HOUSE OF LORDS

Public Services Committee

Corrected oral evidence: Access to emergency services

Wednesday 9 November 2022

4.05 pm

Watch the meeting

Members present: Baroness Armstrong of Hill Top (The Chair); Lord Bichard; Baroness Chisholm of Owlpen; Lord Filkin; Lord Hogan-Howe; Baroness Morris of Yardley; Baroness Pinnock; Baroness Pitkeathley; Baroness Sater.

Evidence Session No. 9 Heard in Public Questions 71 - 75

Witnesses

I: Rt Hon Chris Philp MP, Minister of Crime, Policing and Fire, Home Office; Jaee Samant CBE, Director General, Public Safety, Home Office.

Examination of witnesses

Rt Hon Chris Philp MP and Jaee Samant CBE.

Q71 **The Chair:** Welcome to this session of the Public Services Committee in the House of Lords. We have with us the right honourable Chris Philp, who is a Minister from the Home Office, and a civil servant here, to help us think about the wider collaboration that there could be, should be or is with the other emergency services, specifically police and fire, which are the responsibility of the Home Office. We are very grateful to you, Minister, because, as I was saying beforehand, you are only a few days in post, so we appreciate you being here at all and we recognise that that means there are some things you may want to come back to us later about and so on.

I will open by asking you what you see as the role overall, the vision, of the other blue light services collaborating with the health service.

Chris Philp: Baroness Armstrong, thank you very much for the invitation to appear before your committee this afternoon. As you say, I was only appointed to this role as Minister of State for Crime, Policing and Fire by the Prime Minister two weeks ago tomorrow, so I am on 13 days now. I am very pleased to be here with my colleague, Jaee Samant, who is a director general in the Home Office with responsibility for public safety, among other things.

You asked about the vision for collaboration. We see the role that the police and the fire service play as critically important. We see their co-operation with the health service and the ambulance trusts as vital to ensuring the public are properly protected in the widest sense of the term.

A couple of things have struck me quite powerfully already. The first is that an extraordinarily high proportion of criminal incidents are connected to drug addiction. Depending on the crime type, you see percentages varying from about a third to a half of crime being related to drug taking and drug addiction. One of the things we want to strongly encourage is better join-up between police forces and the criminal justice system, including the Crown Prosecution Service and the court system, HMCTS, and the facilities available for treating drug addiction, to ensure that we are not simply arresting people who are committing drugs offences but making sure they are getting treatment.

There are various mechanisms available to courts that I think could be used more under the broad umbrella of community sentence treatment requirements. Those include drug treatment requirements, alcohol treatment requirements and mental health treatment requirements. I think there is a significant opportunity to use those more widely to treat the cause of the offending, rather than simply dealing with the consequences afterwards. Particularly around drug addiction, there is a big opportunity to work closely together, both in an emergency context but also more broadly.

The better forces who work on this already have the join-up that I hinted at, but I think there is an opportunity to try to make that a lot more systematised and institutionalised, so it does not simply rely on good relationships in a particular local force area or a local NHS area but becomes baked into the hardwiring of how we operate.

There is a similar cross-cutting issue when it comes to mental health. One of the things that has struck me very powerfully in the last 13 days is that every serving officer I have spoken to so far has raised the issue of the mental health pandemic and the way that it affects their policing responsibilities. That came up in everything, from speaking to the new commissioner on the first day in my job, Commissioner Mark Rowley, through to officers on the emergency response team in my local police station in Croydon in south London, which is the borough that I represent in Parliament. They all have the same story to tell: that there is a huge prevalence of mental health problems which to some extent is driving problematic behaviour but is also hugely absorbing police time. The way that we interact with the London Ambulance Service and the NHS to make sure that mental health problems are getting treated, but also that they are getting dealt with in the right way between these different agencies, is an area that we need to do a lot more work in.

I know that Sir Stephen House is doing a study into several questions concerning how the police spend their time, but this question about mental health is one of the issues that Sir Stephen will be looking into.

