as we think that is good joint planning where we accepted what the issue was that the police have raised and agreed with them a timetable by which we can do it. That bit is coming and that will lead to a further improvement in the care that these patients are getting. I would describe the whole conversation as we started with something was very imperfect for a lot of people and in doing this work we are gradually taking some of the imperfections away. It is by far from being a great service we are offering to all

patients, but I definitely think in the last few months it has got better and we have plans to work together to make it better still.

Then the piece I just wanted to then flag was that currently we are in negotiation with how we are going to get paid for doing the extra work that is coming our way, which there are lots of conversations going on about where that funding might come from, but we are definitely doing the right thing for people.

Lord Bailey of Paddington AM: Dr Smith.

Dr Lade Smith CBE (President, Royal College of Psychiatrists): Just a very quick plea. It is fantastic and we have heard about the extra ambulances, but could I please ask that the ambulances look exactly the same as all the other ambulances because, if you have grey ambulances and everyone will know that, "Aha, here is the van coming to take you away", and it is going to end up being stigmatising and discriminating. The mental health ambulances will know that they are mental health ambulances, and they will be deployed appropriately, but please could they look the same as other ambulances?

Daniel Elkeles (Chief Executive Officer, London Ambulance Service): We can take that back, but this was a national specification for these vehicles and lots of research was done about what they should look like with lots of groups of patients and the conclusion was it would be much better if they did not look like an emergency services vehicle and looked like something that was more like a car.

Lord Bailey of Paddington AM: Sorry to interrupt. Dr Smith may be on to something here because you have said looks more like a car, because I am thinking why does it have to look like anything other than a car. However, you have also said that it sounds like it will not look like a car. If it looks like some type of ambulance as opposed to a normal car, it then should look like an ambulance.

Daniel Elkeles (Chief Executive Officer, London Ambulance Service): Alison could explain what it exactly looks like, because we have one, so we can --

Alison Blakely (Director of Clinical Assessment and Pathways, London Ambulance Service): Thank you. I really take your point and, as Daniel said, the specification was driven nationally with involvement from lots and lots of different groups, including patient groups. We have the potential to do something different in London if that is what we want to do and what we think is the right thing. Absolutely can take that away.

As it stands at the moment, those vehicles when they arrive will be essentially a small van, it has some ambulance marking on it, it has blue lights, but they are covert blue lights, so they are not a big kind of bar across the top. Then in the back of the van is a seating area and a table and it is the same type of vehicle that some of our officers use for attending incidents and events. We already use a very similar type of vehicle for some of our current resource already.

Dr Lade Smith CBE (President, Royal College of Psychiatrists): Sorry, can I just add as well, and this is really important, a significant proportion of people with severe mental illness especially have comorbid physical problems and in fact our patients die 15 to 20 years earlier than everybody else of the same natural causes, cardiovascular disease and respiratory disease. When they are in crisis they are at particular risk, again another plea to ensure that those paramedics and the ambulances are able to deal with people's physical health problems as well. Again, I have to say that the patient groups that were involved, we have 250 patients who work with us at the RCP, and I cannot think of one of them that would be happy about being taken away in a van that is very obviously like a mental illness van.

Lord Bailey of Paddington AM: Dr Hughes?

Dr Sarah Hughes (Chief Executive, Mind): Yes, I have to say the description of the ambulances fills me with a little bit of dread, having worked in mental health for 35 years I can tell you that the white coats and the people chucking people in the back of a van image came to mind, which is a bit depressing. It is interesting about the engagement with lived experience groups because one of the things that we wanted to talk about here is again in terms of the measures of who is talking about this as a success. We know our lived experience groups, yours, are not engaged in this conversation and indeed it was just last week that lived experience group was brought together from the oversight committee. I am interested in who are these focus groups, are they specifically mental health patients, and if not, why not, and if so, who, because I am quite clear, in agreement with Lade, I do not know one person who would support that.

Then the second question is about the point you make in terms of we are in negotiation around paying for the extra work we are going to do. That is a critical point because, again, that comes back to the rollout. We are hearing - and this is not for London - but we are hearing in other parts of the country where ambulance services are also saying, "Well, you know what, we are not going to pitch up to welfare calls either". This was said two weeks ago, so based on, "We are not being paid for this additional work". Therefore, the issue of resourcing other services is profoundly important because what will happen if you are not paid for that additional work, are you also going to say, "We are no longer going to be able to respond to these calls"?

Daniel Elkeles (Chief Executive Officer, London Ambulance Service): Just come back to the vehicle design, we have one in our possession, we are very happy to show you. We think we have a vehicle that is very well designed for a large number of patients because most of these patients can sit and are in a place where, it is somewhere between a car and an ambulance, you can have four or five people sat comfortably, safely in the back and you can do an assessment in a private space too. Then the boot is full of all of the paramedic equipment should you need it.

Clearly, the patients who are really, really ill who need to lie down, you need to send an ambulance. We are not going to not to send ambulances, but we have designed something that is going to be materially better than the current conveyance, particularly if the current conveyance is the back of a police van. The whole fleet is fully electric as well, just to contribute to our green credentials.

On the "are we not going to go if we do not get the funding as LAS", we are really committed as an organisation to providing the best care that we can that is tailored to the needs of the individuals who have phoned us. I do not think we are going to be in a place where we say we will not respond. We think that what has happened in the last few months is the response these people are getting is much better now than it was when the police were doing it by themselves because, we might not be perfect, but our teams have way more, in general, skill and expertise of managing these people than the police officers. It feels to us like the transfer of work is right.

The NHS will come good and there will be a negotiation at the top with the NHS and the Government to get the funding to happen because it is the right thing to do for these people. We are now offering a better service to the taxpayer than we were before. Therefore, I am hopeful it will come right and we will not be in the place where we are saying no. All of this joint work in the mental health space between us, the Mental Health Trust, NHSE, and the MPS, has been quite exemplary over the last few months of working together to solve a really difficult problem. That is not to say all the problems are solved. I am with you that there is loads more to do on that side of the table.

Lord Bailey of Paddington AM: Chair, back to you.

Caroline Russell AM (Chair): You were going to hear from the MPS as well on this question.

Lord Bailey of Paddington AM: Only if they had something else to add.

Caroline Russell AM (Chair): Does the MPS want to come in at this point?

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): I was just going to say, if I may, thanks to obviously Daniel and Alison and the team. What we should note there is - and we have not covered this yet today of course - that the RCRP programme was initially piloted in Humberside, as most people will know. Alistair and I went to visit the Humberside team to see how they delivered it, and so on and so forth, to learn from their experiences there.

Subsequently, it has gone on to become what will effectively be College of Policing approved national best practice in policing. Just for again for clarity of all, this was not something that London or specifically the MPS decided to implement in isolation. This is a national programme of transition for policing UK wide and partners. The point that has been well made by panel members is that we are aware that the relationships are not always the same around the country between police and ambulance. In fact, if I may, the relationship between the MPS and LAS in this instance has been exemplary, therefore thanks to the LAS team because they are indeed taking that pressure off us. As Daniel rightly observed before, we have not come at this from a clumsy point of view and said, "Well, we are just stopping on date", we have a phased transition to a greater LAS involvement in transport. Again, my record of thanks, if I may, to them and an acknowledgement that it is not quite as healthy perhaps elsewhere in the country as it is in London.

Caroline Russell AM (Chair): Dr Hughes, you wanted to come in.

Dr Sarah Hughes (Chief Executive, Mind): Really briefly, yes, really briefly. I have to say that the view and the assessment on exemplary joint working, we probably will need to agree to disagree, because again relevant experts, people with lived experience, non-public agencies, and so on. The version of exemplary public engagement is all of that as well. It is important to nail the point about funding because Humberside is where the best practice comes from, and Mind has been a part of that. I have also been to visit and am very pleased and proud of what they have been doing up there, but it took two or three years for that service to be developed. A huge number of relationships had to evolve, and funding had to be negotiated and agreed between partners. I have to say that since the national rollout there has been a deterioration in some of that for all sorts of interesting reasons. I suggest colleagues go back to Humberside and have some of that conversation. We also should tackle under 18s before we go.

Caroline Russell AM (Chair): Yes, definitely. Assembly Member Moema, you wanted to come in briefly and then Assembly Member Hall.

Sem Moema AM: Yes, very briefly. I was listening with interest to this argument about what type of vehicle it is going to be. As you know, I am normally studiously neutral when I am in Committee, but I am genuinely quite horrified at the vision of people being thrown into the back of a car. I am being hyperbolic intentionally because that is what it will look like. There is a separate ambulance for those people in mental health crisis, they are being marked out and they are being taken away. It seems to create a new problem that does not exist at the moment, rather than moving people over from the police to the right agency.

My question was going to be to the MPS off the back of Dr Hughes' question, a point about Humberside and your experience when you were rolling out RCRP. When the trial happened in Humberside, it is my

understanding that most of the referrals - the calls to the police - were from mental health partners and social care partners. How does that compare to how things have rolled out here in London?

Detective Superintendent Alastair Vanner (Lead Responsible Officer - Mental Health, Metropolitan Police Service): Yes, when we look at the calls that come in to the police Control Rooms, it is very difficult to distinguish what are coming from partners and what are coming from members of the public. We did do a deep dive into the data before we went live and between 70 and 80 per cent of those RCRP-related calls that are coming in from members of the public are health-related. 20 to 30 per cent are from partner organisations, for example, asking us to go and check on the welfare of an individual. That is roughly what the data suggests.

Sem Moema AM: Is that something that is going to be tracked over time to see if that is working or is producing positive results?

Detective Superintendent Alastair Vanner (Lead Responsible Officer - Mental Health, Metropolitan Police Service): Absolutely. One of the formal boards and subgroups of RCRP is data, which is led by the NHS, and we are all doing deep dives into our data to see how that is changing.

Daniel Elkeles (Chief Executive Officer, London Ambulance Service): We, too, went to our colleagues in the ambulance trust that serves Humberside to find out how this works. I think the refinements we have made to their model in London now mean that the London model is the one that will get rolled out around the country. The improvements we made to their model were having clinicians to triage the referrals when they came from the police. In Humberside, the police just put the call into the 999 system and a 999 operator is answering it. In our system, the police are sending their referral essentially over an IT link to an email to a dedicated group of clinicians who triage the call. That means you are getting a much more tailored response that is right and quicker, and that bit is really good practice. That is better than the Humberside model.

Our joint response cars are also something which other parts of the country will want to emulate because putting a paramedic together with a mental health nurse professional makes a really big difference. There is one more thing on vehicles. We think this is a good thing and we have not managed to pitch this right to you. We have a fleet of 1,100 vehicles and only 550 are ambulances. Increasingly, the response that a member of the public gets when they phone 999 is not an ambulance; it could be a bike, a motorbike, a car or a van. If you take our community joint response vehicles - that is a community nurse with a paramedic - some of those are converted transit vans and there are all sorts of different kinds of car. A lot of people do not need to lie down to get to the place where we convey them. The symbol that an ambulance sends is that you are lying down. The symbol that a purpose-designed car is sending is that you can walk into it, and you can walk out of it. The design of the interior has been beautifully designed to be ligature-free and to have plenty of space for people to work in. These are good, well-designed vehicles and they will provide a good patient experience.

Caroline Russell AM (Chair): Thank you. Assembly Member Hall?

Susan Hall AM (Deputy Chairman): Yes, I am very positive about this, and I must say to say "thrown in the back of" is not correct. They are not being thrown in the back of anywhere, language like that does not help and we must not forget. The reason this all started was that police officers used to take patients to hospital and be stuck there for hours and hours and hours. That was because nobody from the Mental Health department could come down for reasons, I am sure, were valid. It still meant that our officers were stuck in hospitals for hours and hours on shifts and sometimes another shift had to come on and take over from them. That is not what the job of the police is. It is no good us on this Committee having nothing but a go at the police because they are not catching thieves when they are all stuck in hospitals because no medical --

Sem Moema AM: Assembly Member Hall, my point was completely separate. That was not my point that I was making. It was to the LAS, not to the police.

