

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol
a Chwaraeon
Ymchwiliad i iechyd meddwl yng
nghyd-destun plismona a dalfa'r
heddlu
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Ymateb gan Frwdd Iechyd Prifysgol
Caerdydd a'r Fro

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

Evidence from Cardiff and Vale
University Health Board

Cardiff and Vale University Health Board response to:

Mental Health in Policing and Police Custody

Thank you for the opportunity to respond to these Assembly questions. The subject of mental health in communities is developing increasing interest and requires ongoing discussions, particularly what we mean when we refer to 'mental health crisis'. What is clear is that there are many people who seek support in a crisis with a psychological or emotional problem which could relate to a mental disorder or more often a social/well-being range of problems. These could be financial issues, substance misuse, a safety issue or a physical health problem. This presents great difficulties to agencies wishing to offer their own specialist support as these individuals often fall between services. Experience tells us that people often need help with one or more of these issues making it more important than ever that the services work in partnership particularly in preventing the crisis from happening in the first place. As well as supporting people in crisis, the focus of the Cardiff and Vale approach has been that preventative agenda, with significant investment used from Welsh Government funding as well as local University Health Board (UHB) funding support to surround primary care practice with mental health and well being support. These plans are intended to provide early access and support for people with mental health needs to a range of services that will support them to live well and maintain elements of their lives such as good housing, stable finances, social networks, meaningful activities in order to remain healthy and avoid crisis.

1. 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.
- Cardiff and Vale currently have a mental health practitioner working in Cardiff Central Police station in a diversion post shortly following the point of arrest.
 - There is a Court Diversion post in place which has a daily presence in the Cardiff Magistrate court and sits within the probation services team to ensure communication is optimised. This post offers assessments to the court of individuals suspected of having mental health problems.

- There is a full time Mental Health practitioner working within the Probation team in Cardiff and Vale to support the probation teams function in applying probation measures to individuals as well as the probation monitoring work.
 - Our local Crisis Teams work directly with the ambulance services to identify individuals needing hospital care who can safely be diverted away from EU and/or the police straight into mental health services. This avoids unnecessary police contact.
 - Cardiff and Vale has two operational 24 hours a day crisis teams for the Cardiff and Vale area to respond to the s.136 arrests or other crisis pathways into MH services to minimize time that the police spend with individuals and ensure access into specialist mental health support.
 - The safeguarding processes within the MAPPA and MARAC interagency meetings for high risk people that the police, health and other agencies have concerns about, to ensure individual agencies are not isolated in this responsibility.
 - We have been working with 2 adjacent UHBs and the South Wales Police to develop a model of specialist mental health advice as an extension of the current call centre in Bridgend. We have two very experienced mental health nurses seconded to Bridgend who are offering specialist mental health advice to Officers on the front line. This should improve Police decision making and reduce their time spend supporting people in distress. This model has worked elsewhere. This model will generally help the police more than the health services.
2. 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.
- Cardiff & Vale have had a great focus on this since the inception of the concordat. Previously out of the total number of 136 arrests which is approximately 5 per week, approximately 50% were assessed in police custody. Since then this number had reduced dramatically with 1 or less per annual quarter period for those people who present with the most challenging behaviour requiring police custody facilities. The incidence of children or young people being assessed in police custody locally is a 'never event'.

3. 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.
 - Yes the agreed place of safety in Cardiff and Vale for the compliance with the legislative requirements of s.136 is Hafan Y Coed – there are purpose built modern facilities which comply with quality and safety requirements, with the 24 hour Mental Health Crisis Teams positioned in adjacent accommodation for ease of access and support. If an individual requires any physical health care assessment or treatment prior to the safe provision of a mental health assessment and treatment, this will require attendance at an Emergency Unit prior to return to the mental health place of safety.

4. 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 been problematic in Cardiff and Vale as is elsewhere in Wales, due Mental Health Act related conveyance not being regarded an emergency alongside physical health conveyance by WAST. The UHB is currently reviewing this with Local Authority and Transport colleagues to consider alternative transport options such as a private or not for profit provider. This is ongoing and will be a cost pressure to the UHB.

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.
 - Level 3 MAPPAs meetings attended by a senior nurse from mental health
 - Level 2 MAPPAs meetings attended by the mental health court and probation liaison post-holders
 - Mental Health Crisis Teams facilitate assessments within 4 hours
 - The Diversion at the point of arrest (DAPA) nurse supports identification of individuals in mental health crisis in the police station.
 - The custody Sergeant has access to the FME or Forensic Medical Examiner.

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.
- The incidents of s.136 assessments in police custody have now become very rare.
 - If people arrested under s.135/6 are known to local mental health services a care and treatment plan should be available which reflects the action to be taken in a crisis relapse by the individual and the agencies involved in their care and treatment. This is audited regularly and acted upon where improvements could be made.
 - If people are not known to mental health services (including both health and social services) the police liaison mental health practitioner will offer information and advice on accessing a range of mental health support from health, local authority and third sector agencies in community, primary care and other settings. People cannot be compelled to access support but the choice is made available.
 - Where individuals are identified as high risk, there is a well established multi-agency process of inter-agency working prompted by local MAPPA and MARAC meetings. These are well supported by the police, health and local authority services.
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.
- We have been working with 2 adjacent UHBs and the South Wales Police to develop a model of specialist mental health advice as an extension of the current call centre in Bridgend. We have two very experienced mental health nurses seconded to Bridgend who are offering specialist mental health advice to Officers on the front line. This should improve Police decision making and reduce their time spend supporting people in distress. This model has worked elsewhere. This model will generally help the police more than the health services.
 - We have also been working with the local police in Llandough Hospital who have based a Police Officer on site here to support with implementing the new Memorandum of understanding for staff who are assaulted by patients and patients assaulted by other patients – as well as a range of other law enforcement related issues.
 - Chief Constable Matt Jukes and his Deputy recently spent some time with our crisis teams to get a better insight into mental health service provision

- We have been actively participating in the national steering group for the Police's Crisis Care Concordat helping to shape the final document with Cardiff MIND
 - The Director of Nursing within C&V Mental Health services is part of the Peel Review focus group & meets with Peter Thomas the police liaison lead bi-monthly
 - The new primary care liaison service being rolled out across the GP practices over the next 12 months which will target people with mental health problems of a non serious nature, but with complex social and wellbeing problems because of poor living circumstances, personality difficulties and perhaps drug and alcohol problems. When the service is fully recruited too, the professionals are expected to see up to 50-60,000 people a year with the ability to refer onto the third sector for ongoing social and well-being support. It is recognised these individuals may currently be receiving a poor service currently and are therefore more likely to seek support from out-of-hours services in crisis such as the Police and A&E. This service should reduce pressure on both the Police and ourselves.
8. They have also requested that Health Boards provide copies of your local crisis care implementation plans too e.g. North Wales police & Betsi Cadwaladr University Health Board, South Wales police & Cardiff & Vale/ ABMU/ Cwm Taf, Gwent police & Aneurin Bevan and Dyfed Powys police & Hywel Dda/ Powys
- We are working from the crisis care concordat action plan - the responsibility for this now rests with individual UHBs to coordinate the action plans between Health, Local Authority, Substance Misuse, Ambulance, Police and A&E services. I will be coordinating and leading this from C&V perspective and nominating myself to attend the national assurance meetings. On initial assessment would say C&V were between 80 and 85% compliant with this plan currently.