I do not want to give an answer that is too long, but close collaboration to address the underlying health causes of offending behaviour, as well as dealing with the consequences afterwards, will be critical if we are to improve how our society functions.

The Chair: We have heard that certainly there are legislative issues, regulatory issues and inspection issues that come in the way of effective collaboration. Have you had time to think about any of that? Is it something that we can encourage you to think about?

Chris Philp: If I am honest, I am still at the phase of diagnosis rather than trying to suggest that I can offer complete solutions. It is critical that we address these issues on a systemic, system-wide basis, which I suspect means taking a joined-up look at best practice.

Within policing, for example, the College of Policing is setting out best practice guidelines in the policing arena very effectively, and NHS England is setting out best practice guidelines in NICE in the health setting. What we possibly lack at the moment is a set of best practice guidelines that cover that whole system and how those systems interact with each other at the boundaries, and the best way of ensuring that treatment follows if the police identify mental health or drug addiction issues. Those models need to be developed on a system-wide basis.

Your committee might want to make recommendations about which forum or body to use to do that. The body that comes most immediately

to mind is the JESIP mechanism, the Joint Emergency Services Interoperability Principles, and the board that sits around that. It is possible we could take that and develop it, to do what I just described. Equally, there may be other ways of doing it, and your committee might make some recommendations in that area.

The inspection regimes are separate. We have bodies such as the CQC inspecting the health system, and we now have one inspector, His Majesty's Inspectorate of Constabulary and Fire & Rescue Services, inspecting fire and rescue and police together; but, again, I do not think it necessarily looks at how those systems interact more widely. There is a need to do more in this area.

The Chair: We have had some interesting evidence and reflection from people involved in the fire service, who talked about the White Paper being critical. However, they did not know what was happening to that, whether that was a priority for the current Government, as opposed to when it was first issued in May.

Is there greater clarity around fire service workers being able to help out with more prevention? They have done very well on their own prevention, and when they are making visits about fire alarms or whatever they are able to check on other things, but are they able to do more around falls—one fire service has a falls unit—and so on? It is not absolutely clear that that is what they are supposed to be doing, and so there is some criticism, particularly from the FBU, that that is not what the job is about and they are not being recognised for it. If they did, that would help with the prevention of more acute problems in the health service, and lead to much better diversity in the fire service workforce. All of them said that that would be a very good thing.

Chris Philp: Those are very interesting and important points. We intend to respond to the White Paper and take it forward. This Government will continue with that commitment.

On your point about getting the fire service to think differently about the role they can play, I have seen that happening a little bit locally. In one of the fire stations in my constituency in Purley—I think for the first time, certainly in any of the London boroughs that I am familiar with—they have police officers patrolling and parading from the fire station, which is logistically convenient for reasons of the way the geography works in Croydon. It has also started to encourage a bit of joint working and a bit of cross-referral between the two uniformed services in a way that starts to do some of the things you have described.

Jaee Samant: The Government are committed to doing the work on fire reform. We have been consulting and will be taking some of that forward in due course.

The Chair: What does that mean?

Jaee Samant: It means that the time is yet to be decided but we are working actively on it—particularly because all our Ministers are still very new, as you might imagine.

One of the key reforms that we proposed was an independent review of the national joint council on fire. What I have experienced in my one year in the job is that fire officers are, on an individual level, genuinely keen to help out and support other emergency services. They have been, at times, prevented from doing that as actively and vigorously as they would like, primarily by some of the practices via this national joint council. One of the things that we proposed was an independent review, which we think would actively help on this front.

I should say that, despite that, fire colleagues have been fantastic through the pandemic and after the pandemic; for example, in driving ambulances, helping with vaccinations and on a number of fronts.

The Chair: They said that, but they then said that a lot of that had had to stop at the end of the pandemic, and for them that was a problem.

