

## **Cwm Taf University Health Board Response Health, Social Care and Sport inquiry into Mental health in policing and police custody**

The above committee have requested information in view to a brief inquiry into mental health in policing and police custody. This 'spotlight' will focus on partnership working between the police, health and social care services in view to how the Mental Health Crisis Concordat has been implemented locally. The aim of which is to improve care and support for people experiencing or at risk of mental health crisis and who are likely to be detained under section 135 or Section 136 of the Mental Health Act. Ultimately, a review of how local protocols have been implemented that:-

- reduce the number of people with mental health problems being taken into police custody,
- when police custody is necessary, how it is ensured that appropriate treatment is provided, and the right level of support is provided when leaving custody.

### **Cwm Taf University Health Board Submission**

Cwm Taf University Health Board benefits from an extremely positive relationship with all partners in this specific area of work. Partnership arrangements with the South Wales Police force and Local Authorities have demonstrated an effective and collaborative working relationship. Implementation of this work has enabled and strengthened the service provided to people, who are in need of crisis assessment, resolution and intervention.

In addition to this, other work has been developed that aims to reduce the number of people struggling with mental health and distress and prevent it from escalating into the need for 'crisis assessment' (under Section 136 or informal assessment). This includes the recently developed "Mental Health triage" that spans across 3 health boards in South Wales (Cwm Taf HB as the lead, Abertawe Bro Morgannwg and Cardiff and the Vale) and South Wales police. The scheme has been in operation since January 2019 and has proved to be well received to date. This service will be independently evaluated in view to its impact upon crisis services provision across the partnerships and organisations.

Response to Questions as follows:-

- 1. Are there 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?**

In answering this question it is important to note the spectrum of language used in relation to mental health. Needs the police identify range from urgent help for some people with very serious mental illness who are often already known and receiving care locally, at the other end of this spectrum are people experiencing acute mental health distress which is often directly related to a reaction to a very recent situation. Both require responses but often not the same ones and it important for all involved

to recognise the difference.

Local links have been developed and strengthened that include:-

- Regular contact between Mental Health services (health and local authority) with the Mental Health Lead (SW Police) in view to collaborative work for people deemed to be 'high risk' or have 'complex needs' when living in the community. This ensures any concerns/issues are picked up and managed swiftly and not resulting in a crisis situation.
- Forensic lead nurses who link in with forensic services and the Police to review 'high risk cases' and promote robust care plans for people leaving secure placements or prison. This work includes links into and joint working with the Public Protection Unit, MASH (Multi-Agency Safeguarding Hub), and Prevent/Channel panel that ensures a multi-disciplinary approach and management of people known as 'high risk' or a danger to others.
- The Criminal Justice Liaison nurse assesses those brought into custody and within the Court process. Whilst also holding a "marketplace" within Merthyr Probation, in order to assess any person where there is concern in view to their mental health.
- The Court/Custody liaison nurses also form part of the 'review/assessment' team when people are in police custody to ensure people receive the most appropriate care (including physical health) and follow up.
- Regular locality meetings with police and local authority to review joint working initiatives.
- Joint working protocols that enable effective communication between all including a process that reviews people who have 'repeated 136 assessments' within a MDT review.
- Crisis Resolution Home Treatment (CRHT) service provision in CTUHB provides 24 hour cover across the footprint. The service is designed so that people can benefit from direct access into the service (includes self-referral) which cuts out cumbersome referral systems and a 'quicker route' for emergency assessment, the police have direct access to this.
- Medical on call system in CTUHB –ensures that a Consultant Psychiatrist is available and will aim to undertake the assessment (Section 136) within a 3 hour period of time. This is reflected, out of hours and on a 24/7 basis.

## **2. How many people are 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?**

Statistics for Section 136 has increased over the past 3 years, but the numbers of people taken into custody has reduced remarkably: See table below:

### South Wales Police: Across Health Boards

Year	Total	To Hospital	To Custody	Sectioned MHA
2015/16	<b>710</b>	518	192	171
2016/17	<b>680</b>	658	22	171
2017/18	<b>839</b>	825	14	247

Local statistics within CTUHB have demonstrated that there has been an increase in the number of Section 136 assessments, but the use of police custody as a place of safety has reduced radically –see Table below, where it has not been used at all within the last year.

### Cwm Taf University Health Board

Year	Total	To Hospital	To Custody	Sectioned MHA	Conveyance
2015/16	<b>115</b>	95	20	21	4 ambulance 111 Police
2016/17	<b>146</b>	146	3	30	9 Ambulance 88 police
2017/18	<b>176</b>	176	0	27	10 Ambulance 166 Police

This success has been mainly due to effective working relationships with the police (specifically with both CRHT teams) that has included jointly agreed protocols (crisis concordat). The data also provides evidence that 'police transport' is the frequent mode of conveyance, with the ambulance service providing a limited resource for this.

Developments within the community setting (police led) have included the development of 'stand, walk and talk' process which has reduced the number of Section 136 they implement when called to 'crisis situations' that has been successful in diverting people away from police custody.

All the above has ensured that only people who are extremely violent and whom present significant risk of harm to others are considered for police custody, and that current protocols and working relationships have been successful in reducing this.

**3. Are 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?**

It appears that this is working well in CTUHB –but this position is reviewed in regular joint working forums i.e. Mental Health Act monitoring Committee (meets every 2 months) and Mental Health Act monitoring operational group (meets monthly). Any issues or areas of concern are discussed and action plans agreed to remedy the situation. Again, this is promoted by the effective working relationships forged between all relevant organisations.

Such forums would identify any compliance issues with the timeliness of assessments and adherence to the protocols i.e. within 12 hours. No breaches have been identified over the last year.

**4. Is there 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).**

This has not been fully achieved and there is still an over reliance on Police transfers. Conveyance to the Section 136 assessment is predominantly undertaken by the police which appears to be due to unavailability of ‘rapid response’ from WAST. Numbers conveyed via ambulance for the last 2 years is as follows:-

30 in 16/17 and 30 in 17/18, which is low on consideration of Section 136 assessments undertaken (see table under Question 2).

This is an area that requires further enquiry and possibly investment on an All Wales basis.

**5. 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.**

Measures are in place that ensure people are treated appropriately and include:-

- Daily and ongoing regular contact from Court Liaison and Forensic Lead nurses who liaises with the relevant health or local authority professional
- Direct link to the Multi-agency Safeguarding hubs for advice and support: which includes the ability to discuss people in relevant review meeting i.e. safeguarding strategy meeting or MAPPA/complex case reviews.
- Protocols in place to promote and ensure above.

**6. 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.**

- Daily and ongoing regular contact from Court Liaison and Forensic Lead nurses who liaises with the relevant health or local authority professional
- Inreach from allocated CMHT/MDT if known to service.
- If not known or appropriate for mental health –effective signposting to relevant organisation such as the National Probation service.

**7. 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.**

Effective working arrangements have been in place however, there is more work that could be developed, that would usually 'sit outside' of the Mental Health service that could benefit people before they find themselves in a crisis situation. This would be developing provision within the community setting to provide services that people feel able to attend to address issues before they escalate into crisis. A scheme in North Wales have introduced community schemes (I Can project) that are coordinated via the 3rs sector organisations. This service provides a supportive environment that promotes people to discuss problems (housing/relationship breakdown/ finance etc.) and receive support and advice. The centres run from 5pm -2am every day have assisted in reducing the number of people requiring 'crisis assessments'.

They have also introduced 'mental health first aid' training for public community workers that has proved effective in identifying when people are struggling and encouraging them to seek help. Training is provided to all staff working in schools/libraries/taxi drivers etc.