

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 Gymdeithas Llywodraeth
Leol Cymru

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

Evidence from Welsh Local
Government Association

INTRODUCTION

1. The Welsh Local Government Association (WLGA) represents the 22 local authorities in Wales, and the three national park authorities and three fire and rescue authorities are associate members.
2. The WLGA is a politically led cross-party organisation, with the leaders from all local authorities determining policy through the Executive Board and the wider WLGA Council. The WLGA also appoints senior members as Spokespersons and Deputy Spokespersons to provide a national lead on policy matters on behalf of local government.
3. The WLGA works closely with and is often advised by professional advisors and professional associations from local government, however, the WLGA is the representative body for local government and provides the collective, political voice of local government in Wales.
4. The WLGA welcomes the opportunity to provide evidence to the Health, Social Care and Sport Committee as part of its Inquiry Into Mental Health in Policing and Police Custody.

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

5. Early intervention is universally recognised as the best form of prevention. People with mental health problems or their families, friends or partners are often aware that a crisis is fast approaching and may know how it might be

averted. Who to contact is in such circumstances is key to ensure people receive the appropriate support.

6. A number of people experiencing mental health problems will invariably come into contact with the police, for example, those who experience episodes of crisis in the public sphere or where the police are called due to the risk of self-harm or harm to others. It is vital that police officers have the tools, resources and support available to help them deal with people experiencing mental health issues in an appropriate manner but they also need to be able to access places of safety for such individuals rather than using police custody which is often not the appropriate place of safety and can instead exacerbate mental ill-health. The role of the police is vitally important. They have a critical role in not drawing people into the justice system (via the use of police custody) by reducing the use of section 136 in the first instance. This 'reduction' is more likely to be achieved by better training and awareness of police (and community safety) officers in mental health and learning disability; better liaison between officers and mental health practitioners at the point of crisis; and being familiar with suitable alternatives to section 136 at the point of crisis. Local Government is committed to working with the police and health partners to help ensure effective partnership working in this area. Effective multi-agency data sharing and partnership working remains vitally important to enable services to achieve the best possible outcomes for individuals and communities.
7. Despite this commitment, however, the Association acknowledges that it continues to be a challenge to try and ensure that the level of support available is able to meet demand and does not leave the police, as the initial responders, left to care for the individual due to a lack of appropriate places to refer someone experiencing mental health issues. There are a number of factors behind this, not least the high level of demand currently placed on health, local authority and social care services in particular and the impact of austerity on the ability of many public services to respond to increasing demands on their services.
8. The reality is that over the last 8 years Council's core grant funding has reduced by 22%. A consequence of such budget reductions has meant that non-statutory preventative community based services, such as leisure, parks, adult education, housing, transport and community facilities all of which

support people's mental health and wellbeing and help to delay the point at which an individual's needs warrant a more intensive and costly intervention, have faced the brunt of cuts to budgets. The report by Wales Public Services 2025, 'Austerity and Local Government in Wales: an analysis of income and spending priorities, 2009-10 to 2016-17', highlighted the significant impact that the years of austerity have had on local public services. Cuts in the smaller but vital services that can all help to prevent mental health problems from deteriorating have been deep, with question marks over their future sustainability if a further period of cuts were to continue. The local government funding position has serious consequences for wellbeing – it constrains social care which, in turn, constrains the voluntary sector and social care providers as well as impacting on partner organisations.

9. The next few years will continue to be extremely challenging with the cumulative financial pressures continuing to mount for local government over the next four years. These pressures have increased the importance of providing preventative activity and services aimed at early intervention. There is broad agreement on the benefits of early intervention and prevention in terms of improved life experiences and well-being for individuals and families, as well as reduced costs for public services, particularly in the longer term. There is a therefore need to transform health and care by shifting investment away from treatment and towards prevention, investing in local services who provide a range of preventative approaches which can delay the point at which an individual's needs warrant a more intensive and costly intervention.
10. Local government shares the view of the importance of preventative council services and appreciate these make a vital contribution to reducing pressure on other public services in Wales, such as the NHS and police. However, reduced budgets have placed increasing pressure on the availability of preventative services, many of which are non-statutory. While new models of service have been established in many authorities, it is likely that any further cuts will continue to see a decline in some community services that promote well-being and help to provide support to those with mental health problems.