Susan Hall AM (Deputy Chairman): No, I --

Sem Moema AM: The point that I was making was I agree with you.

Susan Hall AM (Deputy Chairman): Well, I love that you agree with me. I made two separate points there, "throwing somebody in the back of a vehicle" --

Caroline Russell AM (Chair): Can we move on to the questions?

Susan Hall AM (Deputy Chairman): Yes, we can now, thank you. I will put it all in one and I will talk to Commander Southworth, please. *A New Met for London* states that the vulnerability hub will be delivered in full and offer a "range of coordinated interventions that can be enacted more quickly". Is the hub now fully established and what does that future of the hub look like?

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): Thank you, Deputy Chairman. The hub is not fully up and running yet. We are piloting it again at the moment in two of our largest Basic Command Unit areas, which are South East and South areas. They cover six local authority areas with the highest volume of missing persons and, I think to some degree, largely mental health section 136s as well. The reason that we have had to go back and re-evaluate is that the first pilot that we ran last year [2023] was only a 48-hour pilot and there was a concern that we needed to get more detailed academic study on it before we rolled it out MPS-wide. Whilst I should apologise to the Committee in one sense in that it is not in place in full just yet, there has been healthy caution around that. Our senior leaders have decreed that we need to make sure we 100 per cent evaluate it before we roll it out in full. The commitment is no less. It is just that we are making sure we are doing exactly the right thing in exactly the right way before we go to full delivery.

Susan Hall AM (Deputy Chairman): OK. Do you have approximate timings for that?

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): The pilot is underway now and it will run this week and next week. It is already showing some early successes and we have some early learning as well. If that is evaluated and deemed to be absolutely successful and the way to go, then we need to recruit the workforce to make it MPS-wide and that could take us a few months. Forgive me, I would not want to definitively specify a month, but realistically that would be the summertime [2024] before we could get it rolled out in full. That does put us behind on where we would like to be, but it is important we get it right before we make such a significant change to our approach. That is not just to how we deal with Mental Health [Act] section 136s. The vast majority of the vulnerability hub is around how we manage missing persons, whether they are children or adults, and deal with concerns around exploitation. As you will know, that is very germane to the HMICFRS report, which is with us now, but it will be released on Friday [9 February]. That relates to the inspection around missing persons and exploitation, which is a whole different area but which we cannot ignore as we seek to do something so signal.

Susan Hall AM (Deputy Chairman): No, that is right. How is the MPS responding to intelligence and supporting people in London that have purchased substances online to assist with ending their own life?

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): Sadly, people will probably be aware from some media coverage that there has been one quite high-profile case, which emanates from overseas. It is alleged that an individual was selling sodium nitrate kits online, which people were sadly acquiring, and in some instances, possibly using to take their own life. In any such instance like that, the police, not just here in London but supported by the National Crime Agency and other forces, will go wherever the evidence takes us. That includes overseas if necessary and where we have jurisdiction to do so to pursue those who might be responsible because anybody involved in assisting in a suicide or providing illicit materials in that way could potentially be breaking the law. It would be wrong of me to comment further on that specific case, but that is one of the things that has brought it to notice.

We are embarking on some work to work with partner agencies and in the online space to see if we can identify any more of these purveyors of, what might as well be termed, poison so that we can hopefully safeguard people. Detective Superintendent Vanner was leading on this for me. Wherever we do have it flagged to our attention that somebody may have purchased one of these kits, we try to make sure that we get ahead of that. We put a safeguarding response in place to make sure that those people do not then follow through with what could potentially be their own suicide. We need to be very mindful that there is a coronial process potentially behind each and every death of such nature so, much like the investigation, I have got a little constraint in what I can say in more detail about any of those.

Susan Hall AM (Deputy Chairman): No, it is a very concerning --

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): Phenomenon.

Susan Hall AM (Deputy Chairman): -- development. Every time you think you have cracked something, something else comes along. As it is Children's Mental Health Week [5 – 11 February 2024], how have you been supporting young people, who are potentially turning to online suicide kits, or young people who are experiencing a mental health crisis?

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): Some colleagues around me may want to come in on that, but from the MPS's point of view the main response through our safeguarding of children comes through our multi-agency safeguarding hubs (MASHs) and our child safeguarding processes. Rather than be distinctly through a mental health illness lens, it is more a case that where we have children coming to notice for potentially risks of suicide, we work with Child and Adolescent Mental Health Services (CAMHS) and others. We would then bring that to the fore through our multi-agency partnerships and strategy meetings and try to make sure we get the right intervention and safeguarding in place for that child or young person. It is not something that we particularly accelerate or decelerate at this time of year or any time of year. It is a rolling, continuous endeavour for us to make sure that we get the right solutions in place for children and young people suffering mental health, who may be at risk of taking their own life. It is a very involved process, as you know, with the MASH and reporting and referrals, but it is probably beyond what we can discuss here today, I am afraid.

Susan Hall AM (Deputy Chairman): Yes, OK, perhaps privately another time because it is an interesting aspect. Thank you, Chair.

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): Thank you.

Caroline Russell AM (Chair): Thank you. We are now going to take a brief comfort break before we move on to our final section of questions.

[The meeting adjourned at 11.32am, reconvening at 11.38am.]

Caroline Russell AM (Chair): Welcome back to the Police and Crime Committee, and I am going to move to Assembly Member Pidgeon for the next question.

Caroline Pidgeon MBE AM: Thank you, and I want to get into a bit more detail of RCRP. I have heard very clearly, "Good idea, but it is how it has been implemented" and that is what has really come out from the discussion this morning. So much work has gone on, as has already been described; Humberside took three years, and this has been done in six months. There are issues there. With or without the voluntary sector, work went on by the sound of it. What are you now doing to review how it has been rolled out and how you are bringing in other partners to see what worked well and what has not worked? Perhaps talk through some of the challenges, please. Maybe you, Kevin or Alastair, want to start with that.

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): I am happy to open up if I may, Assembly Member Pidgeon, and I am sure my colleagues will join.

Caroline Pidgeon MBE AM: Yes.

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): Thanks again to my peers around the table, Alastair, as you say, but also Martin and the team and, likewise, Alison. We all sit on a Joint Board, which Martin kindly chairs and I co-chair with him, and this has sat monthly since we rolled out RCRP.

Caroline Pidgeon MBE AM: Who is on that Board, just to clarify?

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): We have a wide range of stakeholders. Martin, did you want to [come in]?

Martin Machray MBE (Executive Director of Performance, NHS England (London)): Yes, police, clinical input from the NHS and managerial input from the NHS. Mind is on it, lived experience and experts by experience are on it and local authority Children's Services and local authority Adult Services. It is a wide range of people. Just to give the myth that at that level we are not engaging, we absolutely are.

Caroline Pidgeon MBE AM: Was that there from the start or has that just --

Martin Machray MBE (Executive Director of Performance, NHS England (London)): Yes.

Caroline Pidgeon MBE AM: -- been since it has been implemented?

Dr Sarah Hughes (Chief Executive, Mind): No, it was not.

Caroline Pidgeon MBE AM: OK, I will bring you in in a minute. You have this structure now. Talk me through then how it is working and how you are reviewing it.

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): At those meetings, we routinely review all the data in relation to many of the points we have discussed here today, which include numbers of section 136s but the entire process end-to-end. That is not just from the policing perspective. Partners bring their own data as well - so the LAS and others - and then we will track through the

different activities that are undergoing. There is some work with the experts by experience pool to check what the experience is of those who are on the receiving end of the services provided by all the partners around the table. Each of us as equals make sure we give our input to that.

Notwithstanding today's feedback about the broader concerns of colleagues here, it has not been anything other than resoundingly successful in many ways. I do not want to make that sound too polished. I can clearly hear the concerns from colleagues, and we undoubtedly can engage, do more and improve, but largely the success factors have been high so far and given the --

Caroline Pidgeon MBE AM: What is proving to be more challenging? There must be something; it cannot all have been plain sailing.

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): No.

Caroline Pidgeon MBE AM: It is a huge change.

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): Indeed. For instance, we are monitoring for any critical cases that come to light that might underpin perhaps one instance where something has gone wrong where we have not deployed. I am sure at some point there will be because whenever those decisions are made to deploy or not deploy, something inevitably will test our thinking on this. At this point, the overall, overwhelming improvements that have been made, as Daniel said a moment ago, would significantly outweigh any sort of concerns about how we have gone about this.

To my colleague's point about the timescales, the differentiation there would be that when we visited Humberside it was a pioneering, inaugural thing. The [then] Deputy Chief Constable, Paul [Anderson], who hosted us there, has done an amazing job to formulate this response and all owe him a debt of thanks from a policing perspective. The very reason it took two years was because it was ground-breaking. Once it had been pioneered, we had a ready template to copy, which they gave us in exhaustive detail, and we came back with many lever arch files of how this had been done. Then the College of Policing had effectively validated it as well, so we did not have to go through that extended process of trial and testing because the ground had already been paved to some degree by the Humberside experience. We sought to replicate and, where we can, improve on that.

Caroline Pidgeon MBE AM: Humberside is not London. London is far more complex and has far more diverse communities and issues probably than somewhere like Humberside, although I do not know it at all. Can I go to the LAS and understand from your point of view what has proved more challenging? Are there any areas? Resources is one that you mentioned earlier, which is the other thing. How sustainable is this? Alison, do you want to come in?

Alison Blakely (Director of Clinical Assessment and Pathways, London Ambulance Service): Thank you. Some of our biggest challenges have been dealt with in live time. When RCRP first launched, we placed some of our clinicians into the MPS Control Room and that allowed us to jointly assess calls as they were coming in and understand what that person needed. What might have then presented quite significant challenges was dealt with in live time between the police and the LAS. That is a challenge but also a positive.

One of our biggest challenges as an organisation at the moment is welfare calls and we have certainly seen an increase in calls coming directly to us for concerns for welfare. That could be a mental health patient who has left care or that is someone having a crisis in the community and now cannot be found, or a patient who has left an acute Trust or has not attended for a planned appointment. We are seeing all of those calls now

coming in to the LAS, and some of those calls are quite difficult to triage. We have a very systematic triage process with our control rooms and a concern for welfare does not easily sit within any of those patient groups that are triaged through that process. That is one of our biggest challenges at the moment. The group that Martin chairs has picked up that issue and we and Mental Health acute Trusts are working together through how we might better respond as health to some of those patients.

Caroline Pidgeon MBE AM: Therefore, it is putting more work, if I can put it that way, to the health sector and you are then having to do additional work with key partners to find a way through that so that the person gets the right and best service?

Alison Blakely (Director of Clinical Assessment and Pathways, London Ambulance Service): Yes. I would add to that that those calls are not police calls either.

Caroline Pidgeon MBE AM: Absolutely. Thank you and that is really helpful. Dr Smith, let us get your perspective on this. Obviously, there are some issues about the structure and you being at the table, and it sounds like there might be some disagreements about that. Going forward, what challenges are there and where do you see how you and your colleagues could be involved to help shape this to improve it?

Dr Lade Smith CBE (President, Royal College of Psychiatrists): Sure. Just to reiterate, we think the idea is a sensible one. However, even just listening today, what is very clear is that the metrics that are being decided about whether or not this is a success are very much police metrics and what we have not heard about is the impact on the health service. Assembly Member Hall mentioned about the reduction in [section] 136s and how useful it was because it was helping reduce the amount of police time in A&E. This is a very important thing. It is not simply about what happens at the front door and coming into services. It is also about what happens and people's experience when they are in services.

