

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol
a Chwaraeon
Ymchwiliad i iechyd meddwl yng
nghyd-destun plismona a dalfa'r
heddlu
HSCS(5) MHP08
Ymateb gan Fwrdd Iechyd Prifysgol
Hywel Dda

National Assembly for Wales
Health, Social Care and Sport
Committee
Inquiry into Mental health in Policing
and Police Custody

Evidence from Hywel Dda University
Health Board

The Health, Social Care and Sport Committee inquiry into Mental Health in policing and police custody

Thank you for your email of 13 February 2019 requesting written evidence from Hywel Dda University Health Board on partnership working between the police, health and social care services (and others), to prevent people with mental health problems being taken into police custody, to ensure their appropriate treatment while in custody, and to help ensure the right level of support is provided when leaving custody.

Please find our response below. This is a joint response from the views of the Mental Health & Learning Disabilities directorate and West Wales Action for Mental Health.

Whether there are sufficient services (i.e. health and social care services) available to support police officers in Wales to divert people with mental health problems away from police custody.

This is currently challenging. A mental health triage team, consisting of one police officer and one mental health nurse working together, are available during each evening as a point of contact and assistance. There are clinicians available 24/7 to support officers in their decision making. These are drawn from the existing Crisis Resolution and Home Treatment team (CRHT) resource and are not always immediately available. Whilst the need to support services is recognised, support to officers is provided from core services which face increasing demand year on year.

We currently only have one nurse within the Health Board who will assess individuals detained in custody as part of their role. The lack of provision across the Health Board restricts how this service can be embedded within the local police force.

Diversion is rarely required. However, what is needed is assessment and liaison to ensure that individuals are referred to appropriate mental health services. This can often happen after a person leaves custody and does not require diversion.

Our commissioned services are developing improved support and are assisting with developing non-health based places of safety in line with our Transforming Mental Health programme. We recognise that we need more direct access services in the day and evening times. We also need more flexible outreach and be-friending services that can reach out to people and families in times of crisis and as a prevention activity. The Transforming Mental Health programme aims to help address this through providing earlier and easier access to mental health care 24/7.

The number of people arrested under section 136 of the Mental Health Act 1983, and the extent to which police custody is being used as a place of safety for people in mental health crisis.

The numbers being arrested under section 136 of the 1983 Act had been increasing steadily since 2013; however, a small reduction was noticed in 2017 (see figures below).

The Health Board and Dyfed Powys Police regularly monitor the use of police custody and have embedded monitoring and reporting systems in place. This has seen a dramatic reduction in the use of custody as a place of safety, from 144 in 2013 to 1 in 2018.

Whilst individuals are not being arrested under section 136 and taken to custody, there is a concern regarding the number of Police and Criminal Evidence (PACE) prisoners who are placed under section 136 in custody and then transferred to a health based place of safety for further assessment by an Approved Mental Health Professional (AMHP) and doctor. The outcome of these assessments rarely indicate the need for hospital admission and as such interferes with the PACE process.

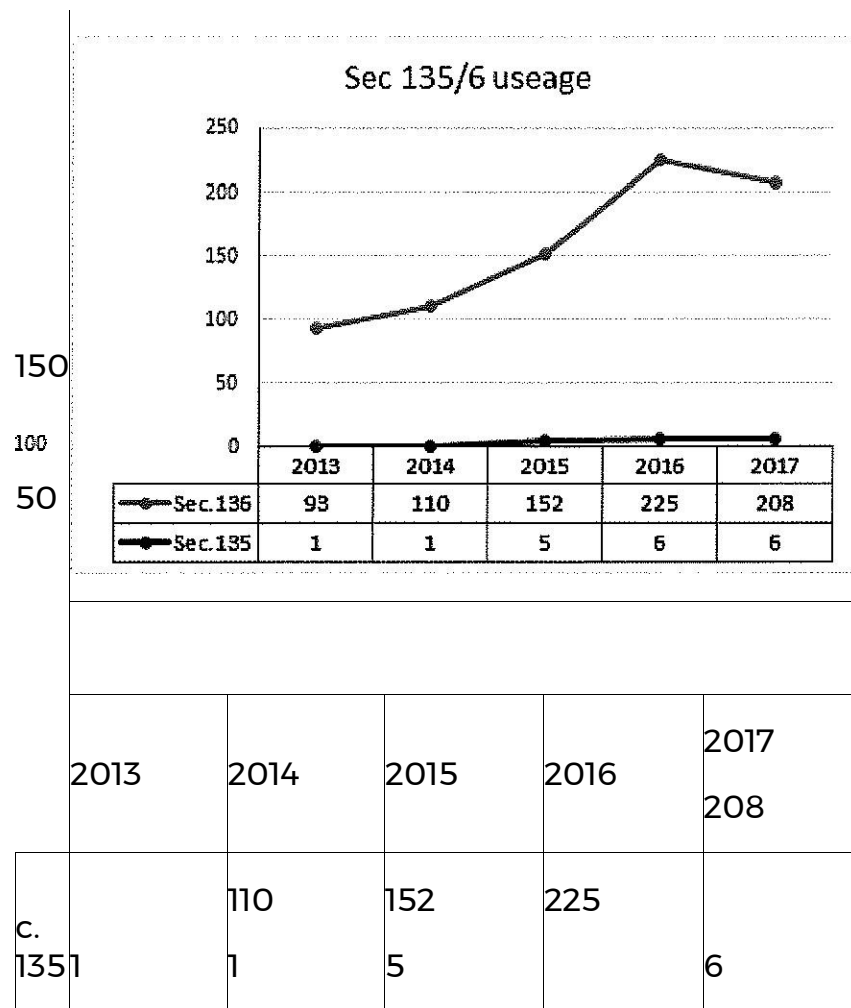


Figure 1 - Numbers arrested under S135/6 each year

| Year | No. of detentions to police custody |
|------|-------------------------------------|
| 2013 | 144 |
| 2014 | 100 |
| 2015 | 57 |
| 2016 | 16 |
| 2017 | 10 |
| 2018 | 1 |

Figure 2 - Use of police custody as a place of safety

Whether local authorities and health services are meeting their duties and complying fully with legislative requirements to provide appropriate places of safety to which the police may take people detained under section 136 of the Mental Health Act 1983.

