

# POLICY BRIEF #1

## AUSTERITY, DECENTRALISATION, AND LOCAL GOVERNANCE: EXAMINING INTERAGENCY WORKING IN POLICING AND MENTAL HEALTH

### Aim of the research

In this policy brief\* we explore the case of policing and mental health crisis policy-making in North Yorkshire, an intertwined problem that has put law enforcement agencies to deal with a multitude of local services. Our analysis of such practices explores how the current financial model shows little concordance with the needs for interagency and problem-solving capacity of the institutions on the ground. The research builds on fieldwork carried out by the authors and it is based in qualitative interviews with police personnel, public services managers, local authorities, and representatives from the voluntary sector.

### About the authors

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\* This report has a full academic article companion available for request from [carlos.solar@york.ac.uk](mailto:carlos.solar@york.ac.uk)

Currently in the UK, there has been a conscious effort to reduce and reconfigure the size and functions of the state. In many ways the government believes that financial necessity will drive reform in the provision of public services. Austerity is affecting the delivery of mental health service in relation to the police and creating new governance arrangements. The police provide an excellent laboratory for testing the impact of austerity because they have been affected by direct cuts but also because cuts in other services (local government and the voluntary sector in particular) have produced greater pressures on the police in relation to mental health. Police come into contact with people in mental distress as offenders, suspects, witnesses, victims, and people in suffering. An increasing demand for services, as a result of austerity is, however, layered on top of a longer term trend for the deinstitutionalisation of mental health which means mental health issues are increasingly dealt with in the community. Even though North Yorkshire is divided into different local authorities and public services are scattered across its topography, the police force is a unitary institution that sits at the centre of a network of institutions facing common challenges of interagency governance with the wide spectrum of services being delivered in the region. This brief reports on evidence that the austerity measures driving local governance are a long way from accomplishing the objectives of decentralisation under the current financial model. We argue that local governance is stalled by three obstacles.

### *Introducing new governance arrangements is complex*

When the Coalition government introduced the Mental Health Crisis Care Concordat, policing institutions across the UK were required to abide by a new set of policy rules. The government's idea that a broad programme would improve practices in the police and the health sectors was certainly well intended. However, the current model of decentralisation in the context of austerity suggests that it was more difficult than policy makers expected. When thinking about introducing new governance arrangements, two factors need to be taken into consideration: first, the degree of autonomy and decentralisation that reigned previously, and second, the disappearance of incentives (mostly budgetary) as a consequence of austerity. Police participation in the Concordat has encouraged the exchange of best practices and to speak out what needs improvements. Police officers would often express frustration with the referrals to the health services. They would argue that the emergency departments are reluctant to assess people in crisis that



## Analysis and proposals

Using austerity as a driver of political reform has forced agencies to work together in order to find ways of improving service delivery with reduced budgets. The joint working is complex, multi-layered and to a degree overlapping. Local governance is now conducted through the steering of new regional boards, quasi governmental agencies, and fora for policy programmes that agree locally what needs to be done in the front line of services. In North Yorkshire, mental health and policing practices were rebooted as the need to readjust to novel strategic policy, as well as in response to the changing horizontal relations that police have established in the recent years. To effectively make front to this new scenario for policy-making, we recommended that:

- Policy actors should expand budgets and organisational boundaries to create more intertwined services responses and financing alternatives for when new cuts come.
- To better coordinate responses to mental health crises, police should compensate the lack of a single authority able to make decisions and consequently, and avoid each decision on the ground being contingent, ad hoc and usually time limited.
- Still, and on the bright side, decisions between police and other partners are often made together and there is a recognition across different agencies that solutions can only come with shared working.

do not meet criteria for admission, or if admitted, they are quickly discharged.

### *Novel forms of governance are difficult to embed*

North Yorkshire Police has begun an internal review process of what aspects were essential to improve when handling the issue of dealing with mental health related incidents. These were mostly in the identification, recording, response, referral and review of its mental health policing practices. Again, decentralisation and austerity have impacted on service delivery. North Yorkshire Police's attempts to overcome their lack of skills to identify and handle mental health incidents are costly and required extra resources that were not an item in the previous budgets. Both local authorities and health policymakers would nonetheless highlight the lack of tools that current police officers have to deal with mental health issues. Creating empathy, communication skills, and the ability of officers to de-escalate situations takes time and expensive resources. These are strange practices to the police that require time and political will if any change is to expected to happen.

### *Unintended consequences further stress local services*

Because police officers have embedded in the response from public services to mental health incidents, their resources for this kind of interventions has risen in time, human personnel, and material resources. North Yorkshire Police has followed distinct models of Triage intervention where police officers assess incidents in conjunction with a nurse who acts as a liaison to the health and crisis services. However, having in house clinical personnel is costly and a big part of the resources come straight from the police's pocket. This, despite that they are taking a wider role in services that should be provided as well, or at least financed in conjunction with the health sector.

## Policy brief series

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