We know that when people go into A&E, unfortunately they have to wait and people with mental health problems have to wait sometimes days to get beds. It does not make sense for the police to be the people waiting to hand over a person on a [section] 136; there is all sorts of paperwork and things that have to happen. There are initiatives that can happen to support that, but they are not simply about "Great, it should not be the police" or even as A&E staff are saying or, for example, as the Royal College of Emergency Medicine is suggesting that security guards would take over that role. What we need is more mental health staff and there are various initiatives that could happen. That requires resourcing. For example, psychology graduates could be people who act as, essentially, associate nurses to do the observations. They could help with the handover and the co-ordination and moving people on, but that takes resources.

Likewise, when it comes to not simply welfare checks but people coming into A&E long before they get seen by a mental health practitioner. They are waiting to be seen and they might disappear; they might run off. A&E staff then have to call the police to say, "We have got someone, and we think they are vulnerable". The reports that we are getting are that the police are saying, "Actually, this is not us anymore because you think they might have a mental health problem". The difficulty with that is that in some cases - and these are actual examples - A&E staff have been asked to go to a person's house to look for them. That takes the staff away from their place of work.

We also have the problem in mental health settings where people have gone absent without leave and these are people who are vulnerable, who perhaps run away in order to harm themselves. Again, police have said, "Well, this is a mental health patient. You have to go looking for them". Therefore, we have had staff, nursing staff, leave wards that are already stretched in terms of staffing going to look for patients, and that then has quite a negative impact on the safety and the quality of service that we can provide.

It is working from the police's point of view, but there are consequences. We have not had the time to build up the systems to properly record and monitor the impacts on the health service. It is really important because you cannot just say, "Well, it is working at this side" when, in fact, the balance on the health side is terrible, especially because we are already talking about a very, very, very overstretched service.

Yes, we are very keen to work in partnership and, in fact, last week I met with Matt Twist, who is the Assistant Commissioner [for Met Operations, MPS], and we spoke about this. He admitted that there are limitations in the understanding of what people's mental health needs are at a number of levels, at the local bobby on the beat level, at the Borough Commander level and even at the more senior level, particularly in terms of the law and mental health law. As a College, we do lots and lots of training and education and we have said, "We will help with that". We are happy to help with that and we are also happy to help with developing databases to help understand what the impacts on the health services are as well.

Caroline Pidgeon MBE AM: Yes. That is very interesting, thank you. Dr Hughes?

Dr Sarah Hughes (Chief Executive, Mind): Thank you so much and I am going to preface this with "I am saying it with love". Nonetheless, I have to say I absolutely disagree in terms of the collaboration and the partnership. We were not there from the beginning, and, in fact, I had to twist Matt Twist's arm to get a place around the table. I am afraid, Martin, we can agree to disagree. We can agree to disagree on that, but I was in that conversation and that is it. There is a great deal of risk there that there is an echo chamber. Let us just pause on the fact that while people with lived experience might be sitting around the table, I understand that correspondence and dialogue with them at depth has not yet happened. We are hoping for support with that going forward.

Of course, we do not know what we do not know. In terms of the discussion and the examination of adverse effects, we already see from the Prevention of Future Death Notices that come out of Coroners' courts that there are a huge number of lessons to be learnt that I am not too sure have been translated into RCRP. Indeed, Nottingham has paused the rollout of RCRP because of recent events. When we think about looking at and examining the adverse events that we know are happening within the system - they are not anecdotes; they are lived experience - it is about being able to collect that data and evidence. Equally, we might have to wait some time before we get outcomes from Coroners' courts. Unless we have system-wide data, then those adverse events are going to go under the radar and I am afraid that is a great risk, especially when we are thinking about children and young people.

My final point is on the funding for alternatives. This policy will be super, brilliant if we have a system-wide funding for alternatives that work for the population that we are talking about.

Caroline Pidgeon MBE AM: Yes, absolutely.

Dr Lade Smith CBE (President, Royal College of Psychiatrists): Can I just add about children and young people?

Caroline Pidgeon MBE AM: Yes.

Dr Lade Smith CBE (President, Royal College of Psychiatrists): We do know that since RCRP came in unfortunately safeguarding alerts for children and young people have reduced. That is a concern, it is everybody's business, and we are concerned. The police are really good at flagging when "Oh, there is a

problem here with this child. Social Services should be looking at this kid” and that has been put. We know that Social Services are overwhelmed, but if a child is in need that child’s needs should be addressed.

Caroline Pidgeon MBE AM: OK, thank you. Lynette, did you want to come in?

Lynette Charles (Chair, Mind in London): I was going to add that it is very interesting to hear our statutory partners talk about mental health, the rollout of this Programme and how well it is doing without the voluntary sector in those conversations because I do not know how you are measuring it. What I do know is that across London we have already seen over the last 12 months an increase in the complexity of people that are coming to us because we work alongside the statutory services, and we know their criteria are changing. To say this is all going very successfully just because we have fewer people being sectioned does not take into consideration all the services that the NHS commissions us to deliver. It is really remiss that we, the people that are delivering on the ground, are not there in these conversations. We ourselves at Haringey run a crisis café, we know the people that are coming in and when the ambulance [service] is triaging it is triaging to some of the crisis cafés. What we are not doing is learning from each other and being around the table so that we can see how this is working on the ground. We want it to work, and you have heard that from us on more than one occasion.

Caroline Pidgeon MBE AM: Clearly, yes.

Lynette Charles (Chair, Mind in London): To not have us there, understanding on the ground what that looks like in London, which is totally different from Humberside, is really remiss if you want this to work and if you want it to be good for the taxpayer.

Caroline Pidgeon MBE AM: Yes, thank you, Lynette. Martin, I know you have got to dash off. Could I bring you in in terms of the metrics around health because there will be a bigger impact there and some of these issues about involving key partners such as Mind and its members?

Martin Machray MBE (Executive Director of Performance, NHS England (London)): Yes and, again, I will reciprocate with love. I absolutely agree with Dr Smith. We need to see the health impacts of this, and we are going to be measuring this. I heard the offer there to help us with that data and I would be really grateful for that, but we will not see the impact of this in two months or three months; it will be a longer piece of work. In fact, the Mayor asked that there be an independent study about the impact of this and the Office of Health Improvement and Disparities has offered to help with that.

Caroline Pidgeon MBE AM: Oh, good.

Martin Machray MBE (Executive Director of Performance, NHS England (London)): We are really keen to work with all colleagues on that. To be clear about what I was saying about involvement, the Commissioner announced that rollout of RCRP in the late spring of 2023. The first committee that we set up as a response to that announcement was in July 2023 and all those people I mentioned were invited to the meeting that I host every two months from that point. That does not mean that non-statutory organisations have been involved fully in the rollout of RCRP because it is a national programme that is being driven forward from other things.

Absolutely, I see the need to continue to work and, as Lynette has just said, work more at the base, and I do say this with love. We cannot deliver our mental health services without the type of service you have just described. In fact, the NHS is probably the worst group of people to deliver those services. We work really well. We are not painting a glossy picture. We are painting a picture of how we have responded well to an

immediate demand from the Commissioner to implement this policy and I think we have done a good job in rolling that out. I am afraid, Chair, I will have to leave at this point.

Caroline Russell AM (Chair): Thank you so much.

Caroline Pidgeon MBE AM: Yes, thank you so much, as always. I will finish here on this section of questions. It seems to me that it is about the sustainability of all of this because it is all exciting and you have got the focus of the Commissioner. I was around when Lord Victor Adebawale came in and did that and colleagues of yours sat there and were so passionate about mental health. Then the Commissioner changes, the focus moves on. It is a lovely document we can refer to and some of us remember, but things move on. It is making sure you have got the resources in there for this to work and the health side. It is no good for the police [to say], "We have dealt with it" and it helps with what you are trying to achieve, but ultimately the other parts of the system are picking this up. Making sure they have the right resources is really important. I will leave that section there, thank you, Chair.

Caroline Russell AM (Chair): Thank you. Assembly Member Moema, you wanted to come in.

Sem Moema AM: Two of my three questions have been answered. This other question was primarily for the NHS, but others may be able to comment. Within the context of the last 15 years, we have had massive cuts to each of your services' budgets and to the voluntary sector. It is a shame that Social Services are not here because I think they are quite fundamental to resolving this. Sorry/not sorry for having a go at you, but the point still stands. I appreciate that this is something that also involves Social Services and the police have been the agency of last resort for the last 13-15 years. The point that I was trying to make earlier is we all have a lot of sympathy for why this is happening, perhaps not the how.

In the way that you described what you are doing, I have no doubt that it is well intentioned, but it makes it seem like any mental health responses are going to be second order to a physical health response. This is how it came across and I am sure to people listening at home that is how it will have come across. Within the context of London where it is different - the population here is different - your sample area, south London, has a large Black and minority ethnic (BAME) community. Each of your agencies has issues around disproportionality within its staffing and the way it treats Londoners, and they are being dealt with to varying degrees.

My point is that concern that I was expressing about making sure that RCRP is not a second order for a particular cohort of people in London that are not getting the Social Services or other support that they need. Funding challenges have been raised that you need to be properly funded. How are you going to make sure that if this particular service is not funded or that taking back this responsibility from the police is not going to overextend your staff? We end up back in a situation where, again, no NHS staff are going out, the police have gone, "Not my problem anymore" and lots of people are left without support. That was to everybody if you want to respond in the way that you want to.

Daniel Elkeles (Chief Executive Officer, London Ambulance Service): We are in violent agreement about the need for really good funding for the services. One of the reasons I raised the issue that we would like to be funded for the extra investment we have put in to do this is because it feels really important that we get the funding. It is several million pounds' worth of people that we have put in place to do this extra work.

The bit that I want to gently push back on is that the old response from the LAS to everybody was "Just send a double-crewed ambulance" that often did not even have a registered clinician on. The strategy that we produced last year [2023] for the next five years says that what the LAS wants to do is send the right response

to each patient and that in the main means getting a specialist response to people with specialist needs. We have been investing in putting mental health nurses with paramedics to go to mental health patients. We have been investing in putting community nurses with paramedics to go to frail elderly fallers. We are doing a huge piece of work with the Sickle Cell Society to ensure that our crews are all well trained in how to manage sickle cell crisis because that is a London-specific health need that does not get trained for in the normal paramedic curriculum. We are also doing a special piece of work for pregnant ladies from BAME backgrounds because they have special health needs. We are doing our best to get a tailored and specialist response to different groups of patients.

It feels important to us that about ten per cent of people who currently phone 999 have a mental health need and that is a huge number of people a day. Not only are we investing in mental health nurses, but we also have a whole training programme for all of our paramedics to be upskilled in basic mental health so that we can get it better, more right, more often for more people. We do not want to offer a less good service to anybody. We want to offer the best service to everybody and that does mean a tailored, specialist response. That is what we are trying to invest in.

Sem Moema AM: OK, thank you.

Dr Lade Smith CBE (President, Royal College of Psychiatrists): I set out at the beginning that we are chronically under resourced and that there has been longstanding discrimination against people with mental health problems. I have to say unfortunately that is often an unconscious, structural discrimination and we are seeing it played out in this room. As Mr Elkeles said, there has to be a recognition that people with mental health problems will need something different and I applaud the fact that the LAS is investing in different types of vehicles and different types of approaches. However, it is absolutely crucial that there is a recognition that in London the population is extremely diverse and that if you have taken soundings from people with lived experience across the country then they will not be representative of people in London.