The Health Board currently provides three designated places of safety. This will increase to four under the Transforming Mental Health programme. Use of these places of safety is carefully monitored and there are protocols in place to alert the police and local authorities if any are closed or full for any period of time. Generally, we believe that we are accommodating section 136 patients in health based places of safety, responding within timeframes, meeting legislative requirements and adhering to the Code of Practice. However, there are sometimes issues with staffing challenges for the suites or when the suites are already in use.

We would benefit from community based places of safety and not just ward based section 136 options. Feedback from service users and carers is that it can feel very scary for service users shut in a room which feels a long way from the ward or anyone else.

Adherence to the Code of Practice to the Mental Health Act 1983 which requires that people detained under that Act should always be conveyed to hospital in the manner most likely to protect their dignity and privacy – taking account of any risks (i.e. by ambulance which should be made available in a timely way, as opposed to police transport).

Access to ambulance services for mental health patients is considered very difficult by mental health services and the AMHPs. This remains a cause for concern. The Health Board is piloting a transport service to support all transport needs during peak crisis hours. There is also a transport work stream under the Transforming Mental Health programme that is evaluating current and future transport needs.

Our service users and carers have provided feedback that most often service users are conveyed by the police and this can cause distress and embarrassment. West Wales Action for Mental Health received feedback that ambulances do not arrive and that transport is referred to the police instead. There can be long delays waiting for transport and people have reported being discharged with no help to return home when they are not detained. There have also been reports that the police being really helpful and support service users to get food on the way home when they are not detained, and being gentle and understanding.

How effectively police forces in Wales work with partners (such as health or social care services) to safeguard vulnerable people in police custody, and how well the police themselves identify and respond to vulnerable people detained in custody, specifically those arrested under section 136 of the Mental Health Act 1983.

The police commission health care services within police custody. However, their recent re-tender process did not include cover for individuals brought into police custody as a place of safety. The Health Board has no additional resource for this, it is a matter that both agencies are attempting to resolve. We have indicated that detained persons can be brought to A&E like anyone else and for any other suspected condition. Powers of the police to involve responsible adults at interviews may need further scrutiny.

One of our concerns is therefore the availability of mental health nurses as part of medical services commissioned by the police. Lack of mental health nurses, coupled with a reduction in doctors, can result in a reliance on NHS services to provide this expertise. However, not all Health Boards have a service for police custody.

West Wales Action for Mental Health have received feedback from service users that there are times when they are told by police that mental health is not a police matter, and it is taking up important police time. We have also received press statements from local police highlighting this as a similar theme. This can leave service users and families very reluctant to ring police in a crisis.

Where police have been involved, we received good feedback about the kindness and compassion shown. However, there are some cases where service users felt very judged and belittled.

There have also been problems identified with stop and search of people with mental health problems in the community. This has led to some people being very afraid of the police and means that section 136 and crisis situations are heightened and more difficult to manage. West Wales Action for Mental Health also state that service users and carers need to support the police with their Stop and Search training in relation to mental health, and there is a need to develop an information card for service users and carers about the rights they have in relation to Stop and Search.

The effectiveness of multi-agency care planning for people with mental health problems when leaving custody, specifically for those detained in police custody under section 136 of the Mental Health Act 1983 to help to prevent repeat detentions.

We effectively no longer have individuals detained under section 136 in police custody. However, following section 136 assessment, the AMPH should signpost or refer that individual to appropriate services.

West Wales Action for Mental Health report a mixed picture of positive and negative experiences with the police. They also report that more people need to be given information about local advocacy and mental health organisations they can contact after detention for further help if they are not detained.

Whether effective joint working arrangements are in place, with a specific focus on implementation of the Mental Health Crisis Care Concordat, including whether the Welsh Government is providing sufficient oversight and leadership.

The Crisis Care Concordat regional forum is well established and has overseen some significant improvements in crisis care. It reports to the Local Mental Health Partnership Board and to the Welsh Government assurance forum. It is chaired jointly by the Health Board and Director of Public Prosecutions (DPP). Some notable achievements have been:

- Slow and fast-time review processes in place .
- The provision of joint training between the police and mental health services
- Defined escalation procedures where disagreements occur
- A defined pathway for the consultation requirement under the Policing and Crime Act
- An updated section 136 Inter-Agency Procedure .
- A draft section 135 Inter-Agency Procedure, almost complete
- Service user and carer feedback workshops established.

I am pleased to confirm that representatives of Hywel Dda University Health Board will be presenting oral evidence to the Committee on 4 April 2019 from

12.30 – 13.30. The following staff be attending:

Richard Jones, Head of Clinical Innovation & Strategy

Dr. Maria Atkins, Consultant Psychiatrist

Kay Isaacs, Service Manager, Adult Mental Health

Sarah Roberts, Mental Health Act Administrator

Yours sincerely

Steve Moore

Chief Executive