Lord Hogan-Howe: One thing that we hear a lot is the inability to get through on the phone, on 111 particularly. I know we have had some data, but it is concentrated on the 999 calls. It might be helpful if we can get data on 999 and 111 incident numbers. We have had a similar discussion with health, and those numbers sometimes tell a different story. It would be helpful to see the trends.

More importantly, the Minister started his point by touching on prevention. As we have heard earlier, fire did really well on this. It has been a government-led initiative across, in the police, things such as drugs, as you have mentioned already, alcohol, design of place and things, working with young people, mental health, giving people education to stop themselves becoming victims, and concentration on repeat victims and offenders—this would not quite apply to health—and locations. Can you say more about how the Home Office might be able to help all the services, local authorities and police, around prevention? I have not seen the same clarity we have seen with fire. Alcohol is a big issue, for example. I do not mean just for the individual; the control of alcohol sales and licences is through local authorities, so everybody has a part to play.

Chris Philp: One of the areas where we have tried to develop the sort of model you are describing is the violence reduction units, which try to take a view across a series of potential causes of violent behaviour and work with other agencies and provide money directly to commissioned services to try to address the root causes, which begins to do what you are describing. I think it needs to be scaled up and needs to be done more systematically.

Some individual forces have done this themselves very well. Stephen Watson, the chief constable of Greater Manchester for the last year and a half, has taken that force out of special measures. Last week, I spent some time speaking to him about what he has been doing there. One of

the things that struck me was that he set up a unit at his force headquarters covering the whole of the Greater Manchester force area, which I think is about 10 metropolitan boroughs, doing analysis on the drivers of crime in different areas. Those can be very diverse: it could be a particular place—a micro location, as you have said; it could be a particular children's home that is being badly run; it could be a drugs pandemic in a particular area; or it could be individuals, whether drug addicts or troubled children, who have a problem that needs to be sorted out. Having identified the problem, he has then tried to co-ordinate and convene other agencies where necessary to fix the problem.

Some things, such as place-based crime in a micro location, he can deal with by policing that area, and he might talk to the local authority about trying to design out the crime. If it is a children's home that has a problem, he can involve Ofsted and the local authority to try to get that children's home turned around. If it is an individual who has a drug addiction problem or a child in care who is going off the rails, he can work with the relevant agencies to put individual plans in place to try to fix that.

He acknowledged that that goes significantly beyond what you would consider traditional policing to entail. But it strikes me that it has been, as far as I can see from the very early indications that I have observed, effective in reducing some of what he calls "demand"—essentially criminality—in Greater Manchester. That creates a virtuous circle for policing because there is less business to be tied up with, and clearly it helps the community and addresses the prevention point.

Trying to take that model or approach and replicate it nationwide—working with the College of Policing, with Andy Marsh and Nick Herbert, the chairman, with Martin Hewitt at the NPCC, and with whatever mechanisms we can get our hands on to try to identify and disseminate those best practice models—would go a long way towards what you are describing. It is happening in some areas, and with the VRUs, but I do not think it is happening systemically enough.

Lord Hogan-Howe: I agree that at local level there are good examples, but there is also the strategic level. One in three crimes is to do with a car. For 20 years, car crime came down because people could not steal them. Now they can; they have found ways to do it. One of the ways to amend that is to change the technology within the vehicle, but something is needed at a strategic level to intervene with the motor manufacturers, who will, in three years' time, change things. Or if you decided that access to a pub licence for someone ought to have more in it as to whether they were a fit person—it used to be a needs test around whether the area needed more alcohol, to which the short answer is generally no, but generally they can still get a licence—that is a strategic issue, because the local authorities must work within the framework.

I agree with you entirely that the local is important, but they have to operate strategically. I am not sure where government pulls some of that together. It has to be across government as well as within the Home

Office.

Q72 **Lord Filkin:** Thank you for your time, Minister. I agree with everything you have said in response to the Chair's first question, but it was essentially a very lucid expression of the Home Office's policy about how the NHS could do more to help Home Office goals. I would expect little else.