In London, not only is the population diverse, but we have the highest rates of mental illness, not simply in the country but in the world. In places like south London, the rates of psychotic illnesses, for example, are four times higher than they are anywhere else in the world except for Trinidad. Unfortunately, a significant proportion of the people who are going to suffer mental health crisis are people from Black populations and other ethnic minoritised populations. That is because of the ongoing and longstanding structural discrimination. If you are going to put those people in vans that are beautiful in the inside and work very well, but unfortunately look like mental health vans on the outside because they are grey, as opposed to being like normal ambulance livery, then there is going to be a problem. Again, this is a strong plea to you. Please, please, please do not do that.

We will support you in getting soundings from representative people who are going to need your services in London. We would also really, really, really be very keen to work with you about how to support people with mental health problems in London to get the best care they need, not just when they are at the point of crisis but also when people are in hospital because there are lots of things about conveyancing, etc. We do need to have a longer-term approach to how to resource mental health problems in London because the formulas that exist like the Barnett formula, etc, for the whole of the country are unfortunately not fit for purpose anymore. They do not weight for the actual need that exists in London because we know now that so many mental health problems are driven by social issues, housing issues, and the wider social determinants, and there are just more of those problems in London.

Sem Moema AM: Thank you.

Dr Sarah Hughes (Chief Executive, Mind): Yes, to reiterate Lade's point, I do want the Assembly Members to come away really understanding that we support our colleagues. First and foremost, we absolutely know the system beforehand was not working and I have personally sat in A&E with a police officer for eight hours, trying to get help. There is no doubt that the direction of travel is one we all want to get to, and we must be getting people in the right places at the right time. However, it is in the rollout that we do need to think system-wide. My plea is to think about how we can deepen our collaboration and how we can get ahead of some of these adverse events that we know are happening, that we know are happening without the data if you like. We have a plea to iron out and thrash out the issues related to children and young people particularly because that is a vulnerability that we are fairly terrified of in terms of what the consequences could be.

To reiterate that point, we are totally alongside you, but we have to accept here that we are not able to demonstrate at this moment in time the positive impact on the whole system or, indeed, the idea that people are getting a better service.

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): I am in heated agreement with everything that has been said and, absolutely, I welcome the discussion and feedback. The spirit of today's discussion is exactly where it should be, which is all about the people who are affected rather than anyone's demand. The point about disproportionality must be mentioned as well, I absolutely agree. Disproportionality and use of police powers is a continuing concern for many of our communities, particularly our Black community when you consider that in a setting of section 136 it could not be more imperative that we do not ever "over-136". Imagine the impact on hearts and minds in our Black communities when they see someone who is suffering from severe mental health illness being bundled into a police van in handcuffs. They think they are being arrested when, in fact, we are detaining them for their own safety because we are trying to get them to a health facility so we can care for them. The perception outside-in is the police have arrested that person, they are taking them away and they are using force and, sadly, in those instances that was what we were having to do.

This really is a quantum leap, hopefully, in our relationships with all of our communities but particularly our Black community. Lynette, just before you came in, I was talking about the mapping we did of the mental health crisis cafés that Alistair led on. That is a huge success for us as a society, is it not, every time we can divert someone away from a section 136 pathway towards a more caring and expert pathway, such as that kindly provided by our colleagues here or, likewise, through our LAS colleagues to a health-based place of safety or similar? We are no longer using what are restrictive, coercive policing powers to serve something which is ultimately a health crisis for someone. It is impressively, massively important that we get that right from a policing perspective for our relationships with all our communities, but especially our Black community. If we are disproportionately detaining them when they are mentally unwell, that is always going to end badly. That is then before you get to the risk to those individuals. Using force, as we sometimes have to, always comes with risk and no one I know carrying a warrant card wants to use force in that way against someone who is unwell. Equally, there is the risk to our officers in those situations when they then find themselves under investigation if something goes wrong. They have been stood in an emergency department for so long, trying their best for someone but unable to understand what is challenging them so badly. Then there is the risk to our wider communities when we as a police service are not available to respond to the domestic abuse call or the burglar on a property or to police a demonstration. We are, as you say, doing something which in a better world we probably should not be doing ourselves.

I do not want to make it sound like the Sermon on the Mount, but equally I did not want to miss that opportunity to say that there is a very significant success here for us as a society if we can minimise our use of restrictive police powers in what is a critical health situation. I welcome the support of everybody here today in how we do that together.

Alison Blakely (Director of Clinical Assessment and Pathways, London Ambulance Service): I am also in violent agreement with this conversation. One thing that we have touched on briefly is health inequalities and I would welcome a conversation about how we look at this work through a health inequalities lens. At the LAS, we have just set up a new team, whose core function is looking at health inequalities. I would welcome our input and Members' input into that work, looking at both mental health provision and the provision of care to people under detention through a health inequalities lens through that piece of work that we have just commissioned. That would be a positive outcome of some of this discussion.

Sem Moema AM: Thank you.

Caroline Russell AM (Chair): Thank you. Assembly Member Pidgeon?

Caroline Pidgeon MBE AM: Yes, I want to pick up on the training for officers and staff with the rollout of RCRP. Do you feel the training has provided and equipped officers and staff for their roles, particularly the call handlers, and what are you doing to monitor and quality control the responses that are taking place with the call handlers? Are you doing some dip sampling? What are you doing to assure yourself that this process is working?

Detective Superintendent Alastair Vanner (Lead Responsible Officer - Mental Health, Metropolitan Police Service): It is worth considering to start with, in terms of our call handlers, we have 2,500-3,000 call handlers across three sites, this was a significant cultural change for them in those decisions that they were making. We had to start very early with those call handlers, talking to them around procedural changes, but also the legislation which they were not au fait with. We then went into very in-depth training with them and developed subject matter experts within their teams, so each of those teams have two subject matter experts and also supervisors that oversee.

On top of that, we have 24/7 floor-walking capability, so persons who are on the floors with the call handlers who are there to support them in terms of their decision-making for RCRP calls. Predominantly, it was based around the call handlers, but also our frontline policing colleagues, the emergency response teams, and the neighbourhood policing teams had to understand it as well. There is an online learning package for them. For them, it was to understand what the principles were and what the call handlers were doing, but also when they come across a health-related call in the streets, so they are out on patrol and they come across someone in a health crisis or a mental health crisis, that nothing changes, that they deal with it in exactly the same way that they did before and they do not walk on by. That is the input that they got.

Caroline Pidgeon MBE AM: OK, but then that is the theoretical and walking the floor, that is live assurance, but your monitoring committee, with Martin and others, surely is wanting to look at pulling out some samples to have a look at that to see whether this is the theory, what is happening in practice? How are you assuring yourself?

Detective Superintendent Alastair Vanner (Lead Responsible Officer - Mental Health, Metropolitan Police Service): There are formal escalation processes. When we went live, we were having twice-daily calls with all partners who were able to listen in and raise any concerns that they had regarding specific calls or thematics that they were seeing. There is a formal escalation process where a partner could come in and say, "We are not happy with this response". Our teams will listen to that call, feed back to both partners and to the call handler as well. In addition to that, you mentioned around dip sampling, so all teams and supervisors are dip sampling those calls that are coming through as well, and they are hundreds of calls that are being dip sampled.

Caroline Pidgeon MBE AM: Presumably, this piece of work, I cannot remember the institute that is doing it, but Martin mentioned they will also be doing some of that sampling to assure themselves as well.

Detective Superintendent Alastair Vanner (Lead Responsible Officer - Mental Health, Metropolitan Police Service): Yes, absolutely. There is a Home Office review that is going into RCRP as well, that is very much in its infancy, but the MPS is one of four forces taking part in that review.

Dr Lade Smith CBE (President, Royal College of Psychiatrists): A very quick point on the training and understanding, and you did make the point that it may not be understood so well on the ground. I do need to provide an example, because it is important that there is good understanding, that there has to be much more attention paid to the impact on health services. Very recently, only a couple of weeks ago, I was contacted to say that a doctor was at work in their unit on the ward, a patient with a mental health problem grabbed the doctor, took a sharp instrument and tried to stab the doctor in the neck. They were wrestled to the ground, luckily the doctor was able to get the sharp instrument away from them, but they could have been killed. It was reported to the police.

That person has a neurodiversity, they could easily have been prosecuted, but then given a package of care that would help them to reduce the likelihood of them behaving violently as a result of their problems, which is what should have happened. In fact, the reason I heard about it is because the doctor was told by the police, because this happened with someone who has a mental health problem, it is not a police matter. There are some significant concerns that we have about the training and the understanding, and it is not good enough at the moment, that is the thing that has to be recognised: what is happening might seem successful, but it is not yet good enough. We have to be sure it is good enough, because if we think it is good enough, then we will not do the work that needs to be done to ensure that it is going to be good enough.

My concern is that health professionals will be, unfortunately, disproportionately affected because they will have much more work to do that they are not going to be able to cope with. That means that patients will not be looked after when they need to be, there will be a longer and longer waiting list, and it also means there are going to be more safety issues.

Caroline Pidgeon MBE AM: That is interesting, because that is about the messaging, "We do not do mental health now", and that might be something within the MPS you might need to be thinking about, that is clearly having an impact.

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): Absolutely, and anything we can do, and everyone, please join us in this, to dispel that myth, we would welcome, because there is absolutely no sense in the MPS that we "do not do mental health anymore". There is firm commitment, as I said before, everything from suicide intervention and negotiations, as has been acknowledged here today, right down to sections 136 and 135, where both are necessary, and to our broader role in neighbourhoods.

Please do not take away in any way, anyone here today, I hope, or anywhere involved in this, that we are somehow not concerned or doing something about mental health. We have a very significant amount of resource, still to point it out, all things related to mental health illness, and are committed to protecting our communities wherever they need us in any form of vulnerability. This has been quite a surgical approach to what has been quite a difficult situation around things like the overuse of section 136.

More broadly, as Martin rightly said, beyond mental health is a serious concern for welfare and a necessary recalibration of where we apply our restrictive powers, and where we apply our precious resources which, as this Committee will know, are required on any number of other fronts, all of which we have to service. It is not anything ill-willed, nor is the sentiment of the discussion here today, I need to add, so it is good that we are having this discussion, it is just it needs to be balanced, does it not?

Caroline Pidgeon MBE AM: Thank you. Thank you, Chair.

Caroline Russell AM (Chair): Thank you. Assembly Member Ahmad.

Marina Ahmad AM: Thank you, Chair. This question is to the MPS, and it is a technical question. When a call comes in, in terms of determining whether this is a mental health crisis and whether it is a life-threatening situation, how do you do that? What kind of questions do you ask? Is it a tick-box exercise, or does it go beyond that?

Detective Superintendent Alastair Vanner (Lead Responsible Officer - Mental Health, Metropolitan Police Service): Yes, there is a toolkit that the call handlers use, and although it is not a tick box, because what we do not want to do is for call handlers to get into the depth of the questions that they are asking, but absolutely right, if there is a real and immediate threat to life or serious harm, then that is one of the first questions that is in the toolbox. If that answer is yes, the likelihood is that police are deploying. Panel members have spoken about a cliff-edge reduction, there is not a cliff-edge reduction, it is a 14 per cent reduction in our deployment to health-related calls. As you can see, where is that real and immediate threat to life or serious harm and policing response is most appropriate, then we are still going, and that is in the vast majority of cases. That is what the call handlers work through.

Marina Ahmad AM: Thank you. Thank you, Chair.

Caroline Russell AM (Chair): Thank you. Assembly Member Devenish.

Tony Devenish AM: Thank you very much, Chair. Two of my three questions have been answered in a very good debate this morning, so I will be brief, and please do not feel you need to say what you have already said before. My question is to NHSE, LAS, Mind, etc, RCRP sets out to “end the inappropriate and avoidable involvement of police in responding to mental health needs”. What noticeable differences are there in the care being delivered to those with mental health issues in London, please? It has pretty much been answered, but I was asked to read it out, so I will. The second bit of that is --

Dr Lade Smith CBE (President, Royal College of Psychiatrists): I am sorry, can I say something? That is not really a question for the MPS or the LAS, that is a question for the NHS, is it not?