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.

11. The Police Service in Wales are best placed to provide a response to this issue. However, the police have, over recent years, consistently highlighted an increase in the number of people with mental health issues being held in police custody, often for their own safety, as a consequence of there being limited more appropriate places for them to be placed.

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 a person detained under section 136 of the Mental Health Act 1983.

12. We know that those police forces with lower rates of police station use for section 136 detentions tend to be those with access to more alternative places of safety. The availability of these places tends to be linked to positive multi-agency relationships between the police, health boards and local authority social services departments. Where these relationships are more embedded and work better this helps to lower rates of police station use. Previous reports have found that support from senior and strategic managers in the police, health and social services and working together is key to improving multi-agency working and increasing the availability of alternative places of safety. The importance of joint protocols and agreements has also been highlighted as good practice, along with the need for agencies to recognise section 136 as an issue that requires joint solutions and can not be solved by one organisation alone.

13. The WLGA agrees that police custody should not be used as a place of safety for people detained under the Mental Health Act 1983 and that Individuals arrested under section 136 of the Mental Health Act should be transferred to an appropriate place of safety. Local authorities across Wales, working with health partners, always endeavour to ensure that this happens and that they respond to the requirements of the Mental Health Crisis Care Concordat. A number of authorities are also guided by locally agreed policies adopted by the authority, police and health board.

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

14. WLGA supports the code of practice requirement that people detained under the Mental Health Act 1983 are conveyed to hospital in the manner most likely to protect their dignity and privacy. The Association appreciates, however, that demands on the Ambulance Service in Wales – and the need to prioritise emergency calls – means that this may not always be the case and that waiting times can occur.

How effectively police forces in Wales work with partners (such as health or social care services) to safeguard vulnerable people detained 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.

15. The Police Service in Wales are best placed to answer this but from a Local government standpoint, local authorities are committed to working in partnership with the police and health partners in order to help safeguard vulnerable people detained in custody, specifically those arrested under section 136 of the Mental Health Act 1983.

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 prevent repeat detentions.

16. Support post-custody is vital for all those leaving custody but possibly even more so for those with Mental Health needs. Those leaving custody require a robust assessment of their needs. Without sufficient support the likelihood of repeat detention can be high.
17. One issue that has been highlighted is the limited service availability for those people with co-occurring mental health and substance misuse

problems. Where co-occurring services do operate, they are most often at the top end of need/complexity.

18. The reform of probation services in Wales, the development of 'justice delivery blueprints', and the roll out of Adverse Childhood Experiences (ACEs) and trauma informed thinking across policing and the Criminal Justice System provides an opportunity to re-establish effective governance and local partnership working. However, this needs to be based on a joint needs/gaps assessment tied to collaborative service planning and commissioning approaches.

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.

19. Local Authorities across Wales work effectively with the police and partners in health, utilising the Mental Health Crisis Care Concordat and developing local and regional working arrangements, in order to address and respond to the needs of people suffering with mental health problems.

20. In Gwent for example, as part of the Crisis Care Concordat Action Plan, they have taken a regional partnership approach across health, social care, police and the third sector building on strengths across the whole system and identifying areas for development, working towards a 'Whole Person Whole System' acute and crisis model. This work has led to a number of work streams to make up the Whole System, e.g. Third sector organisations are currently developing a proposal for submission to the Big Lottery Fund to pilot Sanctuary Provision within the ABUHB region; a proposal to access Capital Funding via ICF to support the development of a Crisis House has been submitted; and there has been a conveyance project to ensure individuals are conveyed to a place of safety/hospital in a dignified and appropriate manner appropriate to their needs and risks. A business case to secure permanent funding for the conveyancing service is currently being developed.