Our question was a complete reverse of that, of course: how could the Home Office and its levers do more to support emergency health services? That is, just to make the point sharply, a pretty central political objective for the Government as a whole. If they persist like this for two years, there will be a bad story in two years' time.

To go back to the question we were seeking the answer to, it has partly been covered already by previous questions. I will summarise it succinctly. We heard incredibly strong evidence from fire service leaders, individual fire service workers and even from the unions that they thought there was a lot they could do, in prevention and in access to some of the stuff that currently went into A&E without damaging their own priority goals to assist. We know that this happens in lots of other countries. They were also incredibly clear that the blockages were at the top. If the blockages are at the top that means, without putting too sharp a point on it, either Ministers or the Home Office itself. They are looking for clarity rapidly to liberate them and to validate their role to do more in specific circumstances.

I heard that they were going to have an independent review. Independent reviews worry me, because it sounds like a nine-month job. Could I ask that you give very strong political leadership to your officials that you want them to actively look at how the fire service can be liberated to do much more to support health emergencies? Otherwise, I do not believe it will happen and we will just get departmental defensiveness.

Chris Philp: Before I answer that, I will quickly acknowledge the point that Lord Hogan-Howe made about cross-system government work on things such as vehicle technology and alcohol licensing. I would add to that the legal framework for knives, particularly the very large knives that no one needs in their home but which are currently legal to have in a domestic setting. I accept those points and I will take them away, particularly on vehicle technology and alcohol licensing, and I will add to that the knife laws.

To the point Lord Filkin raises, I am not sure I quite accept your characterisation of the initial answer that I gave. To an extent I was drawing attention to the burdens placed on policing by, for example, the mental health epidemic we are currently suffering from in this country, but I was not suggesting that there was nothing that policing should do to assist. In particular, there is a lot we can do to help the health system identify individuals with mental health and drug problems that it would benefit both systems to proactively treat.

You touched on fire. My very early impression—and it is nothing more than that, after 13 days, as you will appreciate—is that police forces, certainly in big urban areas, are 120% utilised in dealing with the issues that they have in front of them, not all of which are strictly speaking policing issues. My impression is that the fire service may well have, as you suggested in your question, capacity to help other blue light services, particularly in the health arena.

I cannot offer a response now because I do not think I know enough to answer the question properly, but I am happy to take away an action to look at that, to discuss it actively with fire chiefs and to actively convene a meeting on that specific topic to try to dig into it. If there are ways of doing that a lot quicker than waiting for the independent review, I would be very happy to take them. I do not want to see publicly funded resources for the fire service not fully utilised when other bits of the public sector, particularly the ambulance service, the health service and the police, are massively overstretched. I will take that away as a point to look at.

Lord Filkin: I am very grateful for that.

Q73 **Baroness Chisholm of Owlpen:** This leads on from Lord Filkin's question, and is about data sharing. We have heard from a lot of witnesses that there is not enough data sharing between the blue light services, which would help in collaboration. Is this being looked at by the Home Office and the DHSC? Are they trying to work in collaboration on this and with the police, the fire and the ambulance service?

Chris Philp: I certainly want to see a lot more data sharing, particularly on the prevention piece that I mentioned at the very beginning and that has come up a couple of times subsequently.

To repeat the point, I think there is a lot we can do around mental health and drugs, both of which are huge drivers of criminal behaviour. Therefore, the police by definition have access to a lot of information about who has problems in those areas and who needs help and treatment, which very often at the moment they are not receiving. We can clearly try to do that through the court system, via various forms of community sentence and treatment requirements. I intend to work with my Ministry of Justice colleagues to see if we can use those more widely and get more of those orders made, particularly as an alternative to very short custodial sentences.

We should also be sharing that data not just when it comes to a conviction but beforehand. A lot of people were getting counted by the police in their day-to-day work who may not have crossed the criminal threshold, and were probably not going to be charged or convicted in a court, but who none the less had problems that needed sorting out and, if not sorted out, would escalate later into criminality. My strong hypothesis is that there is a lot more we can do in this area.