Tony Devenish AM: Yes, I did --

Dr Lade Smith CBE (President, Royal College of Psychiatrists): Yes. It is important to say that we do not know for sure, but we have had a lot of concerns raised by mental health practitioners about what is going on, on the ground, and they are worried that they are unable to see people as quickly, and that they are unable to get police response for very legitimate and necessary interventions. This is not simply when people are in crisis.

Tony Devenish AM: No, understood. Chair, reading the rest of it, it is pretty much answered, so I will move back to you. Thank you.

Caroline Russell AM (Chair): Thank you very much. It has been an amazing conversation; it has been really helpful to have all these voices in the room. You have given us an awful lot to think about, and I am drafting a letter in my head of some things that we will raise and send back to everyone in terms of the things that need to be thought about and developed. The point about reducing the use of force, that is very welcome because many of us have had all sorts of pieces of casework where Londoners have had bad interactions with the MPS in terms of use of force, and particularly around mental health crisis, and also neurodiversity.

The fact that you are doing so much thinking about all of this is definitely very welcome, and I welcome all the commitments to ongoing dialogue because it does seem that everyone is stretched and everyone is dealing with years of budgets getting tighter and tighter, so that dialogue piece feels as if it is absolutely critical. Finally, I wanted to check what the key indicators are that are being used to measure the success of RCRP, and that is both within the MPS and within the LAS, and also whether, Lade, or either of you from Mind, are doing any measurement of what you are seeing of it. Shall we start with the MPS?

Commander Kevin Southworth (Head of Public Protection, Metropolitan Police Service): Thank you, Chair. For us, it is much of what we discussed today, it is numbers of section 136 detentions that are effected. It is also the number of incidents that we experience involving mental health crisis and the numbers of times we deploy to those, because that is a far greater figure than just section 136, and indeed a serious concern for welfare calls as well. Of course, other colleagues track their own data which we then share and share alike as well. Alastair, did you want to add any more?

Detective Superintendent Alastair Vanner (Lead Responsible Officer - Mental Health, Metropolitan Police Service): We have spoken before about people falling through the gaps. Before RCRP, sometimes you could have a situation where organisations were not sure who was taking primacy for those calls. Under RCRP, because the police make a decision and we transfer that call through to the LAS for their health triage, what we say is there is no gap because that person is transferred from one organisation to the other. That is the other metric that we measure which is then picked up by the LAS.

Caroline Russell AM (Chair): Thank you. From the LAS perspective, what are you measuring and tracking in terms of this rollout?

Alison Blakely (Director of Clinical Assessment and Pathways, London Ambulance Service): Our data is also being collated as part of the NHSE group, some of that has been covered already. We are looking at overall volumes of calls that are coming to us, both directly from the MPS but also directly from other members of the public who are quoting RCRP, and those types of calls. Importantly for me, from a safety perspective, we are also able to track recontacts, so patients who have contacted us more than once and the outcomes of those contacts. From a safety perspective, that is important.

We are also monitoring our onward care provision, so when we do attend our patients, what is the decision making? Are we taking those patients to an emergency department? Are we referring them into a community provider, into a mental health team in the community? Are we taking a patient to a crisis café? We are now able to monitor that quite closely. I mentioned earlier our health inequalities work, and through the initial work that we have done about health inequalities, we are able to measure our demand broken down by hour of day, by day of week, by area across the whole of London, and within that, what are our patients calling us for, what is their primary concern when they call 999? Importantly for me, we are also able to look at the age of the patient, the gender of the patient, and the race, so a whole heap of valuable data that we are now capturing that can help develop this piece of work moving forward.

Caroline Russell AM (Chair): Is that data being interrogated, for instance, to look for disproportionality in outcomes?

Alison Blakely (Director of Clinical Assessment and Pathways, London Ambulance Service): Through the data subgroup of the NHSE Board, yes, absolutely, and moving forward through the health inequalities lens, we will definitely be doing that. The other thing that just sprung to mind, I cannot remember who it was who mentioned preventing future deaths. Ambulance services across the country are bringing together their knowledge and input when an ambulance service or, in fact, all ambulance services receive a prevention of future deaths notice. We have a process where we share that information and we learn from each other's incidents as well, and that is going to be key moving forward also.

Caroline Russell AM (Chair): Thank you.

Daniel Elkeles (Chief Executive Officer, London Ambulance Service): All of that is totally right, and I put it in the macro of our mission is to be the capital's urgent and emergency care responders. What we are talking about is getting the right response to quite a diverse group of people who either have urgent or emergency care needs. The lens we are looking at it from is, are we giving a good response to the capital's urgent and emergency care needs? The last little bit is on these mental health ambulances, we will go and take some soundings from how the livery was designed, but if the right answer is they should have the yellow and green Battenburg livery to look like any of the other emergency vehicles we have, we will do that.

Caroline Russell AM (Chair): Thank you.

Dr Lade Smith CBE (President, Royal College of Psychiatrists): Thank you.

Caroline Russell AM (Chair): Dr Smith.

Dr Lade Smith CBE (President, Royal College of Psychiatrists): As we know, unfortunately, the NHS has been a bit on the back foot in terms of collecting the metrics, but the kind of metrics that we think are important are not necessarily simply the front door metrics. We collect those anyway, who is coming in, we look at the demographics of our patients because we have had long-standing issues with disparities according to race and gender, etc. The things that we are now starting to recognise, and this is from the reports that we have had from people's experience, are staff diversion from their usual work, and that is staff in inpatient units, as I described before, but also staff waiting times for mental health assessments as mental health assessments are deemed necessary. There will be a risk assessment, sometimes it is recognised that there has to be police involvement, we ask the police, and the police will give a time when they can come.

What people are finding is that the police are extremely stretched, and so the time for that has been delayed anyway. The concerns are that the delay is getting worse, the time for waiting for a section 135 assessment, again, that is a type of mental health assessment. We are also looking at particularly the police response to patient assaults/incidents. Most assaults in inpatient units are patient against patient, but there are some patients against staff, and so we are also looking at the police response to those. Also, we are looking at - and these will be few and far between, hopefully - any very serious incidents that occur, for example, we find out from the coronial process that there has been a question mark about RCRP being involved.

Caroline Russell AM (Chair): Thank you. Dr Hughes, did you want to add?

Dr Sarah Hughes (Chief Executive, Mind): Yes. Finally, I agree with all of that. There is something about remembering that data comes in lots of forms, and so we want the hardcore qualitative and quantitative data,

and again people with lived experience telling that story about what it has been like. Also listening to agencies will be incredibly important, but I do want to reiterate some of the concern that has already been mentioned round the table about the fact that local authority [representation] is not here. We cannot underestimate the importance of local authority, and I might say that, sadly, and this is probably reflective of their own situation, but it is very difficult to get them around any table to talk about mental health particularly. This is not directly in relation to RCRP, but it is an important point, we need to get them around the table.

Caroline Russell AM (Chair): Thank you. Thank you, Lynette, did you want to add anything, finally?

Lynette Charles (Chair, Mind in London): Yes, just quickly, and that is that in London, we meet regularly, and we are looking at the impact of RCRP, listening out for the stories that might come from the local Minds that serve London. In our ICB area, this is already on the agenda. We are trying to see the effects that it is having across [the London boroughs of] Barnet, Enfield, Haringey, Camden and Islington. Alongside our colleagues here, it is about getting a full picture, not from just one person's point of view about whether this is successful or not. We are more than happy to share that, and we feed up to our Mind colleagues so that we can get a picture across the country.

Caroline Russell AM (Chair): Thank you. Hands up, none of us thought at the scoping stage of this about adding local authority attendance, although it would have then been a very big panel and even harder to make sure everyone was heard, but we have definitely taken that point on board. What has been extraordinary about this morning and has come through so strongly, is that all of you, from all of the places you are from, are thinking and caring about what you are trying to do. The other piece that has come about is the importance of everyone continuing to talk to each other. That is my biggest takeaway from this morning, but I want to thank all of you for your time and the care that you have put into your answers, because we have all learned a huge amount. I suspect the Committee is going to keep looking at this into the new term after the election.

I would now formally like to thank our guests for attending this morning, and for your answers to our questions.

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Subject: Summary List of Actions

Report to:	Police and Crime Committee
Report of:	Executive Director of Assembly Secretariat
Date:	6 March 2024
Public Access:	This report will be considered in public

1. Summary

- 1.1 This report updates the Committee on the progress made on actions arising from previous meetings of the Police and Crime Committee.

2. Recommendation

- 2.1 **That the Committee notes the completed and ongoing actions arising from its previous meetings.**

3. Summary List of Actions

Actions Arising from the Meeting Held on 7 February 2024

Item No.:	Item Title	Responsible Person	Action(s)	Status
5	Policing and Mental Health and Neurodiversity	Chief Executive Officer, London Ambulance Service	To provide further details on the design of the specialist mental health ambulances.	Ongoing. Requested on 15 February 2024.
5	Policing and Mental Health and Neurodiversity	Senior Policy Adviser	That authority be delegated to the Chair, in consultation with party Group Lead Members, to agree any output arising from the discussion.	Ongoing.

Actions Arising from the Meeting Held on 24 January 2024

Item No.:	Item Title	Responsible Person	Action(s)	Status
5	Question and Answer Session with the Mayor's Office for Policing and Crime (MOPAC) and the Metropolitan Police Service (MPS)	Deputy Mayor for Policing and Crime and the Head of MPS Oversight – Workforce and Professionalism, MOPAC	<p>To provide:</p> <ul style="list-style-type: none"> Evidence that MOPAC had been raising concerns about the length of time that police misconduct cases are taking; The amount of additional funding that MOPAC had received for oversight of the MPS as a result of the Baroness Casey review; Copies of oversight papers that are provided to the London Policing Board; and Confirmation of whether it is known by colleagues when MPS officers are suspended or on restricted duties. 	Ongoing. Requested 6 February 2024.

Actions Arising from the Meeting Held on 10 January 2024

Item No.:	Item Title	Responsible Person	Action(s)	Status
5	Money Laundering in London	Senior Policy Adviser	That authority be delegated to the Chair, in consultation with party Group Lead Members, to agree any output arising from the discussion.	Ongoing.

Actions Arising from the Meeting Held on 14 December 2023

Item No.:	Item Title	Responsible Person	Action(s)	Status
5	Question and Answer Session with MOPAC	Deputy Mayor for Policing and Crime, and Director of Strategy and MPS Oversight	<ul style="list-style-type: none"> • Further information on the role of the MPS's non-executive directors, including their areas of focus and the hours they will be working; • The number of police buildings that are open to the public; are used by the MPS but are not open to the public; and have been sold; • Details of changes that have been made to the set-up and culture of the MPS firearms training centre since the publication of Baroness Casey's report, particularly in relation to the supervision and management of the centre; • Information on the number of authorised firearms officers in the MPS, whether that number has reduced further since a nine per cent reduction was recorded in April 2023, and the reasons for the reduction; • Details relating to when the next MPS staff survey is expected to take place; • Further information on how the MPS's child-first approach will be monitored, what outcomes are expected, and how any qualitative issues identified will be determined; • The number of MPS officers who have accreditation for specialist child abuse investigations; and 	Ongoing. Followed up 8 February 2024.

Item No.:	Item Title	Responsible Person	Action(s)	Status
			<ul style="list-style-type: none"> Further information relating to the work being done by the MPS Professional Standard Unit on the hospitalisation of young people following interactions with the MPS, and when MOPAC expects to receive the results. 	

Actions Arising from the Meeting Held on 22 November 2023

Item No.:	Item Title	Responsible Person	Action(s)	Status
6	Police Investigation of Serious Injury Collisions	Chief Executive, RoadPeace	<ul style="list-style-type: none"> To share the results of the consultation on the quality of investigations into serious injuries in London; and To provide further information on whether the College of Policing's <i>Investigating Road Deaths</i> has had an impact on the quality of police investigations. 	Ongoing. Followed up 8 February 2024.
6	Police Investigation of Serious Injury Collisions	Senior Policy Adviser	That authority be delegated to the Chair, in consultation with party Group Lead Members, to agree any output arising from the discussion.	Ongoing.

Actions Arising from the Meeting Held on 8 November 2023

Item No.:	Item Title	Responsible Person	Action(s)	Status
5	Question and Answer Session with MOPAC and the MPS	Deputy Mayor for Policing and Crime	<p>To provide:</p> <ul style="list-style-type: none"> • Details of any communication between the Mayor, the Deputy Mayor, MOPAC, and the former Commissioner of Police of the Metropolis regarding the reduced role of the Sapphire unit, which investigated sexual offences; • The findings of the London Criminal Justice Board following its deep dive into domestic abuse, particularly in relation to prosecutions and outcomes; • The timescale for reporting on the findings of MOPAC's investigations into the numbers of children hospitalised following use of force by the MPS; • Details of any additional funding received for Independent Domestic Violence Advisers and Independent Sexual Violence Advisers, and whether the number of these advisers has increased or decreased in the last year; and • Reasons for the almost 700 per cent increase in recorded instances of stalking offences since 2018/19. 	Complete. Attached at Appendix 1 .
5	Question and Answer Session with MOPAC and the MPS	Victims' Commissioner for London	To provide timescales for the commitment in the Mayor's Violence Against Women and Girls Strategy to develop a profile of stalking in London.	Complete. Delivery is expected in the summer of 2024.

Actions Arising from the Meeting Held on 31 October 2023

Item No.:	Item Title	Responsible Person	Action(s)	Status
5	Preventing Violence and Protecting Young People	Head of Public Protection, MPS	<ul style="list-style-type: none"> Further information on the work taking place on the publication of knife imagery on social media; and A publication date of the stop and search charter. 	Ongoing. Followed up on 8 February 2024.
5	Preventing Violence and Protecting Young People	Senior Policy Adviser	That authority be delegated to the Chair, in consultation with party Group Lead Members, to agree any output arising from the discussion.	Ongoing.

Actions Arising from the Meeting Held on 20 September 2023

Item No.:	Item Title	Responsible Person	Action(s)	Status
5	Preventing Violence and Protecting Young People	Senior Policy Adviser	That authority be delegated to the Chair, in consultation with party Group Lead Members, to agree any output arising from the discussion.	Ongoing.

Actions Arising from the Meeting Held on 6 September 2023

Item No.:	Item Title	Responsible Person	Action(s)	Status
7	Question and Answer Session with MOPAC and the MPS	Commissioner of Police of the Metropolis	<ul style="list-style-type: none"> To set up a private briefing for the Committee that will provide an update on the recent MPS data breach; To provide information on the recruitment and attrition challenges currently faced by the MPS; To update the Committee on the condition of the 69 police officers injured at the Notting Hill Carnival; 	Ongoing. Followed up on 8 February 2024.

Item No.:	Item Title	Responsible Person	Action(s)	Status
			<ul style="list-style-type: none"> • To provide data on the outcomes of stop and searches at Notting Hill Carnival and how these compare to outcome rates compare to other events in London; • To provide information on the MPS's policy that officers should declare romantic relationships; • To provide a progress update on the commitment in the A New Met for London plan that the MPS will examine its policies and practices and change any that are discriminatory by July 2023; • To provide data on the amount of evidence that was lost or unavailable, which subsequently led to pre-trial collapses; and • To provide data on the proportion of new recruits in the MPS that are Black and minority ethnic officers. 	

Actions Arising from the Meeting Held on 22 March 2023

Item No.:	Item Title	Responsible Person	Action(s)	Status
6	Independent Review into the Standards of Behaviour and Internal Culture of the Metropolitan Police Service (MPS)	Baroness Casey of Blackstock DBE CB	During the course of the discussion, Baroness Casey agreed to provide the Committee with the Ipsos MORI survey of MPS officers and staff.	Ongoing. Followed up on 7 February 2024.

Actions Arising from the Meeting Held on 13 December 2022

Item No.:	Item Title	Responsible Person	Action(s)	Status
5	Resignation of the Former Metropolitan Police Commissioner, Dame Cressida Dick DBE QPM	Mayor of London and Occupant of MOPAC	<p>The Committee requested the following:</p> <ul style="list-style-type: none"> • Further information on the press pack about Sir Thomas Winsor sent by the Mayor’s Office on the date of the Winsor report publication; • MOPAC’s response to the Independent Office for Police following receipt of the draft findings and recommendations related to Operation Hotton; and • Further information on the improvements made during the appointment process of the current Commissioner, Sir Mark Rowley QPM. 	Ongoing. Followed up on 15 February 2024.
5	Resignation of the Former Metropolitan Police Commissioner, Dame Cressida Dick DBE QPM	Sir Thomas Winsor	<p>The Committee requested the following:</p> <ul style="list-style-type: none"> • The sequence of events in March 2022, specifically dates relating to the launch of the Commission by the Home Secretary, and the date of the dinner with the former Commissioner of Police of the Metropolis; and • Further information on the term “have regard” in relation to the Policing Protocol Order 2011. 	Ongoing. Followed up on 8 February 2024.

Complaints about the Mayor’s Office for Policing and Crime and the Deputy Mayor for Policing and Crime

Subject and Action Required	Status	Responsible Person	Deadline, if applicable
<p>Complaints about the Mayor’s Office for Police and Crime and the Deputy Mayor for Policing and Crime</p> <p>The Committee agreed, inter alia, to delegate to the Monitoring Officer all of the powers and functions conferred on it by the Elected Local Policing Bodies (Complaints and Misconduct) Regulations, with the exception of the functions set out at Part 4 of the Regulations which may not be delegated; and guidance on the handling of complaints which requires the Monitoring Officer to report, on a regular basis, the summary details (such as can be reported in public), on the exercise of any and all of these functions to the Committee for monitoring purposes.</p>	<p>The Monitoring Officer has received a complaint, via the IOPC, by a member of the public concerning the Metropolitan Police Commissioner. As the complaint is not relating to the conduct of a relevant office holder, the Monitoring Officer has decided that no action should be taken and that the complaint will not be recorded. In accordance with the Regulations, the Monitoring Officer has written to the IOPC to confirm that he is not acting on the complaint and will not be recording it, together with the reasons why. A copy of the complaint has been passed to MOPAC Professional Services for their consideration.</p>	<p>Monitoring Officer</p>	<p>N/A</p>
<p>Transparency Procedure</p> <p>The Committee agreed Members disclose to the Executive Director of Secretariat or their nominated representative (within 28 days of the contact) details of any significant contact with the MPS and/or MOPAC which they consider to be relevant to the work of the Committee; and such disclosures be reported to the next meeting of the Committee.</p>	<p>No disclosures to report for the period from 8 February to 21 February 2024.</p>	<p>Executive Director of Assembly Secretariat</p>	<p>N/A</p>

4. Legal Implications

4.1 The Committee has the power to do what is recommended in this report.

5. Financial Implications

5.1 There are no financial implications arising from this report.

List of appendices to this report:

Appendix 1 – Correspondence from the Deputy Mayor for Policing and Crime, dated 21 February 2024

Local Government (Access to Information) Act 1985

List of Background Papers:

None

Contact Information

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Caroline Russell AMCity Hall
Kamal Chunchie Way
LONDON E16 1ZE**Our ref:** MOPAC301123-D4807

21 February 2024

Dear Caroline

Thank you for your letter dated 30th November 2023 about my attendance at the Question and Answer session with the London Assembly's Police and Crime Committee on 8 November 2023, my apologies for the delay in responding.

During the course of the discussion, I agreed to provide the Committee with the following additional information:

- **Details of any communication between the Mayor, the Deputy Mayor, the Mayor's Office for Policing and Crime (MOPAC), and the former Commissioner of Police of the Metropolis regarding the reduced role of the Sapphire unit, which investigated sexual offences;**

Between 2016 and 2018 both the Mayor and I raised concerns about the potential impact the BCU restructure would have on losing specialist knowledge amongst officers, vacancies across the new teams and on the workloads of officers at our regular billets with the former Commissioner of the MPS.

The BCU Pathfinder Evaluation report published in 2020 which assessed the impact of the new model, trialled in two BCU's (East Area and Central north), showed a lower average caseload per officer for Sapphire investigations than under the previous model.

- **The findings of the London Criminal Justice Board following its deep dive into domestic abuse, particularly in relation to prosecutions and outcomes;**
Over the last year, the LCJB DA Board have been exploring the concerns around London having the lowest caseloads for domestic abuse of any CPS area in the country and high NFA rates. A Domestic Abuse Joint Improvement Plan between the MPS and CPS has recently been making progress through the pan-London DA Joint Improvement Meeting. They have formulated a set of shared priorities with the overall aim to increase MPS referrals to the CPS and positive outcomes for DA cases.
- **The timescale for reporting on the findings of MOPAC's investigations into the numbers of children hospitalised following use of force by the MPS;**

Following concerns raised by Redthread on specific cases of police-related injuries (PRIs), MOPAC have asked the MPS Directorate of Professional Standards (DPS) to appraise the handling of these cases.

The MPS are the appropriate authority under regulations for assessing any matters pertaining to the conduct of serving officers. As is ordinarily the case in the MPS, the conduct of the officers involved in the cases concerned had initially been assessed by the

local Professional Standards Units (PSUs). Hence we have now invited the DPS to provide assurance to MOPAC and Redthread that they had been handled in a manner which was proportionate and fully compliant with legislation.

The DPS have now provided an initial assessment, determining that the cases reviewed by the PSUs had, indeed, been reviewed thoroughly and compliant with legislation, finding no evidence of officer misconduct.

The DPS did indicate, however, that they had identified specific themes which they feel represent opportunities of learning for officers which they intend to disseminate.

A review into PRIs and the subsequent hospitalisation of children on a *pan-London scale* will be undertaken this year. The precise scope of this review is still to be confirmed; I am happy to provide additional clarity on scope and timescales for this in March 2024, along with the complete conclusion of the DPS assessment.

- **Details of any additional funding received for Independent Domestic Violence Advisers and Independent Sexual Violence Advisers, and whether the number of these advisers has increased or decreased in the last year; and**

In November 2022 the Mayor confirmed he had invested in, by and through his administration, 172 ISVAs and IDVAs. Since then, a further 3.5 roles have been funded.

In addition to funding specific roles, some recipients of the Mayor's £3million VAWG Grassroots Fund use their funding to employ and train IDVAs and ISVAs, and some Boroughs in receipt of the London Crime Prevention Fund utilise the funding for locally commissioned IDVAs and ISVAs.

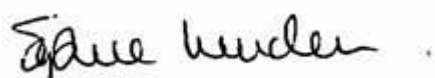
- **Reasons for the almost 700 per cent increase in recorded instances of stalking offences since 2018/19.**

This increase is primarily attributed to the Home Office's counting rules which were imposed in April 2020, this change meant that all cases where a course of conduct was/is reported between a victim and their former partner must be recorded as section 2A stalking and not harassment.

Therefore data is comparable only from March 2021 onwards. Between FY21-22 and FY22-23 police recorded stalking offences remained stable (-3%).

Thank you again for writing and for your letter.