Jaee Samant: We are working, Baroness Chisholm, with the DHSC on improving data sharing. I think it is fair to say that there is some way to go still on that front. We have been trying to promote more effective data sharing between healthcare providers and law enforcement, primarily for the purposes of preventing serious harm, as you might imagine, including work to tackle some of the local and national barriers that we encounter. We have also been working with the National Police Chiefs' Council on a new mental health and policing strategy, some of which has a renewed focus on data and information management and prevention approaches, because those are so important.

There is clearly some way to go. There are excellent pockets of good practice and a lot of the decisions about what people are daring to share are driven locally.

The Chair: They are, but we have heard the frustration of those in services where they maybe had had a good experience in the past—for example, during the Covid pandemic, when information about who were the vulnerable was shared across the services. For the fire service, that meant that, if they were attending someone who they thought vulnerable, due to not having adequate protection in their home, when they went to the home they knew the person was vulnerable and could therefore think about other things and work with the family and the individual on that. That stopped once the pandemic regulations were finished, and it is up to local negotiation now. They said it was frustrating that they had to go back in every area. For some, of course, a fire service covers a much broader area than one local authority. This was ending in frustration, and they were not able to intervene in the way they wanted. That is part of the regulatory system that we have heard about. It develops a lot of frustration, and they are now not tackling prevention as effectively as they were.

Chris Philp: Was that was coming particularly from the fire service?

The Chair: Yes.

Chris Philp: You said that the sort of prevention that they felt they were doing, but are now not, was around assisting vulnerable people in a general sense.

The Chair: Yes, but on data sharing they were part of knowing who is vulnerable in a locality.

Chris Philp: The data Bill, which is with DCMS, has been paused owing to the recent turbulence in ministerial positions but I hope it will be taken forward. It contains provisions giving a better legislative basis for data sharing between public bodies where there is a public good to be served, and that certainly removes any barriers. Removing barriers is different from creating a duty or an obligation, so we might just check whether the Bill enables or requires data sharing. It will certainly strip away any obstacles.

Q74 **Baroness Sater:** We have discussed quite a bit the increase in the health emergencies that police services are having to deal with at the moment, in particular relating to drugs and mental health. We have received some evidence from your department that relates to innovative models of joint working that help to get the right response to people in mental health crisis at the right time. Could you give us an example of one of those models that you are looking at, and perhaps tell us when you will get feedback from the models or pilots that you are rolling out?

The other thing mentioned, and I think you have mentioned it already, is working with the National Police Chiefs' Council, the College of Policing, and the Department of Health and Social Care to understand mental health demands, including the considering of the impacts and pressures and operational challenges this has caused. Do you have a timetable of when you will have feedback from that work and the joint working that you are doing with the other departments?

Chris Philp: Let me take the second question first, and then I will ask Jaee to answer the first. There is a number of workstreams. One is Sir Stephen House's work, which I mentioned before. He was commissioned a couple of months ago, and will deliver an interim report in April 2023 and a final report in September.

I think that we need to do some work alongside that. As a first step I intend to convene, in the next few weeks, a round table with interested stakeholders from policing and DHSC, the ambulance service, the NHS and mental health trusts to start getting a better picture of what is happening and to think about how we can set up some sort of systematic way of dealing with it.

It comes back to the point I made at the very beginning. We have localised examples, and this committee may have heard of some of them, of where good local work is happening, but, as far as I can tell, it is not especially well systematised or applied nationally. I want to, first, understand what the problem is, secondly, understand what will work to fix it, and, thirdly, try to think about creating some sort of structure to bake it in and make it work on a national basis.

I hope that that work will take place in the coming months. I do not think that we can afford to wait too long. It is a huge problem in public health, because widescale mental health and drug addiction is not being treated properly, and it is a huge problem for criminality as well. As I said, a third to a half of all criminality is probably drug-related, and then at least another third, which overlaps somewhat, is mental health-related. It is a big crime reduction driver, as well as a public health challenge.

Jaee Samant: It is worth saying that, in addition to the Steve House review, which is looking at the operational productivity of policing, it is about trying to form an evidence-based assessment of the demands on policing of the mental health crisis. When Mark Rowley started as commissioner in the Met, he said it was estimated that one in four of the calls that the Met were getting related to mental health issues.

We hear a lot of anecdotes about this across different forces. What we do not have is a clear evidence base. The Steve House review is about trying to put together a proper evidence base. We also plan to supplement that with a police activity survey in the new year, run by our own analysts in the Home Office, which should help us to better understand the pressures and understand where there is innovative good practice.

Finally, on what is working, there are good examples but they are very small and localised. At an official level we have brought together a group, with the snappy title of the Home Office Crisis Care Senior Operational Group, across multiple departments and some of the emergency blue light services, to identify and expand good practice in supporting individuals in mental health crisis in particular and to improve the integrated partnership working.

Baroness Sater: Do you think that you will have enough workforce and funds to be able to work with your findings and deliver quickly? As you have said, there is an urgency about all of this.

Jaee Samant: With that group, and with the College of Policing developing its standards for the professional practice of how to deal with mental health care and so on, I think that we will be able to disseminate what really works better than we have done hitherto.

Chris Philp: On the question of resources, we are in the process of hiring an extra 20,000 officers. As of 30 September this year we had hired just over 15,000 of those 20,000, and we are on track to hire all 20,000 additional officers by April of next year. That creates extra capacity, particularly once they have gone through the training programme, because obviously quite a lot of them are under various forms of training, depending on their entry route. That was supported by an extra £3.5 billion of funding over the three-year police uplift period timeframe, which paid for more than just their salary; it provided additional resources to police forces more generally.

The settlement this year is £16.9 billion in total for policing, and that includes the NCA, which I think is more than it has ever been before. By the time we are done with the 20,000, we will be up to 149,000 officers in total, which is more than it has ever been in the past, and the Met's uniformed strength is already higher than it has ever been at any point in history.

There are more resources available, but we should not be under any illusion that the demands are not enormous as well, particularly in these two areas of drugs and mental health.

Q75 **Baroness Morris of Yardley:** In your answer preceding that last question you talked about gathering data and spreading good practice, which is absolutely part of the infrastructure of any department that delivers any public service. I must admit that, throughout the hearings, we have been left confused about the data that is collected and what is accurate, and—this is not peculiar to your department—our inability to

spread good practice. I suppose they are two related questions.

If I understood it right, and I may have the wrong end of the stick on the police and mental health—I know we cannot just go on anecdotes but the anecdotes have been around for so long—I am amazed that the data is not there. To be honest, I am shocked about that. I genuinely wonder whether we need any evidence. Why do we need a year to persuade ourselves that something needs to be done about that? You have only to watch police forces or talk to neighbours or read some books. That just seems like an unnecessary delay.

On the question of spreading good practice, you will not be the first Minister in your department to try to do this. I tried to do it 20 years ago, with Michael, in education. It is really difficult. It needs to be done but my question is this: are you sure you have a thorough understanding of why it has not been done or why the efforts to spread good practice have failed? It will not be that the Home Office has not tried to spread good practice before; it will be that it tried to and it has not worked. I do not want Ministers to be starting again; it is more urgent than that. Those are the two big things that have come out of the evidence that we have been looking at.

Chris Philp: I will try to answer the question and then I will pass over to Jaee. I hesitate to try to give too emphatic an answer to your question, having been in the department for only 13 days. I think one of the answers is that both government departments and inspectors and bodies that are supposed to identify and spread good practice, such as the College of Policing, are very vertical. You have the College of Policing, which as the name suggests focuses on policing; you have HMICFRS, focusing on policing and fire; you have the Home Office looking at policing and fire; and you then have the DHSC, the NHS and the CQC in their silo. Where there is an intersection of criminality and health, which we have here with mental health and drugs, essentially, those departmental and operational or organisational dividing lines have been too sharply drawn in the past, or have proved to be a barrier to getting these things sorted out. That is my hypothesis but, as I say, having only recently arrived, I do not want to put it any more strongly than a hypothesis.