Yours sincerely,



Sophie Linden
Deputy Mayor for Policing And Crime

Subject: Action Taken Under Delegated Authority

Report to:	Police and Crime Committee
Report of:	Executive Director of Assembly Secretariat
Date:	6 March 2024
Public Access:	This report will be considered in public

1. Summary

- 1.1 This report outlines recent action taken by Chair of the Police and Crime Committee in accordance with the delegated authority granted by the Police and Crime Committee.

2. Recommendation

- 2.1 **That the Committee notes the recent action taken by the Chair of the Police and Crime Committee under delegated authority, following consultation with party Group Lead Members, namely to agree the Committee's letter to the Commissioner of Police of the Metropolis regarding money laundering in London, as attached at Appendix 1.**

3. Background

- 3.1 Under Standing Orders and the Assembly's Scheme of Delegation, certain decisions by Members can be taken under delegated authority. This report details those actions taken by the Chair of the Police and Crime Committee.
- 3.2 At its meeting on 10 January 2024, the Committee agreed the following delegation of authority:
- That authority be delegated to the Chair, in consultation with party Group Lead Members, to agree any output arising from the meeting.*
- 3.3 This delegation of authority was exercised on 27 February 2024.

4. Issues for Consideration

- 4.1 Following consultation with the party Group Lead Members, the Chair approved the Committee’s letter to Sir Mark Rowley QPM, Commissioner of Police of the Metropolis.
- 4.2 The Committee is asked to note the action taken by the Chair under delegated authority.

5. Legal Implications

- 5.1 The Committee has the power to do what is recommended in the report.

6. Financial Implications

- 6.1 There are no financial implications to the Greater London Authority arising from this report.
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List of appendices to this report:

Appendix 1 – Letter to the Commissioner of Police of the Metropolis, dated 27 February 2024

Local Government (Access to Information) Act 1985

List of Background Papers:

MDA Form 1602 [Money Laundering in London]

Contact Information

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LONDON ASSEMBLY



Caroline Russell AM
Chair of the Police and Crime Committee

Sir Mark Rowley QPM
Commissioner of Police of the Metropolis
Metropolitan Police Service

(Sent by email)

27 February 2024

Dear Sir Mark,

I am writing to you on behalf of the London Assembly Police and Crime Committee following its meeting held on 10 January 2024. During this meeting we discussed the nature of money laundering in London and explored what more the Metropolitan Police Service (the Met) and partners can do collaboratively to tackle money laundering.¹ The meeting was attended by the following guests:

- Commander Stephen Clayman, Specialist Crime, Metropolitan Police Service
- Detective Superintendent John Roch, Head of Economic Crime, Central Specialist Team, Metropolitan Police Service
- Detective Inspector Geoff Donoghue, Cryptocurrency Subject Matter Expert, Metropolitan Police Service
- Rachael Herbert, Deputy Director of National Economic Crime Centre, National Crime Agency
- Lucy Cumming, Head of Economic Crime Strategy and Government Affairs, City of London Police
- Paul Napper, Acting Head of the Proceeds of Crime and International Assistance Division, Serious Fraud Office

¹ London Assembly, [Police and Crime Committee meeting](#), 10 January 2024

Much of the meeting was devoted to discussing the nature of money laundering in London and the partnership work taking place to prevent and tackle money laundering. This letter shares the Committee's views on where the Met could further strengthen its approach.

Nature of money laundering

The Committee sought to understand the nature of money laundering in London. Detective Superintendent John Roch, Head of Economic Crime at the Met, told Members that it is "very difficult to tie money laundering down geographically" and as the digital economy continues to expand, "most things are now online, international and instantaneous". However, he added that the National Crime Agency (NCA) "does a very good job at understanding the threat and the risk that sits within it".²

At the Committee's meeting, Rachel Herbert, Deputy Director of the National Economic Crime Centre (NECC) explained to Members that as money laundering, "by its nature, is covert, there are not many overt ways of measuring it".³ She told Members that it is estimated that over £100 billion is laundered in the UK each year. She explained that money is laundered through three broad categories: cash-based money laundering; high-end money laundering; and tech-enabled money laundering. She reported that "the current scale of cash-based money laundering in the UK is approximately £12 billion a year" and that "the UK enables about £100 billion of illicit finance in the high-end money laundering category". She added that "cryptocurrencies and new tech enabled capabilities" are also enabling money laundering in a way that hasn't happened before.⁴

Paul Napper, Serious Fraud Office, highlighted the issue of "reputation laundering where criminal proceeds are being used to change or enhance the reputation of a criminal individual". He added that this type of money laundering is taking place in the non-regulated sector, such as private schools, colleges and universities and that it is unlikely that this will be picked up unless you have a specific case where it is identified. He concluded that this contributes to why we do not have a "full picture" of money laundering.⁵

The Committee was very concerned to hear from the guests at the meeting about the extensive range of financial scamming and fraud that takes place.

The Committee recommends that the Met uses its communication channels and community engagement structures to warn Londoners about the threat, range and risks of financial scamming, including money laundering.

Working together

The Committee was encouraged to hear about the strong partnership work taking place to detect and prevent money laundering in the UK. Rachel Herbert told Members that the NECC is responsible for understanding the threat of money laundering and setting out the strategic priorities for law enforcement and for the 3 P's; work to Protect, Prevent and Prepare to deal with illicit finance. She explained that the NECC is resourced from all partners who have a remit in economic crime including

² London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 3

³ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 3

⁴ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 4

⁵ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 7

the NCA, His Majesty's Revenue & Customs (HMRC), the Serious Fraud Office (SFO) and the City of London Police. She also highlighted the importance of having regulatory partners and the private sector, including the Financial Conduct Authority (FCA), the Office of Communications (Ofcom) and banking representatives, in the NECC.⁶

The Committee understands that the Met works closely with the NECC to exchange and analyse information related to money laundering.⁷ Commander Stephen Clayman, explained that economic crime, including, money laundering, reaches across the Met – from local policing to specialist crime activity.⁸ He highlighted the link between serious and organised crime and money laundering and the work the Met is undertaking to disrupt this criminal activity. He said: “if you follow the money, you tend to get quite close to the predicate offence and you will find, as we do, drugs and guns, because that is closely connected to the criminal activities of those organised crime groups”.⁹ Similarly, Rachel Herbert told the Committee that “the vast majority of serious and organised crime is motivated by profit and greed, therefore there is a requirement to launder the proceeds of crime across a wide range of crimes”. This includes the need to launder money from drugs, fraud, organised immigration crime and human trafficking.¹⁰

The Committee is deeply concerned at the vast quantities of illicit finance (£12 billion cash and £100 billion through the financial system each year) being laundered through the UK. It recognises the steps taken by the Met and its partners yet remains concerned that seizures of cash are in tens of millions and not the billions being laundered.

The Committee recognises the complexity of money laundering, the challenge in detecting and preventing it and welcomes the commitment from all agencies to work together to tackle it.

Resources, training and skills

At its meeting, the Committee explored the demand money laundering is placing on the Met and the capacity, resources and skills it has to respond. Commander Stephen Clayman told Members that the Met’s Economic Crime Command, responsible for responding to money laundering, has been impacted by resourcing issues across the Met. He explained that the Economic Crime Command has around 416 posts and about 303 of these are filled. While he highlighted that the Economic Crime Command is not “immune from some of the tough choices the MPS is having to make at the moment and where its resource goes”, he added that the Met tries to keep its “money laundering activity fairly well topped up because we know the ability to maximise our activity does have a return”. Despite this, he told Members that the vacancy factor in the Economic Crime Command does affect its activity.¹¹

At the Committee’s Q&A meeting with the Met and MOPAC in February 2023, the Deputy Commissioner told Members that there is an opportunity for the Met to “refresh” its approach to

⁶ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, pages 1 and 2

⁷ <https://www.nationalcrimeagency.gov.uk/what-we-do/national-economic-crime-centre>

⁸ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 3

⁹ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 5

¹⁰ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 9

¹¹ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 19

money laundering and its relationship with national bodies, including the NCA, NECC and City of London Police. She also acknowledged that the Met's Economic Crime Command is understaffed.¹² She said:

*“There is a question about how many of the people in the Economic Crime Command are detectives or officers with officer powers and how many of them should have other skillsets, how many of them should be data analysts and people who can do digital forensics. Of course, they would be police staff and with our absolute focus on officer numbers there is a risk that we are not necessarily building the right shape of thing [...] I need to take a view on what economic crime capability should look like in London, what should sit as a central specialism and what should be skills that we are teaching most street-based officers. We have got some brilliant people doing truly outstanding work. We find it hard to retain them because they are headhunted by the private sector for very big salaries so there is a question about what our future model is”.*¹³

Similarly, Commander Stephen Clayman confirmed that the Met is in the process of determining, with the Met's Management Board and the Commissioner, whether it could adopt a different balance between police officers and police staff in the Economic Crime Command.¹⁴

The Committee is concerned by the vacancy rates in the Met's Economic Crime Command. It recommends that the Met conducts a review urgently examining the composition of its Economic Crime Command to:

- **identify vacancies that require filling as a priority; and**
- **ensure that it has the right skillset and ratio of police staff and police officers.**

The Committee also explored the recruitment and retention of officers with the skills required to tackle money laundering at its meeting in January 2024. Commander Stephen Clayman explained that the “issue around retention is acute nationally” and that the Met is “battling always with the private sector and the pay that the private sector can give”.¹⁵ Lucy Cumming, City of London Police, told Members that a lot of the skills that are obtained by police officers are highly sought after in the private sector, and is felt more acutely in London than the rest of the country. She added that the public sector cannot compete with private sector wages and highlighted the work that the City of London Police is doing to attract officers and staff in these areas and keep them in the job, including looking at apprenticeships with universities, internships, work with industry partners around secondments, and bringing back retired police officers to train and mentor new staff.¹⁶

Commander Stephen Clayman told the Committee that he is developing a strategy to present to the Commissioner to tackle retention issues faced by the Economic Crime Command.¹⁷ The Committee looks forward to hearing more about this strategy.

¹² Police and Crime Committee, 22 February 2023 – [transcript](#)

¹³ Police and Crime Committee, 22 February 2023 – [transcript](#), page 34

¹⁴ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 23

¹⁵ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 19

¹⁶ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 19

¹⁷ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 19

Rachel Herbert highlighted the work the NECC is doing with the banks to explore the possibility of the public and private sector pooling resources. The Committee welcomes this approach and encourages the NECC to identify opportunities to scale this up.

The Committee heard about the collaborative work taking place with the financial sector in London and was struck by the potential to increase this activity. The Met explained that there are responsibilities on financial institutions to advise the Met about suspicious activities and this is one of the main ways of working with the industry to uncover and understand how money is being laundered.¹⁸ Similarly, Rachel Herbert explained that “Every relationship we have in law enforcement, we have a mirrored relationship with the private sector”¹⁹ and Lucy Cumming mentioned that there are number of teams within the City of London Police that are funded by private sector partners.²⁰

Whilst the Committee was encouraged to hear that there is a good understanding of money laundering within police economic crime teams, we are concerned that there is a need to upskill and increase knowledge across frontline officers. Lucy Cumming explained:

*“we have seen a big influx of 20,000 officers into policing, we want every officer to understand about money laundering and seizure of assets, so that when they are arresting someone, if they find a thumb drive, for example, they consider the fact that might be crypto assets stored on that. It is not just about someone walking around with wads of cash in their pockets. Therefore, it really is about upskilling all of our officers across the network and to understand what money laundering is, understand what powers they have on the front line, and understand how to use them and seize assets as effectively as they can”.*²¹

The Committee recommends that the Met works closely with the City of London Police and the National Crime Agency to identify opportunities, including secondments and apprenticeships, to work with the private sector to strengthen the Met’s response to money laundering, upskill officers and staff and ensure it has the right skills to respond.

The Committee welcomes the work the City of London Police is leading to increase understanding of money laundering across frontline officers. The Committee recommends that the Met reviews the training provided to its frontline officers to identify any gaps and ensure all officers understand what money laundering is and what powers are available to assist them on the frontline.

Money mules

The Committee is concerned about the increasing use of money mules and the “realistic possibility” that more people will be drawn into acting as money mules.²² Lucy Cumming explained that it is a “huge area of growth” and money mules “are very much victims of money laundering”.²³ Particularly,

¹⁸ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 5

¹⁹ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 16

²⁰ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 17

²¹ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 9

²² [National Strategic Assessment \(NSA\) Campaign 2023 - Money Laundering - National Crime Agency](#)

²³ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 12

the Committee worries that university students are being specifically targeted due to their financial vulnerability. Lucy Cumming added that:

*“a lot of the funds laundered through fraud and cyber offences [are] distributed through mule networks [...]. We see the recruitment of mules into universities and young people, these are victims as well, often they are complicit, but not as aware of the consequences of what they are doing, and it can also create pathways into other areas of serious criminality for young people, which we really need to stop. We also see victims of fraud being used as money mules, particularly in certain types of fraud, romance fraud, for example, the offenders will take everything they have got from that victim, but they will then use that victim to then forward funds on as a part of a mule network as well. We see that quite a lot in different types of fraud. Sometimes the victim is the launderer, but also with the fraud and the cyber offending”.*²⁴

The Committee welcomes the work taking place to target money mules, including the NECC’s involvement in the Home Office’s new money mules action plan.²⁵ In addition, the Met told Members that it has been concentrating on engaging with universities and has been holding money mule events with 16 or 17 educational establishments.²⁶

The Committee recommends that the Met works with the Mayor, the Home Office and NECC to increase its pro-active engagement with universities across London to raise awareness of the threat posed by money laundering and that students might be susceptible to becoming money mules.

Legislation

The Economic Crime and Corporate Transparency Act received Royal Assent on 26 October 2023.²⁷ The Government has stated that the Act is a “key part of the wider government approach to ensure that law enforcement and the private sector have the tools needed to help tackle economic crime, including fraud and money-laundering, and will deliver greater protections for members of the public and businesses”.²⁸ Guests at the Committee’s meeting welcomed the new legislation and highlighted how it will make it more difficult to launder money. Rachel Herbert said “I think the Economic Crime and Corporate Transparency Act is significant and exciting and a huge step in the right direction”.²⁹

The Committee welcomes the Economic Crime and Corporate Transparency Act and the anticipated impact it will have on money laundering activity. The Committee recommends that the Met provides it with further detail on what powers it will use, how these will strengthen its approach and the resource implications arising from this new legislation by June 2024.

²⁴ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, pages 12 and 13

²⁵ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 13

²⁶ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 13

²⁷ UK Parliament, [Economic Crime and Corporate Transparency Act 2023 Stages - Parliamentary Bills](#)

²⁸ HM Government, [Factsheet: Economic crime in the UK](#), 18 January 2023

²⁹ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 26

Cryptocurrency

The Committee heard how the use of cryptocurrency for money laundering is a growing issue and is concerned about the impact this will have on Met resources. While the Committee welcomes the Met's new Cryptocurrency Investigation Team, it is conscious of the pressure and demand cryptocurrency is putting on agencies. Detective Inspector Geoff Donoghue, Cryptocurrency Subject Matter Expert at the Met, described his role to Members as

"trying to take what has up to now, been a very niche area of finance and a niche area of policing and bring it into the mainstream, to upskill and to disseminate the learning that we generate. We have been funded partly by the Home Office and partly by the MPS, and we have a three-year mandate currently to deliver our objectives. We also have a role to act as a pathfinder for the rest of policing in the UK and to share what we have learned, and to build collaborative partnerships with other areas within law enforcement".³⁰

Commander Stephen Clayman told Members that:

"the fact that we have created the team is a way to start unravelling this emerging technology. Well, it is not so new, but for law enforcement it is certainly a newer technology. In terms of demand, it is a bit like the money laundering approach generally; what we put into it is the return that we get. The unit is not fully staffed, and it is achieving some amazing results [...] It is emerging, we are reacting to it with the resource we put in, and it is something where we will just have to keep an eye on the growth and how we invest moving forward. It is a difficult one and it is demand that we create to tackle, as with all money laundering".³¹

Detective Inspector Geoff Donoghue explained "We also really need skills in crime prevention as well. As you have seen, if we really are only scratching the surface of money laundering and we are seeing some of the quite insidious crime types that are hurting individuals that have been using cryptocurrencies, then prevention is going to be better than the cure".³²

The Committee believes it is imperative the Met upskills its staff in new areas (such as cryptocurrency), working closely alongside financial institutions, to match the growing demand tech-enabled money laundering poses on the service.

I would like to thank your team for engaging in a constructive and positive discussion on 10 January 2024. The Committee recognises that the sheer scale of money laundering is eye-watering and appreciates the work the Met is carrying out just touches the tip of the iceberg. We look forward to the Met's continuous commitment to working in partnerships to strengthen its work to prevent, disrupt and tackle money laundering in the capital.

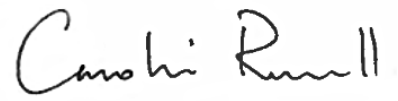
We look forward to receiving your response to our findings and recommendations, as well as any other comments you have on the Met's work to prevent and tackle money laundering. We would be very grateful to receive your response by 26 March 2024. Please send your response to Lauren Harvey, Senior Committee Officer via lauren.harvey@london.gov.uk.

³⁰ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, pages 2 and 3

³¹ London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 35

³² London Assembly, [Police and Crime Committee meeting – transcript](#), 10 January 2024, page 36

Yours sincerely,

A handwritten signature in black ink that reads "Caroline Russell". The signature is written in a cursive style with a large initial 'C' and 'R'.

Caroline Russell AM

Chair of the Police and Crime Committee

Subject: Baroness Casey Review – One Year On

Report to:	Police and Crime Committee
Report of:	Executive Director of Assembly Secretariat
Date:	6 March 2024
Public Access:	This report will be considered in public

1. Summary

- 1.1 This report acts as a background paper to a discussion with invited guests on the Baroness Casey review – one year on.

2. Recommendations

- 2.1 **That the Committee notes the report as background to putting questions to invited guests and notes the subsequent discussion.**
- 2.2 **That the Committee delegates authority to the Chair, in consultation with party Group Lead Members, to agree any output arising from the discussion.**

3. Background

Baroness Casey Review into the standards of behaviour and internal culture of the Metropolitan Police Service

- 3.1 In February 2022, The Baroness Casey of Blackstock DBE CB was commissioned by the former Commissioner of Police of the Metropolis, Dame Cressida Dick DBE QPM, to “undertake an independent review into the standards of behaviour and internal culture of the Metropolitan Police Service and make recommendations on the actions required”. The review was commissioned following the “grave levels of public concern following the kidnap rape and murder of Sarah Everard by a serving Met officer and other deeply troubling incidents”.¹

¹ [The Baroness Casey Review | Metropolitan Police](#)

3.2 In October 2022, Baroness Casey wrote to Sir Mark Rowley QPM, following his appointment as Commissioner of Police of the Metropolis, confirming that she would continue her work reviewing the culture and standards within the Metropolitan Police Service (MPS). Baroness Casey also shared interim findings on the MPS’s misconduct system and suggested actions.² In the letter to the Commissioner, and special report, she concluded that:

*“the misconduct system is not delivering in a way that you, I, your officers or the public would expect it to. Cases are taking too long to resolve, allegations are more likely to be dismissed than acted upon, the burden on those raising concerns is too heavy, and there is racial disparity across the system, with white officers dealt with less harshly than Black or Asian officers”.*³

3.3 Baroness Casey’s final report was published on 21 March 2023.⁴ The report makes eight overall conclusions:

1. There are systematic and fundamental problems in how the MPS is run;
2. The MPS has not managed the integrity of its own police service;
3. The MPS’s new leadership represent a welcome change of tone and approach. However, deep seated cultures need to be tackled in order for change to be sustained;
4. Londoner’s have been put last;
5. London’s women and children have been left even further behind;
6. The MPS lacks accountability and transparency;
7. Discrimination is tolerated, not dealt with and is baked into the system; and
8. The MPS is in danger of losing its way – consent is broken.

3.4 Baroness Casey also recommended that a Policing Board for London, chaired by the Mayor, be established to drive forward the changes called for in her review.⁵

London Policing Board

3.5 On 23 May 2023, the Mayor announced that he was establishing the London Policing Board (LPB) to “oversee and scrutinise reform” of the MPS.⁶ The Commissioner has welcomed the introduction of the LPB. He has stated: “I welcome this new approach to constructive scrutiny, including the opportunity for the process to take place in public so that Londoners can have confidence in the progress we are making towards delivering more trust, less crime and high standards”.⁷

² [Letter sent via email from Baroness Casey to Commissioner of the Metropolitan Police Service Sir Mark Rowley](#)

³ [Letter sent via email from Baroness Casey to Commissioner of the Metropolitan Police Service Sir Mark Rowley](#)

⁴ Baroness Casey of Blackstock DBE CB, [An independent review into the standards of behaviour and internal culture of the Metropolitan Police Service](#), 21 March 2023

⁵ Baroness Casey of Blackstock DBE CB, [An independent review into the standards of behaviour and internal culture of the Metropolitan Police Service](#), 21 March 2023, pp23-24

⁶ Mayor of London, [Mayor to establish London Policing Board to oversee and scrutinise reform of the Metropolitan Police Service](#), 23 May 2023

⁷ Mayor of London, [Mayor to establish London Policing Board to oversee and scrutinise reform of the Metropolitan Police Service](#), 23 May 2023

- 3.6 Members of the LPB were announced on 22 September 2023. The Mayor stated that the Members “represent a wide range of professional skills, expertise and lived experience – including equalities, community work, academia, tackling violence against women and girls, front-line policing, law, human rights”.⁸
- 3.7 The LPB is supported by two committees:
- The Performance and Finance Delivery Committee; and
 - The People and Culture Committee.⁹
- 3.8 The LPB is due to meet for the third time on Tuesday 5 March 2024.¹⁰

4. Issues for Consideration

- 4.1 This meeting will be used to explore the progress made by the MPS one year from the publication of Baroness Casey’s review into the standards of behaviour and internal culture of the MPS. It aims to:
- Explore the progress made by the MPS in addressing Baroness Casey’s findings with the MPS, the Mayor’s Office for Policing and Crime (MOPAC) and a range of external guests – bringing in a variety of voices and perspectives;
 - Explore the progress of the new Policing Board;
 - Build on the work the Committee has undertaken through its Q&A sessions; and
 - Explore the immediate priorities and potential challenges for policing and the scrutiny of policing in London over the coming year.
- 4.2 The following guests will attend the meeting:
- Sophie Linden, Deputy Mayor for Policing and Crime;
 - Kenny Bowie, Director of Strategy and MPS Oversight, MOPAC;
 - Charmaine Arbouin, Acting Regional Director for London, Independent Office for Police Conduct;
 - Andy George, President, National Black Police Association;
 - Steve Hartshorn, National Chair, Police Federation of England and Wales; and
 - Others to be confirmed.

5. Legal Implications

- 5.1 The Committee has the power to do what is recommended in this report.

⁸ Mayor of London, [Mayor announces members of new London Policing Board to oversee and scrutinise reform of the Met](#), 22 September 2023

⁹ [The London Policing Board | London City Hall](#)

¹⁰ [The London Policing Board | London City Hall](#)

6. Financial Implications

6.1 There are no financial implications to the GLA arising from this report.

List of appendices to this report:

None

Local Government (Access to Information) Act 1985

List of Background Papers:

None

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