My suggestion, which needs to be tested, is that we need to not just let this joint working happen on occasion, sporadically, by happy good chance—which does happen in some areas—but to create an institutional machinery that makes it happen, not just lets it happen, nationwide. Figuring that out and implementing it quickly I think is the answer to your question. I would not put it more strongly than a thought, given that I have only just started.

Jaee Samant: Frequently in public services I find that what gets measured gets done. There are two things worth saying on this front. In inspecting the police, HMICFRS does PEEL inspections—police effectiveness, efficiency and legitimacy. That was amended to include greater reference to collaborative working, but it does not specifically

cover JESIP compliance. However, its inspections published in 2020 covering how the services worked together contained some useful references to JESIP. Of course, in inspecting the fire service, it explicitly covers JESIP. Partly, the inspection regime will drive particular behaviours, and we have a JESIP ministerial board that was constituted only last year. It has met twice, and I hope will meet again. It includes Home Office Ministers and the DHSC Minister. That would also be a good vehicle for driving good practice, alongside the inspectors and the respective colleges that sit in individual sectors.

Baroness Morris of Yardley: What about the delay in finding out whether there is a problem with mental health and policing?

Jaee Samant: In truth, I do not expect that it will take Sir Stephen House a whole year to feed back to us what he finds on the mental health part, because that is some of the work that he is choosing to do early on. It is important to develop an evidence base; I know that there is a lot of anecdotal evidence but you cannot do good policy on the back of anecdote.

Baroness Morris of Yardley: Would you accept that it has been a failure of the department not to have collected the evidence base while the anecdotes have been around? You could have done this ages ago.

Jaee Samant: What we are trying to balance here are really different competing demands. One of the challenges for policing has always been around not imposing greater bureaucratic burdens, because they have a lot to do and are under tremendous pressure. With the establishment of police and crime commissioners 10 years ago, the Home Office tried to strip back some of the data demands that it was placing on policing.

Baroness Morris of Yardley: Maybe it got this one wrong. I will leave it there.

Lord Bichard: The one thing I have not heard in the last 10 minutes is ownership. My experience is that, if you are trying to get people to do something differently, they need to feel some ownership of it. You have been talking very much about a top-down model; about what the Home Office can do and about what Ministers can do. What we need is buy-in at a local level. We need to incentivise and support that, rather than taking tablets of stone down to people who are doing their best under difficult circumstances. Should we not do a bit more to get ownership of police, fire and ambulance for a different way of working?

Chris Philp: We have been talking about identifying and trying to spread best practice, which I do not think is necessarily too directive in nature. You also need to create the institutional machinery that facilitates or allows this kind of work to happen; you cannot necessarily assume it will happen spontaneously. It has happened spontaneously in some areas and, where it has, it has worked well, but I am not sure we can necessarily rely on that. I think creating the institutional machinery has some value, because then the local initiative can be taken in that context, and it makes sure it happens. It means that you are not taking a chance

that it does not happen. I do not want to be sitting here in two years' time being asked to explain why nothing has happened.

Lord Bichard: Absolutely right, and I am not suggesting you just leave it to an anarchic arrangement. But sometimes, mostly, the history of Whitehall is that it tries to tell people what they should do and how they should change, rather than work with them to develop a new way of doing things.

Chris Philp: We certainly intend to be collaborative in the way that we develop these ideas.

Jaee Samant: We do. It is worth saying that, in the recent history, HMIC inspected JESIP and found that greater support was needed from the Home Office—because it was previously owned by the blue light services. HMIC found that greater capacity, support and drive was required from the Home Office to properly embed it, which is why we are "owning" it.

Lord Hogan-Howe: I want to join in the comments that Estelle has made about the data. Jaee is making a frank point, but it has been a problem for 10 years and I think the data is there. It may need to be refined, but you cannot say that there is not enough data. We know that 40% of the prison population has mental health problems; it is fairly stark. I agree with Estelle, and I find it quite a surprise. Whether or not it sits in the wrong place—maybe it sits with the police or the health service—I think it is there.

More importantly, and more positively, is the alcohol issue we talked about earlier. The Home Office has led well on a strategic issue, around sobriety. For those offenders who have an offending pattern caused by alcohol, sentences with tagging which checks whether they are drinking can make a difference. That type of prevention is a real opportunity, and the Home Office has taken a good lead on that. Industrialising that, and for drugs, could be a good investment for the future; it is not very expensive but is very effective.

Chris Philp: For alcohol, we have done it via tagging, as you say. For drugs, it has to be done as part of a treatment programme which includes drug testing. I do not think you can do drug analysis on a tag, but you can certainly do it as part of a treatment programme.

Lord Hogan-Howe: I think there is more electronic stuff around. For mental health, one of the challenges tends to be that people do not take their medication when alone in society, but you can now use chips and do things around that. I am not saying that technology has all the answers, but it can have an impact on some of the major issues that cause individuals to become involved in crime. There is hope.

The Chair: We inevitably as a committee discuss how we see change and what the levers of change are. I think that, in this area, it is difficult to see what the levers of change are.

I fully take Lord Bichard's point about people needing to own the way forward at a local level, but if there has not been national strategic

guidance, it is very hit and miss. One of the things we have heard from people who work in their own locality in the different services is that, at the moment, collaboration depends on good relationships. Of course, good relationships will be important, but we have heard from too many people that, when somebody moves on, there is then no local agreement about what the collaboration should be about and what they can and cannot do. They say that they have to start again. That is not good enough.

Chris Philp: I accept that.

The Chair: What I am saying is this. Are you working towards making sure that there is clear, national strategic direction for collaboration in this area, so that locally they do not have to reinvent the wheel every time there is a change of personnel?

Chris Philp: I accept your analysis and agree with it. It is my intention to try to do what you are describing in the coming months.

Jaee Samant: If I may, Chair, the Policing and Crime Act 2017 places a statutory duty on the police, fire and rescue, and emergency ambulance services to collaborate with one another in the interests of effectiveness and efficiency, and to keep collaboration opportunities under regular review.

The Chair: Has there been any more work done in the department on that?

Jaee Samant: The main work is via the inspection regimes, as I mentioned earlier, which look at some of this.

The Chair: I am being reminded that we have been told that that does not work. That is why I was asking how the department is looking at that. That is something you can take away; I am not going to ask you to come back on that immediately.

As I said earlier, there are regulatory and other issues. As just a very small example of that, we have heard from the police service in particular—but we have heard it from other services in relation to other things—that they will look after someone in the middle of the night and take them into custody because they are having an episode of some sort. But if that person dies, that is then reported to police complaints and becomes a real problem, whereas what they were doing was looking after somebody for whom there was no evidence of having committed a crime. That is the sort of situation where you get into people saying, "Hah, that is not my job", and pushing them away. Somehow, the departments need to think about how they can help to sort out those sorts of issues, which are regulatory and inspectorate related.

Lord Filkin: Minister, I thought you gave a very clear and committed answer to my questions about how to try to remove the blockages around the role of, or expectations on, the fire service to contribute towards emergency health services. You instanced, for example, convening

discussions with fire service chiefs and so on. It would be very helpful to us if you could drop a fairly early line just setting out what you would expect to be the timetable and process for that, so that we can include it in our report.

Chris Philp: I am happy to do that.

The Chair: If there are no further questions, I will say thank you very much to you. This is clearly an area that is giving real concern out there, and where we know there has to be the development and implementation of policy from government. Thank you very much for coming to us as early in your career in the Home Office as this, and thank you to Ms Samant as well for your helpful support. I now formally end this session.